Five-Year Review of the Addis Ababa Declaration on Population and Development (AADPD)

Executive Summary

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1. The AADPD +5 Review

1. The Addis Ababa Declaration on Population and Development (AADPD) was adopted by African Ministers at the Africa Regional Conference on Population and Development held in Addis Ababa from October 3-4, 2013, and endorsed by African Heads of State at the African Union Executive Council in 2014. This declaration provides region-specific guidance on population and development in Africa, and guidelines for the full implementation of the International Conference on Population and Development (ICPD) beyond 2014 in Africa.
2. 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; Partnership and International Cooperation. In making the AADPD commitments, the Ministers viewed the demographic dividend as an important dimension of the AADPD agenda, and one of the key pathways from AADPD to sustainable development. With its human rights framing, the AADPD can serve as a standard for policies and programs that empower women and young people and uphold their rights.
3. The Review aims to assess and report on progress in implementing the commitments contained in the Declaration, with a view toward highlighting the gains, gaps, best practices and challenges as depicted by the data and evidenced from a policy perspective. This review highlights evidence-based recommendations that can accelerate progress on implementation at the national and continental level, thus moving African countries toward the vision of the AADPD and the realization of the Demographic Dividend and ultimately sustainable development in line with Agenda 2063 and the 2030 Agenda.
4. The AADPD Operational Guide for Monitoring and Evaluation was adopted during the second meeting of the Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC-2) held in Addis Ababa, Ethiopia, on March 23-24, 2017. It is the substantive basis of the review. It follows the dual approach of “micro-monitoring” (i.e., the tracking the implementation of individual commitments) and “macro-evaluation” (i.e., assessment of progress on policies and the demographic dividend).
5. Data for this review come from two main sources. The quantitative component uses data from several sources, including national Demographic and Health Surveys (DHS), the United Nations Population Division (UNPD), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute of Statistics, the International Labor Organization (ILO), and the

World Bank. The desk review covers AADPD plus five national review reports[1], policy documents and program reports at the continental and regional levels, and peer-reviewed and grey literature.

2. Major Population and Development Trends

Life Expectancy and Declining Mortality

6. There has been a steady decline in infant and under-five mortality and a gain in life expectancy since the 1960s as a consequence of progress in public health measures and medical technology. Life expectancy has increased from 51.7 years in 1990-1995 to 62.4 years in 2015-2020, corresponding to a 10.7-year gain. For Africa as a whole, infant mortality declined from 102 per 1,000 live births in 1990-1995 to 57 per 1,000 live births in 2015-2020. The same trend is observed for under-five mortality, which has decreased from 167 per 1,000 live births to 87 per 1,000 live births. Two distinctive regional patterns have emerged: a) high infant and under-five mortality in Western and Central Africa (respectively 72 and 113 per 1,000 live births in Central Africa; 70 and 111 per 1,000 live births in Western Africa); b) low infant and under-five mortality in Northern Africa (respectively 28 and 37 per 1,000 live births). Another dimension of improved health conditions is that life expectancy at older ages is increasing. On average, life expectancy in Africa at 60 years has increased by two years from 15 in 1990-1995 to 17 years in 2015-2020.

Overall Population Growth

7. Over the period from 1980-2020, Africa has been facing a rapid population growth as compared to other regions in the world. According to UN population projections, after a peak in 1980-85 (2.8%), the growth rate declined to 2.5% in 2000-2005, and then was estimated at 2.6% for the period 2015-2020. Despite a projected decline, population growth of the continent will still be the highest in the world in 2050. According to the medium variant of the 2017 revisions of the United Nations population prospects, the growth rate of the African population will decline to 1.8% in 2050 (compared to 0.56% worldwide). This high average growth masks regional disparities, with higher rates of population

[1] Preparations for the Five-Year Review of the Addis Ababa Declaration in Africa commenced in 2016, with the development of the Addis Ababa Operational Guide and its Monitoring and Evaluation Framework, subsequently endorsed by the STC-HPDC-2 at the recommendation of the APEC in 2017. In early 2018, national review processes were held in AU Members States. These processes, which assessed the extent of national level implementation of the commitments in the Declaration, culminated in nationally validated review reports highlighting progress, gains, gaps and challenges over the 2013-2018 five-year period.

growth in Central, Western and Eastern Africa (respectively 3.0, 2.7, and 2.7 in 2015-2020) and lower population growth in Northern and Southern Africa (respectively 1.8, and 1.3 in 2015-2020).

Changing Age Structure

8. Unlike mortality, **fertility** has been declining at a slower pace: within a period of 30 years from 1990-1995 to 2010-2015, the Total Fertility Rate (TFR) moved from 5.7 (compared to 3. worldwide) to 4.7 (compared 2.5 worldwide). While the proportional declines for the continent and the world are similar over the period, what is striking across regions is the level of fertility at the 1990-1995 starting point. Fertility levels remain very high in Central and Western Africa (respectively 5.9 and 5.5 in 2010-2015), while in Eastern Africa the fertility decline over the last two decades is comparable to the continental average (4.9 in 2010-2015). In contrast, Southern Africa and Northern Africa started with lower levels of fertility, and these continue to fall slowly (respectively 2.6 and 3.3 in 2010-2015), although more recently (2005-2010), fertility rates in Northern Africa have been rising. Noteworthy is the widened gap between the poorest and the richest in 15 countries out of the 23 countries with available data. This raises the issue of equitable participation in the demographic dividend across the different economic strata of the population.
9. On average, about one in three people in Africa is aged 10-24. This relative share of **adolescents and youth** in the total population remains more or less stable over the 1990-2030 period for the entire continent and in Western, Eastern, and Central Africa, which are the regions with the highest fertility levels. The number of 10 - 24 year-olds on the continent however, is expected to rise from 200 million in 1990 to 530 million in 2030. The youth age group of 15-24 represents 19% of the African population, and by 2030 the number of youths in Africa will increase by 45 percent, from 230 million in 2015 to 335 million in 2030, according to the medium variant of the World Population Prospects 2017 revision.
10. With successes in fertility decline and improved life expectancy, the associated rise in the proportion of **older people** (65 years and older) is set to be an emerging population phenomenon for the continent. While the proportion of the elderly will remain relatively low in Western, Eastern, and Central Africa (between 3.0 and 3.5%), in the North and Southern subregions where the demographic transition is well advanced, 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). This increasing trend points to the need for increasing policy focus on their well-being and living conditions as highlighted by the AADPD.

11. Africa's population dynamics has resulted in a large proportion of children. This increasing share of the younger age categories of the population is less apparent in the projected age pyramid for the period 2025-2030 for the continent, as well as for Western, Eastern, and Central Africa. However, the change is very clear in Southern Africa and Northern Africa, two regions where the fertility transition is well advanced, and in which a "window of opportunity" for the demographic dividend is currently underway.

Urbanization

12. Africa is undergoing rapid urbanization and is set to be the fastest urbanizing 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. Urbanization 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.

Migration

13. Projections for net migration in Africa for the period from 1990 to 2030 have been in favor 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 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 where Eastern Africa was a recipient of migrants, the region has had, and is expected to continue to have, a negative migration balance.

3. Progress and Challenges on AADPD's Commitments

3.1. Dignity and Equality

Poverty and Inequality

14. Most African countries face poverty and human-rights challenges. In parallel, several countries are making progress through the development of poverty-reduction plans and creation of human rights councils. Overall, between 1995-2000 and 2010-2017, the proportion of people living on less than USD 1.90 per day and the Multidimensional Poverty Index (MPI) has declined in all countries except in South Africa, in Côte d'Ivoire and in the Republic of Congo.. In 24 countries the percentage of the population living on less than USD 1.90 a day at 2011 international prices has decreased except in ten countries (Comoros,

Djibouti, Madagascar, and Mauritius in Eastern Africa; Benin, Côte d'Ivoire, and Guinea-Bissau in Western Africa; Cameroon and Central African Republic in Central Africa; and Zambia in Southern Africa) where the proportion has increased according to the indicator. The MPI has decreased by more than 10 percentage points in four countries (16 in Senegal, 13 in Rwanda, 12 in Guinea, and 10 in Liberia), whereas it has increased by 4 percentage points in the Republic of Congo and Côte d'Ivoire, and by less than one percentage point in South Africa and Namibia. During the second period (2010-2016), two countries with the highest MPI are from Western Africa (Niger: 58.4 and Burkina Faso: 50.8), whereas Egypt (1.6) and South Africa (4.1) have the lowest MPI during the same period.

15. Efforts are needed to reach disadvantaged groups, especially older people, adolescents and youth, the unemployed, people living with HIV and AIDS and people with disabilities, in both urban and rural areas. Some countries have developed and implemented national strategic plans to improve the living conditions of people living with disabilities. In 2016, 90% of people living with disabilities in Cabo Verde were covered by a social protection system. Since 2015, the Zimbabwe government assumed full responsibility for funding vulnerable children under the Basic Assistance Education Module (BEAM). Kenya has established a National Social Safety Network Programme (NSNP) aiming to guarantee minimum income protection ("safety net") for particularly poor and vulnerable groups. Between 2013-14 and 2015-16, the number of beneficiary households of the Kenyan government's four principal cash transfer programs increased from 522,000 to 829,000.

Gender Inequality

16. A number of countries have developed gender-responsive policies though gender equality and women's empowerment are still a concern in Africa. Gender parity in primary education is almost achieved (equal or higher than 0.95 in both rural and urban areas during the last study period (2010-2017)). Gender disparities have narrowed at the primary and secondary school levels. Findings show national commitments to increase women's parliamentary representation. However, indicators of progress revealed absence of regional patterns. Regardless of the region, the proportion of women in parliament varies by country. With 41.8% of women representation, Senegal is the only country out of fourteen in Western Africa

where women representation in the parliament is higher than 30%. In Northern Africa, only Tunisia (out six countries) has a figure of more than 30%. In Central Africa, two countries (Burundi and Cameroon) out of eight have more than 30%. Five countries (Angola,, Mozambique, South Africa, Eswatini, and Zimbabwe) out of ten in Southern Africa have more than 30% while six countries in Eastern Africa (Ethiopia, Kenya, Rwanda, Sudan, Tanzania, and Uganda,) out of fourteen have more than 30% women in the parliament.

Child Nutrition and Mortality

17. African countries have made significant progress in improving child survival through the development and implementation of strategic health plans to strengthen health systems and promote family planning using integration between health service (maternal, child, infant and neonatal health services) models. Botswana has established an under-five Nutrition Surveillance and Growth Monitoring program to track the growth of children and subsequently determine their nutritional status, and mothers or caregivers take children to clinics every month for weight monitoring. In addition, the Vulnerable Group Feeding Programme in the Ministry of Health and Wellness is distributing supplementary food to the under-five population. The prevalence of stunting has decreased in all countries except Nigeria and Benin in Western Africa. In Western Africa, the prevalence of stunting varies from 17% in Senegal to 48% in Nigeria in 2010-2017. During the same period, the prevalence of stunting is low in Zimbabwe (27%) and high in Mozambique (43%) in SouthernAfrica; and ranges from 16% (Gabon) to 40% (Chad) in Central Africa. Though under-five mortality has declined in general, it remains high in Central Africa (113 deaths per thousand live births) compared to Northern Africa (37 deaths per thousand live births) in 2010/2017.

Women's Rights and Gender-Based Violence

18. 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. Twenty-four African countries have laws banning FGM practices. However, efforts are still needed to ensure implementation and to address plural legal systems where these exist. The proportion of women (15-49) who have undergone female genital mutilation decreased in all the selected countries, except in Nigeria where it increased from 19% to 25%,

and Guinea where it increased from 96% to 97%. A pronounced drop was noted in Kenya (from 32% to 21%) and Ethiopia (from 74% to 65%) in Eastern Africa. In Western Africa, the decrease in the proportion of women who have undergone female genital mutilation ranges from 0.2 percentage point in Mali to 10 percentage points in Benin. The large majority of women in Burkina Faso, Egypt, Ethiopia, Guinea and Mali. have undergone female genital mutilation. Notably, the proportion of women who reported sexual violence decreased in all selected countries except in Malawi and Cameroon.

Universal Access to Quality Education for All

19. Overall, the proportion of children who completed primary school increased in the majority of countries. The greatest changes in the proportion of children who completed primary school was recorded in Seychelles (73 percentage points), which increased from 54% (2000/2005) to above 100% (2010/2017). During the most recent period, the indicator varied from 38% in Chad to 126% in Seychelles. The high proportion of children who completed secondary school (above 100%) was observed in Seychelles over the study period; while the lowest proportion of students who completed secondary school was observed in Niger (7% in 2000/2005) and in the Central African Republic (10% in 2010/2017). The majority of countries (30 out of 42) have achieved gender parity (girl/boy parity equal or higher than 0.95) in primary school completion except in twelve countries (Chad, Democratic Republic of Congo, Djibouti, Ethiopia, Equatorial Guinea, Malawi, Niger, Nigeria, Tanzania, Togo, Zimbabwe and Zambia, and) where the indicator is below 0.95.

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

20. Some African countries have developed policies to support and strengthen the capacity of organizations for people with disabilities to ensure a common advocacy approach toward the promotion of their rights (commitments 23, 25 and 26). Though life expectancy has increased across all regions, life expectancy is higher in Northern Africa (71) and lower in Western Africa (55). Lack of data does not allow an assessment of progress regarding healthy aging as well as equity in health among elders.

3.2. Health

Sexual and Reproductive Health and Rights:

Family Planning and Unmet Need

21. The unmet need for family planning remains high on the African continent. Although it is reducing in many African countries, such as Rwanda (-20 percentage points), Ethiopia, Lesotho, Mali and Kenya (12-13 percentage points), a few countries recorded an increase in unmet need over time. These include Nigeria (+10 percentage points), Mauritius (+9%), Guinea (+6%), Benin (+5%), and Mozambique (+4%). Eastern and Southern African countries appear to have made the greatest progress, not just with unmet need, but also the proportion of demand for family planning satisfied by modern methods, and the prevalence of modern contraceptive use.

22. Modern contraceptive use increased in almost all countries across the subregions. Of the 44 countries studied, 20 countries recorded an increase in modern contraceptive prevalence rate (CPR) from 9-10 percentage points (e.g., Ghana, Guinea-Bissau, São Tomé and Principe,) to 25-30 percentage points (, Ethiopia, Kenya, Lesotho, Malawi, Eswatini,), and even 30 percentage points (Rwanda). Most of these countries are in Southern and Eastern Africa.

Adolescent Sexual and Reproductive Health

23. The adolescent fertility rate is generally high on the continent, but it decreased in all countries between 2005 and 2016, with the exception of three of the Northern African countries (Algeria, Egypt and Tunisia) where the levels are very low. The proportion of women aged 20-24 who were married by age 18 remains high in Africa, varying from 30% (e.g., in Zimbabwe) to more than 50% (e.g., in Burkina Faso, Guinea and Mali), and even 67% (in Chad). It has declined over time by 10 percentage points or more in Gabon, Guinea, Tanzania, Uganda and Zambia. The proportion of women ages 20-24 who gave birth before the age 18 years on the other hand has changed only minimally over the last few years. Eleven countries exhibit a percentage of births before age 18 ranging from 30% (Côte d'Ivoire, Malawi, Nigeria, and Zambia) to 40% (Guinea and Mozambique), to even 51% in Chad. The lowest percentage of births before 18 was reported in Rwanda and Egypt (at 6-7%).

Maternal Mortality

24. Progress, though minimal, has been made in further reducing preventable maternal deaths. During the decade 2005-2015, maternal mortality decline was highest (between 40% and 53%) in Botswana, Ethiopia, Rwanda, Tanzania and Zambia. In 2015, 18 African countries had maternal mortality exceeding 550 deaths per 100,000 live births, all of which are in the Western and Central Africa region, with the exception of South Sudan, Somalia, Malawi and Mauritania.

25. Access to skilled attendants at birth is one of the most critical interventions to reduce maternal mortality. Nine countries recorded an increase in skilled birth attendance ranging from 25-35 percentage points (Niger, Ghana, Guinea, Djibouti, Malawi and Uganda) to 42% (Burkina Faso) and 52% (Burundi and Rwanda). On the other hand, Togo and Tunisia showed a decline in skilled birth attendance of 16 percentage points. Access has been, and remains universal in Mauritius, and is near universal in Algeria, South Africa, Seychelles and Botswana (97-99%). Eleven other countries exhibit rates between 85% and 95%.

HIV and AIDS, STIs and Other Infectious Diseases

26. Comparing prevalence rates in 2005 to 2016, progress in combating the HIV pandemic appears to be modest but widespread, except in a few countries (Sierra Leone, Lesotho, South Africa, Angola and Equatorial Guinea) where the epidemic appears to be worsening. Southern and Eastern Africa were the worst hit by this epidemic and continue to have comparatively high prevalence rates. The 2016 prevalence rate reaches 25% or higher in Eswatini and Lesotho and stands in the range of 12%-22% in Mozambique, Zambia, Zimbabwe, Namibia, South Africa and Botswana.

27. Alongside efforts to combat HIV, countries are also taking steps to fight sexually transmitted infections (STIs). For example, South Africa is implementing a program that equips teachers with ways to impart knowledge on STIs, HIV and AIDS and TB to young people, and Burkina Faso launched its 2016-2020 National Strategic Framework for the Fight Against HIV, AIDS and STIs.

Noncommunicable Diseases

28. The changing patterns of morbidity and mortality that define the epidemiologic transition in Africa have produced what is widely described as the “dual burden of disease,” a combination of both the so-called “diseases of poverty”—communicable, maternal, perinatal, and nutritional—as well as noncommunicable diseases (NCDs). In 2000, seven in 10 deaths on the continent were due to communicable, maternal, perinatal and nutritional conditions, but the burden of diseases due to these causes reduced by about 1% annually over a 16-year period, estimated at 56% in 2016. Over the same period, deaths due to NCDs and injuries increased from 23% and 7% in 2000 to 34% and 10% in 2016 respectively.

Health Systems Strengthening

29. Access to health insurance is generally very poor on the African continent. Although the time points differ slightly. Ghana and Rwanda appear to be making good progress with regard to the percentage of the population covered by social insurance programs.

30. Many African countries have a low health budget, much lower than stipulated in the Abuja Declaration, and this is one of the reasons for the slower than expected progress in reducing preventable maternal deaths. Putting the right, strategic investments and mechanisms in place to holistically strengthen health systems and ensure universal access to sexual and reproductive health and rights by providing universal access to modern contraceptives, skilled birth attendance, including emergency obstetric and neonatal care to address preventable maternal deaths, and other crucial health services, including for adolescents and youth, will ultimately improve maternal, child and adolescent health indices, and ultimately improve population health, accelerate progress on the demographic dividend, and provide governments the space and clear focus to tackle other pressing population and development issues.

3.3. Place and Mobility

Living Conditions of People in Urban and Peri-Urban Areas

31. A large proportion of the population in African urban areas resides in slums. However, a number of countries have curbed the proportion of their urban population living in slums between 2005 and 2014. 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 has increased over time. In 2014, of the 39 countries studied, more than half of urban dwellers were living in slums in 27 countries.

Access to basic services

32. Where data are available, it is evident that only minimal progress has been made on the continent with regard to access to safely managed drinking water. Of the countries for which data are available, the greatest progress was recorded in Tunisia, and the least in Nigeria and Uganda.

33. Huge disparities in access to electricity across and within African subregions, with West and East African countries bearing the greatest burden. Of the countries studied, 17 recorded an increase in access to electricity between 20 and 35 percentage points. In 2016, access to electricity was universal or almost universal in all Northern African countries (Algeria, Egypt, Libya, Morocco and Tunisia) as

well as in Mauritius and Seychelles. By contrast, in Burundi, Chad, South Sudan, Malawi, Central African Republic and Guinea-Bissau, electricity was accessed by only between 8% and 15% of the population.

3.4. Governance

34. In recent years, governance has progressed in Africa. Several countries have established the "Demographic Dividend Team" (EDD), including Chad, Ghana and Senegal, among others. In Ghana and São Tomé, population dynamics were integrated into the national poverty reduction program; whereas Gambia created the population and development commission and established a functional Directorate of Local Governance in the Ministry of Lands and Regional Government.

35. The Botswana National Action Plan on the ICPD Beyond 2014 Framework is designed to domesticate the new ICPD framework on population and development beyond 2014 and is built on five thematic pillars: dignity and human rights; health; place and mobility; governance and accountability; and sustainability. A persistent challenge in many African countries is the gap between conception of policies and their implementation. Several countries have created National Population Commissions or National Population Councils which aim to integrate population and development as well as to fight corruption. Likewise, though the culture of monitoring and evaluation is emerging in the implementation of population and development plans, policies and programs, several countries face challenges in human and organizational capacities, and limitations with regard to disaggregated data for monitoring and evaluation.

3.5. Data and Statistics

36. A key lesson from the review of the AADPD is the data limitations to inform a good number of development indicators outlined in the Operational Guide. Where the information exists, it is not necessarily up to date and there is the issue of aggregation at the regional or continental levels. In many countries, there is a need for more regular data collection on timely issues (such as gender-based violence, access to social services for migrants and people with disabilities, people in fragile and humanitarian contexts) and a lack of data and statistics to estimate the magnitude and factors associated. 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.

3.6. Partnerships and International Cooperation

37. Most countries are taking steps toward strengthening partnerships and international cooperation, though a few challenges continue to hinder their progress. Kenya has continued to play its rightful role in fast tracking East African Community (EAC) integration through the full implementation of the provisions of all common instruments. Challenges faced by Ghana include financial constraints, lack of participation in decision making by beneficiaries of NGO projects and programs, use of NGOs for political and personal gain.

4. Macro-Level Review of AADPD Progress

4.1. Political Commitments and Stakeholder Mobilization on the Demographic Dividend

38. There has been an increase in scientific literature on the prospects and conditions for harnessing the demographic dividend in Africa using different methodological approaches, particularly during the period of the five-year implementation of the AADPD (2013-2108).

39. Among AU member States, there has been growing recognition of the importance of the demographic dividend for Africa's sustainable development, and its implications for poverty reduction and inclusive growth are well understood. Furthermore, the awareness around the kinds of national level strategic investments that are a prerequisite for the demographic transition and ultimately the DD is increasing— investments in family planning and universal access to sexual and reproductive health and rights, strengthening health systems, quality education and skills development, empowerment of women and young people, addressing child marriage and other harmful practices, reducing adolescent fertility and keeping girls in school, creating employment and entrepreneurship opportunities. Indeed, many countries have developed and are rolling out DD national action plans.

40. Subsequent to the 2013 African Regional Conference on Population and Development that yielded the Addis Ababa Declaration, the theme of which was "Harnessing the Demographic Dividend: The Future We Want for Africa," at the continental level, there has been an increase in political will and commitment, with numerous high-level meetings aimed at ensuring that the continent reaps the benefits of the DD. These include the AUC/ECA Joint Conferences of Ministers of Finance, Planning and Economic Development, the African Union High Level Committee of Heads of State and Governments on the Post-2015 Development Agenda which launched the Common African Position (CAP) in 2014, the AU Specialized Technical Committee (STC) on Health, Population and Drug Control (2015), the AU Heads of State and Government High-Level Event on DD in margins of the 70th General Assembly, and the Second General Assembly of the Forum of African Parliamentarians on Population

and Development (APF) in 2014. The African Union "Agenda 2063" (The Africa We Want) also addresses the DD, and specifically in 2017, the AU Heads of State and Government devoted the year to "Harnessing the Demographic Dividend through investments in Youth." Ahead of this, the Heads of State requested the expedited implementation of a continental initiative on the DD, as well as a DD Roadmap with concrete actions to be undertaken in 2017 and beyond. It is important to note that the action points in the Roadmap are in line with the AADPD commitments and need to be fully implemented in line with accelerated implementation of the AADPD commitments.

41. The African Union, in collaboration with the Economic Commission for Africa (ECA), the African Development Bank (ADB), the New Partnership for Africa's Development (NEPAD) Coordination and Planning Agency, the United Nations Population Fund (UNFPA), the World Bank, as well as other International entities, is supporting countries to roll out national DD strategies and action plans in line with the Roadmap and the AADPD. Further DD national profiles have been developed for a majority of countries on the continent.

4.2. Evidence on the Demographic Dividend on the Continent

42. The National Transfer Accounts (NTA) applied to countries of the ECOWAS, show an important economic dependence to younger ages. Indeed, the deficit increases with age from birth, but reaches its highest level at age 17, and thereafter declines. The highest life cycle deficit is observed in the 0-30 age group and lowest for 63 years old and over. The trend in the economic support ratio (number of actual workers over the number of actual consumers) in the ECOWAS zone, based on the low fertility scenario, shows an increase in the first demographic dividend with a slope greater than the other two scenarios (high fertility and intermediate fertility scenarios). The support ratio increases until reaching its maximum around the year 2040. From 2045, it approaches a declining phase. The increasing phase is a situation where the population structure can raise GDP per capita if appropriate actions are taken by the countries. Conversely, the declining phase implies that the population structure will no longer be a potential but rather a constraint for economic growth.

43. Demographic Dividend modeling for various countries using the DemDiv model show better economic outcomes when an integrated investment approach is used for both demographic outcomes such as population growth and dependency burden, and for economic outcomes such as GDP and employment gap: in some settings the GDP per capita was multiplied by a factor of ten between the "business as usual" hypothesis and the more integrated hypothesis.

44. Many African countries, particularly in Northern and Southern Africa where the demographic transition is well advanced, have already experienced education gains in terms of allocations per child ("Schooling Dividend") during the period 1995 - 2010, due to the change in age structure. In the other regions (Central, Western and Eastern Africa), a good number of countries have also done so. This Schooling Dividend has been possible not only because of the changing age structure, but also due to the benefits of economic performance over the period, and more political commitment to education. The prospect of the future earnings of a schooling dividend, based on the optimistic assumption (low fertility and 8% of the GDP allocated to education), shows that by 2035 (with 2010 as the baseline), the multiplying factor will range from 1.3 to 34.7 (In Northern Africa), from 0.3 to 3.1 (In Southern Africa), from 1.6 to 93.3 (In Central Africa), from 1.2 to 6.1 (In Western Africa), and -0.1 to 15.6 (In Eastern Africa).

4.3. AADPD Related Policy Change and Institutional Arrangements

45. Between 2005 and 2015, the number of countries that have adopted a policy to lower population growth increased from 35 to 42, and there were six additional countries (from 39 to 45) that have adopted a policy to lower fertility. In nine additional countries (from 44 to 53), the government provides direct support to family planning.

46. Considering the set of six key maternal health policies[2], by 2015, more than half of all African countries (30) have adopted all 6 specific policies, while an additional 15 countries have adopted all these policies, except to expand access to safe abortion care, including post-abortion care.

47. Between 2005 and 2015, the number of countries that have adopted a policy to lower documented immigration dropped from 13 to 7, while 12 additional countries (from 11 to 23) have adopted a policy to maintain documented immigration.

5. Recommendations

48. The elimination of preventable maternal mortality must be a priority focus for all governments, ensuring access of all women of reproductive age to skilled care before, during and after delivery, at health facilities of all levels, including emergency and neonatal care services at secondary and tertiary

[2]These policies relate to: 1) Expanded coverage of comprehensive prenatal care; 2) Expanded coverage of obstetric care; 3) Expanded coverage of essential postpartum and newborn care; 4) Expanded access to effective contraception; 5) Expanded access to safe abortion care, including post-abortion care; and 6) Expanded recruitment and/or training of skilled birth attendants

health centers accessible to all women regardless of income, wealth, location, level of education, disability or other status. Ensuring that no woman dies while giving birth must be a central development priority in all African countries and contexts including fragile and humanitarian contexts.

49. Governments should work with all stakeholders to ensure the empowerment of women and girls, enact laws, policies and develop programs that guarantee women's equitable access to resources (land, credits, inheritance…), to leadership opportunities including in the private sector, and to political office. Governments must address through various effective means the elimination of gender-based violence and other harmful practices that constrain the rights and impact negatively on the well-being and opportunities of women and girls, including child marriage and female genital mutilation.

50. Governments should promote universal access to health services throughout the life course. To ensure that higher level policies on sexual and reproductive health and rights are appropriately implemented at the community level, it is important to improve the capacity of target communities to understand and demand responsive, timely and accountable services. In doing so, awareness of family planning and sexual and reproductive health must be raised not only among all women of childbearing age, but also among families and community leaders whose commitment to change is crucial. This is a prerequisite for reaping the demographic dividend.

51. There is a need for increased resources to accelerate progress toward universal access to prevention, treatment, care, and monitoring and evaluation in all STI/HIV/AIDS programs, including STI surveillance, in order to protect the health of populations and prevent resurgence and the deadly consequences. It is recommended that governments make the necessary efforts to contribute substantially and sustainably to the funding of HIV and AIDS-related activities.

52. Governments should develop or revise policies and enact legislation that protect young peoples' rights to the highest attainable standard of services, particularly in terms of universal access to quality education—ensuring functional literacy, numeracy, and other skills, guaranteeing that African adolescents and youth can compete favorably on a global stage, providing quality health services including sexual and reproductive health, treatment and prevention of sexually transmitted infections and HIV, including through access to comprehensive sex education in and out of school, and gainful and productive employment and entrepreneurship opportunities.

53. Education policies should cover primary, secondary and tertiary education, with a special focus on girls' education, re-integration of pregnant adolescents and young mothers into schools, children from

poorest families, children from rural areas, the displaced and refugees, young people living with disabilities, out-of-school children, and remove barriers to education. In particular, they should promote education sensitization campaigns and strengthen capacity of relevant institutions and organizations to adopt participative advocacy approaches toward the promotion of women's and girls' rights, including their rights to education at all levels.

54. Countries should promote social and financial inclusion of vulnerable segments of the population (older people, youth, the unemployed, people living with HIV and AIDS, people with disabilities, people in humanitarian settings, in both urban and rural area) through overcoming gender inequality, fighting illiteracy, facilitating access to basic infrastructure and services, including the use of mobile technology to improve targeting and expanding access and reach for the poorest.
55. Governments should develop, strengthen and implement effective healthcare and pension programs for the elderly. The models should be built on a country-specific context to ensure sustainability.
56. Countries should develop policies to address migration issues. Governments should provide technical and financial resources to build the capacity of relevant state agencies to incorporate migration issues into the design of their strategic plans. Conducive legal and regulatory frameworks (fiscal, monetary and investment policies) should be developed. There should be proper monitoring mechanisms in place to help take stock of the flow of migrants in and out of countries.
57. Government should improve good governance practices, particularly foster strong and equitable institutions that ensure the fulfillment of the rights of all, leaving "no one behind" and "reaching the furthest behind first." Greater government commitment is needed not only in terms of the drafting of laws and policy documents, but also in ensuring these laws and policies are widely known and are implemented. There is a need for greater coordination of the activities undertaken on the ground by the various stakeholders.
58. Governments should develop strong national statistical systems that ensure the regular collection of data and timely provision of the results. There is a need for strengthening not only in national statistical offices but also in sectoral statistical, monitoring and evaluation divisions. The implementation of a specific monitoring and evaluation system or mechanism for the AADPD at the country level, and using a standard continental model, will improve subsequent reviews of the AADPD.
59. In terms of partnership, it is recommended that strategies be implemented to maximize the benefits of South-South cooperation. Government coordination mechanisms with development partners, including civil society organizations, should be instituted. Governments should engage civil society,

traditional authorities, religious bodies and the media in national development to improve participatory governance and deliver on the needs of the people in order to enhance the well-being of populations.

60. Governments should take measures to improve the business environment and ensure a more diversified and dynamic economic sector that creates decent jobs for youth and women. Macroeconomic instability should be addressed through restoring fiscal discipline, sustainability and reducing fiscal deficits, improving the quality and composition of public expenditures, and reducing financial sector vulnerability. Development partners should be encouraged to channel support through the national budget, and to implement a reporting mechanism of their interventions to reduce the risk or incidence of project support duplication.

61. The review also identified a number of good programmes that are recommended for expansion and scaling up such as existing initiatives such as the Sahel Women's Empowerment and Demographic Dividend (SWEDD), which aims to support the realization of the demographic dividend through girls and women' empowerment.

62. Due to the unique geographical setting and population size, the small island developing states (SIDS) are particularly more vulnerable to the impact of climate change and natural disasters, and for this reason they need special attention to build resilience to natural disasters, economic resilience, sustainable health services, fighting inequalities, promoting gender equality and human capital development. Furthermore, support is also needed in the area of disaggregated data collection to inform policy choices and monitor progress.

63. The above recommendations are geared toward accelerating implementation to achieve progress, however in order to yield a maximum impact, there is a crucial need to find sustainable solutions to the increasing insecurity in many settings of the continent, which is becoming a major threat to social and economic progress. Political and social unrest, radicalization and terrorism are increasingly creating an unsafe environment for populations and basic services providers. A concerted, comprehensive and sustainable solution is needed to ensure accelerated implementation of population and development policies and programs will realize their objectives in line with the commitments of the AADPD, Agenda 2063 and the 2030 Agenda and its Sustainable Development Goals.

64. In support of accelerated efforts to fully implement the commitments outlined in the AADPD, the Africa Union Commission, UNECA and UNFPA will continue to facilitate the generation of timely, high-quality knowledge, support advocacy and policy dialogue processes, support implementation of relevant programs, develop institutional capacities, and foster partnerships and coordination,

including South-South and triangular cooperation and provide other substantive support as needed at the national level toward the further implementation of these commitments, including for the realization of the demographic dividend.

65. The findings and recommendations of the AADPD plus five continental review report, alongside the outcomes of the 2018 Ministerial Review on the Implementation of the Addis Ababa Declaration on Population and Development deliberations, will inform the global review of the ICPD at the 52nd Session of the Commission on Population and Development in 2019, the 2019 UNECA Africa Regional Forum on Sustainable Development, and the 2019 United Nations Economic and Social Council High-Level Political Forum on Sustainable Development. To better integrate the review and follow-up of the ICPD in Africa with the 2030 Agenda on Sustainable Development, future review cycles of the Addis Ababa Declaration will be aligned with SDG review cycles to take place every four instead of five years. Furthermore, the AADPD plus five continental review report and accompanying STC Decision will be submitted to the AU Assembly through the Office of the AU Secretary General.