

DEMOGRAPHIC TRENDS AND YOUTH EMPOWERMENT IN AFRICA: OPPORTUNITIES FOR U.S. ENGAGEMENT¹

By Janet Fleischman

INTRODUCTION

Many of the fastest growing populations are in the world's poorest countries, putting them at a critical threshold: either they will accelerate economic growth and innovation by investing in their burgeoning youth population or the rapid population growth coupled with a shortage of opportunities for young people will undermine advances in health, development, and ultimately security. These demographic trends, most notable in sub-Saharan Africa, are often referred to as a “youth boom” or a “youth bulge.” Given the enormous implications of these demographic shifts, U.S. assistance should promote

young people's health and development, with particular emphasis on empowering young women. Investments in human capital and gender equality would yield enormous benefits in improving health, reducing poverty, and increasing economic and political stability. Given that these goals align so strongly with U.S. national interests, they benefit from strong bipartisan support.

This agenda constitutes an urgent priority. The magnitude of this demographic transition is evident in sub-Saharan Africa; sixty percent of the population is under the age of 25 and is projected to dramatically increase in the coming years due to decreased under-five child mortality and to continued high fertility, which is often driven by early and closely spaced childbearing. In many of these countries, notably in the Sahel region of West Africa, the population may double as soon as 2030—the year the world community pledged to achieve the Sustainable Development Goals—and possibly quadruple by the end of the century. Overall, the population in sub-Saharan Africa could increase from 1 billion to 4 billion before the end of the century.⁸

Harnessing the dynamism of this historically large youth population could be transformational, enabling countries to reap health, economic, and security benefits. Conversely, without concerted effort by national governments—with support from international partners—to provide social and health services, address early marriage and early childbearing, and improve economic opportunities for young people, many of these countries could face daunting increases in poor health outcomes, poverty, outward migration, urbanization, and even violent extremism.

Ensuring that these demographic trends become assets rather than threats calls for a multi-sector response to address the needs of young people, with a particular focus on the health and development of adolescent girls and young women. To be clear, this is not about population control, which is often associated with coercive and abusive policies that some governments have used in the past. Rather, this is about investing in human capital and empowering adolescent girls and young women so that they can be healthy and delay childbearing, stay in school, access jobs in the formal and “gig” economy, and accumulate economic assets.

With significant demographic changes and sustained high fertility rates occurring in many sub-Saharan

KEY DATA

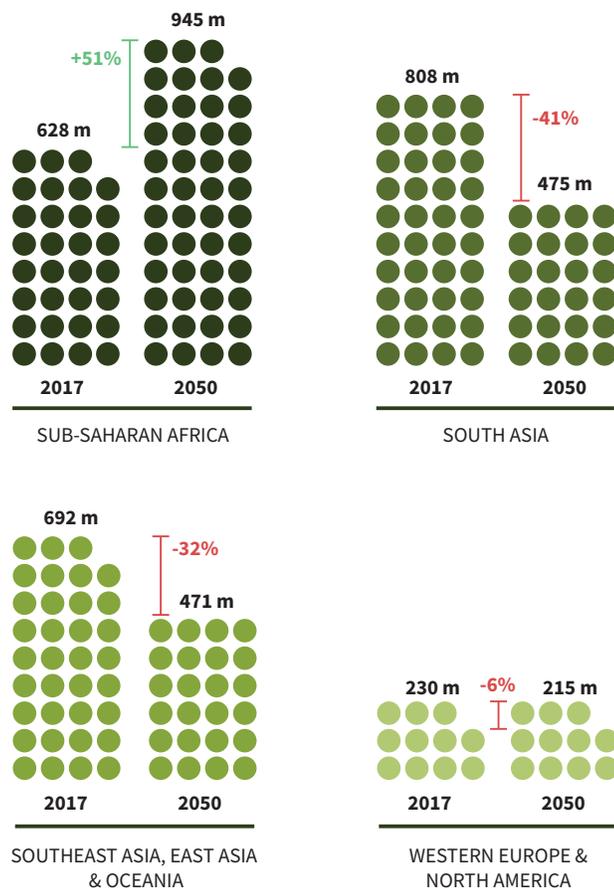
- The population of Africa is projected to nearly double in size by 2050 and could quadruple by the end of the century.²
- The median age across sub-Saharan Africa is 18. By comparison, the median age is 38 in North America and 46 in Japan.³
- At least one-third of East Asia's unprecedented economic growth rate from 1965 to 1990 is attributable to the demographic dividend.⁴
- Between 1970 and 2000, 86 percent of new civil conflicts occurred in countries where 60 percent or more of the total population was below 30 years old.⁵
- 21 percent of women in sub-Saharan Africa have an unmet need for family planning.⁶
- No country in the last 50 years has emerged from poverty without expanding access to contraceptives.⁷

African countries, the largest population of young people in history is coming of age, paving the way for either great dividends or looming disaster, depending on how governments and donors choose to invest. At this important juncture, the United States should assist these countries in capturing the dynamism of this youthful population and empowering young women as a key priority for health and development programs, as well as for democratization and security programs.

The U.S. government has an important role to play in helping countries address these demographic issues by expanding access to adolescent health, voluntary family planning, HIV services, educational opportunities for girls, and youth employment, and ensuring the meaningful engagement of young people in program design and implementation. This builds on a remarkable legacy of U.S. engagement in many areas that could help countries

Africa's Youth Population is Booming The Rest of the World's is Shrinking

○ EQUALS 20 MILLION PEOPLE AGES 0-24 YEARS



Source: Bill and Melinda Gates Foundation, *Goalkeepers: The Stories Behind the Data 2018* (Seattle, Washington: 2018), <https://www.gatesfoundation.org/goalkeepers/report>.

to empower young people and build critical life skills and resilience. This paper outlines a number of policy options that Congress could undertake to advance these goals, including: establishing a youth health and empowerment fund within USAID to incentivize USAID missions to develop a cross-sectoral package of services to address both the root causes of the demographic trends and the immediate needs of young people; holding hearings on the demographic trends and their potential impact (both positive and negative) on U.S. health, development, and security goals for the region, to determine if a new, multi-sector approach is needed; ensuring that the new U.S. International Development Finance Corporation (IDFC) invests in women's economic empowerment and health in developing countries; and requesting more in-depth analysis from the intelligence community examining how gender inequality and the demographic trends—including youthful age structure and rapid urbanization—in fragile states contribute to economic and political instability and pose threats to regional security.

POPULATION AND ECONOMIC GROWTH: THE DEMOGRAPHIC DIVIDEND

The impact of population on economic growth relates to the age structure of countries rather than to the size of the population. When there are nearly twice as many working-age adults (age 15-64) as dependent children and seniors, there is a window of opportunity to capture a "demographic dividend" leading to economic growth.⁹ This kind of maturing age structure opens the way for a range of economic and development benefits. In fact, once half a country's population is older than 30, it is more likely to reach upper-middle-income status.¹⁰

Such demographic transitions result in part from advances in global health, such as decreased under-five child mortality, declining infectious diseases, and increased access to modern contraception, which enables young women to prevent unintended pregnancy and delay first births and helps couples choose to have smaller families. The experience of many countries has shown that when child survival rates increase, women and families make different decisions about their desired fertility and number of children. However, if high fertility levels continue, this demographic window of opportunity will remain elusive, and these countries will face severe challenges in providing adequate education and jobs for young people.¹¹

Successes in global health programs have contributed to the rising youth population and need to be matched with investments to help young women prevent unintended pregnancy and delay first births, which requires multi-sector, adolescent-friendly responses to create demand and access to family planning. As the number of young people increases, countries have to scale up economic and livelihood options. According to the International Monetary Fund (IMF), Africa will need to create 18 million jobs per year to keep up with the growing labor force.¹² But this goes beyond generating productive jobs for young people; it also means investing in health and family planning programs. Thomas Bollyky, the director of the Global Health Program at the Council on Foreign Relations, noted in his recent book about the opportunities and challenges presented by recent global health successes: “Governments, and donors that invested in achieving these health gains, should also invest in the necessary family planning policies to reduce population growth to sustainable rates and facilitate the economic and social reforms needed to take advantage of these favorable demographic conditions while they persist.”¹³

A number of African countries have recognized the link between rapid population growth and socioeconomic development. In 2017, the African Union made its theme of the year about harnessing the demographic dividend by investing in youth, including by prioritizing national investments to increase access to family planning.¹⁴ Many of these countries have increased access to contraceptives, leading to a rise in the contraceptive prevalence rates (CPR) and declines in fertility. Over the past 20 years, successful family planning programs have been instituted in countries such as Ethiopia, Kenya, and Rwanda, and in many countries in southern Africa. More recently, attention to family planning has also been elevated in countries of the Sahel, supported by the efforts of FP2020 and the Ouagadougou Partnership (see below).¹⁵ Still, the gap between public commitments and the policies and programs that need to be implemented on the ground remains wide, including increasing service delivery and investing in adolescent health in national budgets.

Studies on demographic trends underscore how access to voluntary family planning can be a component of a broader approach to promoting resilience. Those countries growing the fastest demographically are often the poorest and already face challenges in providing health and social services to their populations. If the current trajectory of high fertility and low contraceptive use continues, it will undermine these countries’ ability to address social sector

COUNTRY EXAMPLE: SOUTH KOREA

Countries that have put in place appropriate policies and programs that reflect their shifting demographics, including economic policies and expanded access to education and voluntary family planning, have experienced sustained economic growth. This was the case for a number of Asian countries, notably South Korea and Singapore, which took advantage of demographic transitions to increase the skills of their workforce and their export-focused manufacturing.

Between 1960 and 1990, South Korea made a rapid transition from high to low fertility, while at the same time experiencing an annual growth in per capita gross domestic product of 6.7 percent. South Korea’s success resulted from investments in family planning, education, and the economy. The family planning program included several components: investing in health centers to provide a range of services including family planning, home visits by field workers, the creation of mothers’ clubs, training providers, and purchasing contraceptive supplies. Between 1950 and 1975, the fertility rate fell from 5.4 to 2.9 children per woman. The government also provided public health services and encouraged health insurance.¹⁶

needs. Research shows these countries are unlikely to attain desirable levels of development and stability until early childbearing is reduced and overall fertility rates decline, yet unmet need for family planning remains very high in many parts of sub-Saharan Africa.

DEMOGRAPHICS AND HIV INVESTMENTS

Without further action, an increasing youth population could have a significant impact on the number of people living with HIV in sub-Saharan Africa and the ability of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to reach its objectives and sustain its success. While several African countries are getting close to controlling their HIV epidemics, many are struggling with preventing HIV infection in adolescents and young adults—the age groups of highest risk of HIV infection through sexual transmission. Young people (15-24 years old) account for approximately one-third of all new HIV infections, with young women in sub-Saharan Africa

being disproportionately affected. In 2017, young women made up 25 percent of new infections but represented only 10 percent of the population.¹⁷ As the number of young people in sub-Saharan Africa continues to expand, there is a high risk that a country could lose control of its HIV epidemic if it does not decrease the infection rates in this age group. In South Africa, for example, which has the world's largest HIV epidemic, approximately 45 percent of the population is under the age of 25. With continuing high rates of HIV transmission in this age group, the epidemic will continue to devastate young South Africans.¹⁸

According to Ambassador Mark Dybul, co-director of the Center for Global Health and Quality at Georgetown University Medical Center and former head of PEPFAR and of the Global Fund to Fight AIDS, Tuberculosis and Malaria, meeting the needs of young people is critical for the global effort to end HIV. “[B]ecause there are more and more young people and young people are at the highest risk of acquiring HIV, every day we get closer to losing control. It’s just math. This is not a failure of HIV programs per se. It is because of population growth.”¹⁹

YOUTHFUL AGE STRUCTURE AND HEIGHTENED RISK OF CONFLICT

The risk of internal conflicts in countries with youthful populations has been raised by the U.S. intelligence community for some time. In 2017, the National Intelligence Council (NIC) made the link between increases in youth populations, persistent gender inequality, and societal stresses: “[P]rojected rates of population growth for the region (SSA) are the world’s highest and, with no likely imminent changes to the longstanding gender inequality issues that are largely driving high fertility, the sheer scale of the population increase will strain food and water resources, health care capacity, education, and urban infrastructure.”²⁰ Earlier, in 2008, NIC’s Global Trends 2025 report described a demographic “arc of instability” in countries with youthful populations that are projected to continue rapid growth. Other studies done by the Population Reference Bureau have shown that countries where half the population is younger than 20 have a 75 percent chance of conflict, and this applies to countries such as Niger, Mali, the DRC, South Sudan, and Zimbabwe. However, once the median age surpasses 27, the risk of conflict rapidly declines.²¹

It should be noted that the relationship between population trends and civil conflict is complex and nuanced and also relates to factors such as rapid

urbanization, economic stagnation and unemployment, poor natural resource management, and limited political participation. As the new USAID education policy summarized: “When youth are educated, healthy, employed, and civically engaged, they have the power to drive economic growth, democracy, resilience, and prosperity. However, when the needs of youth are not addressed, poverty, violence, and unrest can follow. Countries with large youth populations are statistically at greater risk of conflict and political violence, especially when combined with a lack of employment opportunities.”²²

FOCUS ON THE SAHEL

The countries of the Sahel demand special attention and resources, given the risk of destabilization posed by the rapid population growth amid poverty, weak institutions, and growing issues related to climate change, including increasing desertification and the risk of famine. Despite some promising trends in reducing child mortality, fertility rates remain among the highest in the world. Contributing factors include early marriage and early childbearing, low levels of education for girls, and high gender inequality, leaving women and girls with few opportunities.

Niger is a case in point. Despite improvements in health and child survival, Niger still has one of the fastest growing populations in the world, with a total fertility rate of 7.2 children per woman.²³ The UN projects that Niger’s population will nearly triple by 2050,²⁴ due in part to gender inequality, limited educational opportunities for girls, and high rates of child marriage. According to Girls Not Brides, which tracks child marriage, 76 percent of girls in Niger are married by the age of 18.²⁵

On top of these sobering indicators, terrorism and extremist activity have accelerated in Niger, undermining stability and causing serious concerns in the region and in the U.S. military. General Thomas D. Waldhauser, commander of the U.S. Africa Command from July 2016 to April 2019, has raised these issues on several occasions. In March 2018, he said: “This ‘youth bulge’ presents both opportunities and challenges, including high youth unemployment and limited educational opportunities, which pose significant risk of unrest and even radicalization.” More recently, in testimony before the House Armed Services Committee in March 2019, he stated: “The lack of economic and educational opportunities, a large, disenfranchised youth population, and inadequate natural resources are potential drivers

of extremism, which, when coupled with authoritarian, corrupt, or ineffective governments, contribute to persistent instability.” He continued with the situation in Niger: “In Niger, serious governance and development issues are exacerbated by rapid population growth, environmental degradation, economic stagnation, and stressed infrastructure.”²⁶

These statements also underscore that young people’s recruitment into extremism is usually a reaction to negative conditions and lack of opportunities, often due to government neglect or lack of investment in young people.

THE OUAGADOUGOU PARTNERSHIP²⁷

The Ouagadougou Partnership was launched in 2011 in Ouagadougou, Burkina Faso and comprises nine francophone West African countries, Canada and the Netherlands, and a number of technical partners, including USAID, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, UNFPA, the French Development Agency and the French Ministry of Foreign Affairs, and the West African Health Organization. The partnership aims to accelerate progress in access to family planning in Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo. The goal is to reach 2.2 million more family planning users in the nine countries by 2020. Given the currently low contraceptive prevalence rate in these countries, this seemingly modest figure is actually ambitious. The region is characterized by high maternal mortality (225 women die every day for reasons related to childbirth) and morbidity, high fertility, and high unmet need for family planning, with 25 percent of women wanting to limit or space births but not using a contraceptive method.

U.S. POLICY OPTIONS

The United States has a remarkable legacy of engagement in many of the areas that could help countries in sub-Saharan Africa address these demographic trends. Key programs and strategies include: U.S. investments in women’s health and voluntary family planning/reproductive health,²⁹ the recently launched U.S. strategy on international basic education,³⁰ and youth empowerment programs such as USAID’s Youthpower,³¹ and PEPFAR’s

Writing in the *New York Times*, Thomas Friedman noted the overlap of population issues with security, using the example of the Sahel. He described three maps he was given by the United Nations Convention to Combat Desertification. “Map No. 1: the most vulnerable regions of desertification in 2008. Map No. 2: conflicts and food riots in 2007 and 2008. Map No. 3: terrorist attacks in 2012. All the dots of all three maps cluster around Niger and its neighbors.” This, Friedman concluded, shows the need to use the tools we have to mitigate the trends around climate and population to address security.

THE SAHEL WOMEN’S EMPOWERMENT AND DEMOGRAPHICS PROJECT (SWEDD)²⁸

The World Bank and the United Nations recognized that the combined challenges of poverty, food insecurity, and high fertility in the Sahel—leading to urbanization and a growing youth population—were undermining security and development. This led to the creation of the Sahel Women’s Empowerment and Demographics Project (SWEDD), a \$170 million project started in 2014 and focusing on seven countries. The project aims to increase women’s and girls’ education and empowerment, to improve access to and demand for reproductive and maternal child health, and to improve regional capacity and coordination in these areas, including strengthening the policy environment and program implementation. Programs include safe space clubs for adolescent girls, women’s employment and vocational training in non-traditional trades (e.g., masonry, mechanics, and electronics), and “husbands clubs” to engage men.

substantial investments in supporting adolescent girls and young women.³²

The opportunities and challenges of these demographic trends have been increasingly recognized by U.S. policymakers who have also identified the potential, related security risks. The most recent example involves the Global Fragility Act of 2019,³³ a bipartisan effort that calls for a 10-year integrated strategy to address “underlying causes of fragility and violence” through the empowerment of

marginalized groups including youth and women. The act also calls for the selection of priority countries, based on criteria including gender-based violence and violence against children and youth.

A critical element of any U.S. approach includes sustaining U.S. investments in education for girls (including secondary) and in voluntary family planning. Evidence from around the world shows that improved educational attainment for girls helps delay their age of marriage and early childbearing and increases their economic potential. It also shows that access to family planning improves maternal, newborn, and child health and promotes healthy timing and spacing of pregnancies.

Building resilience and human capital can garner bipartisan support and complements USAID's framework on the Journey to Self-Reliance. USAID Administrator Mark Green conveyed the urgency of this agenda in Congressional testimony in 2018: "And when it comes to youth, if the greatest challenge in the world right now from a development perspective are displaced communities -- number two is the rising youth bulge, if we fail to help provide those opportunities."³⁴

To address these issues, Congress should consider the following policy options:

1. Congress should establish a youth health and empowerment fund within USAID to incentivize USAID missions to develop a cross-sectoral package of services to address both the root causes of the demographic trends and the immediate needs of young people.

Such an approach would allow missions to apply for extra funding to provide proof of concept for scalable programs addressing the needs of young people in countries experiencing rapid population growth. As part of this fund, USAID should report to Congress on how missions are strategically putting cross-sectoral funding streams/budget lines together. Metrics would include: expanded access to adolescent and women's health, a range of contraceptive methods, and HIV services; improved educational attainment for girls and youth employment; and the meaningful engagement of young people in program design and implementation. Such an effort should build on the U.S. Government Strategy on International Basic Education, the U.S. Global Strategy to Empower Adolescent Girls, PEPFAR's DREAMS partnership, and USAID's youth empowerment projects

and support continued U.S. investments in global health, notably women's health and family planning programs and PEPFAR.

2. Congressional committees should hold hearings on the demographic trends and their potential impact (both positive and negative) on U.S. health, development, and security goals for the region, then determining if a new, multi-sector approach is needed.

USAID and the Department of State should report on their activities in education, women's health, family planning, gender equality, and countering violent extremism to address the needs of young people and the root causes of the demographic changes in fragile settings.

3. If the Global Fragility Act is enacted, it calls for an integrated strategy to address underlying causes of fragility and violence. Congress should request specific reporting on programs designed to educate youth and empower women.

In the selection of priority countries, USAID, the Department of Defense, and the Department of State should include as a criteria those countries that have highly youthful age structures.

4. Congress should ensure that the new IDFC invests in women in developing countries—

continuing the Overseas Private Investment Corporation's (OPIC) 2x Women's Initiative—and is aligned with existing initiatives to increase women's economic empowerment, expand access to women's health and family planning, and promote gender equality, including plans for the Women's Global Development and Prosperity Initiative (W-GDP).

5. Congress should request more in-depth analysis from the intelligence community examining how gender inequality and the demographic trends (including youthful age structures and rapid urbanization) in fragile states contribute to economic and political instability and pose a threat to regional security.

Assessments of where U.S. health and development programs are working to reduce the likelihood of violence, conflict, and instability should also be provided.

6. Congress should request a GAO study to assess what the U.S. government is doing to promote youth health and development in the Sahel and to what extent USAID family planning programs have supported other U.S. development objectives.

This includes identifying what particular efforts are targeting adolescent girls and young women to address and transform harmful gender and social norms, early marriage, and teenage pregnancy, and girls' educational attainment, and how such programs are contributing to the longer-term challenges of countering extremism in the region and addressing the demographic changes.

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ENDNOTES

- 1 This briefing paper was written by Janet Fleischman, senior associate at the CSIS Global Health Policy Center, with research assistance from Cathryn Streifel, associate director of the CSIS Global Health Policy Center. This is part of a series of papers published under the CSIS Women's Health Policy Forum, which is made possible through the generous support of the William and Flora Hewlett Foundation. We would also like to acknowledge the helpful input we received from John May, Elizabeth Leahy Madsen, Catherine Lane, Tod Preston, and Robert Walker.
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