Unlocking Africa's Demographic Dividend: Proceedings of the 2026 ECSA Regional Youth Summit on Sexual and Reproductive Health

Abstract

Africa's rapidly expanding youth population offers an opportunity for social and economic transformation. However, persistent gaps in adolescent and youth sexual and reproductive health (SRH) continue to undermine human capital development. Invest in youth SRH can accelerate economic and social transformation. Failure to invest in youth SRH can exacerbate unemployment and economic instability. Therefore, strengthening youth SRH is central to achieving Africa's demographic dividend. This paper synthesizes insights from the East, Central and Southern Africa (ECSA) Regional Youth Summit on SRH. The summit convened youth leaders and key stakeholders from ten ECSA countries to identify priorities for accelerating SRH progress. Findings indicated that poor SRH outcomes are due to commodity shortage and weak accountability mechanisms. Improved SRH was reported to have the potential of social and economic returns. Priority policy recommendations included strengthening youth-friendly services, improving financing, integrating mental health with SRH, and leveraging digital innovations.

Keywords: Sexual and reproductive health, demographic dividend, adolescents, youth, East, Central and Southern Africa; youth leadership; policy implementation

Introduction

Africa stands at a truly historic inflection point. With a population of 1.4 billion in 2025, the continent is projected to nearly double to 2.5 billion by 20501. At the heart of this transformation is an unprecedented youth bulge: approximately 60% of Africa's population is under 25 years old, making it the youngest continent on Earth[2].

Africa's youth challenges are urgent and compounding, two-thirds of this population are unemployed[3]. Investment in human capital particularly in SRH has the potential to accelerated economic growth and social transformation[4]. Unfortunately, most of Africa countries are still grappling persistent SRH challenges such as weak youth-friendly SRH services[5]. Without deliberate investment and coordinated policy implementation, youth population growth can exacerbate unemployment and economic instability[6].

Recognizing the potential of SRH in economic and social transformation, SRH has been incorporated into development frameworks such as Agenda 2063 and the Sustainable Development Goals[7]. Despite this, gaps still remain in areas of financing, accountability and youth involvement in SRH policy development and implementation[8].

To address these gaps, ECSA-Health Community (ECSA-HC), convened the 2026 Regional Youth Summit on SRH, bringing together youth leaders, policymakers, and experts to identify actionable priorities for leveraging Africa's demographic dividend. This paper synthesizes summit discussions to inform regional SRH strategies and guide development of Resolution ECSA/HMC76/R3.

Methodology

Sampling Methods

The Summit adopted a participatory, multi-stakeholder design to facilitate the regional dialogue. The two-day summit brought together 130 ECSA youth delegates and 20 Ministry representatives from 10 countries (Kenya, Lesotho, Malawi, Mauritius, South Africa, Tanzania, Uganda, Zambia, Zimbabwe, and Eswatini). Around 8-11 youths' eligible delegates from different ECSA member states were purposively selected from youths of diverse gender, age group, and thematic SRH experiences.

Data Collections

Activities carried out during the seminar were documented by rapporteurs using standardized templates, that had been tested and pre-tested to ensure reliability and validity. Data was validated then shared for coding and analysis. The discussion sessions were organized around thematic areas.

Data processing and analysis

Summit outputs were synthesized through thematic analysis. Discussions were coded across predefined domains while allowing emerging themes to be incorporated. Triangulation of qualitative insights, through comparing output across different key seminar activities, strengthened the validity of the findings and enabled prioritization of policy recommendations.

Ethical Consideration

Participants gave verbal consent. No patient biodata was collected. Materials collected were only accessible to organizing/reporting teams.

Results

Characteristics of summit participants

A total of 150 individuals participated in the summit. **Table 1** summarizes the challenges, opportunities and recommendation shared by participants in the summit.

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Table 1: ***Thematic Analysis of SRH Challenges and Priority Actions Identified at the 2026 ECSA Regional Youth Summit***

Core issue	Evidence/what was heard	Priority action
Unintended adolescent pregnancy	Persistent adolescent pregnancy and unmet contraception need	Expand youth-friendly contraception services; reduce barriers to uptake
STIs/HIV risk and prevention gaps	Ongoing STI exposure and prevention challenges among youth	Strengthen prevention packages targeting to adolescents and youth
Maternal risks among young women	Maternal mortality and complications among young women	Improve adolescent-responsive maternal care and referral
Weak youth-friendly services	Confidentiality gaps, judgmental attitudes, inconsistent youth-friendly standards	Enforce youth-friendly standards and privacy safeguards
Commodity stock-outs	Reports of stock-outs affecting SRH services	Improve supply chain and facility stock management
Restrictive social/cultural norms	Stigma and taboos limit open communication about sexuality	Community engagement through culturally responsive.

Key themes from the Summit

Challenges associated with poor SRH outcomes

Participant's emphasized that poor SRH outcomes among adolescents are driven by interconnected systemic failures rather than isolated health issues. Key challenges highlighted included high unmet contraceptive need and persistent adolescent pregnancy (See Table 1). Participants listed the following structural barriers undermining SRH service utilization:

- Weak youth-friendly services,
- Breaches of confidentiality,
- Judgmental provider attitudes,

These barriers reduce trust in health systems, discouraging adolescents from seeking care even when services are available. In this regard, the participants recommended strengthening confidential youth-friendly services and expanding contraception access **(See Table 1)**

Opportunities from improved SRH

Participants consistently highlighted improved SRH as a critical pathway for strengthening human capital development and advancing the demographic dividend. Delegates emphasized that access to accurate SRH information and youth-friendly services can:

- Support adolescents, especially girls, to remain in school
- Delay marriage
- Avoid contracting sexual transmitted infection, teenage pregnancy, and
- Allow youths to participate more fully in the labor market.
- Reduced preventable health expenditures.
- Participants stressed that SRH investments should be integrated with education and national development.

Implementation barriers of SRH services

Many countries were reported to have policy frameworks addressing adolescent SRH, but implementation remains uneven. Participants identified several implementation barriers, including:

- Limited domestic financing for youth SRH programs
- Weak enforcement of youth-friendly service standards
- Commodity supply challenges, and
- Legal or policy constraints affecting adolescent access to services.

These barriers were reported to affect both service quality and utilization across the region.

Country experiences with delivery of SRH services

Country case studies presented at the Summit illustrated diverse approaches to addressing youth SRH challenges, as shown in **Table 2**

Table 2: *Approaches utilized by ECSA member states to overcome SRH challenges*

No	Country	Approach used
1	Tanzania	Multi-pillar youth health strategy, including HIV prevention, teenage pregnancy reduction and expansion of youth-friendly services.
2	Uganda	Total participation of youth model, which encourages youths cultural and religious leaders' interaction.
3	Zimbabwe	Developed innovative model, e.g., "Not in My Village" initiative, which uses hotspot profiling and community engagement to address adolescent pregnancy and SRH risks
4	Kenya	Use of digital platforms to expand access to SRH information and enable reporting of gender-based violence
5	Eswatini	Combines youth participation in policy monitoring with mentorship and internship programs.

Linking SRH and mental health

Participants highlighted how mental health disorders influence health-seeking behaviour and increase vulnerability to risky sexual practices. Conversely, experiences such as unintended pregnancy and gender-based violence were reported to negatively affect mental wellbeing. Several participants shared the importance of combining SRH and mental health services, and referenced ongoing development of a regional youth mental health framework.

Digital innovation in SRH programs

Participants highlighted the role of digital platforms and social media in provision of SRH information and reporting of gender-based violence. Participants also

discussed the potential of digital scorecards and data visualization tools to support SRH services. The delegates noted that digital inclusion gaps persist, particularly among youths in rural and marginalized areas. However, participants noted an increased in internet penetration, provides an opportunity for digital platforms utilization. The summit culminated with a leadership training session and the launch of the ECSA Regional Youth Mentorship Program, which aims to strengthen youth health leadership capacity.

Discussion

Structural and Systemic Barriers

Discussions on structural and systemic barriers of adolescent SRH reflect patterns widely documented across Africa. Studies consistently show that adolescents face multiple obstacles when accessing SRH services, including stigma and unavailability of youth-friendly services[9]. These barriers contribute to low service utilization even where programs exist. The Summit's emphasis on improving service quality, strengthening supply chains, and addressing social norms to align with global standards[10]. These findings therefore reinforce a growing consensus that progress in youth SRH depends less on new policy commitments and more on strengthening implementation systems.

Development Implications and Policy Alignment

The Summit also highlighted the broader development implications of improved SRH outcomes, particularly in harnessing the demographic dividend. Similar multisector approaches have been promoted in African Union and UNFPA demographic dividend frameworks, which position adolescent SRH as a central component of human capital development[11,12]. The Summit's recommendations to link SRH indicators with education retention and youth employment reflect broader policy directions across the globe[4].

Emerging Innovations and Governance Models

Finally, the Summit highlighted how emerging innovations and governance shape youth SRH programs worldwide. Digital platforms expand information access and strengthen accountability in health systems, particularly in the areas of SRH among the youths[13]. However, utilization of digital platforms faces significant challenges such as poor internet penetration, and high attrition due to privacy concern[14]. The Summit also focused on the need for youth participatory in health governance not as mere beneficiaries but as partners in policy design and implementation.

Limitations of the report

Regional summit cannot be generalized for all African youths. Participants might represent cohort of well-connected youth leaders. Insights were based on participant perspectives rather than empirical data. Snapshot analysis may produce limited exploration. Despite these limitations, the Summit provided valuable insight of diverse stakeholders.

Conclusion

The 2026 ECSA Regional Youth Summit highlighted the critical role of adolescent and youth SRH in advancing Africa's demographic dividend. The summit highlighted challenges affecting SRH utilization and the social and economic benefits that can arise from strengthened SRH investments. The Summit provides concrete policy recommendations needed to improve SRH services in order to harness the youth demographic dividends.

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Author contribution

LM, GG and SM contributed to the conceptualization and manuscript development. JDT contributed in methodology and analysis. BS, RL, CM, IK, GK, and EM contributed in reviewing the manuscript. AS and NAK contributed supervision and reviewing the manuscript. All authors read and approved the final version of the manuscript.

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