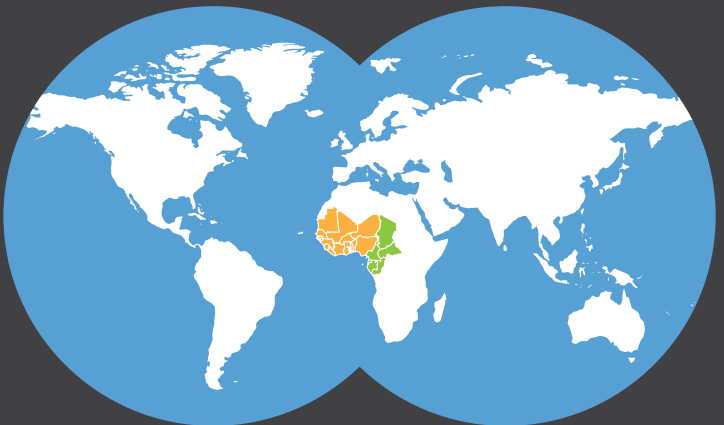


Harnessing
the
Demographic
Dividend:
From Advocacy
to Action

October
2016



Regional Demographic Profiles Compared: West and Central Africa's Position



Acronyms

AFRIYAN: African Youth and Adolescents Network on Population and Development

ECOWAS: The Economic Community of West African States

ECCAS: Economic Community of Central African States

CREFAT: Economics and Applied Finance Research Centre - Thiès

DD: Demographic Dividend

DHS: Demographic and Health Surveys

NTA: National Transfer Accounts

SDGs: Sustainable Development Goals

WHO: World Health Organization

FP: Family Planning

ROJALNU: Youth Leaders Network Organizations of the United Nations

UNS: United Nations System

SRH: Sexual and Reproductive Health

SWEDD: Sahel Women's Empowerment and Demographic Dividend Initiative

UNFPA: United Nations Population Fund

WCA: West and Central Africa









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Foreword

Mabingue Ngom

UNFPA Regional Director, West and Central Africa

The World Bank has set up a database for 17 goals to sustainably transform the world, as it did for the millennium development goals. The 2016 edition of the report on this, which appeared in February, enables, for each of the 17 sustainable development goals, an analysis of the major trends and challenges to be met, and highlights the disparities between the different regions of the world.

This working document, drawn up on the basis of the World Bank report, focuses on Africa and more specifically West and Central Africa, and gives an overview of the efforts required in this part of the world with regard to a 'catching-up' strategy to stop it lagging further, the key development stakes and challenges it faces. It also underlines Africa's comparative advantage compared to other regions of the world in terms of its large demographic potential.

The document underlines the persistence of poverty in this part of the world, the poor access to basic social services, the low level of education especially for young girls, levels of maternal mortality which are amongst the highest in the world, the persistence of gender-based violence, the difficulties of professional integration for young people.

But in order to meet the challenges, there needs to be increased political commitment at the highest level, an increase in financial resources, and the general participation of all (both the public and private sectors) via strong strategic partnerships at the global, regional and national level.

This is why, initiatives such as the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project should be welcomed and encouraged.

I am sure that this practical example of a regional strategic partnership will be of use for the entire African continent as it strongly reinforces the links between countries and will enable more financial funds to be raised as well as earning the trust of development partners. And I sincerely hope that these initiatives will be replicated and extended to other countries with the support of the international community to enable all of Africa to exploit its demographic dividend and grow.

With the 2030 Agenda and also Agenda 2063, African leaders have set out the vision of the Africa We Want. They must now develop and implement the policies for an effective transformation of this human potential and thus positively change the image of the continent.

The United Nations Population Fund, and more specifically, the West and Central Africa Regional Office, will continue to play a key role in replying to the needs of populations, by monitoring them and by exploring all potential means to raise the funds required to achieve these goals. Maybe even more importantly, we are also putting our expertise and know-how at the service of policies which will enable these changes to become reality.



Summary

The analysis of the World Bank's 2016 report highlights that Sub-Saharan Africa is a worrisome region with regard to certain socioeconomic demographic indicators within the scope of UNFPA's mandate.

This analysis also underlines the poor access to basic social services in Africa to the South of the Sahara in its Western and Central areas. The demographic dependency trend is higher, professional integration as well as poverty remains problematic, access to sexual and reproductive health is limited, the numbers of girls in secondary education is very low.

Also, the adoption of the Sustainable Development Goals (SDGs) including the 2030 Agenda in which the Demographic Dividend features, and the decision of the African heads of state to choose the Demographic Dividend as

the theme of their summits¹ in 2017, are a real opportunity to reverse the trend of indicators which are unfavourable to Africa.

The challenges are significant and will require urgent action in place of simple declarations of intention. In order to reply to the challenges of the young population, which today is higher than ever, access to sexual and reproductive health services, quality education and decent jobs have to be facilitated alongside respecting their rights.

In order to reply to these multiple needs and to minimise the challenges its region is facing, the UNFPA's West and Central Africa Regional Office has placed the Demographic Dividend as its main operational focus. It has thus undertaken numerous promising initiatives and has sealed partnerships with a number of stakeholders to positively change the region's image.

¹ The African Union Summit is scheduled for 2017 and will focus on the theme of "Harnessing Demographic Dividend through investments in youth".

Introduction

The report published in 2016 by the World Bank presents the situation of each country with regard to the 17 Sustainable Development Goals (SDGs) which were adopted in September 2015 by the international community. This worldwide data collection on development gives an overview of the sustainable development situation from the point of view of poverty, health, education, employment and economic growth. It also includes a dashboard which summarises the trends of certain demographic indicators by country and by large regions of the world, thus making it possible to put into perspective the key socioeconomic and political challenges linked to these demographic trajectories.

The UNFPA's Regional Bureau for West and Central Africa has reviewed this report and has retained certain of its indicators so as to carry out a comparative analysis in order to have a clearer picture of the position of its region in comparison to other parts of the world. This analysis also intends to highlight the disparities between its two sub-regions, in other words, West Africa and Central Africa, but also between the countries within these economic areas, in other words The Economic Community of

West African States (ECOWAS) and The Economic Community of Central African States (ECCAS).

This review is also looking into the disparities between the different zones in which the Regional Bureau is developing specific programmatic initiatives such as:

- the Sahel Women's Empowerment and Demographic Dividend project which covers the following 6 countries: Burkina Faso, the Ivory Coast, Mali, Mauritania, Niger and Chad;
- the Lake Chad initiative which covers: Cameroon, Chad, Niger and Nigeria;
- the project in the Mano River Space which covers the Ivory Coast, Guinea, Liberia and Sierra Leone.
- the MUSKOKA project which involves the following 8 countries: Benin, the Ivory Coast, Guinea, Mali, Niger, Senegal, Chad and Togo

A comparative analysis has been conducted for all these groups of countries/regions on the basis of the following SDGs: 1. Poverty, 2. Health, 3. Education; 4. Employment and economic growth.



Demographic situation in the world

The worldwide population has increased significantly since the middle of the 20th century, as demonstrated by the figure of 7.4 billion inhabitants reported in 2016 compared to 2 billion in 1930.

The analysis of the age structure underlines an increase in adolescents and young adults in certain regions, and an increase in the elderly in others.

The rise in urbanisation and international migratory flows should also be noted.

The analysis of the worldwide demographic situation in 2015 demonstrates two distinct profiles corresponding to the situation in Sub-Saharan Africa and those of other large regions in the world including North Africa and the Middle East.

The second group represents that in which the demographic transition is relatively modest with low mortality and fertility rates.

This situation is reflected by demographic dependency ratios in these regions of below 55% compared to 86% in Sub-Saharan Africa.

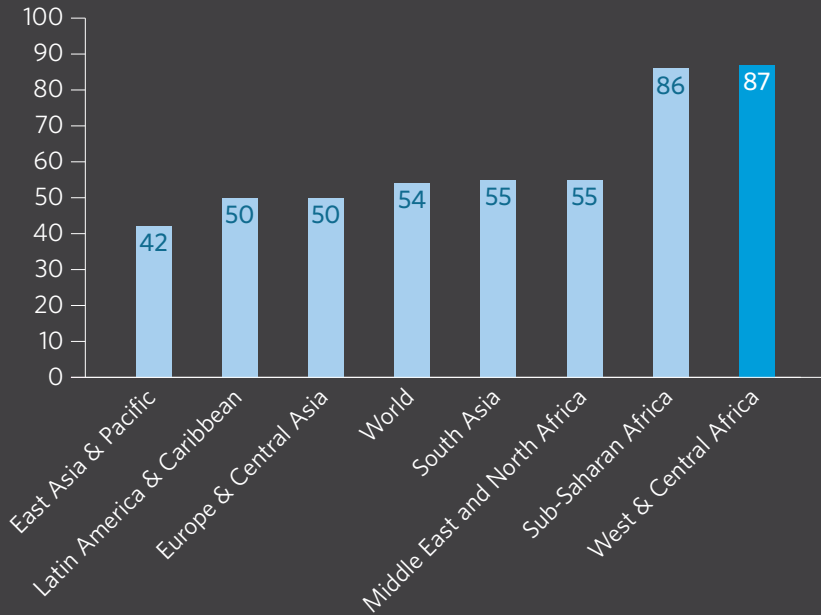
The demographic dependency ratio is based on the population's age structure. It is the ratio between the number of individuals who supposedly "depend" on others in their day-to-day life - young and old people - and the number of people capable of taking on this load. The key demographic dependency indicator generally uses the ratio of the number of individuals under 15 and older than 65 and compares it against the population aged between 15 and 64.

One of the limitations of this indicator is the opposition between the dependent population and the working population which is not necessarily effective when unemployment, invalidity, child labour, lack of pensions, etc. are taken into account. In Africa, in particular where access to the job market is difficult for young adults, the use of a ratio based on "family/state support" as a measurement of dependency can make it easier to better understand the reality of the dependency situation and the efforts of the countries to create jobs for the young.

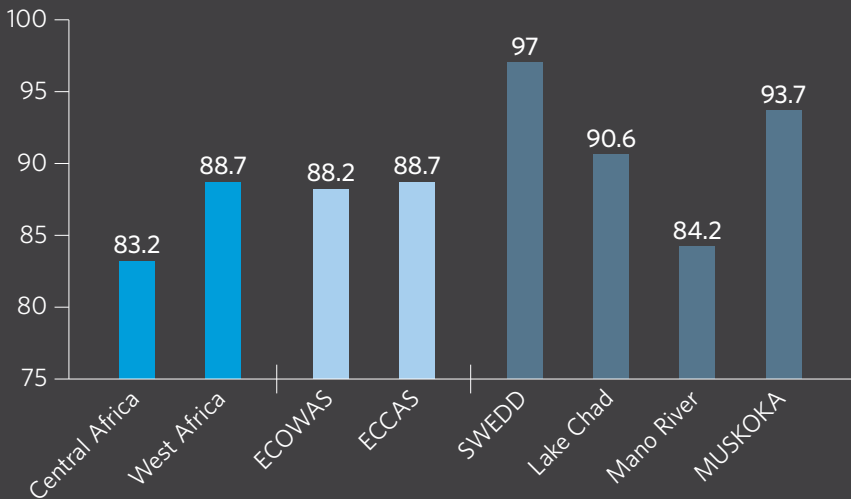
Consequently, the opportunity linked to capturing the Demographic Dividend has been tried out in practically every region of the world except for Sub-Saharan Africa and particularly in West and Central Africa, which has now begun to enter into this key demographic transition phase.

If we just consider the region of West and Central Africa, we realise that the demographic dependency ratio is higher in West Africa (88.7%) than in Central Africa (83.2 %). It appears that it is in the SWEDD countries that the dependency is highest (97%) compared to the beneficiary countries of the MUSKOKA project (93.7%), those of the Lake Chad (91%) or Mano River (84%) projects. The extremely high level of the dependency ratio in the countries covered by the SWEDD, MUSKOKA, Mano River and Lake Chad regional initiatives can be explained no doubt by the high fertility rate in these countries where on average women have more than four children and where the contraceptive prevalence is very low and teenage marriages are common.

Graph 1: Demographic dependency ratio per region



Graph 2: Demographic dependency in West and Central Africa



Graph 1 source: UNFPA-WCARO [West and Central Africa, Regional Office], exploitation of 2015 World Bank

Graph 2 source: UNFPA-WCARO, World Bank operational data 2015 data

Overall fertility

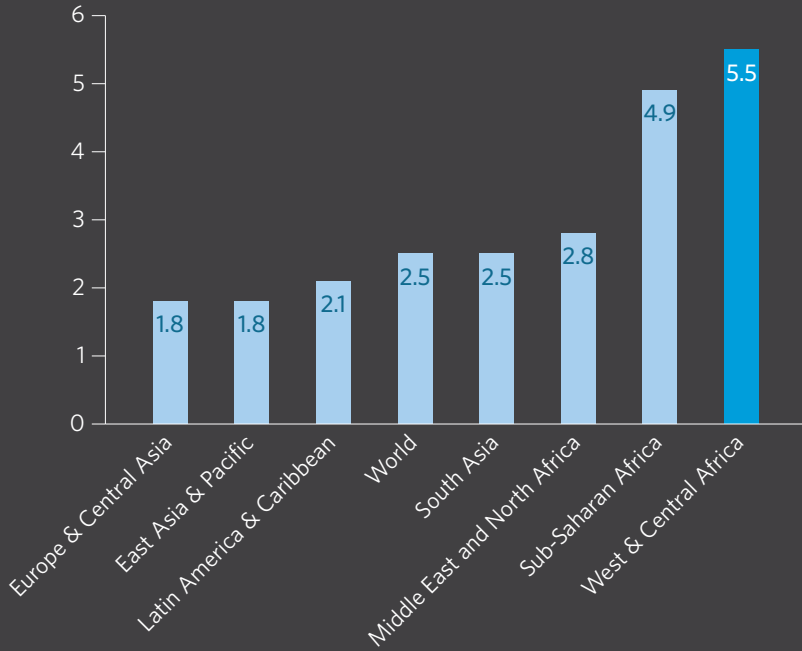
The demographic dependency is highly correlated with fertility as evidenced by the chart below. In Europe, East Asia and Central or Latin America, the fertility rate is below the replacement level (ie 2.1 children per woman), the population thus tending towards an aging phase caused by dramatic reductions recorded for maternal and infant mortality. In contrast, sub-Saharan Africa and particularly in West Africa and Central Africa, fertility remains high with respective fertility rates of 4.9 and 5.5 children per woman, which result in demographic dependency levels that are relatively higher.

It is important to note that in the countries covered by initiatives like MUSKOKA, SWEDD, Lake Chad and Mano River, fertility varies between 5 and 6 children per woman and is among the highest in the world. It is in these countries that the demographic transition is the slowest.

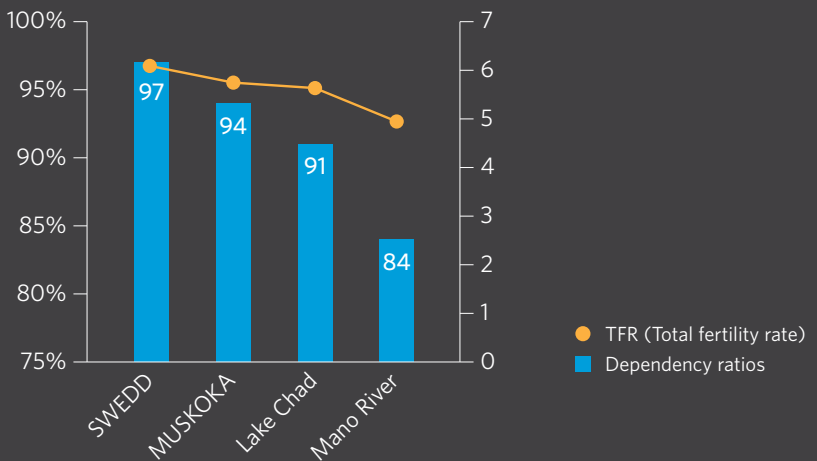


Graph 3: Fertility and Demographic dependency by region

Total fertility rate



Dependency ratios



Fertility rate among adolescents

Demographic and Health Surveys (DHS) in Africa show that adolescent fertility has an important contribution to overall fertility. Indeed, this fertility rate reaches 128 live births per 1,000 teenage girls in the Western and Central African regions, and 103 in sub-Saharan Africa, reflecting the extent of the problem in this region. This is due mainly to early marriage, low education level among girls, poor access to quality reproductive health services, socio-cultural and economic factors, etc.

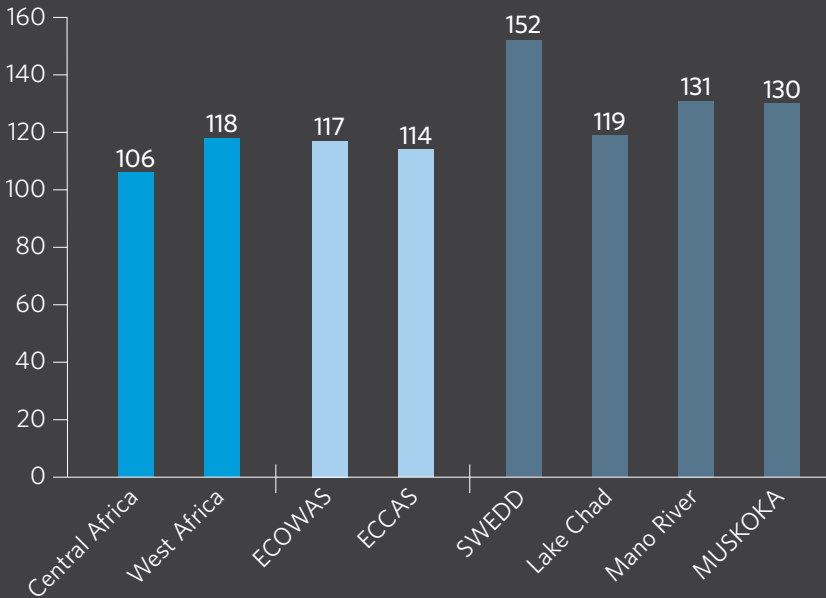
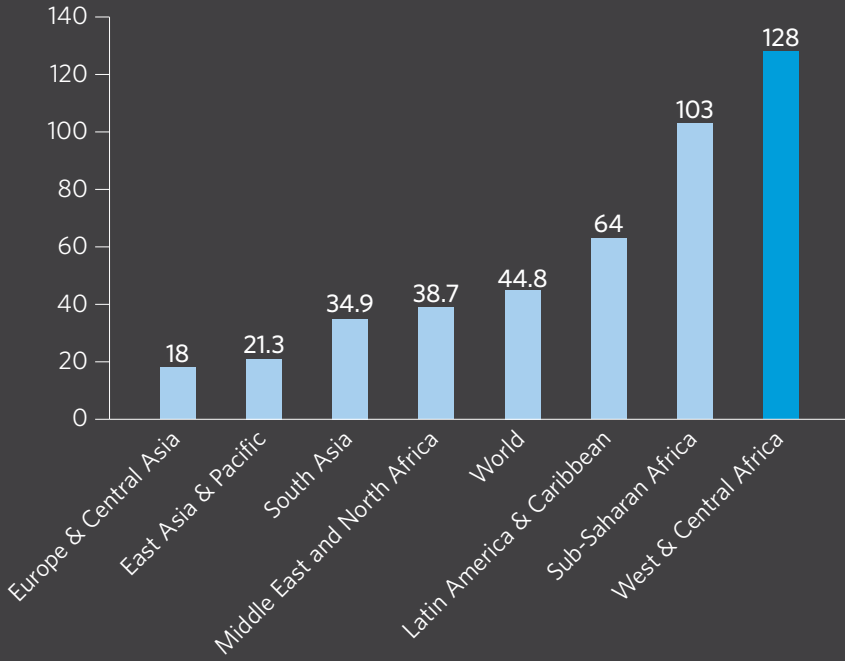
On the other hand, in other parts of the world including North Africa and the Middle East, the issue of early fertility is much less worrying. Fertility rates vary from 18 live births per 1,000 girls aged 15-19 years in Europe & central Asia, to 38.7 live births in North Africa and the Middle East, and 64 live births in Latin America.

In analyzing the situation of individual countries from the perspective of adolescent fertility, significant regional disparities arise. Adolescent girls in West Africa are more prone to fertility than their counterparts in Central Africa. In countries with initiatives, adolescent fertility is particularly high and varies from 152 per 1000 live births among teenagers in the SWEED countries to 131 in the Mano and Muskoka River countries and 119 in the area of the Lake Chad Basin.

This brief analysis of the demographic situation indirectly establishes inequalities in terms of access to sexual and reproductive health services between the African countries south of the Sahara and the other regions.

The state of the demographic transition in Africa that results therefrom highlights the need to invest more in this sub-population. These investments must revolve around the development of human capital (health and education in particular), the empowerment of women and girls, the creation of decent work to enable young people to move ahead in this long process aimed at capturing demographic bonus.

Graph 4: Adolescent fertility by region



Health including sexual and reproductive health

Life expectancy at birth

Life expectancy at birth is a composite index that provides an overview of the performance of a health system in a country. The scale of death caused by the outbreak of Ebola that hit three (03) countries in the area of the Mano River

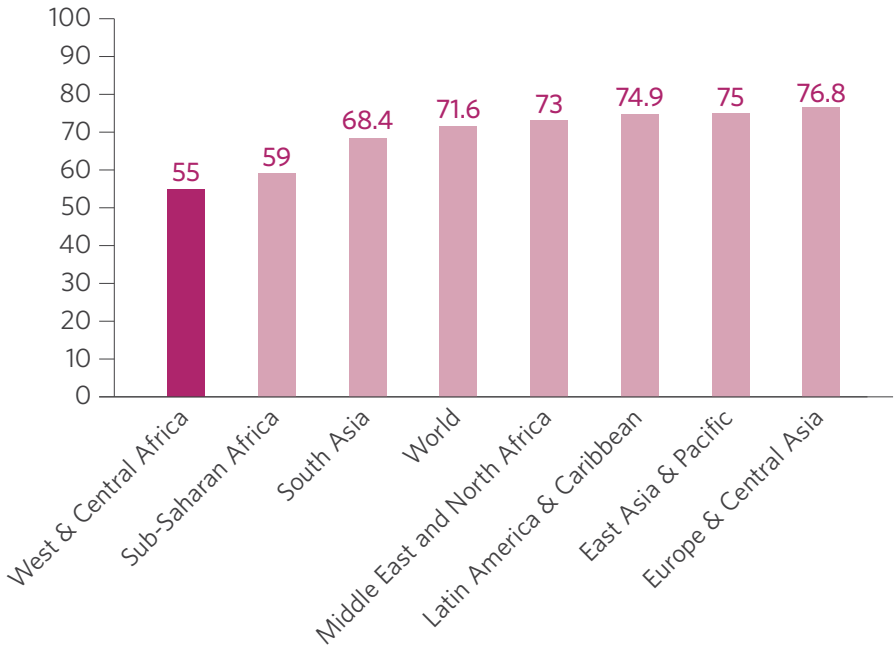
in 2014 with its share of desolation, is a perfect illustration of the importance of having adequate healthcare services in place. In most African countries (excluding those in North and Middle East Africa), people have a life

² This concerns Guinea, Liberia and Sierra Leone

expectancy at birth that is relatively low, just around 55 years in Africa West and Central and 59 in sub-Saharan Africa, against a world average of 72 years. Apart from South Asia where life expectancy is below the average, in other regions of the world outside of Africa, the number of years a person can expect to live at birth exceeds the global average.

The low level of life expectancy observed in Africa, particularly in West and Central Africa, is due, among other factors, to high child mortality which is more than 88 deaths per 1,000 live births and more than 110 deaths in some areas like the countries of the Lake Chad area.

Graph 5: Life expectancy at birth per region



Source: UNFPA-WCARO, World Bank operational data 2015

Maternal Health

Since 1990, the baseline year for the Millennium Development Goals (MDGs), the situation of mothers, newborns and children has improved. Maternal mortality has fallen considerably, from 1000 to 679 maternal deaths per 100,000 live births between 1990 and 2015, representing a 34% reduction. Despite these advances, progress remains too slow and fragile. Moreover, even if rates fall (%), the number of deaths at best remains at the same level, or, at worst increasing steadily due to strong population growth.

Therefore, in West and Central Africa each year 106,000 women die during the maternal period or remain disabled for life, particularly due to obstetric fistula.

Maternal mortality is still one of the greatest health burdens in the region that registers the highest rates in the world.

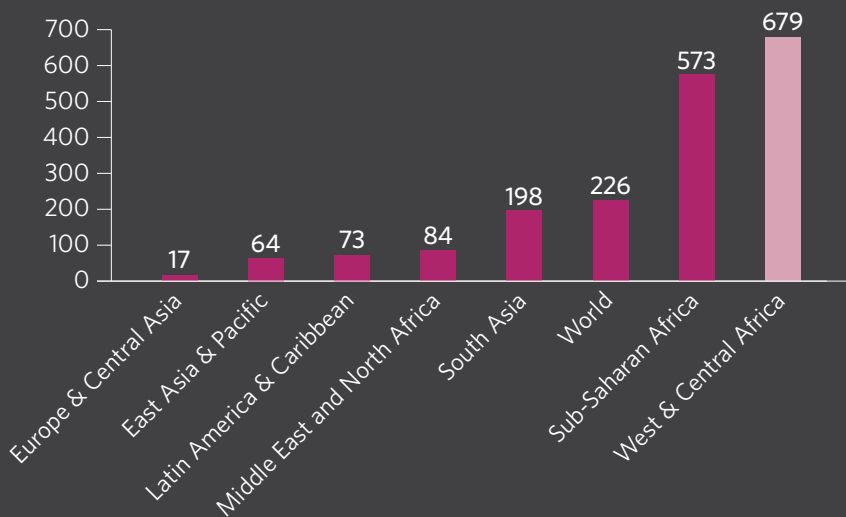
The low level of medical care of women during childbirth in West and Central

Africa is one of the causes of record maternal mortality rates, which reaches 679 maternal deaths per 100 000 live births. This rate varies between 17 and 198 maternal deaths per 100 000 births in the world. This situation is explained by the fact that in the countries of Western and Central Africa, access to quality health services that are efficient and able to handle obstetric emergencies remains one of the major challenges.

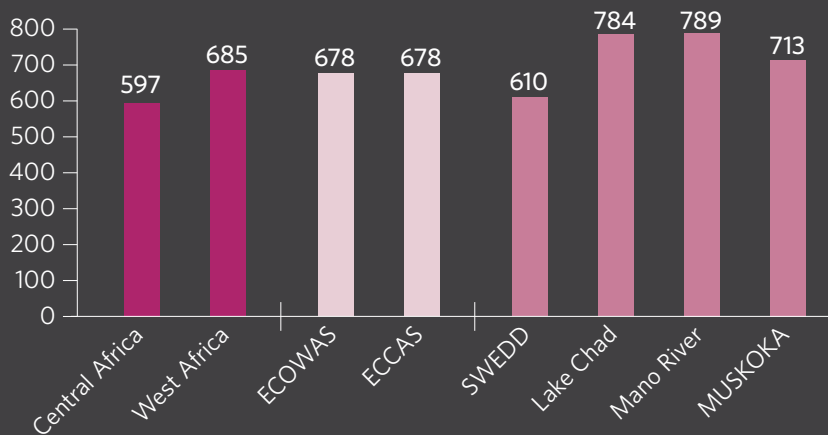
In West and Central Africa, there are noticeable variations in maternal mortality from one geographical area to another. In West Africa the mortality rate is 685 per 100,000 births, against 597 for Central Africa, a gap of nearly 100 points.

The highest ratio is noted in countries near Lake Chad (789), those of the Mano River Space or Muskoka countries, which recorded mortality rates that exceed the regional average by nearly 100 points.

Graph 6: Maternal mortality per region



Graph 7: Maternal mortality in West and Central Africa





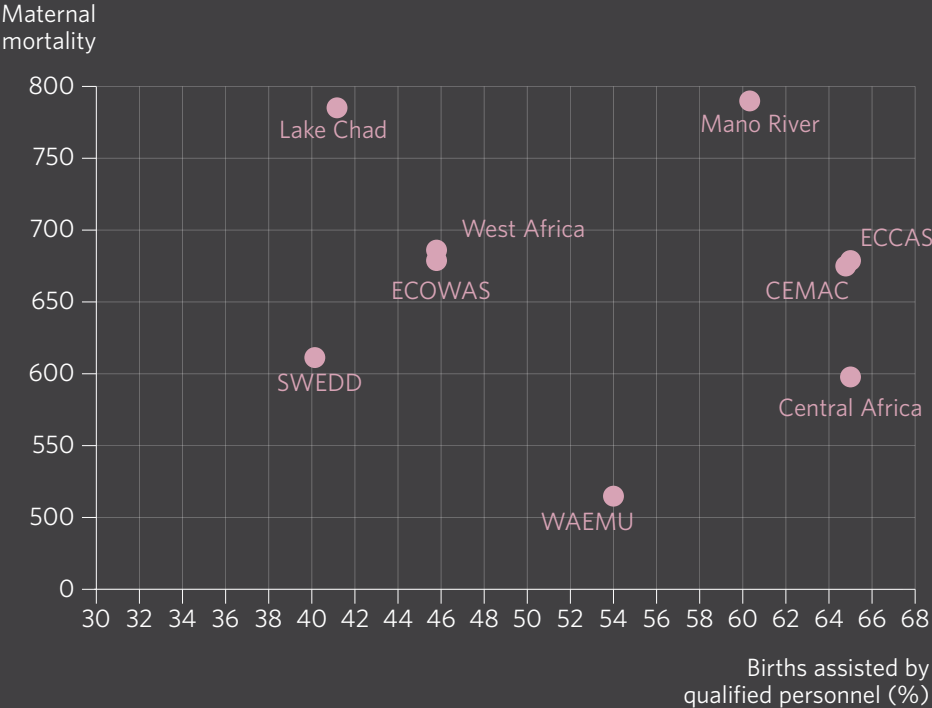
Furthermore, a recent WHO study on the causes of more than 60,000 maternal deaths across 115 countries found that poor conditions during childbirth are the cause of nearly 28% of maternal deaths. Other causes are related to the following:

1. Severe bleeding during and after childbirth, 27%,
2. Hypertension (pre-eclampsia and eclampsia), 14%,
3. Infections, 11%,
4. Hampered work and other direct causes, 9%,
5. Dangerous abortion, 8%, vi) Blood clots (emboli), 3%.

An efficient health system equipped with proper medical equipment and trained personnel is essential in order to provide quality medical services necessary to save the lives of mothers and children during childbirth.

Preventing maternal deaths happens through women's access to sexual and reproductive health services as indicated in the chart below.

Graph 8: Variation in maternal mortality based on births attended by trained personnel



Source: UNFPA-WCARO, World Bank operational data 2015

Births attended by qualified personnel

The 2016 report of the WB emphasizes that throughout the world many women continue to lose their lives giving life, which is a major concern of UNFPA whose goal is to ensure that every birthing experience is safe.

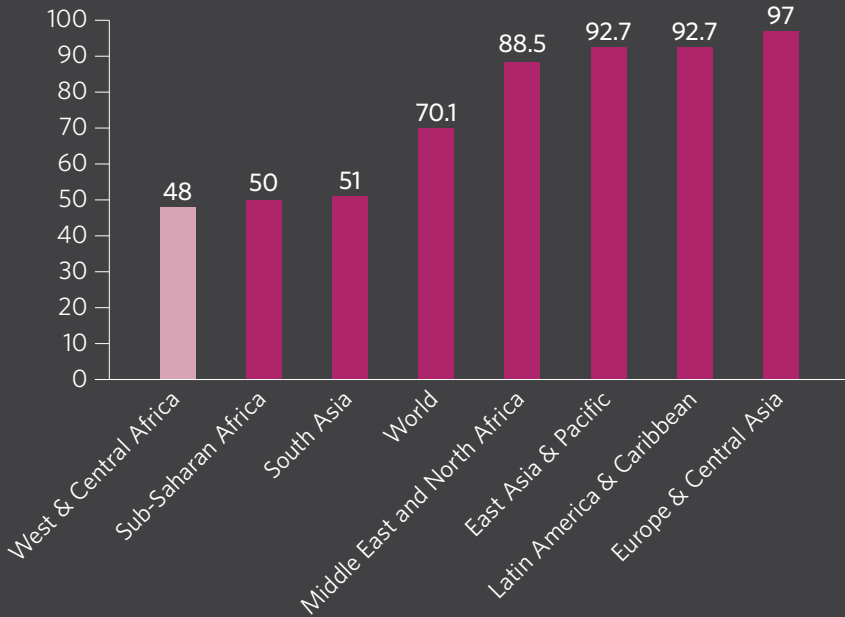
In Sub-Saharan Africa, only 50% of women are assisted at delivery by trained personnel, against a global average of 70%.

The West and Central Africa is characterized by the poor medical assistance afforded to its women during childbirth, which stood at 48%. However, the region of North Africa and the Middle East is the African exception and approaches other regions that display similar proportions of 100%.

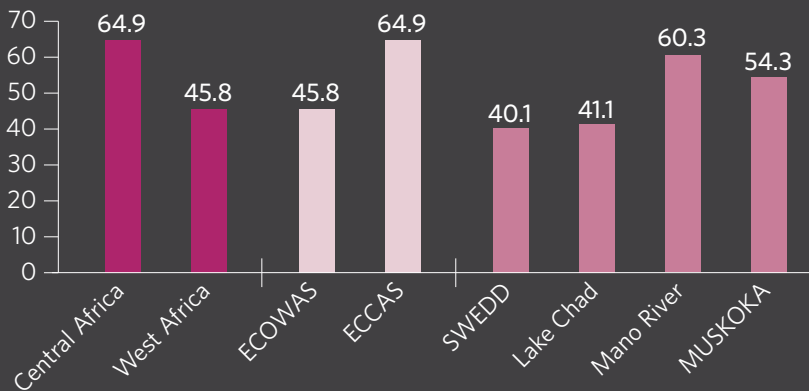
The average percentage of women attended by qualified staff in West and Central Africa, hides geographical disparities. Such assistance remains much higher in Central Africa and exceeds by nearly 20 points that of West Africa. Medical care for women is lower than the regional average in some areas such as SWEDD countries (40.1%), and those of the Lake Chad Basin (41.1%). However, in the Muskoka countries (54.3%) those of the Mano River³ (60,3%), assistance is significantly higher than the estimated average of 48%.

³ Births attended by highly qualified staff in the Mano River area could be explained by a global response of partners following the Ebola incident in early 2015.

Graph 9: Births attended by qualified personnel



Graph 10: Births attended by qualified personnel in West Africa and Central



Family Planning and Contraceptive Prevalence

Since the International Conference on Population and Development (ICPD) held in Cairo in September 1994, Family Planning in Africa occupies an important place in the development of policies and programmes. FP contributes nearly 30% to the reduction of maternal mortality and affects population growth by a substantial reduction in fertility. This is why it was suggested at the conference that all political leaders and the world community leaders should ensure the provision of family planning services and reproductive health to all those who do not have the means to pay the full cost for these services and undertake the promotion of the use of these services by the poor.

Contraceptive prevalence

Over the last twenty years, the use of contraceptive methods has become significantly more prevalent among women in almost all regions of the world. And yet in many developing countries, access to family planning services is still limited for many sexually active women who want to avoid pregnancy and who do not use contraception because of cultural constraints or community disapproval, costs associated with modern contraceptive methods, long distances to access family planning services, lack of access to information and frequent supply problems (Countdown 2015, 2012; Sedgh, Hussain et al. 2007).

Modern contraceptive prevalence is 22% in the whole of Sub-Saharan Africa, and only 13% in West and Central Africa. It is

two times lower when compared to the level reached in Central Asia (46.5%) or in North Africa and the Middle East (50%). The low contraceptive prevalence is partly due to unmet needs in West and Central Africa (24%) that lie far ahead of those in regions such as South Asia (20%) or the North Africa-Middle East region (11.5%).

Despite this progress, studies confirm the existence of a continued high number of unmet needs for family planning among African women, both regarding birth spacing as well as limiting the actual number of pregnancies, which result in high levels of fertility (5 children per woman on average across the continent).

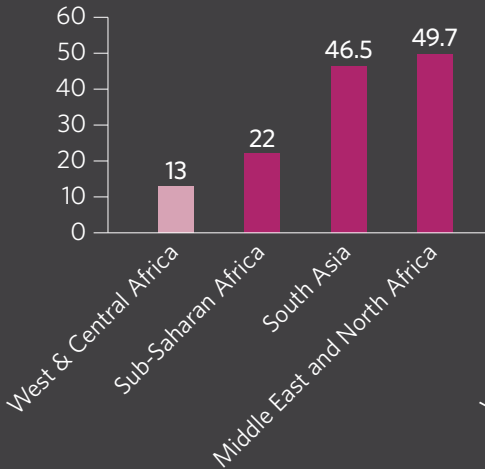
Unmet need for Family Planning (FP)

Globally, the unmet need for FP declined slightly between 2008 and 2015, from 226,000,000 to 222,000,000. In Sub-Saharan Africa, however, this unmet need has increased from 31 million in 2008 to 36 million in 2012.

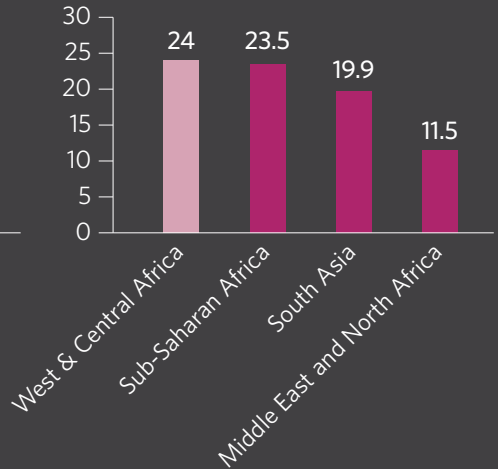
The proportion of women who do not want more children while they are in full possession of their full reproductive capacity continues to increase in every country and at all levels of standard of living, while the differences between countries within the same region has become more pronounced.

The graph below shows the levels of contraceptive use and the percentage of women with unmet contraceptive needs

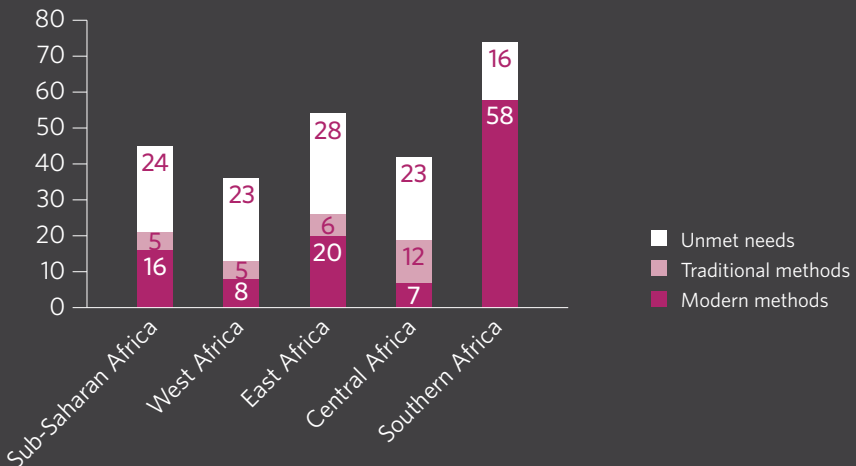
Graph 11: Contraceptive prevalence modern (Mature women 15-49)



Graph 12: Unmet need in contraception (% married women)



Graph 13: Unmet need for FP per method and per region



in the 5 regions of sub-Saharan Africa. Across the subcontinent, at least one in four women aged 15 to 49 wish either to postpone her next pregnancy by at least two years, or stop childbearing but are not using any family planning method. It is in East Africa where the level of unmet planning need is highest, at 28% of women. However, the analysis of survey data reveals that more than half (58%) of women in southern Africa use modern contraceptive methods and have lower unmet need levels than in other parts of the continent.

In Western and Central Africa, political instability, civil wars and humanitarian crises in countries such as Ivory Coast, DRC and more recently, Mali, have reduced the impact of efforts made over the past decades in terms of family planning, increasing the percentage of women with unmet needs.

It appears that it is the Muskoka countries (27%), those of SWEDD (30.9%), or the Mano River area (27.5%) that record the highest levels in terms of unmet needs FP, compared with the regional average of 24%.



Early marriage

The age of girls when they first marry directly affects the fertility rate insofar as the younger the age, the more common it is that the women will tend to have a high final level at the end of her reproductive life.

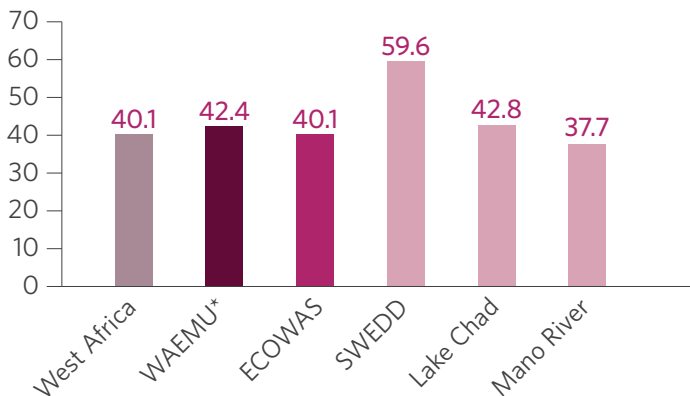
Moreover, there are many consequences of early marriage which can lead to maternity-related diseases such as obstetric fistula and other complications that are factors of maternal deaths in adolescents.

The distribution of marriages by region shows that SWEDD countries

(59.6%) have the highest incidence of this practice. They are followed by the countries of the Lake Chad region (42.8 %). It is in the Mano River countries (37.7%) that we find fewer girls entering into marriage before age 19.

In addition, estimations⁴ conducted with 158 countries in the world have shown that the risk that a teenager is married is higher in Africa than in other continents. In Africa, the risk is higher in West and Central Africa compared to the rest of the continent. It is 1.5 times higher in a SWEDD country than a non-SWEDD country.

Graph 14: Early marriage in Western and Central Africa



⁴ Study conducted at the regional office on the demographic dividend and investment returns in 2016.

Source: UNFPA-WCARO, World Bank operational data 2015

* WAEMU = West African economic and monetary union



Education

In terms of education, West and Central Africa is the region that has the lowest enrolment rates at the primary level, with 78% and 69% respectively for boys and girls. Lower rates at secondary level are even more glaring. There are only 38% of boys and 31% of girls respectively in secondary education. Net enrolment rates are better in other parts of the world and there is a lower drop off between primary and secondary school levels. When we look at the

sub-regional disparities, high school enrolment rate is relatively higher in Central Africa (43%) compared to West Africa (33%).

In other geographic areas, SWEDD countries (23.4%) followed by those participating in Muskoka (29%), fall behind the countries of the Lake Chad and the Mano River areas which show a net enrolment rate at secondary level of 30.4 %.

Graph 15: Net enrolment rates by region



Education and fertility among youth

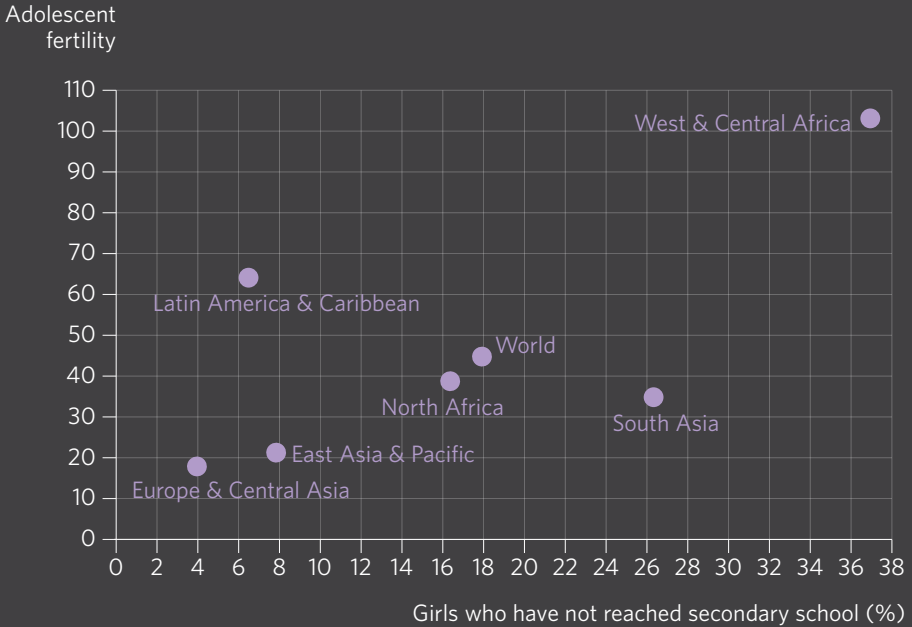
Adolescent fertility is strongly correlated with their level of education. The chart below reflects this strong link and shows that the greater the drop between primary and secondary level, the greater the level of adolescent fertility. It also highlights that in West and Central Africa, where school dropouts are more significant compared to other regions, this is also where adolescent fertility is highest.

Education and early marriage

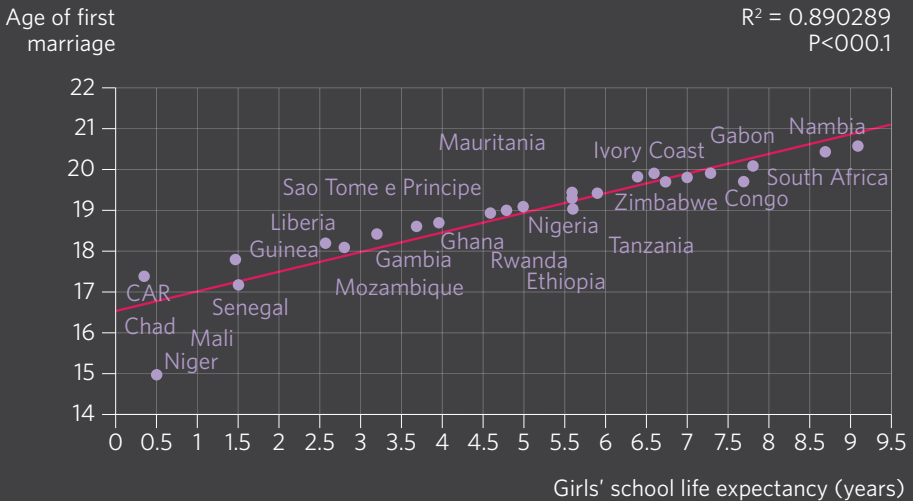
Empowering women and girls is achieved, among other things, by the abandonment of early marriage practices. The root causes of this phenomenon are essentially social and cultural in origin. Girls' enrolment and retention in school seems to be one of the solutions to this practice.

Indeed, the results from the linear regression model below have shown that keeping a daughter 2 years longer in the school system, may delay by one year the age of first marriage in West and Central Africa.

Graph 16: Teenage fertility level and educational level by region



Graph 17: Variation in age at first marriage according to the School life expectancy for girls



Source: UNFPA-WCARO, World Bank operational data 2015



Challenges of economic growth in sub-Saharan Africa

Economic Growth and Poverty

Wealth creation is the first step in the fight against poverty. Based on estimates of the World Bank, South Asia and Sub Saharan Africa appear as areas of the world with low capacity to create wealth. They record a GDP per head of US \$ 1504 and US \$ 1791 respectively, while the world average is close to \$ 11,000 US.

Even though in recent times many sub-Saharan countries, particularly those in West Africa and Central, have begun to record high economic growth rates, the fact remains that poverty and inequality levels are greater in this region compared to the rest of the world.



Thus, the proportion of people living on less than \$ 2 per day is higher in sub-Saharan Africa (45% in 2012) compared to other regions of the world, such as South Asia, where the rate is 22%, or other regions with less than 10%.

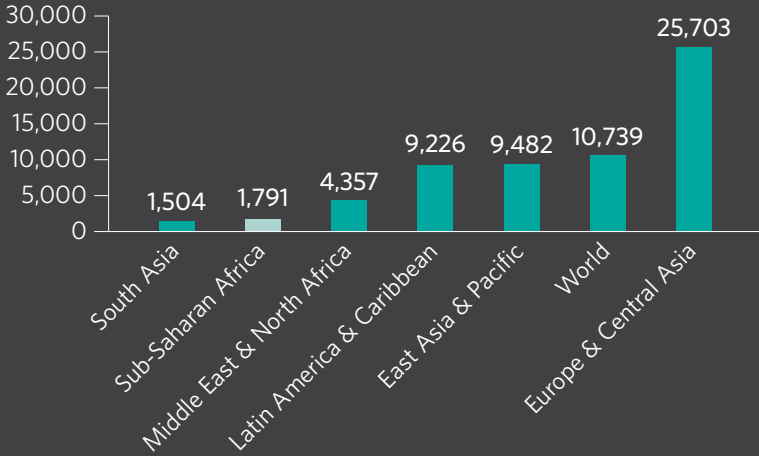
Poverty amongst the working population presents another problem. The problem is not simply that of unemployment, but also underemployment, affecting a little more than half of young people in low income countries. Africa is the only region in the world where the number of young working poor living on \$1 a day has increased over the last two decades.

The change in GDP per capita based on the demographic dependency ratio suggests the need for immediate appropriate action in West and Central Africa in order to accelerate the demographic transition, enhance human capital and create decent and sustainable employment for young people.

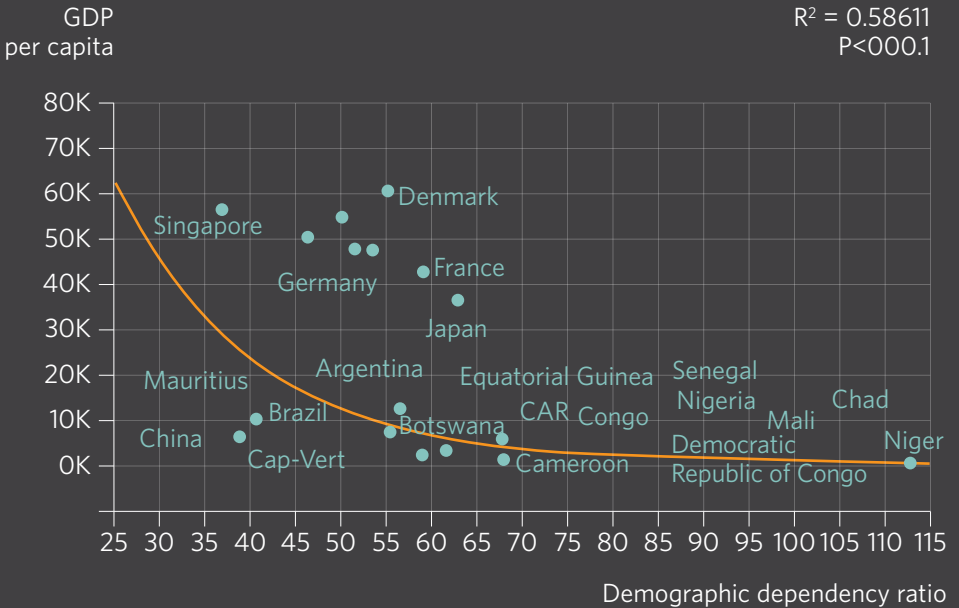
Indeed the findings of a recent study conducted at the Regional Office of UNFPA -WCARO on returns on investment from SD established a strong correlation between the demographic dependency ratio and GDP per head.

This shows that a decrease of one point in the demographic dependency ratio (CRR) results in a 5% increase in GDP per capita.

Graph 18: GDP per head by region



Graph 19: Change in GDP per capita based on the dependency ratio



Source Graph 18: UNFPA-WCARO, World Bank operational data 2015

Source Graph 19: UNFPA-WCARO, 2016

Employment and migration

Job creation is a real challenge to accelerating economic growth and the reduction of poverty in Africa, even if the statistics do not appropriately capture what is going on.

While significant progress has been made in other parts of the world, unemployment rates are still high in Africa, and this despite efforts in the field of technical and vocational training.

Of the nearly 420 million young people aged 15 to 35 in Africa, one third have no job and are discouraged, while another third have only precarious work, and only one in six enjoys paid work. The youth unemployment rate is almost double that of adults, with significant variations from one country to another.

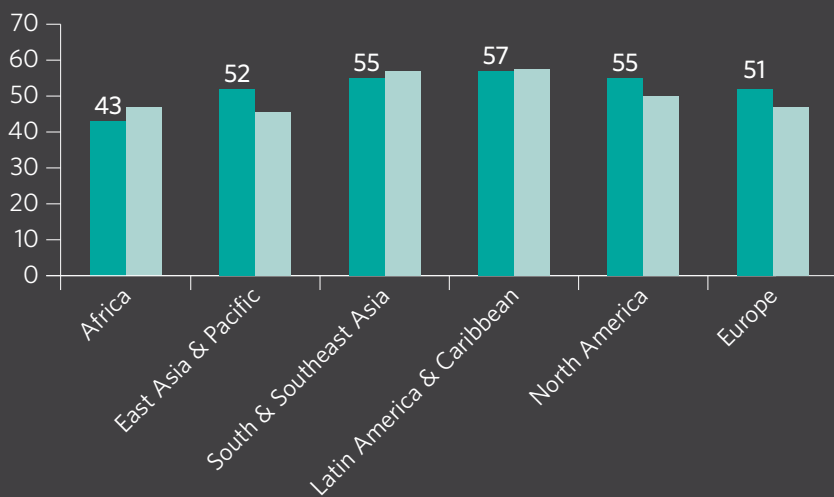
Faced with the prospect of being unemployed, joining the ranks of the working poor and/or undertake precarious work, young people tend to look abroad for better education and employment opportunities. In 2015, nearly 51 million international migrants fell into the 15 to 29 age group, of which more than half lived in the developed economies. In addition, in 2015, globally, 20% of young people in this age group are willing to settle permanently in another country. At the regional level, it is in Sub-Saharan Africa, Latin America and the Caribbean where we find the largest number of young people wishing to migrate, 38% in 2015, followed closely by Eastern Europe with 37%. The percentage of young people eager to leave remains

high, 35% in North Africa and the Arab States, where the rate increased from 21% in 2009 to 28% in 2015. However, these trends are, on average, the lowest in South Asia and North America where, respectively, only 17 and 15% of young people are eager to leave their country. In each of the regions, particularly sub-Saharan Africa and North, South and West Europe, the differences between countries remain significant, young people in poorer countries being, in general, more eager to migrate.

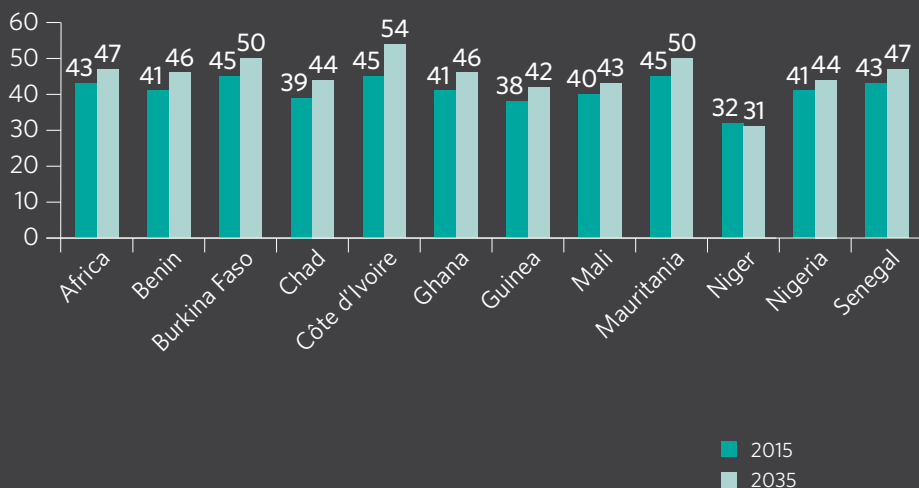
The consequences of such migration are known and often include road accidents very often causing deaths, the return of illegal migrants and other negative consequences such as the birth of terrorist networks that are fast becoming a real market for youth employment.

Furthermore, analysis of the average profile of consumption and labour income in Africa was used to estimate the support ratios under the NTA which contrasts with the demographic dependency ratio. The support ratio, providing an idea of the employment situation, shows that the reality is more complex. It demonstrates that for almost all countries, the age when people become independent is well over 15 years and that many of those 65 and older are independent. The analysis of the situation in the world in relation to the support ratio shows that the year 2035 will surely mark a new beginning for Africa. The following table describes the status of major economic areas in the world in 2015 and the outlook for 2035.

Graph 20: Ratio (%) of support in the World, estimates and projections



Graph 21: Support ratio(%) in West and Central Africa



In addition, the estimates made by the NTA network show that in 2015, 43 African effective producers were responsible for 100 effective consumers, i.e. a support ratio of 43%. In the same period the support ratio in Europe, East Asia and North America respectively was: 51,13%; 52.3% and 54.5%.

The projections for 2035 highlight a sharp improvement in Africa, South Asia and South East Asia, virtual stagnation in Latin America, and a significant decline in East Asia, North America and Europe.

In Sub-Saharan Africa in particular, it seems that the support ratios are less than those of the other regions of the world but will experience a sharp improvement in 2035, all things being equal.

The differences between the countries are significant in terms of the support ratios. In 2015, for example, these ratios vary from 32 effective producers for 100 effective consumers in Niger to 55% in South Africa for an African average of 43%. It should be noted that only 6 of the 15 African countries analysed have above average support ratios.



UNFPA response in West and Central Africa

UNFPA-WCARO has for instance developed several strategies through which young people are included as a priority within the DD which is now the focus of intervention in its region. The initiatives include:

- Developing a road map to implement the DD in the region
- Organising high-level advocacy initiatives mobilising a variety of stakeholders around the DD. These partners comprise African religious and cultural leaders, the forum of former heads of state of the continent, and organisations of young Africans (AFRIYAN [African Youth and Adolescents Network] and ROJALNU [Pan African Youth Leaders Network])
- Strengthening capacities of local institutions. In the 23 countries it covers, the regional office in 2016 strengthened the capacities of 125 national experts from 14 countries to handle NTA, the primary tool used to measure the DD.
- Launching various regional programmes including the partnerships entered into with partnerships such as CISCO, as part of the observatories and the World Bank through the SWEDD project.
- Establishing a strategic partnership with research institutes such as (CREFAT) as well as the prospect of one with TIMBUKTU.
- Mobilising other UN sister agencies so that there is a coordinated response for the process of implementing and capturing the DD.

The efforts made by UNFPA and its partners in West and Central Africa have certainly contributed to changing the bad image of the region compared to the rest of the world. However, faced with the enormity of the problems it faces, many challenges still have to be overcome in order to minimise the profound gaps revealed by the report.

Challenges and Recommendations in West and Central Africa

The challenges for the region are enormous and are as follows:

1. reducing demographic dependency to speed up the demographic transition,
2. stopping certain practices such as early marriage and female genital mutilation which can compromise girls' futures,
3. keeping girls in school;
4. matching training to jobs,
5. participation of young people in decision-making;
6. reducing maternal mortality,
7. creating decent jobs to meet the demand.

The recommendations made to UNFPA in this regard are as follows:

- Direct more additional resources to family planning to meet the high demand for contraception by the most disadvantaged populations in rural areas.
- Continue to mobilise and equip African youth organisations and religious and cultural leaders to break through the socio-cultural constraints against the use of contraception and certain practices such as gender-based violence.
- Continue the efforts begun in the appeal with the aim of strengthening political commitment to the demographic dividend and family planning.
- Raise awareness of the positive interconnection between the level of a girl's education and her ability to live an independent life.
- Assist countries in implementing the Strategy for the Harmonisation of Statistics in Africa (SHaSA) so as to better track and assess implementation of the DD capture process.
- Strengthen and diversify strategic partnerships at the global, regional and national level with the aim of meeting the challenges related to the demographic dividend and the development of Africa.
- Strengthen the statistics and research institutions in their collection and analysis of quality data concerning the demographic dividend.



Appendix: Classification of the regions of the world by development indicator 2015

Indicators	Region	Level	
Net rate of education, primary, total (%)	Europe & Central Asia	97	★★★★★★★★★★
	East Asia & Pacific	95	★★★★★★★★
	Middle East and North Africa	94	★★★★★★
	South Asia	93.5	★★★★★
	Latin America & Caribbean	93	★★★★
	West and Central Africa (WCA)	76	★★
GDP per capita (constant 2010 US\$)	Europe & Central Asia	25703	★★★★★★★★★★
	Latin America & Caribbean	9226	★★★★★★★★
	Middle East and North Africa	4357	★★★★★★
	South Asia	1504	★★★★★
	West and Central Africa (WCA)	1503	★★★★
Adolescent fertility (births per 1,000 women aged 15-19)	West and Central Africa (WCA)	128	★★★★★★★★★★
	Latin America & Caribbean	64	★★★★★★
	Middle East and North Africa	38	★★★★★★
	South Asia	35	★★★★★
	East Asia & Pacific	21	★★★★
	Europe & Central Asia	18	★★
School dropout rate (% of adolescents with less than a secondary level education)	West and Central Africa (WCA)	34	★★★★★★★★★★
	South Asia	26	★★★★★★
	Middle East and North Africa	14	★★★★★★
	East Asia & Pacific	9	★★★★★
	Latin America & Caribbean	6	★★★★
	Europe & Central Asia	4	★★
Demographic dependency ratio Total (%)	West and Central Africa (WCA)	87	★★★★★★★★★★
	South Asia	50	★★★★★★
	Middle East and North Africa	55	★★★★★★
	Latin America & Caribbean	54	★★★★★
	Europe & Central Asia	50	★★★★
	East Asia & Pacific	42	★★
Demographic dependency ratio, Elderly (%)	Europe & Central Asia	22.5	★★★★★★★★★★
	East Asia & Pacific	15	★★★★★★★★
	Latin America & Caribbean	10.8	★★★★★★
	South Asia	8.1	★★★★★
	Middle East and North Africa	7.1	★★★★
	West and Central Africa (WCA)	5.7	★★
Demographic dependency ratio, Youth (%)	West and Central Africa (WCA)	80	★★★★★★★★★★
	South Asia	47.8	★★★★★★
	Middle East and North Africa	46.1	★★★★★★
	Latin America & Caribbean	40	★★★★★
	East Asia & Pacific	29.9	★★★★
	Europe & Central Asia	26	★★

Indicators	Region	Level	
School life expectancy (in years)	Latin America & Caribbean	13	★★★★★★★★★★
	Europe & Central Asia	10	★★★★★★★★
	South Asia	9	★★★★★★
	Middle East and North Africa	9	★★★★★★
	East Asia & Pacific	9	★★★★★★
	West and Central Africa (WCA)	7	★★★★
Synthetic Fertility Index, total (children / woman)	West and Central Africa (WCA)	5.5	★★★★★★★★★★
	Middle East and North Africa	2.8	★★★★★★
	South Asia	2.5	★★★★★★
	Latin America & Caribbean	2.1	★★★★
	East Asia & Pacific	1.9	★★★★
	Europe & Central Asia	1.8	★★
Life expectancy at birth, Woman (in years)	Europe & Central Asia	78	★★★★★★★★★★
	Latin America & Caribbean	77	★★★★★★
	East Asia & Pacific	76	★★★★★★
	Middle East and North Africa	74	★★★★
	South Asia	70	★★★★
	West and Central Africa (WCA)	56	★★
Life expectancy at birth, Man (in years)	Europe & Central Asia	75.5	★★★★★★★★★★
	East Asia & Pacific	74	★★★★★★
	Latin America & Caribbean	72	★★★★★★
	Middle East and North Africa	70	★★★★
	South Asia	67	★★★★
	West and Central Africa (WCA)	53	★★
Life expectancy at birth, Total (in years)	Europe & Central Asia	77	★★★★★★★★★★
	Latin America & Caribbean	75	★★★★★★
	East Asia & Pacific	74.5	★★★★★★
	Middle East and North Africa	73	★★★★
	South Asia	68	★★★★
	West and Central Africa (WCA)	55	★★
Maternal mortality (deaths per 100,000 live births)	West and Central Africa (WCA)	679	★★★★★★★★★★
	South Asia	198	★★★★★★
	Middle East and North Africa	84	★★★★★★
	Latin America & Caribbean	73	★★★★
	East Asia & Pacific	64	★★★★
	Europe & Central Asia	17	★★

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every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

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