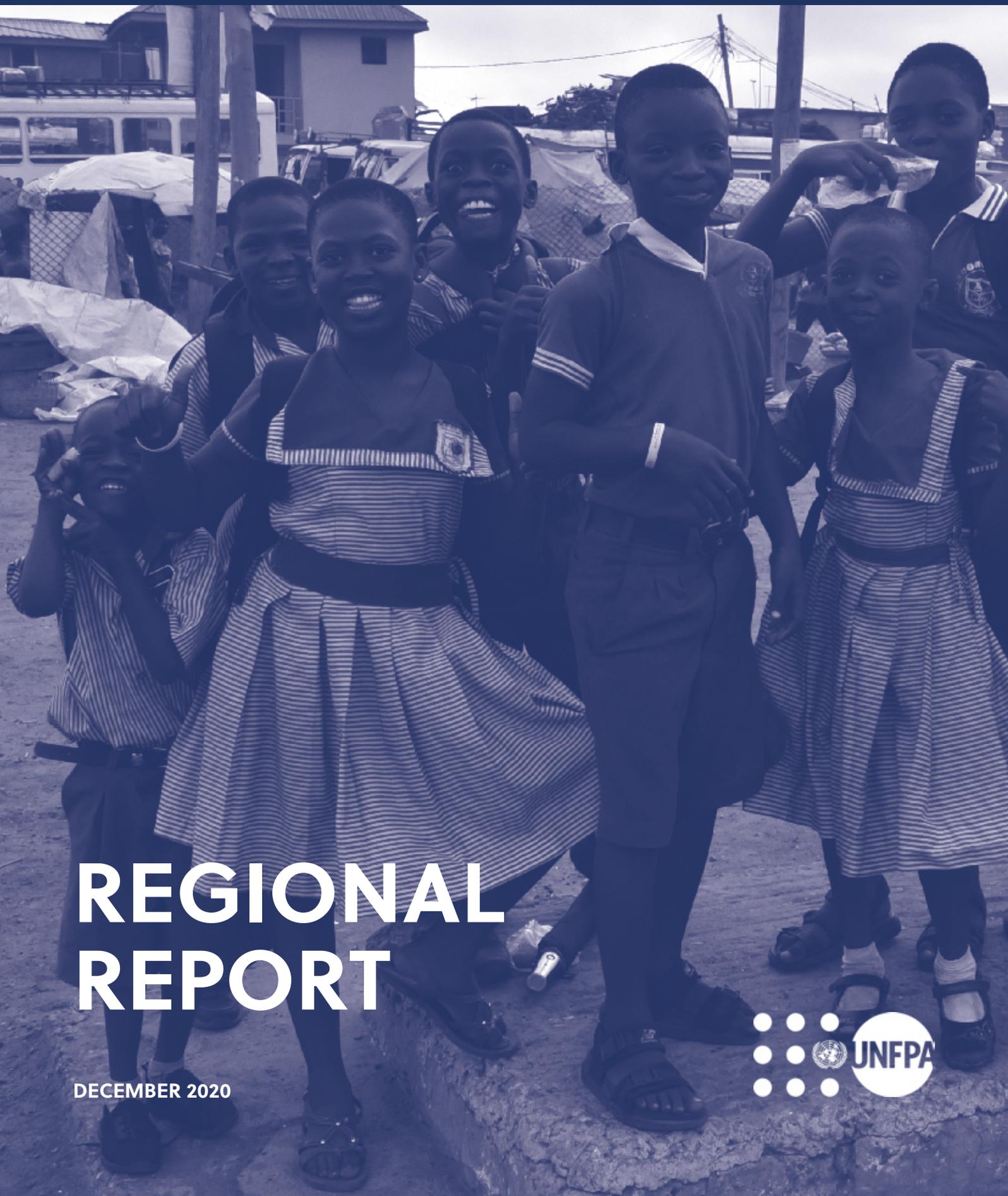


REVIEW OF COUNTRY REPORTS AS PART OF FIVE-YEAR  
EVALUATION OF THE ADDIS ABABA DECLARATION ON  
POPULATION AND DEVELOPMENT (AADPD +5)



# REGIONAL REPORT

DECEMBER 2020





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EVALUATION OF THE ADDIS ABABA DECLARATION ON  
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# **REGIONAL REPORT**

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# FOREWORD

This regional report is about the first five years of implementation of the hugely important Addis Ababa Declaration on Population and Development (AADPD), which was adopted by African ministers in 2013 and covers 23 countries. This report, on 23 of those countries, follows national reviews in 2018 as well as a continental review that same year.

There are two benefits to producing a regional report for West and Central Africa about the implementation of the Declaration. Firstly, it reflects on the strong commitment of African states to a framework of action laid out in 2013 as part of the 'International Conference on Population and Development (ICPD) Beyond 2014', which built on the original 1994 ICPD conference in Cairo. The Declaration is a vital reference point for monitoring and evaluating Africa's development goals, particularly population and development ones. Therefore, the process of analyzing progress, achievements, challenges and lessons for the West and Central Africa region is a good opportunity to not only examine the path taken there in recent years, but also to plan more effectively for the future. We can only create a different future, with a brighter outlook, if we take our population dynamics into account, including our high proportion of young people. But as the report outlines, a better future also means promoting good governance practices and ensuring a climate of peace and security.

And talking of peace and security – and this is the second benefit of this report – its results and analyses echo the initiative to generate knowledge and understanding of the "Demography, Peace and Security" project that the West and Central Africa Regional Office launched a few months ago. Focusing on the correlation between the three hugely important factors, it culminated in a high-level meeting in December 2020. A different future is indeed possible, and it is together – as states, development partners, educational and research institutions, and as people – that we will bring about the changes we need and improve, and save, lives.

**Mabingue NGOM**  
UNFPA Regional Director  
West and Central Africa

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# ACRONYMS AND ABBREVIATIONS

<b>AADPD</b>	Addis Ababa Declaration on Population and Development
<b>AFIDEP</b>	African Institute for Development Policy
<b>AFP</b>	Agence France-Presse
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANAC</b>	National Civil Aviation Authority
<b>APF</b>	African Parliamentary Forum on Population and Development
<b>ARV</b>	Antiretroviral
<b>AU</b>	African Union
<b>AUC</b>	African Union Commission
<b>CVA</b>	Cerebrovascular accident
<b>BUCREP</b>	Central Bureau of Census and Population Studies in Cameroon
<b>CARMMA</b>	Campaign on Accelerated Reduction of Maternal Newborn and Child Mortality in Africa
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>ECOWAS</b>	Economic Community of West African States
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>ECCAS</b>	Economic Community of Central African States
<b>CEMAC</b>	Economic and Monetary Community of Central Africa
<b>ICPD</b>	International Conference on Population and Development
<b>CNAMGS</b>	National Health Insurance and Social Security Fund
<b>CNDIFE</b>	National Centre for Documentation and Information on Women and Children
<b>CNPPS</b>	Carbon Negative Permeable Pavement System
<b>CNPS</b>	National Social Security Fund
<b>CNT</b>	National Transition Council (Burkina Faso)

<b>CPESDP</b>	Coordinated Programme of Economic and Social Development Policies (Ghana)
<b>CPS</b>	Planning and Statistics Unit
<b>CPU</b>	Single Programmatic Framework
<b>CREFAT</b>	Centre for Research in Applied Economics and Finance from the University of Thies
<b>CSLS</b>	AIDS Sector Task Team
<b>DD</b>	Demographic dividend
<b>DDCH</b>	Human Capital Development Department
<b>DEGEP</b>	Directorate General of Economy and Planning
<b>DEP</b>	Directorate of Studies and Population
<b>UN DESA</b>	United Nations Department of Economic and Social Affairs
<b>DGPD</b>	Directorate General for Development Planning
<b>DGPPE</b>	Directorate General for Planning and Economic Policies
<b>DHS</b>	Demographic and Health Survey
<b>DNP</b>	National Population Directorate
<b>DPDH</b>	Directorate of Population and Human Development
<b>DPES</b>	Directorate of Planning, Evaluation and Statistics
<b>DSMIPF</b>	Division of Maternal and Child Health and Family Planning
<b>CSP</b>	Country Strategy Paper
<b>DSPS</b>	Directorate of Strategies, Planning and Statistics
<b>PRSP</b>	Poverty Reduction Strategy Papers
<b>ELEP</b>	Limited Poverty Assessment Survey
<b>EMOE</b>	Foreign Labour Force Survey
<b>EMOP</b>	Modular Permanent Household Survey

<b>ENESI</b>	National Employment and Informal Sector Survey
<b>LSS</b>	Living Standards Survey
<b>EPCV</b>	Permanent Survey on Household Living Conditions
<b>AIS</b>	AIDS Indicator Survey
<b>FAFCI</b>	Support Fund for Women in Côte d'Ivoire
<b>FHD</b>	Family Health Division
<b>FGM</b>	Female Genital Mutilation
<b>FNE</b>	National Employment Fund
<b>UNFPA</b>	United Nations Population Fund
<b>FRANET</b>	Francophone Network
<b>GBV</b>	Gender-Based Violence
<b>GBVIMS</b>	Gender-Based Violence Information Management System
<b>GDP</b>	Gross Domestic Product
<b>GFF</b>	Global Financing Facility
<b>GHS</b>	Ghana Health Service
<b>GL/NPC</b>	Government of Liberia/ National Population Commission
<b>GLSS</b>	Ghana Living Standards Survey
<b>GMHS</b>	Ghana Maternal Health Survey
<b>GRIP</b>	Group for Research and Information on Peace and Security
<b>GSDP</b>	Ghana Statistics Development Programme
<b>GSS</b>	Ghana Statistical Service
<b>UNHCR</b>	United Nations Office of the High Commissioner for Refugees
<b>HIV</b>	Human Immunodeficiency Virus
<b>HPP</b>	Health Policy Project

<b>HSS</b>	HIV Sentinel Survey
<b>IBBSS</b>	Integrated Bio-Behavioural Surveillance Survey
<b>HDI</b>	Human Development Index
<b>IDRF</b>	Household Income and Expenditure Survey (Cape Verde)
<b>INS</b>	National Institute of Statistics
<b>INSD</b>	National Institute of Statistics and Demography
<b>INSEED</b>	National Institute of Statistics and Economic and Demographic Studies
<b>TFR</b>	Total Fertility Rate
<b>ISS</b>	Institute for Security Studies
<b>MASPFE</b>	Ministry of Social Affairs, Women and Children (Guinea)
<b>MEFD</b>	Ministry of Economy, Finance and Development (Burkina Faso)
<b>MEFP</b>	Ministry of Economy, Finance and Planning (Senegal)
<b>MEN</b>	Ministry of National Education (Cote d'Ivoire)
<b>MENET</b>	Ministry of National Education and Technical Education (Cote d'Ivoire)
<b>MEPC</b>	Ministry of Economy, Planning and Cooperation
<b>MEPD</b>	Ministry of Economy and Development Planning
<b>MEPSFP</b>	Ministry of Primary, Secondary and Vocational Education (Togo)
<b>MF</b>	Ministry of Finance
<b>MFEP</b>	Ministry of Finance, Economy and Planning
<b>MDG</b>	Millennium Development Goals
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MINDCAF</b>	Ministry of State Property, Surveys and Land Tenure (Cameroon)
<b>MINESEC</b>	Ministry of Secondary Education (Cameroon)

<b>MINJUSTICE</b>	Ministry of Justice (Cameroon)
<b>MOHS</b>	Ministry of Health and Sanitation (Sierra Leone)
<b>MP</b>	Ministry of Population (Niger)
<b>MPD</b>	Ministry of Development Planning
<b>MPI</b>	Multidimensional Poverty Index
<b>MPSIR</b>	Ministry of Planning, Statistics and Regional Integration (Republic of Congo)
<b>MSAH</b>	Ministry of Solidarity and Humanitarian Action (Mali)
<b>MSHP</b>	Ministry of Health and Public Hygiene (Mali)
<b>N/A</b>	Not available
<b>NARHS</b>	National HIV and AIDS and Reproductive Health Survey
<b>NB</b>	Nota Bene
<b>NBS</b>	National Bureau of Statistics (Nigeria)
<b>NCC</b>	Nigerian Communication Commission
<b>NDPC</b>	National Development Planning Commission
<b>NEDS</b>	National Education Data Survey
<b>NHIS</b>	National Health Insurance Scheme
<b>NSDF</b>	National Spatial Development Framework
<b>NSDS</b>	National Strategy for the Development of Statistics
<b>SDG</b>	Sustainable Development Goals
<b>IOM</b>	International Organization for Migration
<b>WHO</b>	World Health Organization
<b>ONEC</b>	National Observatory of Civil Status
<b>ONEMO</b>	National Employment and Labour Office

<b>NGO</b>	Non-governmental organization
<b>ONP</b>	National Population Office (Cote d'Ivoire)
<b>ONS</b>	National Statistical Office (Mauritania)
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS (UNAIDS)
<b>ORCE</b>	Regional Department for Central Africa (African Development Bank)
<b>ACP</b>	African Common Position
<b>PASEC</b>	Education Systems Analysis and CONFEMEN Programme (Togo)
<b>PDDEB</b>	Ten-year Basic Education Development Plan
<b>PDDSS</b>	Ten-year Health and Social Development Plan
<b>PDES</b>	Economic and Social Development Plan
<b>GDP</b>	Gross Domestic Product
<b>NDP</b>	National Development Plan
<b>NHDP</b>	National Health Development Plan
<b>NACP</b>	National AIDS Control Programme (Togo)
<b>PPP</b>	Purchasing Power Parity
<b>PRODESS</b>	Health and Social Development Programme in Mali
<b>CWIQ</b>	Core Welfare Indicators Questionnaire (Burkina Faso)
<b>RASS</b>	Health Situation Annual Report (Cote d'Ivoire)
<b>RB</b>	Republic of Benin
<b>RC</b>	Republic of Congo
<b>CAR</b>	Central African Republic
<b>RCI</b>	Republic of Côte d'Ivoire
<b>RDCSTP</b>	República Democrática de São Tomé e Príncipe

<b>RG</b>	Republic of Guinea or Republic of the Gambia
<b>RGB</b>	Republic of Guinea-Bissau
<b>RGE</b>	Republic of Equatorial Guinea
<b>RGPH</b>	General Population and Housing Census
<b>RGPL</b>	General Population and Housing Census (Gabon)
<b>RIM</b>	Islamic Republic of Mauritania
<b>PPR</b>	Portfolio Performance Review
<b>SCAPE</b>	Strategy for Accelerated Growth and Employment Promotion (Togo)
<b>SCAPP</b>	Strategy for Accelerated Growth and Shared Prosperity (Mauritania)
<b>SDDCI</b>	Strategy for Sustainable Development and Inclusive Growth (Niger)
<b>SDS</b>	Statistics Master Plan (Mali)
<b>SIGI</b>	Social Institutions and Gender Index
<b>SLGMPED</b>	Sierra Leone Government Ministry of Planning and Economic Development
<b>SLIS</b>	Local Health Information System (Mali)
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>SNDS</b>	National Strategy for the Development of Statistics (Niger)
<b>EmONC</b>	Emergency Obstetric and Neonatal Care
<b>RMNCAH</b>	Reproductive, Maternal, Newborn, Child and Adolescent Health
<b>SWEDD</b>	Sahel Women's Empowerment and Demographic Dividend
<b>TB</b>	Tuberculosis
<b>UNICEF</b>	United Nations Children's Fund
<b>USA</b>	United States of America
<b>USAID</b>	United States Agency for International Development
<b>WCARO</b>	West and Central Africa Regional Office

# EXECUTIVE SUMMARY

- The Addis Ababa Declaration on Population and Development (AADPD) was adopted by African ministers at the Regional Conference on Population and Development in Addis Ababa in October 2013 and endorsed by heads of state at a meeting of the African Union's Executive Council the following year. The Declaration provides 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 (which itself built on the ICPD 1994 Cairo conference).
- The Declaration comprises 88 priority measures or commitments, grouped under six pillars: Dignity and equality; Health; Place and mobility; Governance; Data and statistics; Partnership and international cooperation. When drawing up the commitments, ministers viewed the demographic dividend as an important dimension of the AADPD agenda, and one of the key pathways to sustainable development. With its human rights framing, the Declaration can serve as a standard for development policies and programs that empower women and young people and uphold their rights.
- This review focuses on the West and Central Africa region. It highlights major demographic trends, progress, achievements, gaps or future challenges and lessons learned, covering the 23 countries of the West and Central Africa Regional Office (WCARO) zone. In West Africa, these comprise Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo. In Central Africa: Cameroon, Central African Republic, Chad, Congo, Gabon, Equatorial Guinea and Sao Tome and Principe.
- The methodology for this regional review involved assessing the 23 country reports, compiling secondary data and conducting a brief literature review. The national reports were assessed using analysis grids for each country and summary grids for the whole set of countries. For the sake of comparability, the indicators selected are from the AADPD's Operational Guide for Monitoring and Evaluation with information coming from various databases including the World Bank, the United Nations Children's Emergency Fund (UNICEF) and the United Nations Population Fund (UNFPA).

## MAJOR POPULATION AND DEVELOPMENT TRENDS

### **Declining mortality and increasing life expectancy at birth**

- There has been a significant decline in infant and child mortality since the 1990–1995 five-year period, with a corresponding increase in life expectancy at birth. However, average life expectancies in West Africa (57.3 years) and Central Africa (59.4 years) are below the continental average (62.7 years) for 2015–2020.
- Within the region, there is a trend not only towards improving life expectancy at birth, but also towards narrowing the gaps between countries. In terms of infant mortality, the lowest level in 2015 was recorded in Cabo Verde (17 per 1,000) and seven other countries

(Equatorial Guinea, Gabon, Sao Tome, the Gambia, Ghana, Liberia and Senegal) had an infant mortality rate lower than the estimated average for Africa (47 per 1,000). Infant mortality remained relatively high in Central Africa between 2000 and 2015, compared with the averages for Africa as a whole and for the West African subregion.

### Overall population growth

- Overall, we looked at all five-year periods from 1990-1995 to 2025-2030 (with the final two obviously based on forecasts). During this 40-year period, population growth in West and Central Africa is higher than the average for the continent as a whole.
- Within the region, population growth in Central Africa is significantly higher than in West Africa, which is relatively close to the African average. However, both at the African level and in each of the subregions, projections show a trend towards a reduction in the overall population growth rate. It is expected to be less than 3 percent by 2025–2030, with the exception of Niger where it is likely to be 3.6 percent.

### Changing age structure

- Fertility is declining in the West and Central Africa region but at differing rates. According to subregion averages, Central Africa has a higher fertility level than West Africa. However, the West and Central Africa region, with a total fertility rate (TFR) of 5.5 children per woman in Central Africa and 5.2 children per woman in West Africa in 2015–2020, has a fertility level well above the African average (4.4 children per woman in 2015–2020).
- The proportion of adolescents and youth (aged 10–24 years) in Africa remains almost stable between 1990-1995/2025-2030. In terms of the African average, subregional averages and in the majority of the 23 countries, the proportion of the population aged 10–24 is around one third, hovering between 31 and 34 percent.
- While the relative share of adolescents and youth varies little over the period studied, their absolute numbers have risen dramatically in several countries. While in 1990 the ratio between the numbers of 10 to 14-year-olds in the two extremes (Ghana vs Cabo Verde) was 39.8, by 2030, this ratio will be 80.7 (Niger vs Cabo Verde).
- In Africa as a whole, the share of people aged 65 and over, 3.4 percent in 2015, is expected to be 4.0 percent by 2030. West and Central Africa has a proportion of older people well below the African average: in 2015, the proportion of people aged 65 and over was 2.8 percent for both West and Central Africa, and fifteen years later this figure is not likely to have changed significantly, at 3.0 percent for both subregions.
- Although the relative share of older people will remain low for some years to come, it should be emphasized that there are many older people in absolute terms. Policies and programs to ensure their well-being must begin to be introduced.

### Urbanization

- Analysis of annual urban growth rates in the region from 1990–2018 shows that, while stable, these rates remain relatively high (between 3 and 5 percent). There are some exceptions in countries with relatively high growth rates by 2030 (Burkina Faso and Mali) or relatively low growth rates (Central African Republic and Cabo Verde).
- Despite the stable trend, an analysis of absolute population numbers reveals a high level of urbanization between 1990 and 2018. In 1990 the urban population (excluding Nigeria) ranged from 52,032 (Cabo Verde) to 5,383,530 (Ghana). In 2018 those figures had changed to 153,635 and 16,687,441 respectively. Ghana's urban population had increased by a factor of 3.1, Cabo Verde's by a factor of 2.9.

### Migration

- As in Africa as a whole, net migration in West and Central Africa remained negative, on average, from 1990 to 2020. (The net migration rate is the difference between the number of immigrants and emigrants. A positive net migration rate occurs when there are more immigrants than emigrants). From then onwards, there is a likely trend towards zero net migration. Net migration from West Africa is negative over the entire period, varying between -1.2 percent (1990–1995) and an expected -0.3 percent (2025–2030). Central Africa, however, has already had three periods of positive net migration: 3.8 percent in 1990–1995, 0.5 percent in 2000–2005 and 0.7 percent in 2005–2010. Apart from Liberia and Sierra Leone, where the situation in 1990–1995 was indicative of the conflicts they experienced, the difference between the extreme migration in 1990–1995 is nearly 18 percentage points (-8.9 percent for Sao Tome and +8.7 percent for Equatorial Guinea). By the 2025–2030 period, this migration gap is expected to halve to 9 percentage points (-3.9 percent for Sao Tome and +5.1 percent for Equatorial Guinea).

### Economic context

- The economic outlook for West and Central African countries seems encouraging based on data about gross domestic product (GDP) trends since the 1990s. These show an upward trend in economic growth in both regions. However, the potential effects of this increase in national wealth are limited due to the high population growth described above. When national wealth is related to population size, there is little change in the average distribution of wealth per capita.

### Security context

- One of the major challenges facing the West and Central Africa region today, and one that undermines development efforts, is terrorism. In the Sahel countries of West Africa (Burkina Faso, Mali and Niger) and in the Lake Chad basin (Chad, Cameroon, etc.), terrorist attacks against law enforcement agencies and local people, with deaths and injuries and the destruction or closure of social infrastructure, have become a daily occurrence.

- Although there is no data to measure the adverse effects of these acts of terrorism and other organized crime, barely a day goes by without a media report of an attack happening somewhere in the region. There was a high-level anti-terrorism meeting involving West African Heads of State and Government on 14 September 2019 in Ouagadougou, Burkina Faso. This shows countries are not only aware of the problem but understand the need for a concerted and coherent approach towards finding a definitive solution.

## PROGRESS AND CHALLENGES IN IMPLEMENTING COMMITMENTS



### PILLAR 1: DIGNITY AND EQUALITY

#### Poverty and inequality

- Although some countries have seen a reduction in poverty, in terms of the percentage of people living below the poverty line, the situation is worsening in others. In Central Africa, Chad, for example, saw a significant decline in poverty between the early 2000s and the 2010s. On the other hand, Cameroon and the Central African Republic are seeing poverty levels increase. In the Central African Republic, a country plagued by great instability for many years, there is a resurgence of armed conflict which helps to explain the rise in poverty there.
- The majority of West African countries have made efforts to improve the economic situation of their citizens, given the substantial decrease in the unidimensional poverty indicator value over the period under review. Progress has been made in this regard by Burkina Faso, Cabo Verde, the Gambia, Ghana, Guinea, Liberia, Mali, Niger and Togo.
- While inequality is increasing in Central African countries, there has been a significant reduction in inequality in most West African countries. The handful of West African countries where inequality is getting worse are Benin, Nigeria, Guinea-Bissau, Senegal and Togo.
- The trend of less inequality observed in West Africa between the early 2000s and the mid-2010s is likely to be undermined by the worsening security situation in recent years.

#### Gender inequality: promoting women and youth empowerment

- With regard to gender equity in access to basic education, it must be stressed that most countries have made good progress towards achieving parity. The two nations where there seems to be a slight regression in this respect are Burkina Faso and Cabo Verde. However, they both achieved fairly high levels of gender parity during the first period (2005), and there could still be slight changes in progress.

- An analysis of inequality between rural and urban settings, for countries for which data exists, shows that at primary school level there is practically no gap between urban and rural settings in many countries, with the exception of Nigeria and Guinea.
- In terms of women's decision-making, it is important to note that few countries gather data on this. For countries for which data is available, it shows that women have low levels of participation in household decision-making. Nigeria and Benin, however, have made measurable progress between the early 2000s and the past decade, more than doubling the level of women's participation in household decision-making.
- In terms of women's parliamentary representation, the highest levels recorded recently, with more than 30 percent of seats held by women, were in Senegal (42 percent) and Cameroon (31 percent). In many countries, female representation in parliament remains relatively low, for example Nigeria (7 percent), Mali (9 percent), Benin (7 percent) and the Central African Republic (9 percent).

#### **Child nutrition and mortality**

- Child health and survival significantly improved between 2000–2005 and 2010–2015 in all countries in West and Central Africa. Under-five mortality decreased faster in these two regions (by 51 per 1,000 live births in West Africa, and by 50 per 1,000 live births in Central Africa) than in Africa overall, where the average decrease was 42 per 1,000 live births.
- This remarkable reduction in under-five mortality could be explained by the significant decrease in the prevalence of underweight children. The prevalence of underweight children decreased significantly in all countries, except Nigeria and Benin, between the early 2000s and the desired Millennium Development Goals' (MDGs) achievement date of 2015.

#### **Women's rights and gender-based violence**

- There is still significant prevalence of female genital mutilation (FGM) among women aged 15–49 years. Prevalence is very high in some countries including Mali, Guinea and Burkina Faso, with a very slow downward trend. In some countries, such as Guinea and Nigeria, the practice even seems to be on the rise.

#### **Universal access to quality education**

- Almost all countries have made considerable progress with regard to the primary school completion rate. The only exceptions are Nigeria, where this figure has fallen, and Congo, where it has remained stable. Progress has been particularly marked in Ghana, Benin, Burkina Faso and Niger. Between the mid-2000s and the mid-2010s, the primary school completion rate increased by 25, 29, 30 and 42 percentage points respectively in the four countries. The improvement in primary school completion has mainly benefited girls.

- Overall, completion rates for secondary school are low compared with primary school. For the most recent period, the secondary school completion rate was below 50 percent in four out of six countries in Central Africa, and eleven out of fifteen countries in West Africa. Despite this, significant progress has been made in almost all countries, except for the Central African Republic and Equatorial Guinea. Apart from Cabo Verde, which has already achieved gender parity, and the Central African Republic, which is plagued by conflict, gender parity in secondary school completion rates has significantly improved in all other countries in the region.



## PILLAR 2: HEALTH

### Sexual and reproductive health and rights

- Unmet family planning needs in the region are changing in quite different ways. Although such needs are increasingly being met in Central Africa, this is not the case in all West African countries. In Benin, Guinea, Nigeria and Sierra Leone, unmet needs are increasing.
- In Central Africa, only Chad is showing a decrease in satisfaction for demand for family planning, out of the four countries (Cameroon, Chad, Congo and Gabon) for which data is available. It is therefore fair to say that there is an improvement in meeting family planning needs in this region.
- Modern contraceptive use is increasing in both subregions. All West African countries made progress between 2000 and 2017, except for The Gambia (8.1 percent prevalence in 2013, compared with 12.7 percent in 2001).

### Adolescent sexual and reproductive health

- Adolescent fertility is declining in all countries in the West and Central Africa region. However, this general downward trend masks disparities between countries. In four countries, the rate is still above 150 births per 1,000 adolescent girls: Niger (194 in 2016) and Mali (171 in 2016) in West Africa, and Chad (164.5 in 2016) and Equatorial Guinea (157.9 in 2016) in Central Africa.

### Maternal mortality

- Overall, the maternal mortality ratio decreased in the West and Central Africa subregions between 2005 and 2015. However, this figure remains high in many countries within the two subregions.
- It is noticeable that Central and West African countries where maternal mortality rates exceed 800 deaths per 100,000 live births are currently ravaged (or have previously been ravaged) by conflict, either through terrorist attacks (Nigeria and Chad) or armed struggle (the Central African Republic and Sierra Leone). The ensuing instability prevents health care facilities from providing services or coordinating activities.

- One reason for high maternal mortality levels is related to the environment in which women give birth. Overall, it appears that the region has made progress in the proportion of births attended by skilled health personnel. The highest levels are found in Sao Tome and Principe for Central Africa and in Cabo Verde for West Africa.

#### **HIV and AIDS, malaria and other infectious diseases**

- West Africa seems to be more advanced in the fight against HIV/AIDS than Central Africa, which had the highest levels of prevalence in 2016 (for example, in Equatorial Guinea and the Central African Republic). Generally speaking, none of the countries in Central Africa were able to achieve prevalence below 1 percent of their populations. In West Africa prevalence stood at less than 1 percent in Senegal, Niger, Cabo Verde and Burkina Faso in 2016 (0.4 percent in Senegal and Niger and 0.8 percent in Cabo Verde and Burkina Faso).

#### **Burden of non-communicable diseases**

- In general, the non-communicable disease (NCD) mortality rate is higher in West Africa than Central Africa. While no Central African country reached 800 deaths per 100,000 people, the NCD mortality rate stood at 949 and 1,026 deaths respectively per 100,000 people in 2015 in the West African countries of Côte d'Ivoire and Sierra Leone.



### **PILLAR 3: PLACE AND MOBILITY**

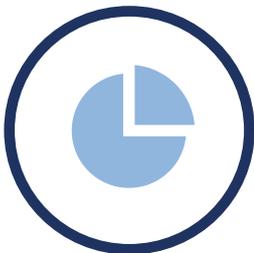
#### **Living conditions of people in urban and peri-urban areas**

- Overall, the two subregions show approximately the same trends in the percentage of the urban population living in slums or informal settlements, with some variations between countries. In West Africa, the highest proportion of people living in slums in 2014 was recorded in Guinea-Bissau (88.2 percent), while the highest proportion in Central Africa was recorded in the Central African Republic (93.3 percent).
- People in Central Africa have increasing access to electricity. In countries such as Gabon, more than 90 percent of the population had access to electricity in 2016. However, disparities between countries remain: the percentage of people with access to electricity exceeded the 50 percent mark in 2016 in all Central African countries, except in the Central African Republic and Chad, where this figure stood at less than 15 percent. In West Africa, the trend of improved access to electricity is also a reality, with countries such as Cabo Verde and Ghana posting increases of more than 20 percentage points. In Cabo Verde the proportion of people with electricity increased from 67 percent in 2005 to 92.6 percent in 2016 and Ghana's rate went from 54.7 percent to 79.3 percent in the same period.



## PILLAR 4 – GOVERNANCE

- A culture of planning, monitoring and evaluation is emerging in the governance field. Chapters 2 to 4 have shown the strong propensity to design and implement programs and projects in the various development sectors or to address key population issues. Several countries have also set up demographic dividend teams; for example, Burkina Faso, Chad, Ghana and Senegal.
- According to the 2018 Ibrahim Index of African Governance (IIAG) from the Mo Ibrahim Foundation, rule of law, transparency and accountability is the worst performing subcategory in the index. A consistent picture emerges if we compare the ranking of countries on the IIAG with those countries currently positioning themselves as good African 'examples': the 10 best performing countries on the continent in terms of overall governance in 2018 were Mauritius, the Seychelles, Cabo Verde, Namibia, Botswana, Ghana, South Africa, Rwanda, Tunisia and Senegal. Only three countries in the West and Central Africa region (Cabo Verde, Ghana and Senegal) are close to the top of the ranking.



## PILLAR 5 – DATA AND STATISTICS

- The collection of data was carried out or continued in most countries during the five-year period covered by the Addis Ababa Declaration. The main data collection methods are the general population and housing census, household or population living standards surveys, demographic and health surveys and employment surveys.
- However, there is a huge need for data in several areas such as non-communicable diseases, women's empowerment and participation in decision-making, the environment and quality of life.
- Data collected is often not used, especially information from household surveys and censuses which can be costly to carry out.
- There is an increasing move to establish a civil registration system. Overall, though, there is limited civil registration.



## PILLAR 6 – INTERNATIONAL COOPERATION AND PARTNERSHIP

- Countries are continuing to work with one another and strengthen their partnerships as well as work with non-governmental organizations (NGOs). Most countries emphasize the role of NGOs, civil society organizations (CSOs) and other international cooperation agencies when designing and implementing development policies and programs. However, stronger links are needed between state organisations and national or regional research institutions.

# MACRO-LEVEL REVIEW OF AADPD PROGRESS TOWARDS ACHIEVING THE DEMOGRAPHIC DIVIDEND

## Stakeholder mobilization around the demographic dividend in the region

- The implementation period for the Addis Ababa Declaration (2013–2018) has seen the emergence of a series of initiatives and work on the demographic dividend in the West and Central Africa region. For example, UNFPA organized a regional African leadership summit on the issue in Nigeria in 2016.
- Over the reporting period, UNFPA has organized several meetings and supported research institutions to produce empirical studies on the demographic dividend. These institutions have included Senegal's Center for Research in Applied Economics and Finance of Thies (CREFAT) and the African Institute for Development Policy. The World Bank is funding the Sahel Women's Empowerment and Demographic Dividend (SWEDD) program. This initially involved six countries in the West and Central Africa region (Burkina Faso, Côte d'Ivoire, Mali, Niger, Mauritania and Chad) but was later extended to three other countries (Benin, Guinea and Cameroon). The Francophone Network research group has been conducting various studies on the demographic dividend since 2013.
- Other international initiatives have included development by the Future Group of the DemDiv application for projections, under the leadership of the Health Policy Project. We also note a series of research studies on the demographic dividend conducted by the French Development Agency, the French Institute for Development Research and the International Cocoa Initiative in West African Economic and Monetary Union countries.

## Political commitments on the demographic dividend in the subregion

- Numerous high-level meetings have been held, during which countries have reaffirmed their aims and readiness to pursue their demographic dividend commitments, enabling them to reap the benefits.
- These include: AU Agenda 2063; the African Union Commission/United Nations Economic Commission for Africa conferences for finance, planning and development ministers in 2013, 2015 and 2016; the African Regional Conference on Population and Development in Addis Ababa in 2013; the 28th AU Summit on the Demographic Dividend in 2017; the declaration by Economic Community of West African States (ECOWAS) parliamentarians at a regional conference on adequate health financing and the demographic dividend in Ouagadougou in 2017; and a regional forum on the role of religious and other local leaders in capturing the demographic dividend, held in Ouagadougou in 2018.

### Lessons learned from demographic dividend analyses in the subregion and implications for action

- With support from UNFPA WCARO, CREFAT has conducted a series of demographic dividend studies in West and Central Africa, following which 19 countries have developed their demographic dividend profiles. The aim is to identify key shifts that accompany the changing age structure of the population under different fertility scenarios. By determining trends in dependency ratios (*the number of employed in relation to the number of unemployed*), we can estimate the time it will take for the demographic window of opportunity to open, as well as possible policy implications.
- Data shows the aggregate consumption of all ECOWAS countries was estimated at US\$486.15 billion in 2014. Those under the age of 30 accounted for a large share of this consumption, 64 percent, around US\$308.80 billion. Meanwhile, aggregate consumption among adults aged 31 to 62 years in the same year was US\$154.21 billion (32 percent of total consumption) and among those aged over 62 years it was US\$23.14 billion (5 percent of total consumption).
- Aggregate income from work increased from US\$0.02 billion for children aged five years to US\$9.6 billion for people aged 41 years and above across all West African countries. There was a drop in aggregate income from work just after the age of 41.
- Among those aged under 30, income from work amounted to US\$55.16 billion, representing only 18 percent of total income, while this group accounted for 64 percent of total consumption. This leaves a shortfall of nearly US\$253.64 billion. The same is observed among the elderly, i.e. they consume more than they produce, except that here the deficit is only US\$8.87 billion.
- According to projections and assuming a low fertility scenario, the demographic dividend peaks in 2040 which marks the end of its first phase. During this first phase, the changing age structure of the population is capable of increasing GDP per capita, provided that countries put appropriate policies in place. These policies must be intensified to reap maximum benefit and to overcome the difficulties of the next phase.
- From 2045 onwards, there is a reduction in the dividend, marking the beginning of the second phase. During this period the age structure of the population proves to be a constraint. However, this could be overcome with enough workers in the first phase able to save enough money to support themselves during retirement.

### Recommendations

- **Dignity and equality:** Intensify efforts to combat poverty and inequality through the development of laws and policies supporting dignity and equality. Develop and implement policies to empower women and girls. Intensify actions to support the enrolment of girls in primary and particularly in secondary schools in rural areas. Raise the level of representation of women in institutional bodies through quota laws and ensure these are effective.

- **Health:** Increase the quantity and quality of health coverage to facilitate access to health services for all without discrimination based on residence or income. Make universal health insurance accessible to all so the most vulnerable can access high-quality health services. Improve the quantity and quality of access to sexual and reproductive health services, especially for adolescents and young people, including by reviewing laws to allow young people to access them. Provide sexual and reproductive health education for adolescents and young people in and out of school. Strengthen the implementation of integrated sexual and reproductive health programs. Increase national health budgets to at least 15 percent in line with the commitment made by various heads of state in Nigeria in 2001. Develop and implement integrated disease prevention policies (health and hygiene education, environmental sanitation, legal measures on pollution, etc.). Implement preventive and curative programs for non-communicable diseases such as cancer, diabetes and strokes. Improve health systems by increasing the availability of human resources and improving specialist knowledge and skills and building infrastructure, etc. Learn lessons from management of the Covid-19 pandemic to respond more effectively to subsequent waves and similar diseases.
- **Place and mobility:** Develop and implement effective land management policies to reduce the rural exodus. Strengthen national economic infrastructure with a focus on the rural environment. Design joint regional projects for production of electricity and clean drinking water. Implement policies, programs and projects for access to basic social services such as decent housing, electricity and clean drinking water for all. Develop and/or implement urban plans for large, medium and small towns. Develop and implement regional integration policies, programs and projects. Set up a migration observatory to provide analysis of immigration and migration issues.. Design and implement environmental policies, programs and projects. Initiate projects to open up roads and railways within countries and between countries in the subregions.
- **Governance:** Improve accountability, ethics and transparency in the management of public resources. Promote the institutional culture of systematic evaluation of policies, projects and programs. Promote coordination and community ownership of programs and projects.
- **Data and statistics:** Produce regular, disaggregated and reliable statistics, through traditional data collection operations (censuses, household living standards surveys and demographic surveys). Invest sufficiently in developing the civil registration and vital statistics system, but also in data on emerging themes such as aging, non-communicable diseases, governance and human rights. Create national funds for the development of statistics for countries that do not have the facilities or expertise to make use of them. Strengthen the “statistical culture” in countries through the use of disaggregated evidence. This should lead to more inclusive planning ensuring no one is left behind and improve monitoring and evaluation of development plans, policies and strategies.
- **International cooperation and partnership:** Strengthen collaboration between development partners and state institutions. Strengthen CSO participation in the design and implementation of policies, programs and projects.

# INTRODUCTION

The population of West and Central Africa is dominated by young people, something which poses enormous development challenges if their needs are to be met. Nonetheless, these youngsters are a major asset if adequate and substantial investments are made that allow them to realize their dreams and aspirations and participate actively in generating national wealth.

The Addis Ababa Declaration on Population and Development (AADPD), developed following the African Regional Conference -- part of the International Conference on Population and Development Beyond 2014' held in September 2013 -- is a holistic framework of commitments made at the highest level by African heads of state. Organized around six key pillars (to which we will return), the AADPD has many links to the UN's SDGs and to the AU Agenda 2063. National reviews were conducted in 2018, along with a continental review for Africa, as part of the evaluation of the first five years of AADPD implementation.

Based on the national reviews and also drawing lessons from the continental review, our mission was to produce a regional report for the West and Central Africa region. The report is split into seven chapters:

- Chapter 1: Background and methodology
- Chapter 2: Pillar 1 – Dignity and equality
- Chapter 3: Pillar 2 – Health
- Chapter 4: Pillar 3 – Place and mobility
- Chapter 5: Pillars 4, 5 and 6 – Governance, Data and statistics, International cooperation and partnership
- Chapter 6: Macro-level review of AADPD progress towards achieving the demographic dividend
- Chapter 7: Recommendations

**CHAPTER 1:**

# **BACKGROUND AND METHODOLOGY**

# 1.1

## ADDIS ABABA DECLARATION ON POPULATION AND DEVELOPMENT AND NATIONAL REVIEW PROCESS

### 1.1.1 ADDIS ABABA DECLARATION ON POPULATION AND DEVELOPMENT (AADPD)

The review of the 'ICPD Program of Action Beyond 2014' at the 2013 African Regional Conference on Population and Development underscored the need to respond to new and emerging population and development challenges and take changes in the development environment into account. These challenges and changes included: (i) increasing inequalities in income and wealth; (ii) ever more diverse demographic trends and a surge in the number of young people; (iii) migration and rapid urbanization; (iv) an explosion in access to information; and (v) climate change and increasing humanitarian threats, which have an impact on mobility and population dynamics.

The 2013 African Regional Conference on Population and Development, organized by the UNECA and the AUC with the support of UNFPA focused on "Harnessing the Demographic Dividend: The Future We Want for Africa" and reiterated the relevance of the original ICPD Program of Action from 1994, emphasizing the need to invest in the dignity and human rights and capabilities of all. These rights include the equal rights of women and youth, including adolescent girls, and are guided by a comprehensive definition of sexual and reproductive health and rights as prerequisites for building resilient societies capable of long-term economic growth and sustainable development.

At the 2013 African Regional Conference, African ministers adopted the Addis Ababa Declaration on Population and Development (AADPD) Beyond 2014. The Declaration reaffirmed the region's commitment to the 'ICPD Program of Action Beyond 2014' as a framework for addressing population and development issues. The AADPD includes a set of commitments and indicators designed to simultaneously support Africa's efforts to harness the demographic dividend, advance human rights and achieve the SDGs. In terms of its timing and scope, the AADPD has significantly influenced the AU Agenda 2063, and the 2030 Agenda for the SDGs through the Common African Position on the post-2015 Development Agenda, and has resulted in significant overlap between the three frameworks. The AADPD was formally endorsed by African leaders at the African Union Summit, and member states agreed to periodic reviews to assess progress on population and development commitments.

The Declaration is made up of 88 commitments grouped under six interrelated pillars.



→ **Pillar 1: Dignity and equality:** The assurance of dignity and human rights are basic to any development agenda that aims to improve the well-being of people. This equality has been affirmed in the Universal Declaration of Human Rights, as well as in international, regional and national agreements. This pillar includes 29 commitments to promote human rights, dignity and equality; eradicate extreme poverty; address gender equality and promote the empowerment of women.



→ **Pillar 2: Health:** Sexual and reproductive health and rights are essential for women and girls, as well as for boys and men, and are central to sustainable human development. Although there are now many more non-communicable diseases and injuries being treated, sub-Saharan Africa continues to struggle with largely preventable communicable (i.e. infectious), maternal, nutritional and neonatal diseases. However, in order to achieve universal access to health, a holistic approach towards strengthening health systems is essential. This pillar brings together 17 commitments to strengthen health care systems in order to address issues of universal and equitable access to health care, including rights-based sexual and reproductive health services.



→ **Pillar 3: Place and mobility:** Place and mobility bring together social and spatial contexts. They link population dynamics to the concepts of dignity and sustainable development. In recognition of the role of population dynamics and changes in age structure in influencing prospects for human development, inclusive economic growth and sustainable development, 19 commitments were made under this pillar. These aim to facilitate the free movement of people within and across geographical regions, in accordance with migration policies that protect vulnerable groups, especially women and young people, while protecting the rights of migrants and local citizens alike.



→ **Pillar 4: Governance:** Recognizing that good governance should be accountable, participatory, transparent and lawful, African ministers made five commitments to comprehensively address population and development issues, including the effective integration of population dynamics into development planning, while ensuring the effective coordination of population programs and the establishment of appropriate monitoring and evaluation mechanisms.



→ **Pillar 5: Data and statistics:** Ministers recognized the existence of policy-relevant data gaps in many African countries, as well as the absence of comprehensive civil registration systems. Accordingly, they made seven commitments to strengthen national capacity to undertake research and analysis that can provide policy-relevant population-based data; to establish civil registration systems from the community up to and including the national level; to undertake research to inform policy; and to conduct regular national censuses that meet international standards [5].



→ **Pillar 6: International cooperation and partnership:** This pillar includes 11 commitments to strengthen partnerships in all areas related to population and development programs. These partnerships would involve collaboration with civil society, non-governmental organizations and young people, as well as with the private sector.

Between May and August 2018, a review was undertaken of the first five years of AADPD implementation in Africa as a whole, the results of which were presented at an ICPD meeting of African ministers in October 2018 in Accra.

### 1.1.2 AADPD NATIONAL REVIEW PROCESS

Country evaluations were conducted in 2018 as part of the AADPD +5 evaluation process and some of the lessons learned were incorporated into the review report for Africa as a whole. A total of 49 African Union member states submitted country reports, including 23 from West and Central Africa.

In principle, these national reviews should be aligned with the AADPD's monitoring and evaluation guidelines. However, their content and the process of conducting them has varied greatly from country to country. We will return to this in more detail below.



### 1.1.3 METHODOLOGICAL APPROACH OF THE REGIONAL REVIEW

The aim of the consultation was to consolidate the 23 country reports from the West and Central Africa region into a regional review of the five years of AADPD implementation, highlighting progress, gaps, challenges and recommendations at the regional level, to advance advocacy for changes in policy and in the implementation of the Declaration.

More specifically, it involved:

- Conducting a review of the country reports to extract key information in terms of progress in implementing AADPD commitments, gaps, challenges and recommendations (based on the six pillars and 88 commitments detailed in the AADPD's monitoring and evaluation guidelines).
- Developing a plan of action based on the country reports and the report for Africa as a whole.
- Consolidating the country reports into a regional report based on the six pillars and 88 commitments.
- Taking into account the recommendations of the October 2018 ministers' meeting in Accra.
- Making recommendations to facilitate the preparation of the next review, by proposing an outline/guide for future versions.

The methodological approach had four steps:

- reviewing the structure of country reports
- reviewing progress indicators used in the country reports
- selecting progress indicators and data for the regional report
- analyzing achievements, policy commitments and lessons learned

# 1.2. MAJOR POPULATION TRENDS IN THE WEST AND CENTRAL AFRICA REGION

This section sets out population trends for the region over a 40-year period, from 1990 to 2030. Given the slow pace of change in terms of demographic and social phenomena, long observation periods are needed to assess ongoing developments more accurately.

## 1.2.1. MORTALITY DECLINING BUT AMONG THE HIGHEST ON THE CONTINENT

Figure 1 shows an overall trend of increasing life expectancy at birth in the West and Central Africa region. Admittedly, average life expectancies in West Africa (57.3 years) and Central Africa (59.4 years) are below the continental average (62.7 years) for the 2015–2020 period. Within the region, however, there is a trend not only towards improving life expectancy at birth, but also towards narrowing the gaps between countries.

The gap between the two extremes in 1990–1995 (Cabo Verde: 67.1 years and Sierra Leone: 37.6 years) was 29.5 years, by 2015–2020 this gap had fallen to 20 years (Cabo Verde: 72.7 years and Central African Republic: 52.7 years). Despite this reduction in inequality between countries, the situation in the West and Central Africa region is still relatively uneven: the Central African Republic, Chad, Nigeria and Sierra Leone have some of the lowest levels of life expectancy at birth (well below West and Central African averages). Cameroon, Equatorial Guinea, Guinea-Bissau and Mali have life expectancies close to the West and Central African average. Benin, Burkina Faso, the Gambia, Guinea, Niger and Togo have life expectancies between the African average and the Central African average. Finally, some countries in the region, notably Cabo Verde, Gabon, Ghana, Liberia, Sao Tome and Principe, and Senegal have life expectancies above the African average.

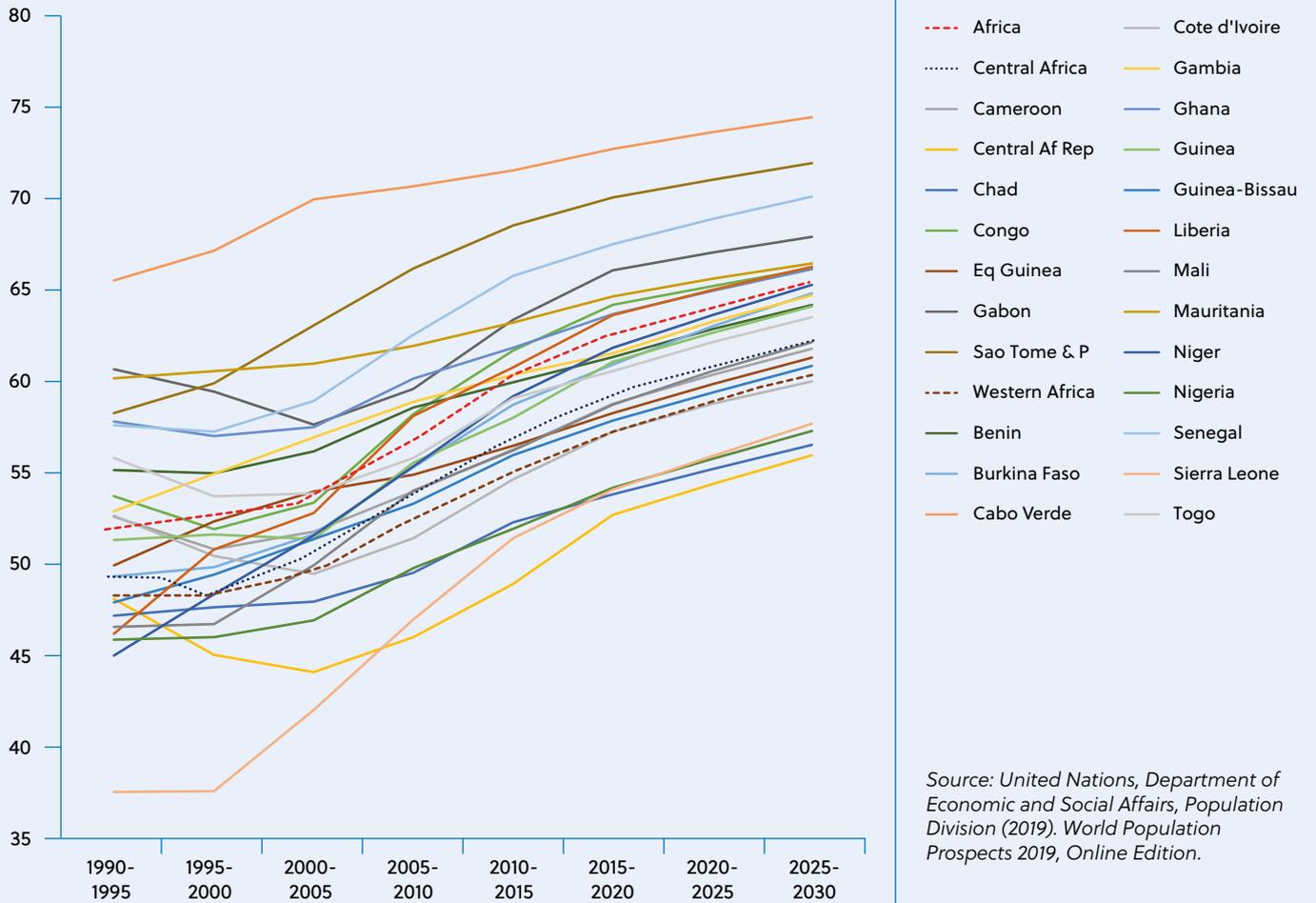
One of the explanations for the improvement in life expectancy at birth is the change in child mortality: infant mortality (Figure 2) and child mortality declined significantly for all countries in the West and Central Africa region during the period under consideration.

In terms of infant mortality, the numbers observed in Central Africa during the period remained relatively high compared with the African average (47 per 1,000) and the West African subregion average. In the 2015–2020 period, five countries had significantly high levels of child mortality, above the Central African average of 74 per 1,000 -- the Central African Republic, Chad, Nigeria, Mali and Sierra Leone. The lowest level in that time frame was recorded in Cabo Verde (17 per 1,000), while six other countries (Congo, Gabon, the Gambia, Ghana, Sao Tome and Principe, and Senegal) had an infant mortality rate below the African average.

These trends are broadly similar for child mortality, except that the differences between countries are smaller and many nations have very similar figures.

GRAPHIC 1

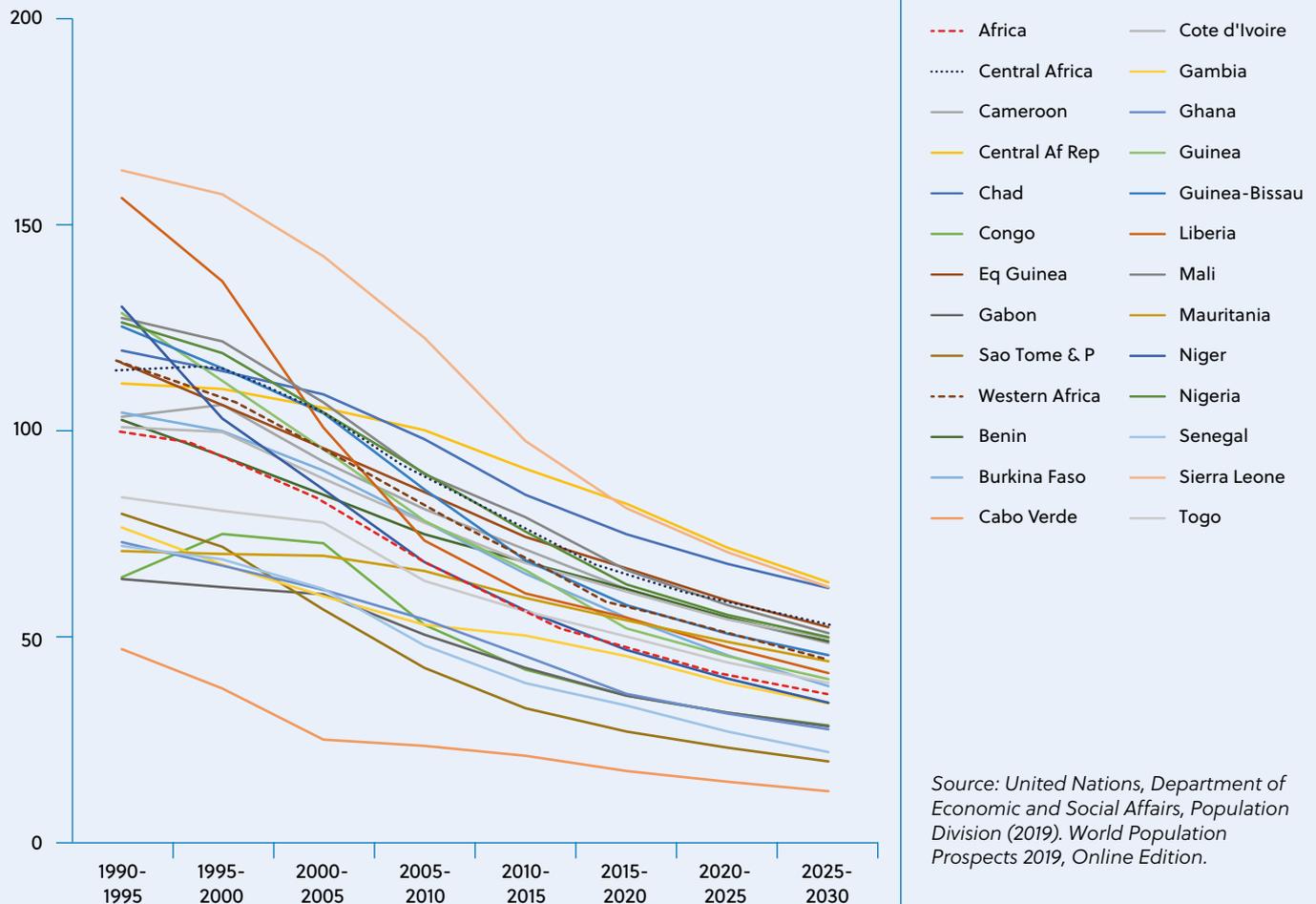
Life expectancy at birth from 1990–1995 to 2025–2030 in the West and Central Africa region



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition.

GRAPHIC 2

## Trends in infant mortality (per 1,000), in the West and Central Africa region, from 1990–1995 to 2010–2015



Another major mortality trend is the increase in life expectancy after retirement. These additional years bring challenges in terms of coming up with appropriate policies to improve the well-being of older people, particularly their health, and to fully value their contribution to society, both economically and socially.

### 1.2.2. OVERALL POPULATION GROWTH

Figure 3 shows the change in overall population growth between 1990 and 2030. During that period, population growth in West and Central Africa was higher than the average for the continent as a whole. Within the region, population growth in Central Africa is significantly higher than in West Africa, where it is relatively close to the African average. However, both at the African level and in each of the subregions, projections show a trend towards a reduction in the overall population growth rate, which will be less than 3 percent by 2025–2030, with the exception of Niger, where it will be 3.6 percent.

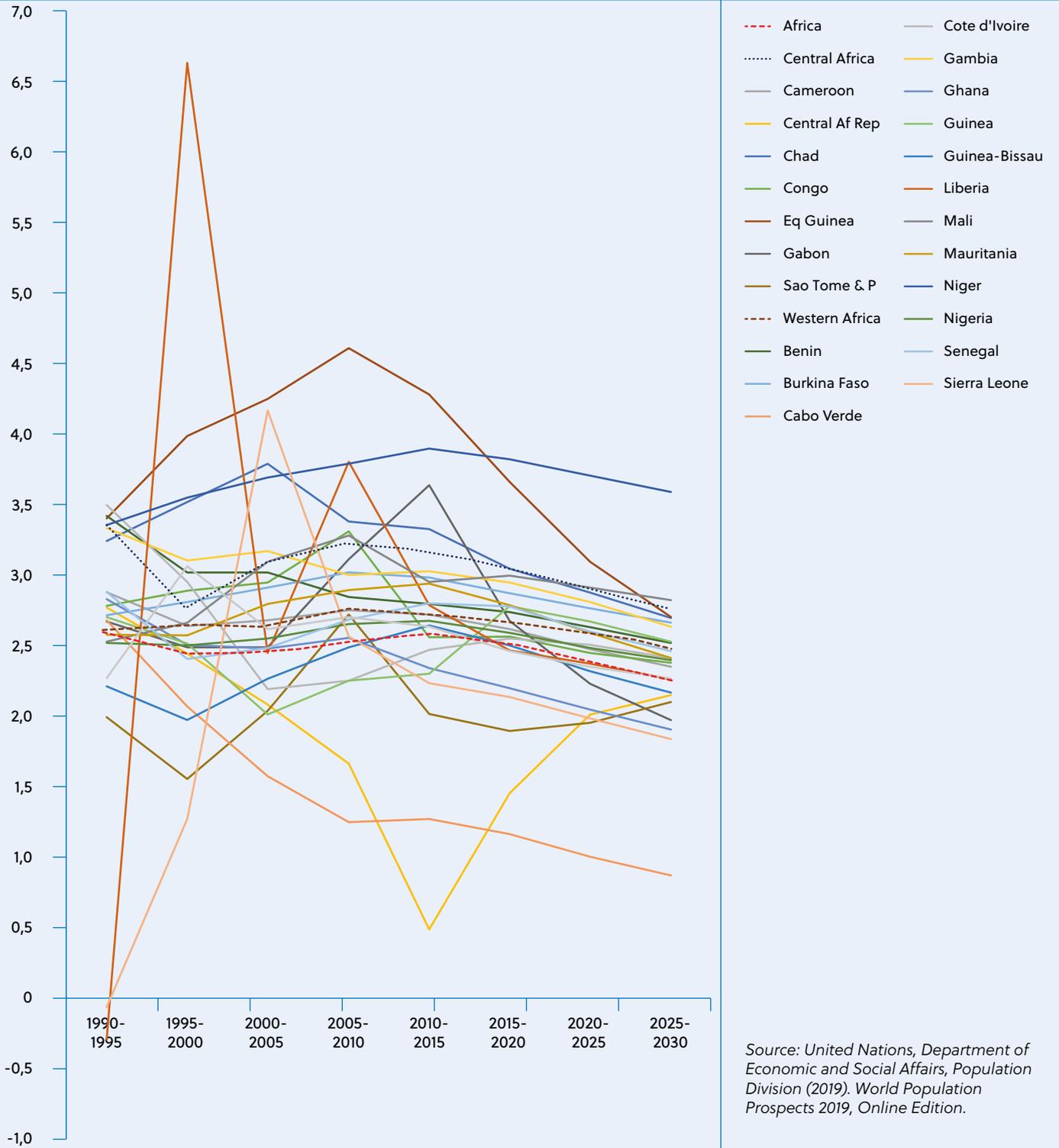
Central Africa has witnessed three phases in population growth rate changes over the period: a decline between 1990–1995 (3.4 percent) and 1995–2000 (2.7 percent); a period of recovery, reaching 3.2 percent in 2005–2010; and an expected period of steady decline to below 3 percent between 2025 and 2030. Nonetheless, there are some sharply contrasting trends within the subregion. For example, Equatorial Guinea has a population growth rate that is well above the subregional average, although after peaking in the 2005–2010 period (4.6 percent), the trend is now towards a rapid decline, meaning it will likely reach the subregional level by 2025–2030. In contrast, the Central African Republic's growth rate is below the subregional average: after a steady decline between 1990–1995 and 2010–2015, there will probably be a clear upswing towards the continental average by or between 2025 and 2030.

In West Africa, on the other hand, population growth has been relatively stable at around 2.5 percent. Here again, however, the situation varies from one country to another; the change in the population growth rate in Liberia and Sierra Leone is undoubtedly linked to the conflicts both countries experienced in the late 1980s. They have subsequently experienced a period of catching up characterized by exceptional peaks in population growth levels (6.6 percent in 1995–2000 and 3.8 percent in 2005–2010 for Liberia and 4.2 percent in 2000–2005 for Sierra Leone), with a subsequent period of stabilization around the African average for Liberia and a steady decline for Sierra Leone, which is expected to reach a 1.8 percent growth rate by 2015–2030. Two other specific situations should be highlighted. Firstly, Niger has a population growth rate that has remained consistently above the subregional average and is expected to be 3.6 percent by 2025–2030. And Cabo Verde's population growth rate is well below the African average, estimated to be 0.9 percent by 2025–2030.



GRAPHIC 3

Trends in population growth rate in the West and Central Africa Region from 1990–1995 to 2025–2030



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition.

### 1.2.3. CHANGING AGE STRUCTURE

#### a) Fertility patterns

Figures 4 to 6 and Table 1 illustrate changing fertility patterns in West and Central Africa. In addition to general fertility trends, different changes in urban and rural areas and also understanding there are differences depending on living standards is important if we are to comprehend the region's demographic challenges as a whole. Urbanization is one of the levers of the demographic transition. It is therefore useful to examine whether and to what extent the differences between fertility levels in urban and rural areas are reducing. Moreover, if declining fertility does not occur in all social groups, the expected benefit of the demographic dividend may not be evenly distributed across all population segments.

#### → Change in total fertility rate

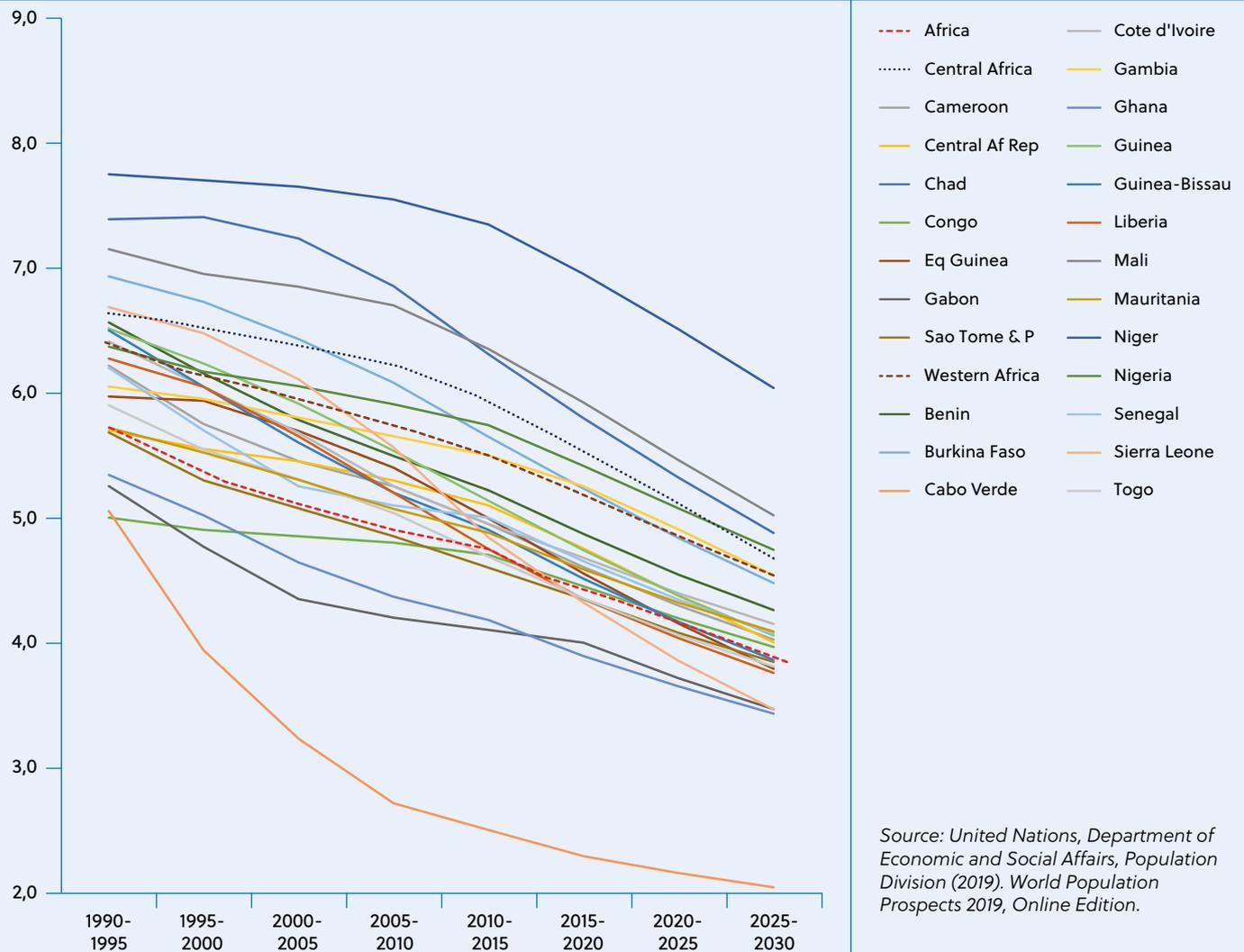
Fertility is declining in the West and Central Africa region (Figure 4), but at different rates in different countries. The TFR was 5.5 children per woman for Central Africa and 5.2 children for West Africa in the 2015–2020 period. This was above the African average of 4.4.

Overall, the patterns of fertility change in West and Central African countries are quite similar: in 1990–1995, the fertility level in 15 of the 23 countries was between the African average (then 5.7 children per woman) and the Central African average (6.7); by 2025–2030, fertility in 14 of the 23 countries could well be between the predicted African average (3.9) and the Central African average (4.7).

Seven countries stand out in this overall trend: at the top of the scale was Niger (6.9 children per woman in 2015–2020), Mali and Chad (5.9 and 5.8 respectively in the same period). At the bottom of the scale, Cabo Verde had a particularly low level (2.3 children per woman in 2015–2020), followed by Ghana (3.9) and Gabon (4). Finally Togo, Sierra Leone and Sao Tome and Principe had levels close to the African average in 2015–2020 (4.3, 4.3 and 4.4 children per woman, respectively).

GRAPHIC 4

## Change in total fertility rate from 1990–1995 to 2025–2030



## → Trends in total fertility rate by residential setting

Data separated out by residence<sup>1</sup> is available for only 12 of the 23 countries.

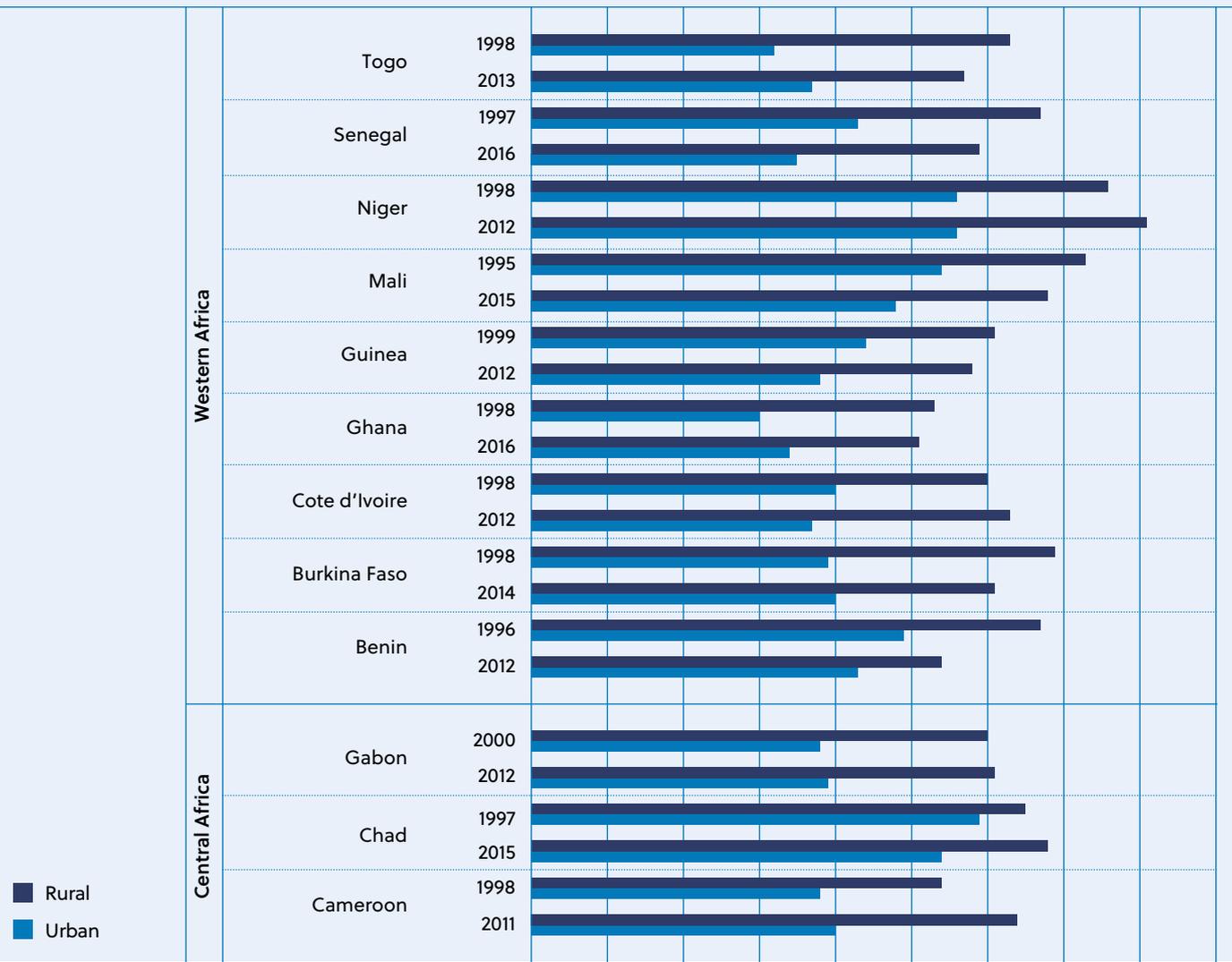
Figure 5 shows that the fertility rate is significantly higher in rural than in urban areas, in all countries and for all time periods. However, there is no clear trend towards a reduction in the fertility gap between urban and rural settings.

<sup>1</sup> It should be stressed that any comparison of the change to differences between urban and rural areas over time and between countries has limitations, as the definition of urban may vary between countries and over time.

The difference in fertility rates between urban and rural areas is declining in just four West African countries (Benin, Burkina Faso, Ghana and Togo). In the three Central African countries (Cameroon, Chad and Gabon) and in five West African countries, the gap in fertility levels between rural and urban areas is widening. In some countries, the increase in the difference between rural and urban areas is the consequence of a rise in the fertility rate in rural areas (Cameroon, Chad, Côte d'Ivoire, Gabon and Niger). These results raise the question of the effectiveness and efficiency of public policies in social and population sectors, particularly in the countryside.

GRAPHIC 5

Trends in total fertility rate by residential setting in the West and Central Africa region



Source: Demographic and Health Surveys (DHS).

0 1 2 3 4 5 6 7 8 9

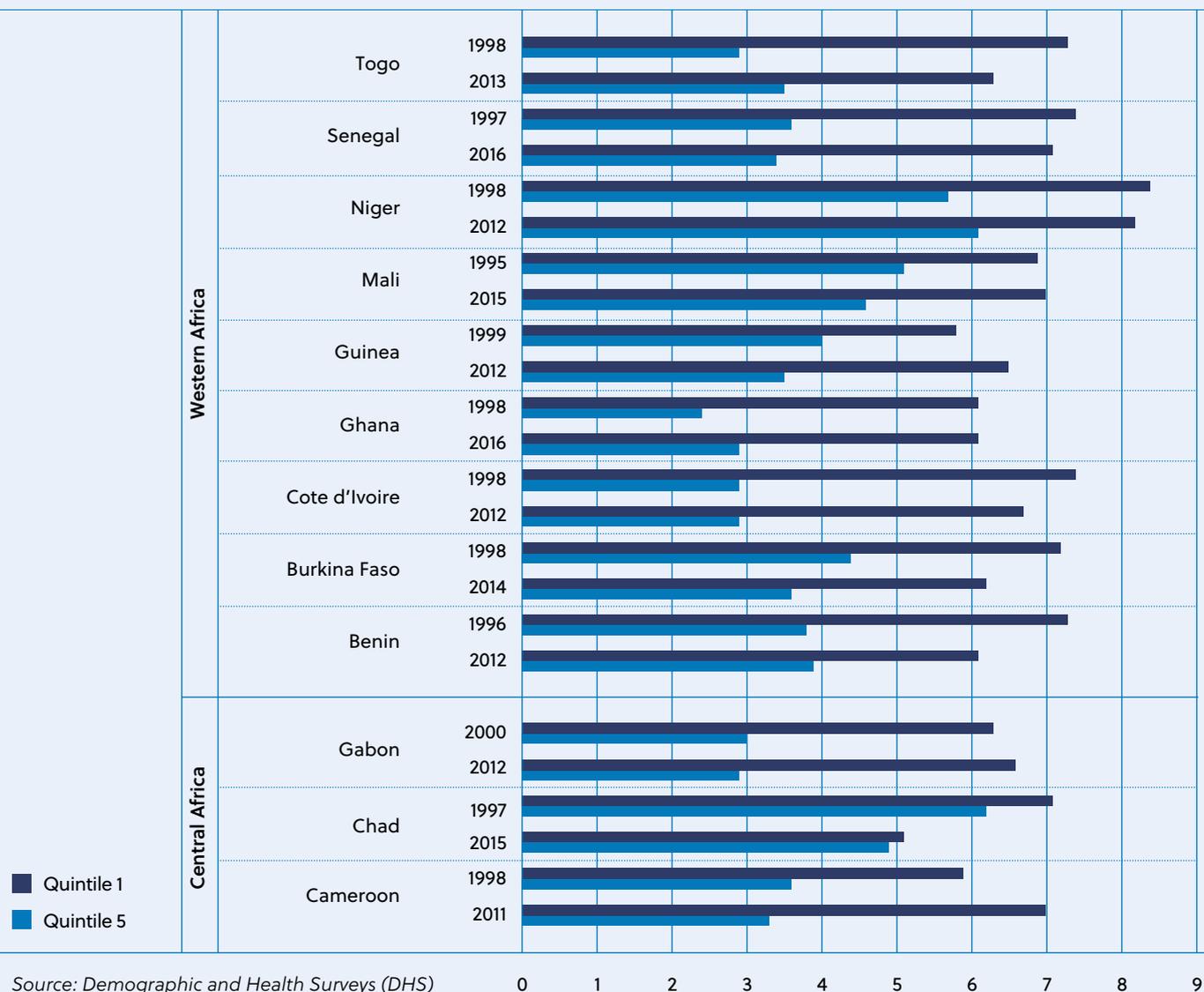
### → Trends in total fertility rate, by wealth quintile

Figure 6 shows that in all countries and over all time periods, the average number of children per woman is significantly higher among the poorest people (quintile 1) than among the richest (quintile 5). However, the reduction in fertility differences between the richest and poorest people is not consistent across the board. In reality, out of the 12 West and Central African countries for which data is available (Table 1), there is a relative decline (TFR quintile 1/ TFR quintile 5) as well as an absolute decline (TFR quintile 1 – TFR quintile 5) in only six countries (Chad in Central Africa, and Benin, Côte d'Ivoire, Ghana, Niger and Togo in West Africa). In four countries (Cameroon and Gabon in Central Africa, and Guinea and Mali in West Africa), both the relative and absolute gaps are decreasing. Finally, in two countries in West Africa (Burkina Faso and Senegal), only the relative gap is decreasing.

These results indicate that there is no trend towards an even decline in the fertility rate across social groups, a necessary prerequisite for fully capturing the demographic dividend.

GRAPHIC 6

### Trends in total fertility rate by wealth quintile in the West and Central Africa region



Source: Demographic and Health Surveys (DHS)

**TABLE 1 Trends in relative and absolute total fertility rate gaps by wealth quintile in the West and Central Africa region**

Region	Country	Relative difference: TFR Q1/TFR Q5		Absolute difference: TFR Q1 2 – TFR Q5	
		Period 1	Period 2	Period 1	Period 2
Central Africa	Cameroon	1.64	2.12	2.3	3.7
	Chad	1.15	1.04	0.9	0.2
	Gabon	2.10	2.28	3.3	3.7
West Africa	Benin	1.92	1.56	3.5	2.2
	Burkina Faso	1.64	1.72	2.8	2.6
	Côte d'Ivoire	2.55	2.31	4.5	3.8
	Ghana	2.54	2.10	3.7	3.2
	Guinea	1.45	1.86	1.8	3.0
	Mali	1.35	1.52	1.8	2.4
	Niger	1.47	1.34	2.7	2.1
	Senegal	2.06	2.09	3.8	3.7
	Togo	2.52	1.80	4.4	2.8

Source: DHS.

Note: Countries where the gap between the poorest and the most affluent is widening are highlighted in yellow.

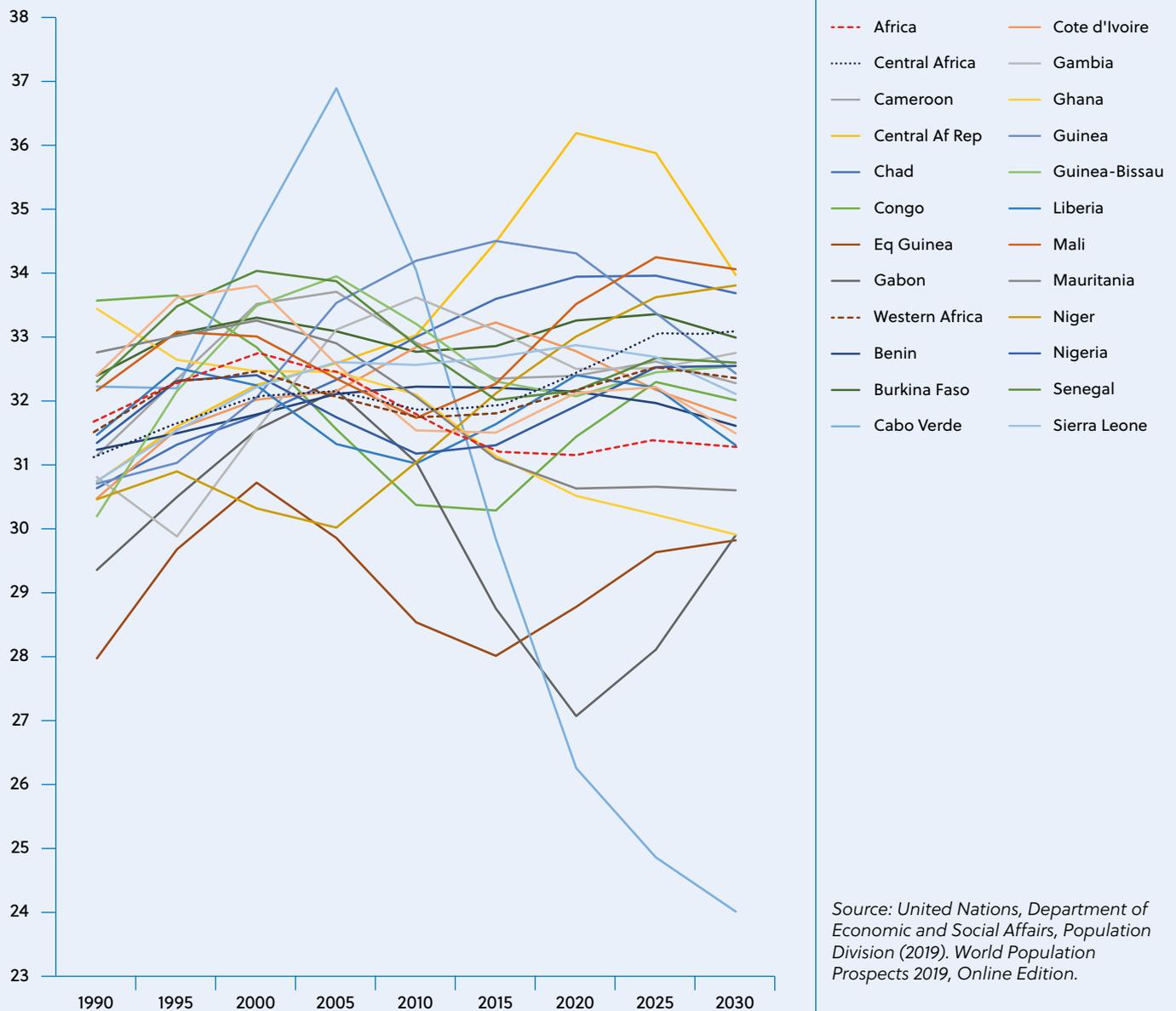
### b) Adolescents and youth

The proportion of Africa's adolescents and young people aged 10–24 has remained virtually the same since 1990 and that is expected to continue until 2030. As shown in Figure 7, in terms of the African average, the subregional averages and in the majority of the countries the proportion of the population aged 10–24 years has remained around one third, varying between 31 and 34 percent. In 2015, the number of 10 to 24-year-olds was almost the same in West Africa (31.8 percent) as in Central Africa (31.9 percent), figures also close to the African average (31.2 percent).

By 2030, five countries are likely to stand out as having a lower proportion of adolescents and young people than the African average, namely Cabo Verde, Equatorial Guinea, Gabon, Ghana and Mauritania. Conversely, the Central African Republic, Chad, Mali and Niger will probably have a higher proportion of 10 to 24-year-olds than the average for Central Africa (33 percent).

GRAPHIC 7

## Percentage of 10 to 24-year-olds in the West and Central Africa region, from 1990 to 2030

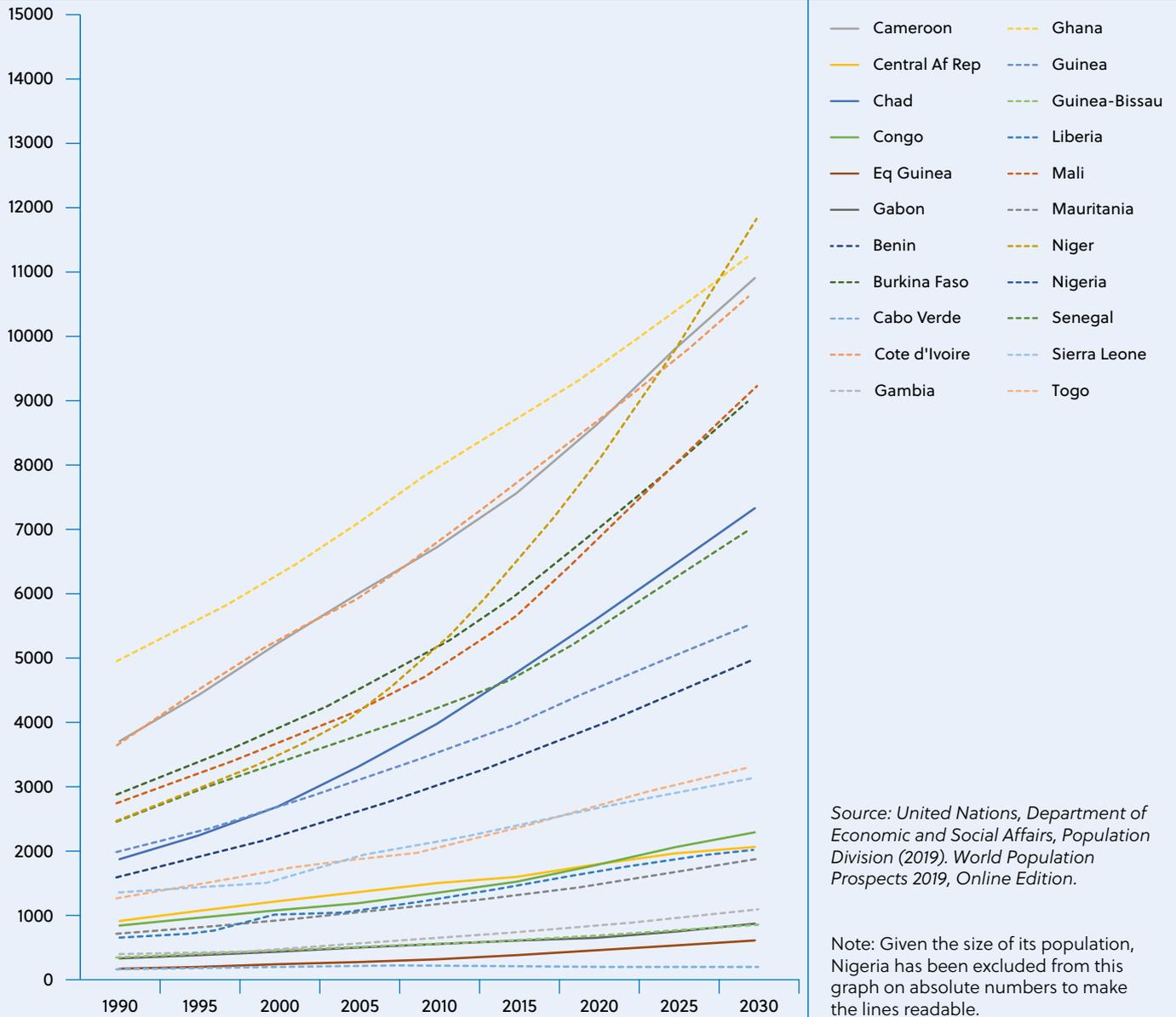


While the relative share of adolescents and young people varies relatively little over the 40 years, their absolute numbers have risen dramatically in several countries (Figure 8). While the ratio between the numbers of 10 to 14-year-olds in the two extremes (Ghana: 4,939,000 and Cabo Verde: 124,000) was 39.8 in 1990, this could be a massive 80.7 by 2030 (Niger: 11,776,000 and Cabo Verde: 146,000). Between 2015 and 2030, Niger may see its population of 10 to 14-year-olds multiply by 1.8; the comparable figures are 1.4 for Cameroon and Côte d'Ivoire and 1.3 for Ghana.

These figures unquestionably raise the challenge of the huge investment required in health, education, training and job creation so these young people can really contribute to the production of national wealth when they start working.

GRAPHIC 8

**Number (in thousands) of 10 to 24-year-olds in the West and Central Africa region from 1990 to 2030**



**c) Older people**

The proportion of older people (aged over 65) in West and Central Africa (Figure 9) reveals an overall downward trend until 2015 and an upward trend after that. In Africa as a whole, the proportion of people aged 65 years and over, which was 3.4 percent in 2015, is projected to be 4 percent by 2030. The proportion of older people in West and Central Africa is well below the African average: in 2015, the proportion was 2.8 percent for both West and Central Africa, and by 2030 this figure is unlikely to have significantly changed, at 3 percent for both subregions.

By 2030, only two countries, Ghana (4.2 percent) and Cabo Verde (7.2 percent), will have a proportion of older people above the African average. Ten nations will have a proportion of older people between the African average and the West and Central Africa regional average by 2030, ranging from 3.1 percent (Guinea) to 3.9 percent (Gabon); nine countries will have a proportion of older people below the subregional average, ranging from 2.2

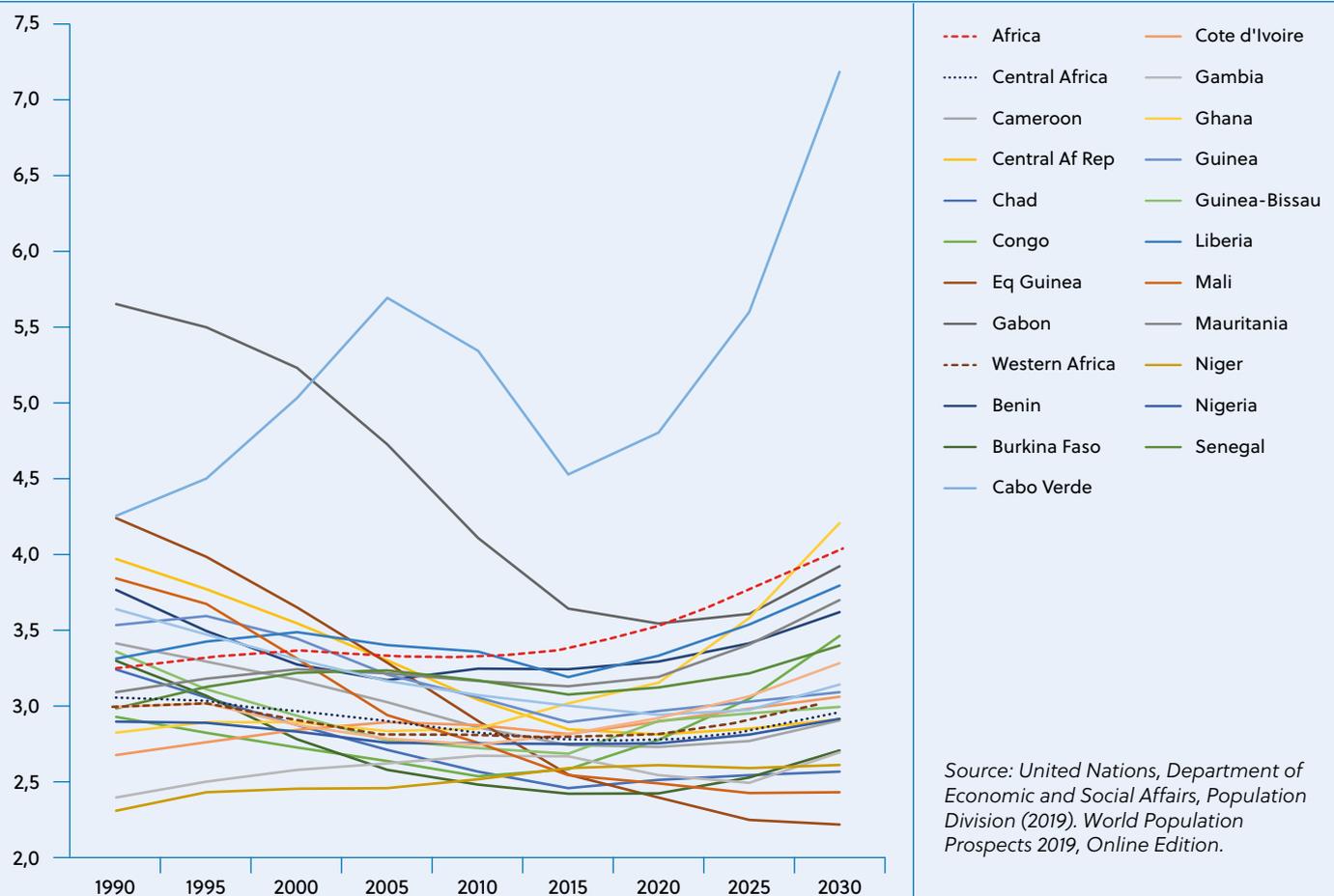
percent (Equatorial Guinea) to 2.9 percent (Nigeria); and two other countries (Guinea-Bissau and Côte d'Ivoire) will have levels comparable to the regional average (3 percent).

Although the relative share of older people will probably remain low for some years to come, it should be emphasized that there are a lot of older people in absolute terms, and policies and programs to ensure their well-being must start to be introduced now.

Figure 9: Percentage of population aged 65 and over, West and Central Africa Region, from 1990 to 2030

GRAPHIC 9

Percentage of population aged 65 years and over, West and Central Africa Region, from 1990 to 2030



#### d) Dependency ratios and population pyramids

Population trends observed in previous sections for the West and Central Africa region – including declines in infant and under-five mortality, an increase in life expectancy at birth and a decline in fertility – have resulted in a change in the age structure and overall, a declining demographic dependency ratio (Figure 10).<sup>2</sup>

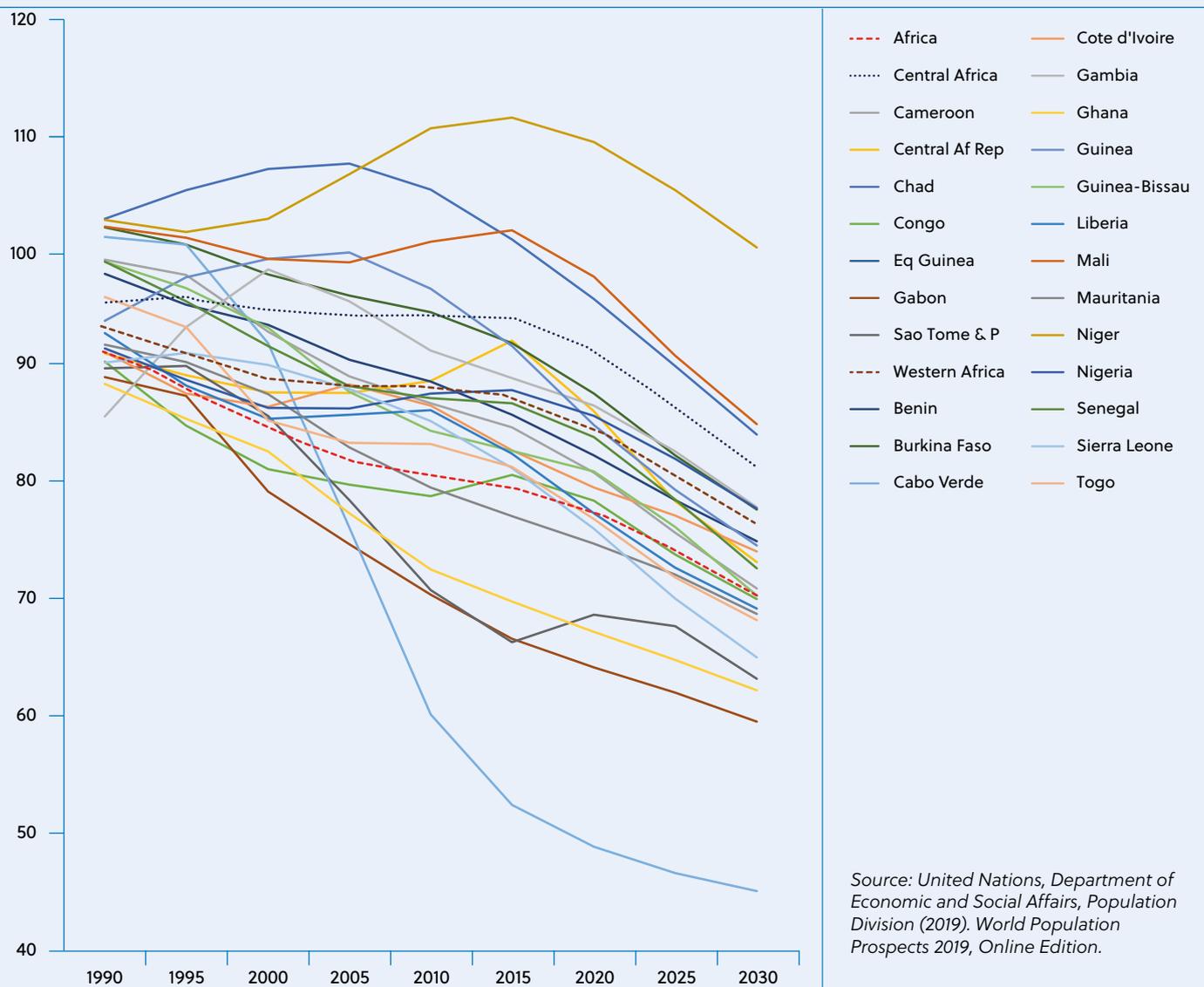
<sup>2</sup> The demographic dependency ratio is the ratio of the dependent population (children aged 0–14 years and people aged 65 years and over) to the working-age population (people aged 15–64 years). It is an initial indication of the number of people who rely on a person of working age.

Figure 10 shows a significant decline in the dependency ratio between 1990 and 2030. However, West and Central Africa has a ratio above the African average, which is consistent with a slower pace of demographic transition in this subregion of the continent. In 1990, the demographic dependency ratio was 95.6 percent for Central Africa and 93.6 per cent for West Africa, compared with the African average of 91.8 percent. By 2030, while the average for the continent is likely to be around 70.8 percent, the averages for Central Africa and West Africa could be 81.6 percent and 77 percent respectively.

An analysis of national trends shows an increase in the differences between countries in the subregion. While in 1990, the demographic dependency ratio varied from 102.9 percent (Chad) to 93.6 percent (Gambia), by 2030 it may well vary between 104.4 percent (Niger) and 45.16 percent (Cabo Verde).

GRAPHIC 10

Dependency ratio in the West and Central Africa region, from 1990 to 2030



### 1.2.4. URBANIZATION

An analysis of urban population growth rates in the region between 1990 and 2018 (Figure 11) shows that, although these are stable over the period, they remain relatively high (between 3 and 5 percent). There are some exceptions in countries with relatively high growth rates by 2030 (Burkina Faso and Mali) or relatively low growth rates (Cabo Verde and the Central African Republic).

Despite the stable trend in urbanization rates, an analysis of absolute population numbers reveals a high level of urbanization over the period 1990–2018 (Figure 12). While in 1990 the urban population (excluding Nigeria) ranged from 52,032 in Cabo Verde to 5,383,530 in Ghana, a ratio of 103.5, in 2018 the urban population for these two countries ranged from 153,635 to 16,687,441, a ratio of 108.6. Ghana’s urban population increased by a factor of 3.1, while Cabo Verde’s increased by a factor of 2.9.

The urban population in West Africa is mostly concentrated in five countries: Nigeria, Ghana, Côte d’Ivoire, Mali and Senegal. In 2018, these nations alone accounted for more than 80 percent of the subregion’s urban population. In terms of the Central African countries covered by this study, it appears that more than 80 percent of the urban population in 2018 was divided among Cameroon (54.5 percent), Chad (13.7 percent) and Congo (13.5 percent).

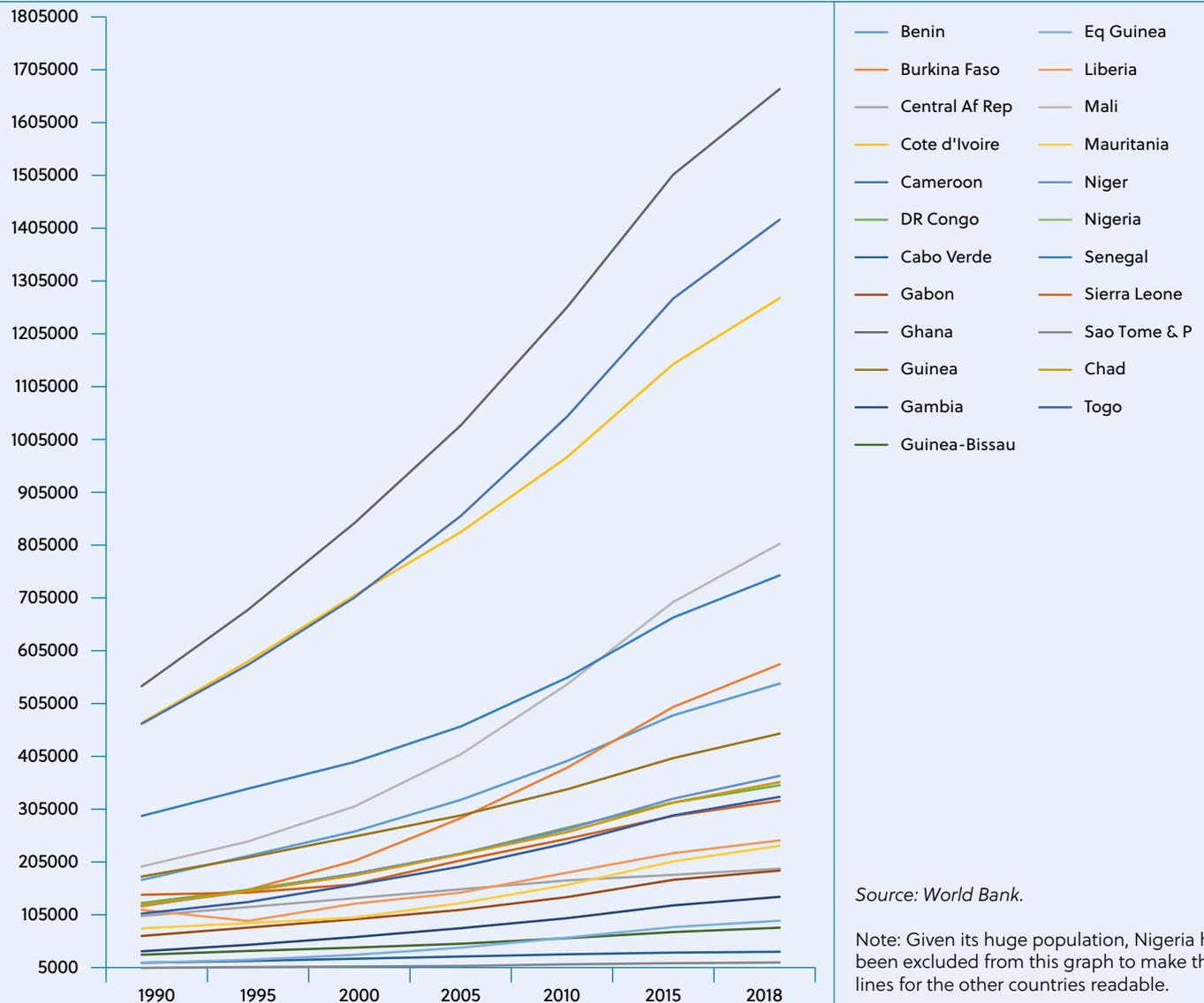
GRAPHIC 11

Urban population growth rates in the West and Central Africa region, from 1990 to 2018



GRAPHIC 12

## Urban population trends in West and Central Africa regions, from 1990 to 2018



### 1.2.5. MIGRATION

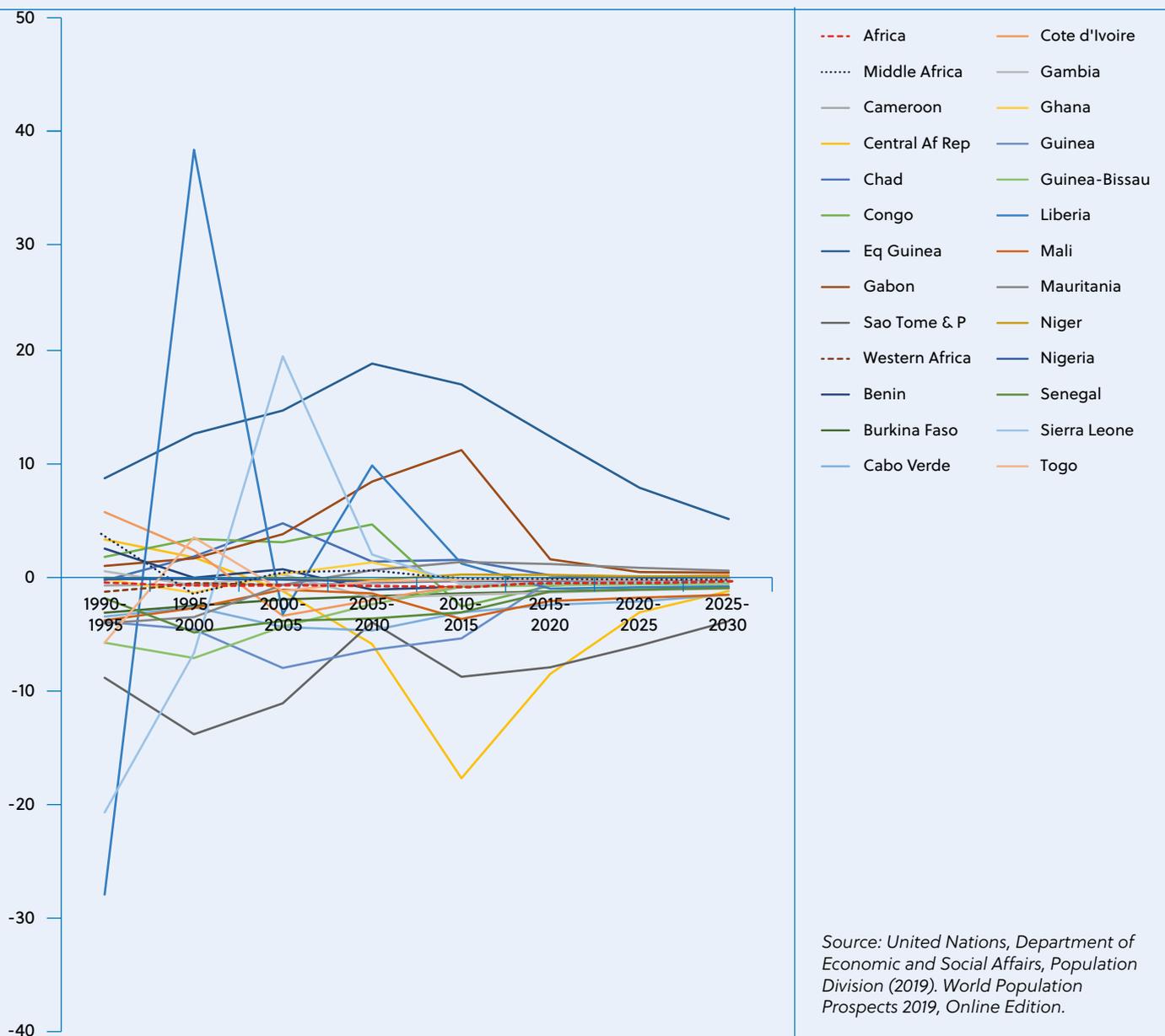
#### a) International migration

Figure 13 shows that, as in Africa as a whole, net migration in West and Central Africa remained negative on average between 1990 and 2020. From 2020–2025 onwards, there is a trend towards zero net migration. Net migration from West Africa is negative over the entire period, varying between -1.2 percent (1990–1995) and -0.3 percent (2025–2030). Central Africa, however, has had three periods of positive net migration: 3.8 percent in 1990–1995, 0.5 percent in 2000–2005 and 0.7 percent in 2005–2010. Apart from Liberia and Sierra Leone, where the situation in 1990–1995 was indicative of the conflicts they experienced, the difference between the extreme situations in 1990–1995 is nearly 18 percentage points (-8.9 percent for Sao Tome and Principe and 8.7 percent for Equatorial Guinea). By 2025–2030, this gap will halve to 9 percentage points (-3.9 percent for Sao Tome and Principe and 5.1 percent for Equatorial Guinea).

The West African countries most affected by emigration since the 1990s have been Cabo Verde, Guinea, Guinea-Bissau, Mali, Sao Tome and Principe, and Senegal. Mauritania's shift from a country with high emigration rates before the 2000s to a country of immigration is noteworthy. Most countries in Central Africa attracted more immigrants until the period of crises struck. The Central African Republic experienced positive net migration until the 2000s and then shifted towards a higher level of emigration, undoubtedly because of domestic unrest. Gabon has seen positive net migration since the 1990s, although in recent years the number of immigrants is going down. Similarly, Equatorial Guinea has remained a country of immigration throughout the period, with a positive net migration balance that peaked in the 2005–2010 period (18.9 percent), probably in connection with the rise of the oil industry. Although this figure has been declining since 2010, Equatorial Guinea remains the country in the whole West and Central Africa region with the highest positive net migration over the entire period, with the exception of Liberia in 1995–2000 and Sierra Leone in 2000–2005. That corresponds to a lot of citizens returning home as both countries moved into post-conflict and reconstruction phases.

GRAPHIC 13

Net migration in the West and Central Africa region, from 1990–1995 to 2025–2030



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition.

### b) Internal migration and displaced persons

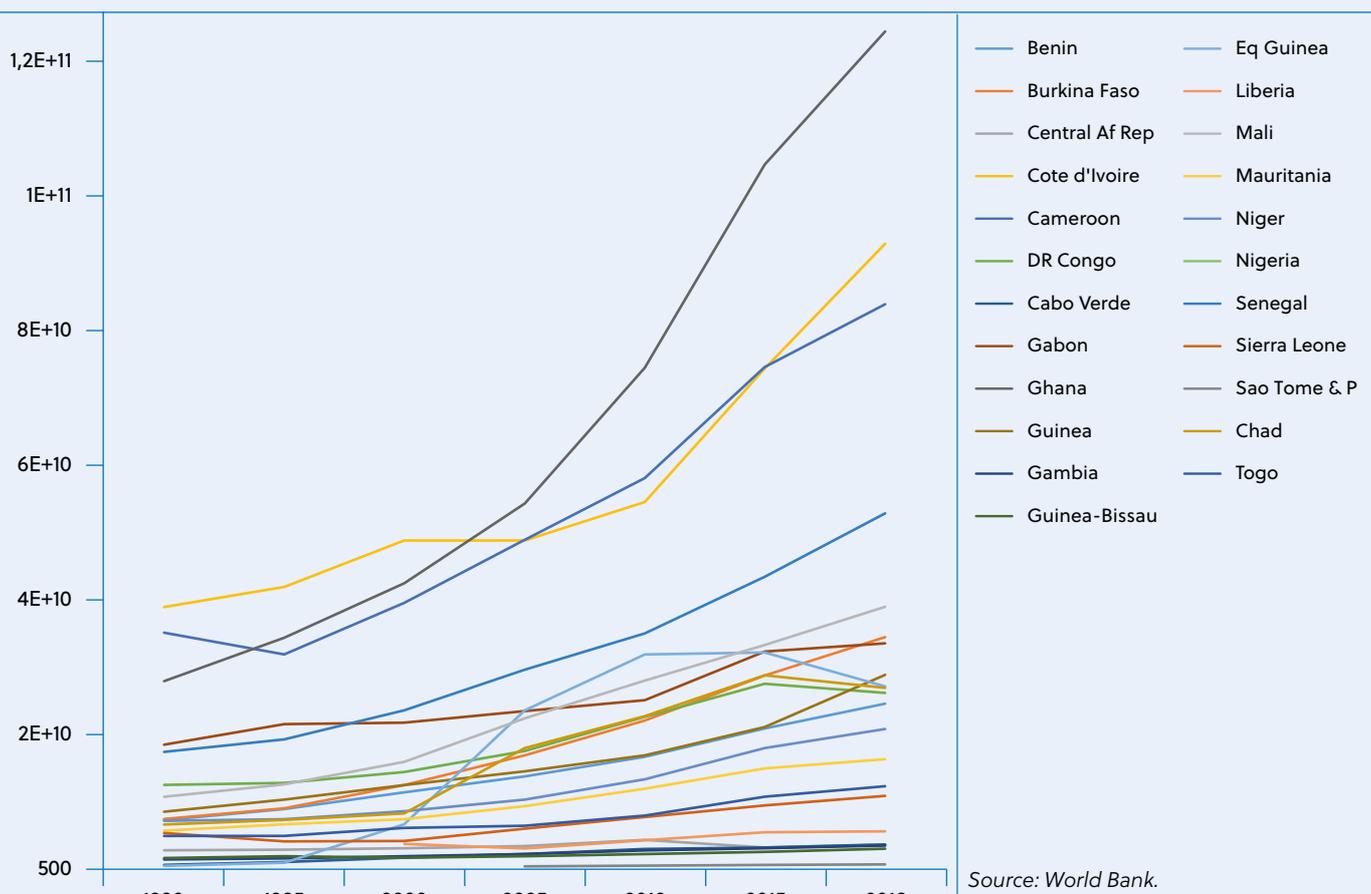
According to national reports and various reviews on the security situation, violence, armed conflicts, natural disasters and persecution have led to internal migration and large numbers of internally displaced persons. Socioeconomically speaking, these residents are poorly integrated. Ensuring the availability of the consolidated data needed to quantify the true scale of the problem remains a major challenge.

## 1.3. ECONOMIC CONTEXT

The economic outlook for West and Central African countries seems encouraging based on data on GDP trends since the 1990s. These show an upward trend in economic growth in both regions (Figure 14). However, the potential effects of this increase in national wealth are limited, given the high population growth already described. When national wealth correlates to population size, there is little change in the average distribution of wealth per capita. Figure 15 shows that the economic situation of many countries in the region has remained stable over the past 20 years, due to high population growth. However, the GDP per capita values of certain countries, such as the Congo, Equatorial Guinea and Nigeria, began to increase considerably in the 2000s after decreasing around 2018. It should be noted that GDP per capita (Figure 16) has generally grown at a much slower rate than total GDP (Figure 17).

GRAPHIC 14

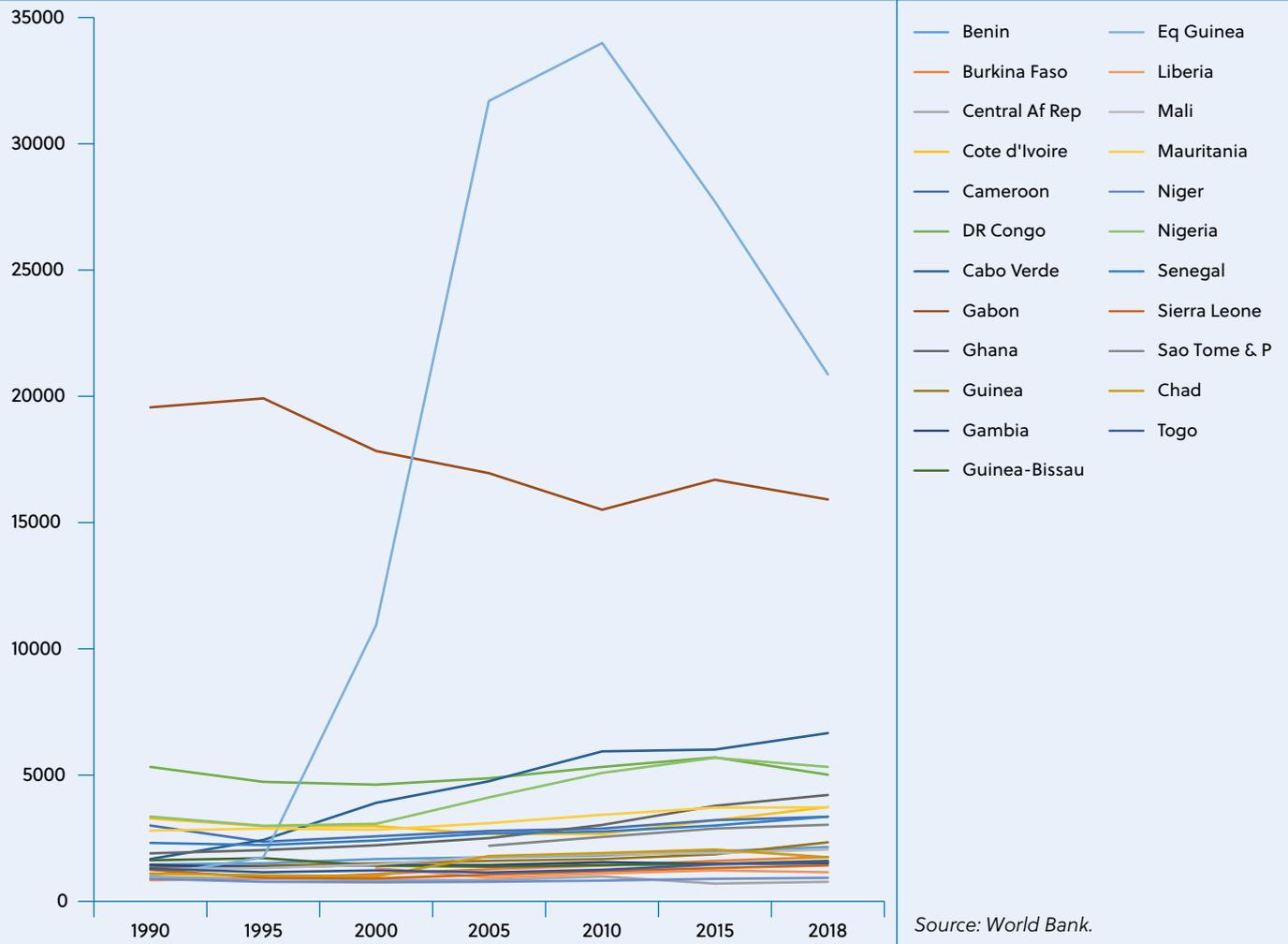
### Change in gross domestic product, purchasing power parity (constant 2011 international \$) in the West and Central Africa region, from 1990 to 2018



Source: World Bank.

GRAPHIC 15

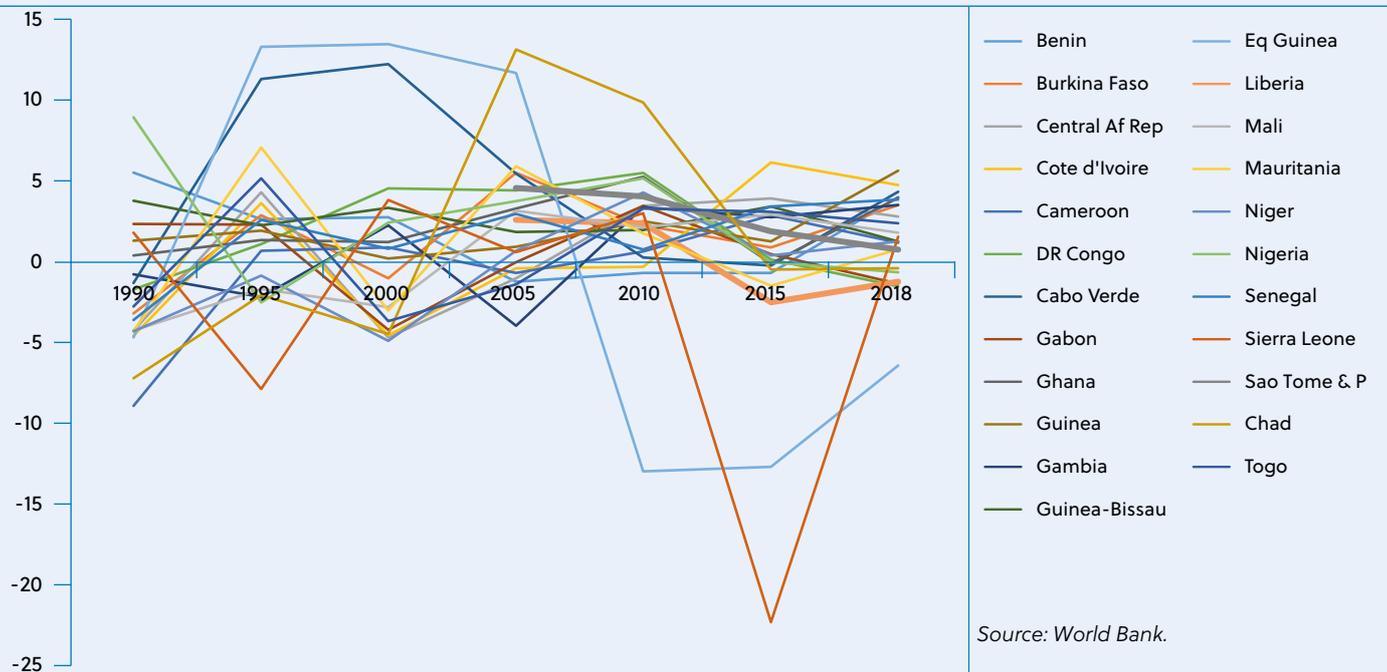
**Change in gross domestic product per capita, purchasing power parity (constant 2011 international \$) in the West and Central Africa region, from 1990 to 2018**



Source: World Bank.

GRAPHIC 16

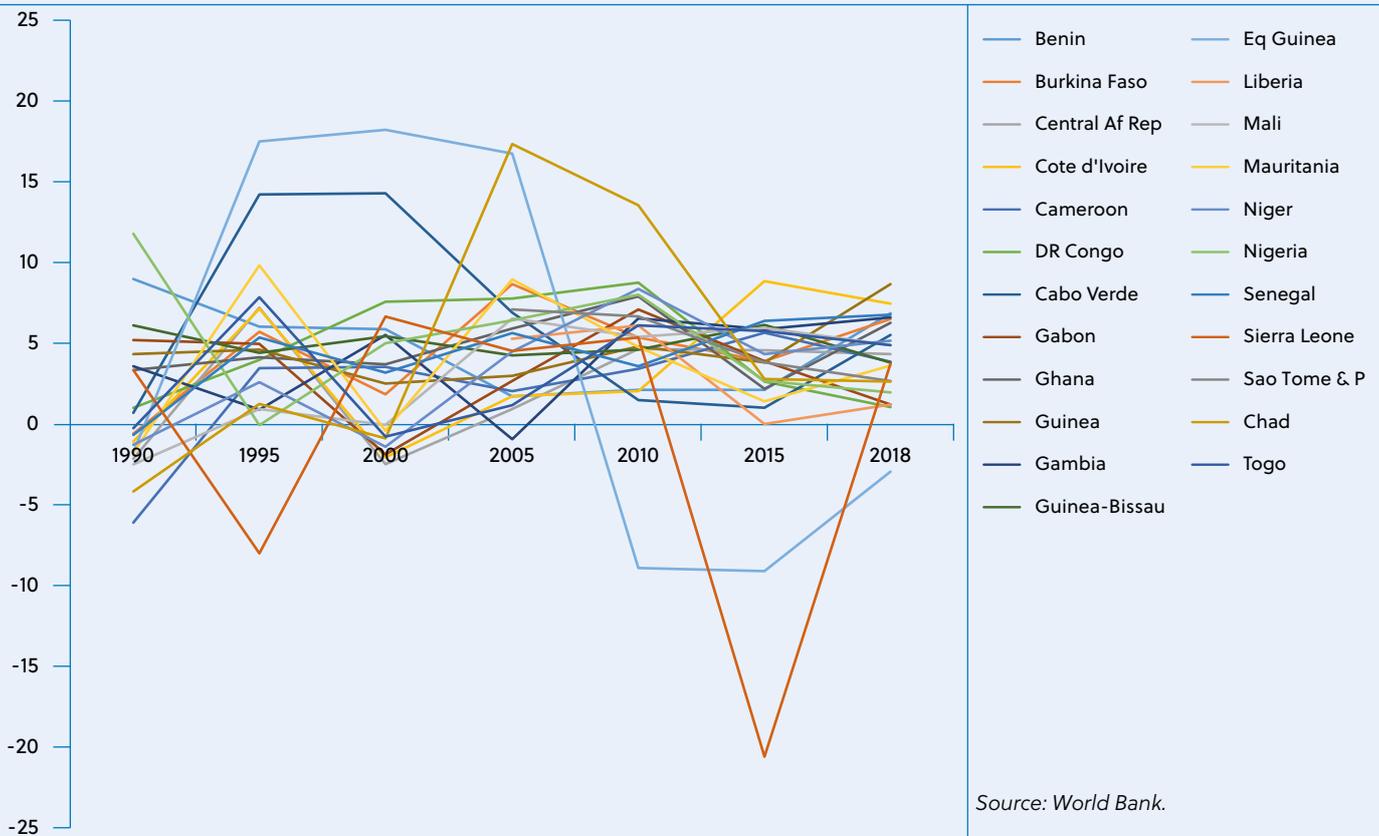
**Annual growth rate of gross domestic product per capita, purchasing power parity (constant 2011 international \$) in the West and Central Africa region, from 1990 to 2018**



Source: World Bank.

GRAPHIC 17

### Change in gross domestic product growth rate in the West and Central Africa region, from 1990 to 2018



## 1.4. A MAJOR CHALLENGE: THE SECURITY CONTEXT

The rise of terrorism is a key challenge facing the West and Central African region today, and one that undermines development efforts. In the Sahel countries of West Africa (Burkina Faso, Mali and Niger), and in the Lake Chad basin (Cameroon, Chad, etc.), terrorist attacks against law enforcement agencies and the general population, bringing death, injury and the closure and destruction of social infrastructure, are now a daily occurrence. Although there is no data to measure the adverse effects of terrorism and organized crime, barely a day goes by without a media report of an attack somewhere in the region. For example, Burkina Faso, unaffected by terrorism for many years, has been relentlessly targeted since 2015. The situation in the north and east of the country, like in parts of Mali and Niger, has become insufferable and deeply concerning. Increasing numbers of schools and health centres are closing and in several areas the State is no longer present in any capacity.

This appalling issue concerns all levels – national, regional and international – and countries in the region are working closely together to find solutions. An Extraordinary Session on Terrorism in the Region meeting held by West African officials in 2019 in Burkina Faso shows that countries are not only aware of the problem at the highest level, but also of the need for a concerted and coherent approach towards ending it. As well as ECOWAS heads of state the meeting was attended by the leaders of Mauritania and Chad and many others including the Special Representative of the Secretary-General and Head of the United Nations Office for West Africa and the Sahel (UNOWAS). Paragraph 10 of the Declaration states that *“while commending the results obtained from measures taken thus far in member states and by the region, the Authority is concerned by the spread of terrorist attacks in the region which have caused many civilian and military casualties. It strongly condemns the attacks and affirms the compelling need for ECOWAS to show leadership in the fight against terrorism in the region and to coordinate the different multinational initiatives on counter-terrorism in West Africa.”*



**CHAPTER 2:**

PILLAR 1

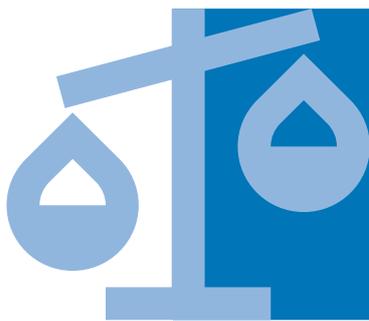
**DIGNITY AND  
EQUALITY**

As the demographic and socioeconomic situations of the countries in the West and Central Africa region have now been discussed, the following chapters will assess the area's progress in relation to the six pillars. Chapter 2 is dedicated to the first of them – human dignity and equality. The 29 commitments under this pillar have been divided into six sub-themes to measure progress: (i) poverty and inequality; (ii) gender inequality; (iii) child nutrition and mortality; (iv) women's rights and gender-based violence; (v) universal access to quality education; and (vi) well-being and longevity.

All themes and pillars were analyzed using the same four focus areas:

- progress
- key achievements
- challenges and constraints
- lessons learned

While the results of national surveys and internationally comparable databases inform the analysis of progress made, achievements, challenges and constraints and lessons learned are analyzed on the basis of country reports undertaken as part of the AADPD review.



## 2.1 POVERTY AND INEQUALITY



### PROGRESS

The indicators we used to measure progress are the percentage of people living below the poverty line and the Gini coefficient, calculated for two periods depending on data availability.

For the first indicator, the poverty line was set at US\$1.90 per day and based on international prices in 2011. Figure 18 shows that although some countries have seen a reduction in poverty in terms of the percentage of people living below the poverty line, the situation is worsening in others. For example, in Central Africa's Chad there was a significant decline in poverty between the early 2000s and the 2010s. On the other hand, the region's Cameroon and Central African Republic are both experiencing more and more poverty. The situation in the Central African Republic, a country plagued by great instability for many years, could be explained by the resurgence of armed conflicts.

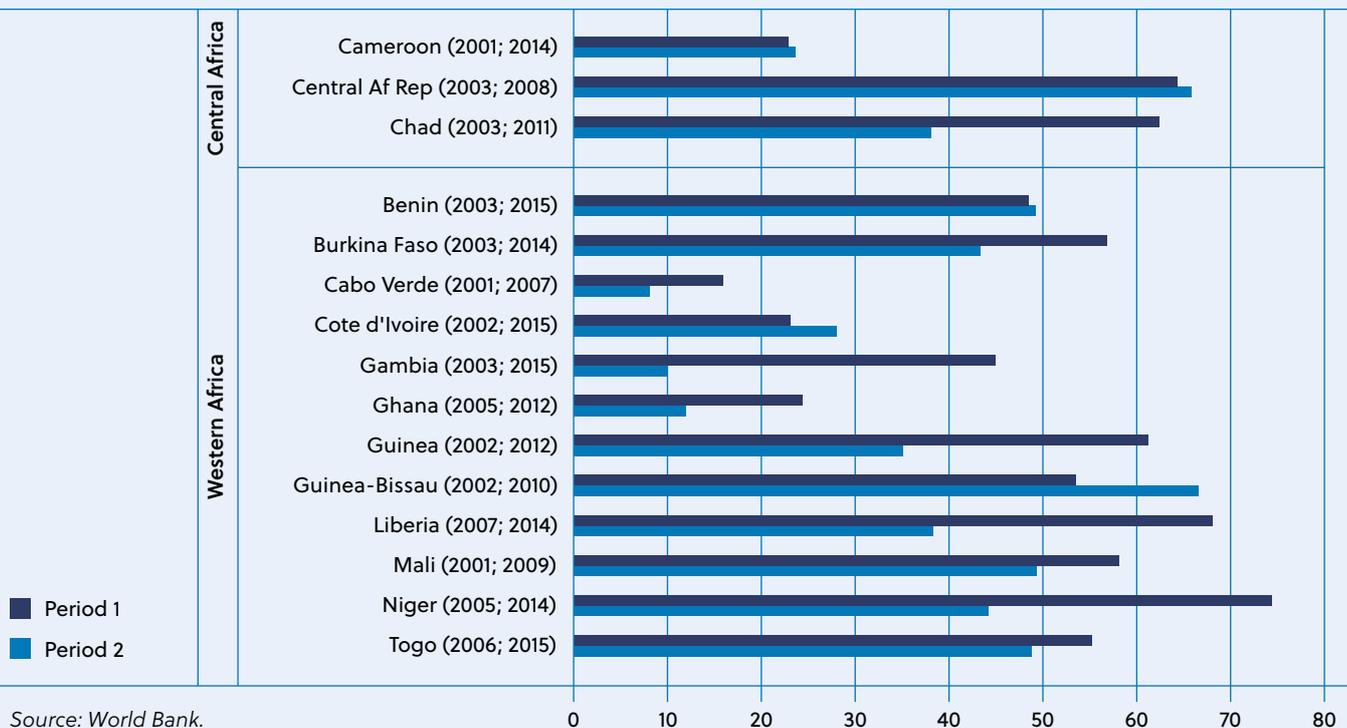
The majority of West African countries (9 of 16 shown on the chart) have made efforts to improve the economic situation of their people, given the substantial decrease in the unidimensional poverty indicator value over the period under review. Progress has been made in this regard by Burkina Faso, Cabo Verde, the Gambia, Ghana, Guinea, Liberia, Mali, Niger and Togo.

Figure 19 shows that the Gini coefficients of most West African countries have decreased, while there are ever-widening inequalities in Central African countries. The handful of West African countries where inequality is growing are Benin, Nigeria, Guinea-Bissau, Senegal and Togo.

However, the trend of less inequality observed in West Africa between the early 2000s and the mid-2010s is likely to be undermined by the worsening security situation over recent years, as mentioned in Chapter 1.

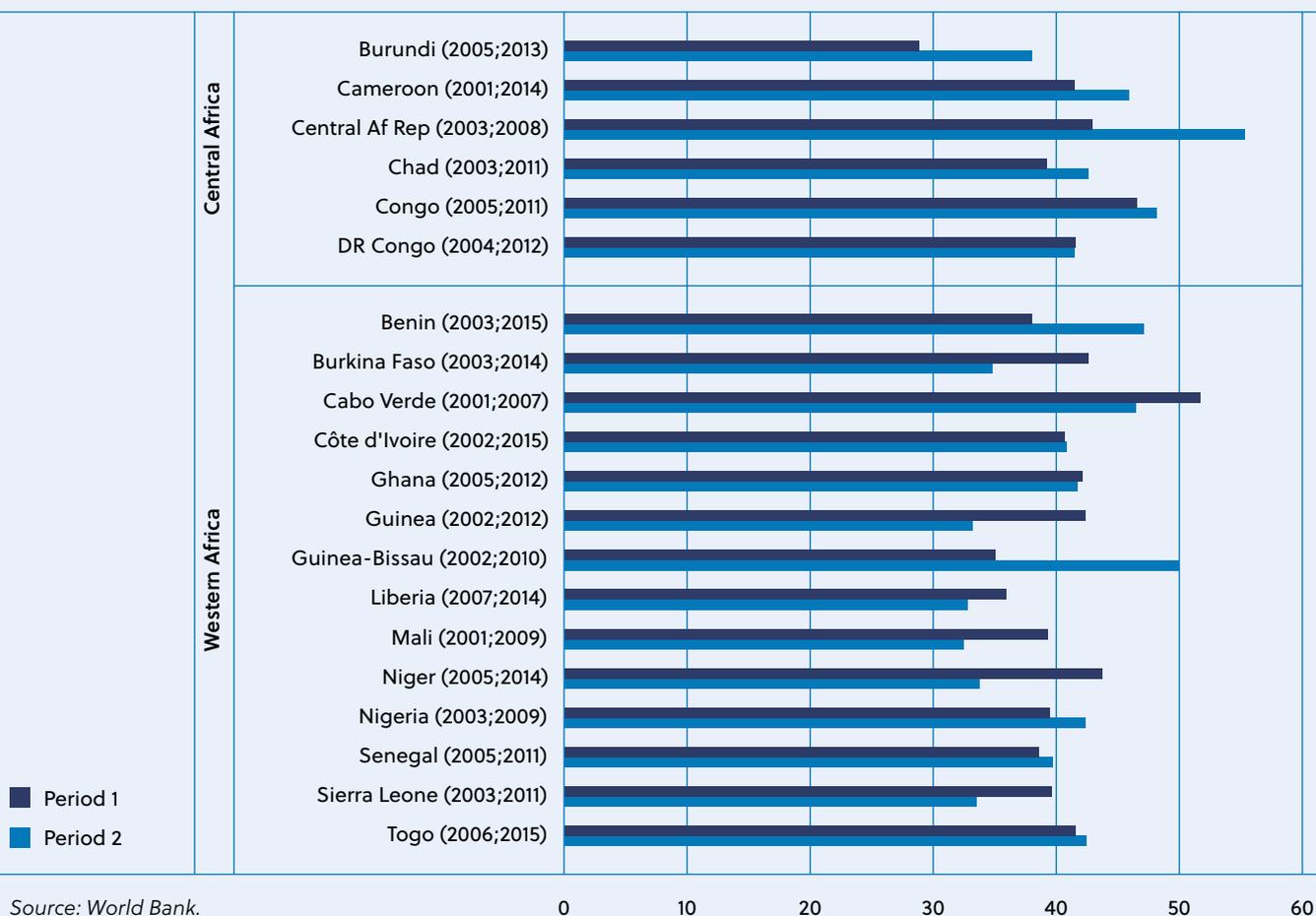
GRAPHIC 18

### Percentage of people living below the poverty line in West and Central Africa between two different periods



GRAPHIC 19

## Gini coefficient



## KEY ACHIEVEMENTS

The key achievements that have contributed to the progress identified can be summarized by two main points. The first refers to programs, while the second concerns legislation.

At the programmatic level, an analysis of the country reports shows that programs, policies and projects are being implemented along two lines. The first involves economic recovery, poverty reduction or development in general. This line has been adopted in 12 (more than half) of the countries in the region. Burkina Faso, for example, implemented an economic and financial sector policy from 2011 to 2020 and Cameroon implemented an emergency growth acceleration plan in 2014. The second line involves equal opportunities, gender, or more generally, human rights (mentioned by eight countries). For instance, Côte d'Ivoire allocated greater resources to a support fund for women in 2018, while Chad adopted a national gender policy in 2017.

On the legislative level, the greatest achievement has been the adoption or ratification of human rights and gender laws. For example, in 2015 Mali adopted a law introducing measures aimed at raising awareness of gender-related barriers to improve access to elected positions.



## CHALLENGES AND CONSTRAINTS

An analysis of country performances shows that the overall level of poverty remains high. Substantially reducing poverty in West and Central African countries will be a major challenge over the next five years. Although the Gini coefficient has fallen sharply in some places, especially in West African countries, it is still high. Another challenge, therefore, is to reduce economic inequality.



## LESSONS LEARNED

Analyzing country reports does little to highlight the specific lessons to be learned with regard to this aspect of pillar 1. However, it can be argued that the high economic growth recorded over the last 20 years in Africa has helped reduce poverty and improved living conditions in relation to health and education. That said, the number of people living in extreme poverty has increased, meaning vulnerable groups must be more effectively targeted by public policies. Better data collection and poverty measurement instruments will be required to help identify these specific groups (World Bank, 2015).





# 2.2

## GENDER INEQUALITY:

### PROMOTING WOMEN AND YOUTH EMPOWERMENT



#### PROGRESS

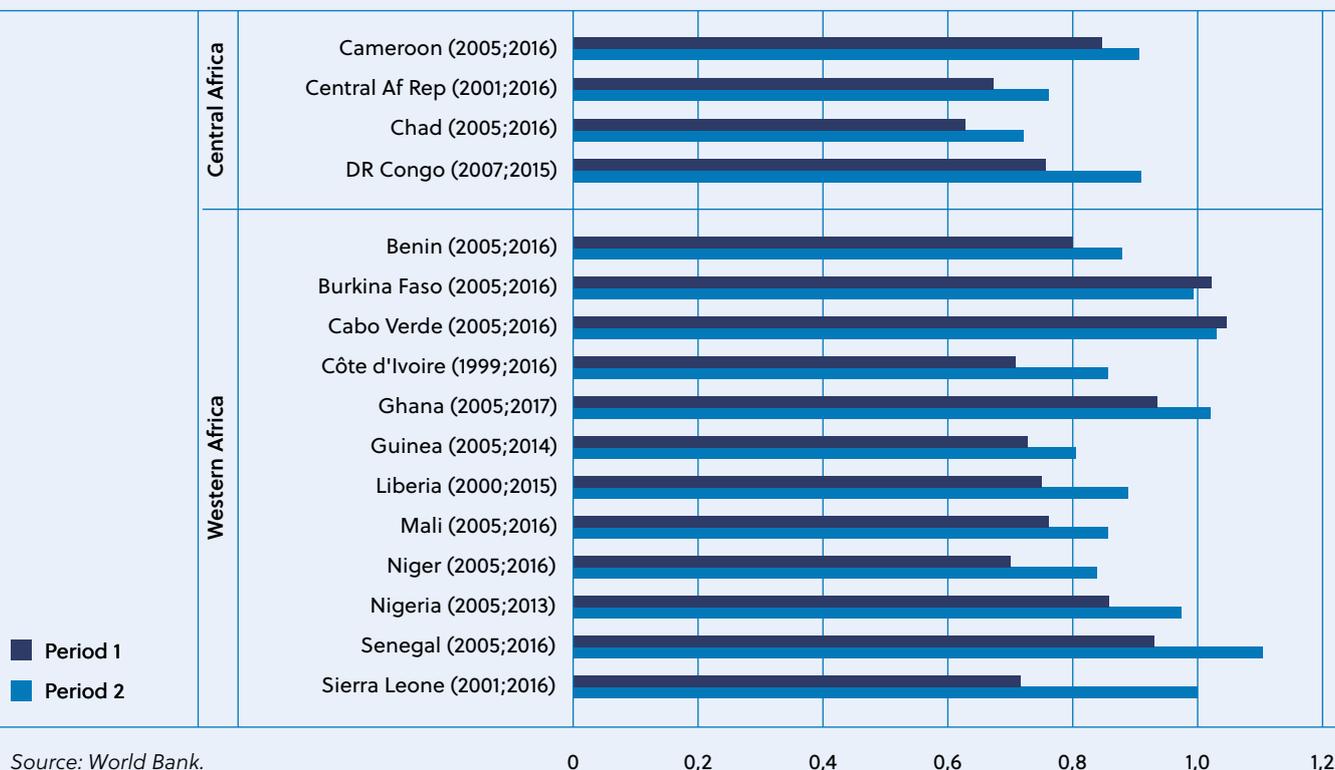
Two indicators are used to report on progress towards gender equality: the Gender Parity Index for primary and secondary school enrolment and the percentage of women in national parliaments.

With regard to gender equity in access to basic education, it must be stressed that most countries have made measurable progress towards achieving parity (Figure 20). The two countries where there seems to be a slight regression in this respect are Burkina Faso and Cabo Verde. However, they had already achieved fairly high levels of gender parity during the first period (2005) and there could still be slight changes which have not yet fully emerged or been analyzed.

In terms of women's parliamentary representation (Figure 21), the highest figures recorded recently, with more than 30 percent of seats held by women, were in Senegal (42 percent) and Cameroon (31 percent). In many countries, female representation in parliament remains relatively low, for example in Nigeria (7 percent), Mali (9 percent), Benin (7 percent) and the Central African Republic (9 percent).

GRAPHIC 20

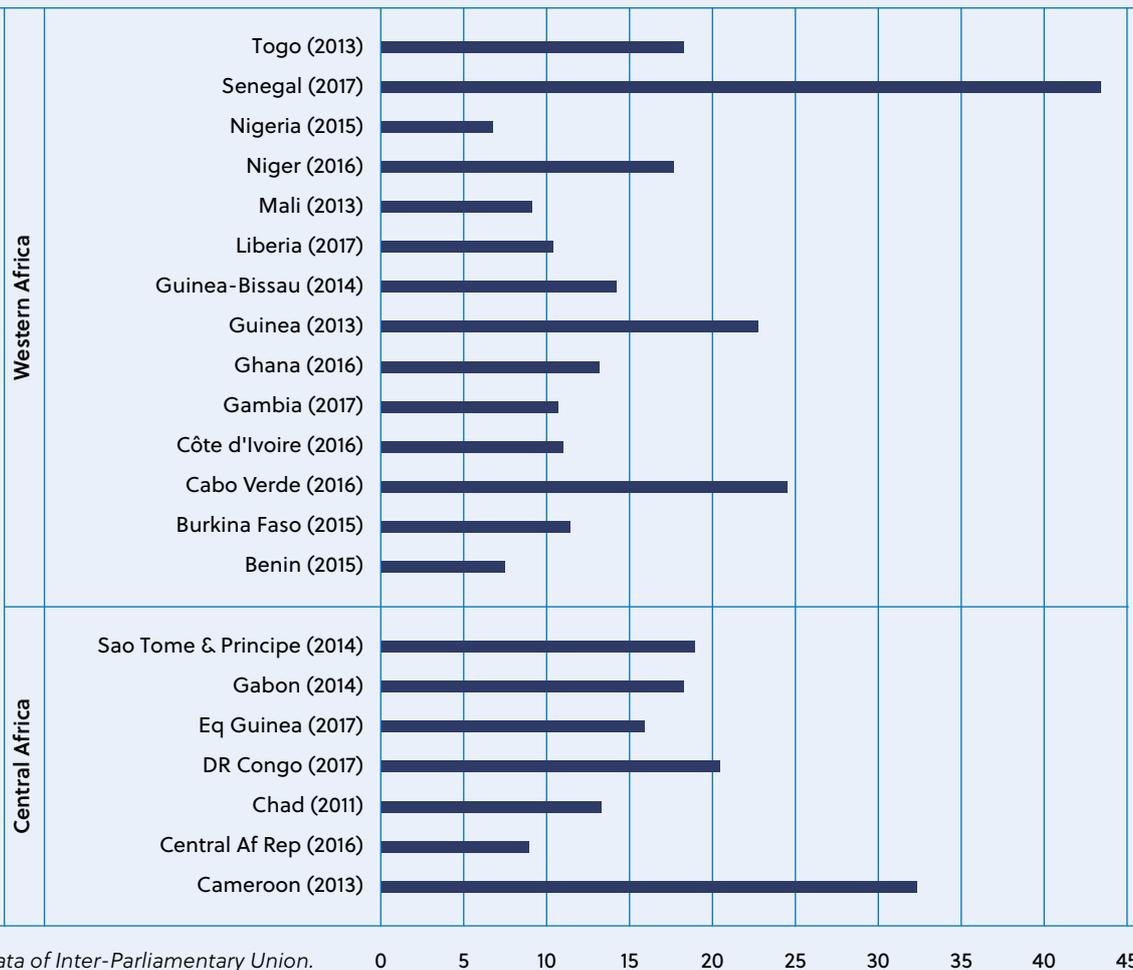
Parity index for primary and secondary school enrolment (boys/girls)



Source: World Bank.

GRAPHIC 21

## Percentage (%) of women in parliament



Source: Archive of statistical data of Inter-Parliamentary Union.



## KEY ACHIEVEMENTS

The key programmatic achievements can be divided into three categories. The first concerns policies that address the employment, integration and resilience of young people. Around half of the countries (11 of them) have adopted or implemented policies aimed at these areas. For example, Togo adopted a national employment policy in 2014 as well as a scheme emphasizing youth employment. Meanwhile, the Central African Republic worked with the IN between 2017 and 2021 to foster youth resilience.

The second category is the implementation of policies to accelerate education in general, which were aimed at young girls in particular. Many countries (10 of them) have made efforts in this regard. Côte d'Ivoire, for example, adopted and implemented a plan between 2016 and 2018 to accelerate girls' education.

The third category involves the implementation of policies promoting women's economic empowerment. Six countries have implemented such policies. Gabon, for example, has a program called The Decade of Gabonese Women for the 2015–2025 period.



## CHALLENGES AND CONSTRAINTS

Analyzing the performances of different countries in terms of women's and youth empowerment has highlighted a major challenge: the need to ensure more equal participation between men and women in decision-making processes, whether at the family or institutional level. Despite the existence of documents setting out the aim to achieve this objective in a large number of countries, sociocultural constraints still hinder efforts to ensure women have as much say as men.

Female attendance at school, particularly beyond the primary level and in rural areas, remains a major challenge in many countries, such as Benin, the Central African Republic, Chad, Guinea, Mali and Nigeria.



## LESSONS LEARNED

The right to education for all can only be effective if all rights are interconnected. In fact, the interdependence of rights is one of the fundamental principles of human rights. It would therefore be good practice to take this interdependence into account across all development sectors. Ghana, for example, has reconciled the right to food with the right to education by implementing a national school canteen program.





## 2.3

CHILD NUTRITION  
AND MORTALITY

## PROGRESS

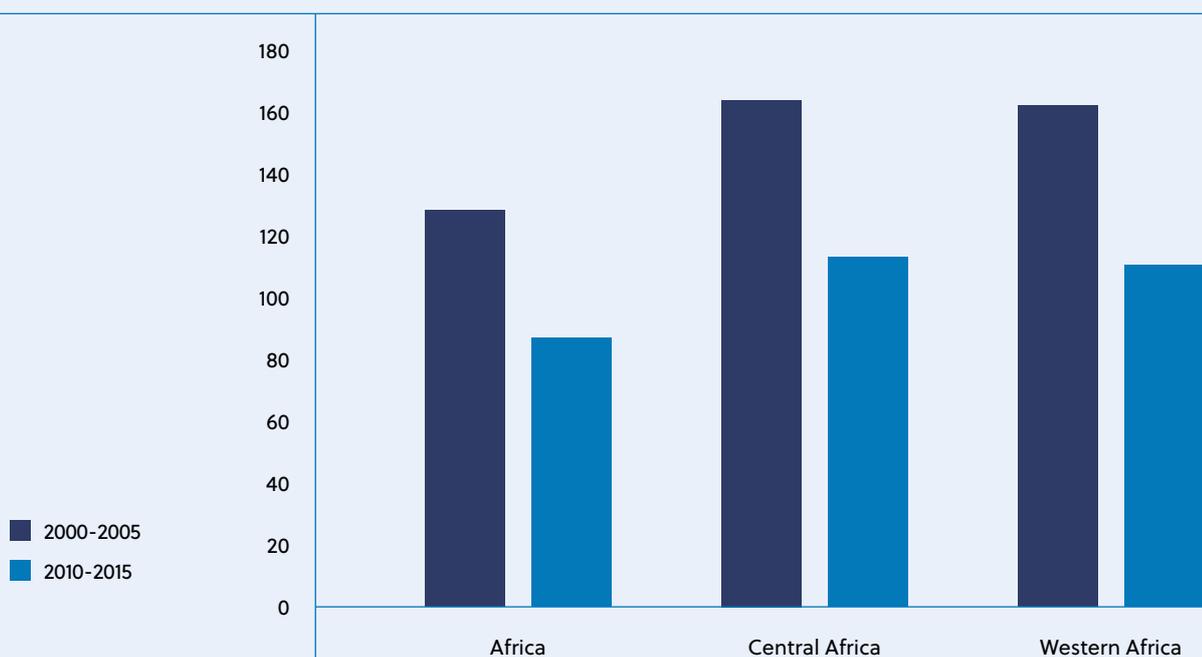
The under-five mortality rate and the prevalence of underweight are the indicators chosen to assess country performance in fulfilling improved child nutrition and lower mortality commitments.

Figure 22 shows that child health and survival significantly improved between 2000–2005 and 2010–2015 in all West and Central African countries. Under-five mortality decreased faster in these two regions (by 51 per 1,000 live births in West Africa, and by 50 per 1,000 live births in Central Africa) than in Africa overall, where the average decrease was 42 per 1,000 live births.

The remarkable reduction in under-five mortality may be explained by the significant decrease in the prevalence of underweight babies. Figure 23 shows there were far fewer of them in all countries, except Nigeria and Benin, between the early 2000s and the desired MDG achievement date of 2015.

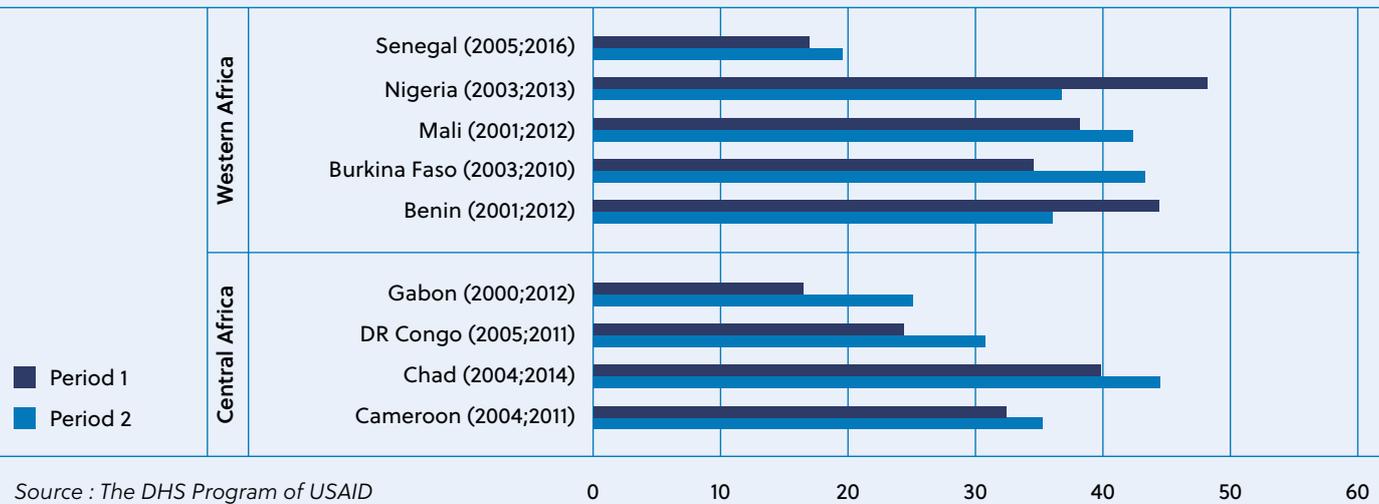
GRAPHIC 22

## Under-five mortality rate (per 1,000)



GRAPHIC 23

## Prevalence of underweight children under five years of age



## KEY ACHIEVEMENTS

Most countries have implemented either a national reproductive health policy, a child protection policy, or even a child health program. The Gambia, for example, implemented a child protection strategy (2016–2020), while Cameroon opted for a program to reduce maternal, baby and child deaths between 2014 and 2018. Mauritania implemented a national plan focused on reducing maternal, neonatal, child and adolescent mortality. It is part of the country's overall health development program and helps to ensure it meets funding criteria for the Global Financing Facility.



## CHALLENGES AND CONSTRAINTS

Despite the significant decrease in under-five mortality, it should be noted that this figure remains high in the West and Central African regions compared to the African average. The prevalence of underweight also remains very high, and therefore represents a major challenge. In fact, until the previous decade, Gabon was the only country where the prevalence of underweight was less than 20 percent.



## LESSONS LEARNED

Overall, countries have implemented policies related either to child or maternal health, or to child protection. A key theme seems to be that implementing a specific program – which emphasizes child nutrition to reduce the prevalence of underweight – is a major contributing factor to any reduction in child mortality. Sierra Leone, for example, tried to do exactly that during the 2012–2016 period.

The free health care policies implemented in several countries, such as Burkina Faso, where pregnant women and young children receive free care, should be promoted. However, these policies must be better prepared so their implications are understood, and, most importantly, to determine if they are sustainable.

# 2.4 WOMEN'S RIGHTS AND GENDER-BASED VIOLENCE

One of the objectives of the AADPD is to promote the eradication of all practices harmful to women's health, as well as all forms of gender-based violence. This is reflected in commitments 15 and 16. Data on gender-based violence is scarce, though, and for some countries in the region for the reviewed period it is almost non-existent. Ultimately, the only indicator considered is that of FGM.



## PROGRESS

There is still a lot of FGM among women aged 15–49 years. Prevalence is very high in some countries, including Burkina Faso, Guinea and Mali, with a very slow downward trend (Figure 24). In some nations, such as Guinea and Nigeria, the practice even seems to be on the rise.

GRAPHIC 24

Prevalence of genital mutilation between the two most recent periods



Source : The DHS Program of USAID



## KEY ACHIEVEMENTS

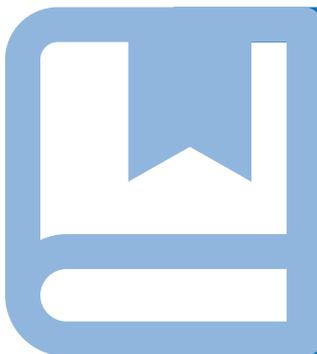
The key achievements in combating gender-based violence and FGM are legislative and programmatic. At the legislative level, laws to prevent and punish gender-based violence have been adopted. Burkina Faso, for example, introduced a law in 2015 on preventing and punishing violence against women and girls and compensating victims. Although the law fills some of the gaps in the penal code by protecting women and girls against abuse, torture, sexual slavery, sexual harassment, moral and psychological violence and marital rape, it fails to explicitly address domestic violence.

At the programmatic level, national policies integrating the fight against gender-based violence have been implemented, as is the case in Chad. Mauritania has had a strategy to combat FGM since 2008, which was revised in 2015.



## CHALLENGES AND CONSTRAINTS

The high prevalence of FGM in both the West and Central African regions represents a major challenge. Although legislative and punitive frameworks have been put in place, they remain largely ineffective. Strategies to involve opinion leaders in awareness-raising activities should be promoted. However, there are still social constraints, and illegal practices (i.e. FGM taking place, regardless of the legal environment) are becoming increasingly common. Moreover, excision is being increasingly practised at an early age, even when girls are still babies. This means different approaches may be required.



# 2.5

## UNIVERSAL ACCESS TO QUALITY EDUCATION



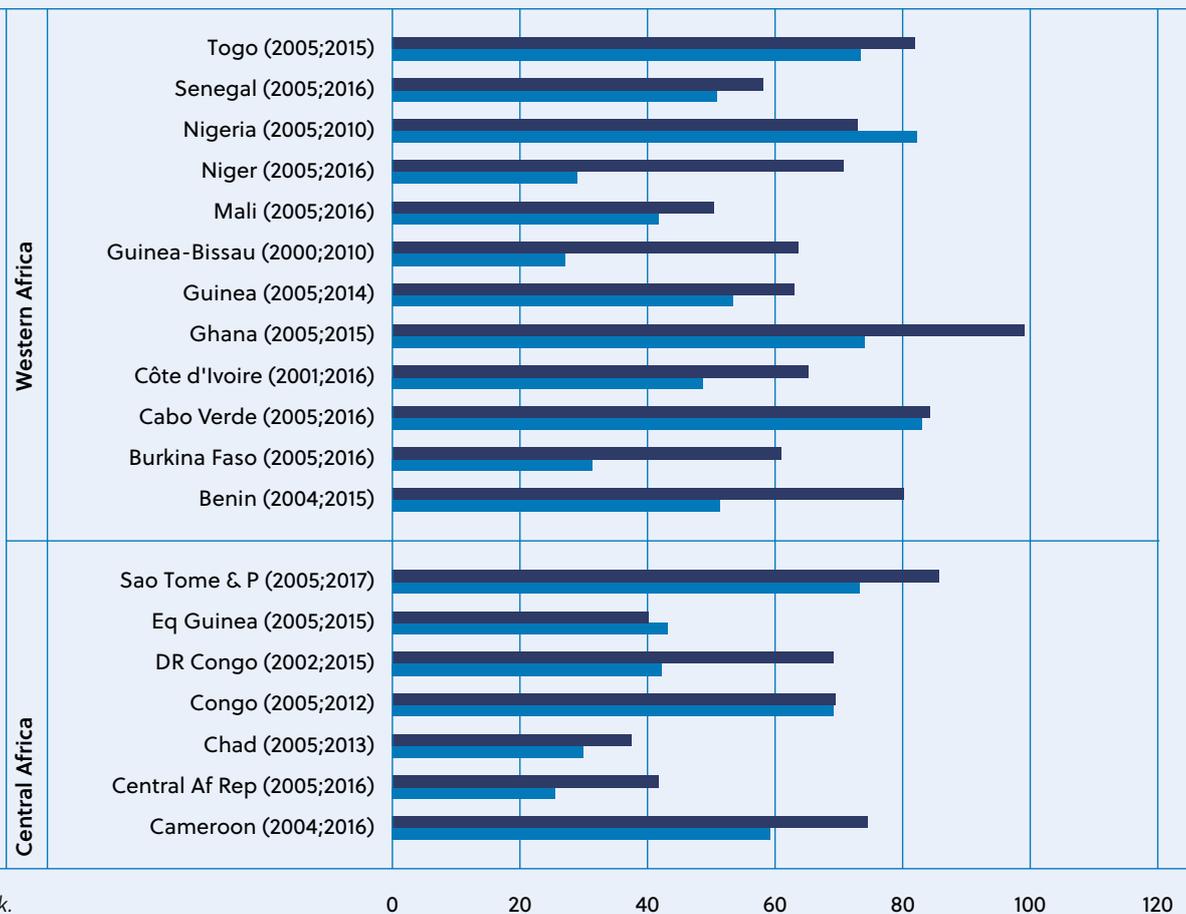
## PROGRESS

Indicators of progress towards universal access to quality education are the completion rate and gender parity for both primary and secondary education. Almost all countries have made considerable progress with regard to the primary school completion rate. The only exceptions are Nigeria, where this figure has fallen, and Congo, where it has remained stable (Figure 25). Progress has been particularly marked in Ghana, Benin, Burkina Faso and Niger. Between the mid-2000s and the mid-2010s, the primary school completion rate increased by 25, 29, 30 and 42 percentage points respectively in these four countries. As shown in Figure 26, this increase has mostly benefited girls.

Overall, completion rates for secondary school are low compared with primary school (Figure 27). For the most recent period, the secondary school completion rate was below 50 percent in four out of six countries in Central Africa, and eleven out of fifteen countries in West Africa. Despite this, significant progress has been made in almost all countries, except for the Central African Republic and Equatorial Guinea. The secondary school completion rate doubled over this period in Sierra Leone and Sao Tome and Principe. Apart from Cabo Verde, which has already achieved gender parity, and the Central African Republic, which is plagued by conflict, gender parity in secondary school completion rates has significantly improved (Figure 28) in all other countries in the region.

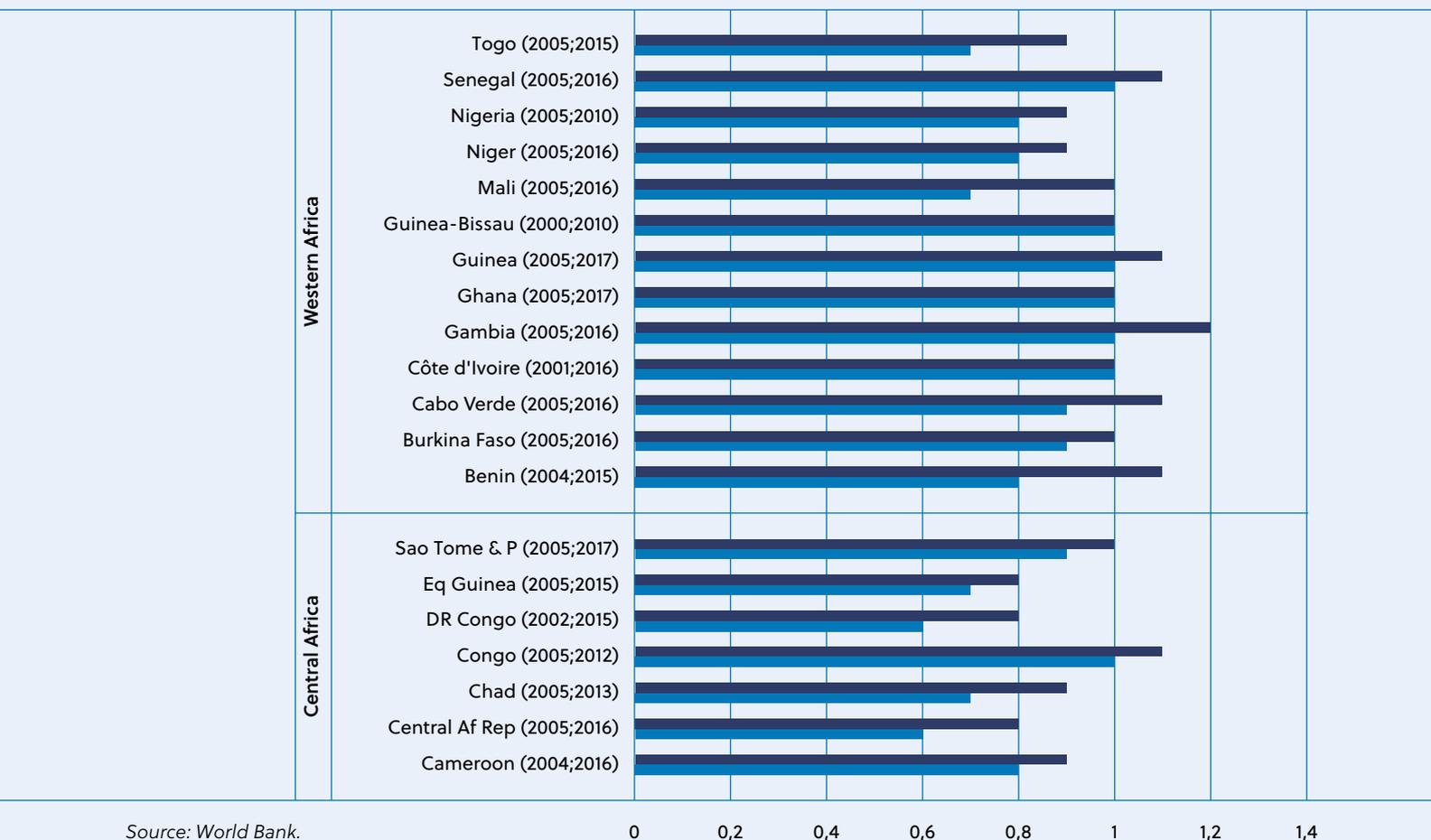
GRAPHIC 25

## Primary school completion rate (%)

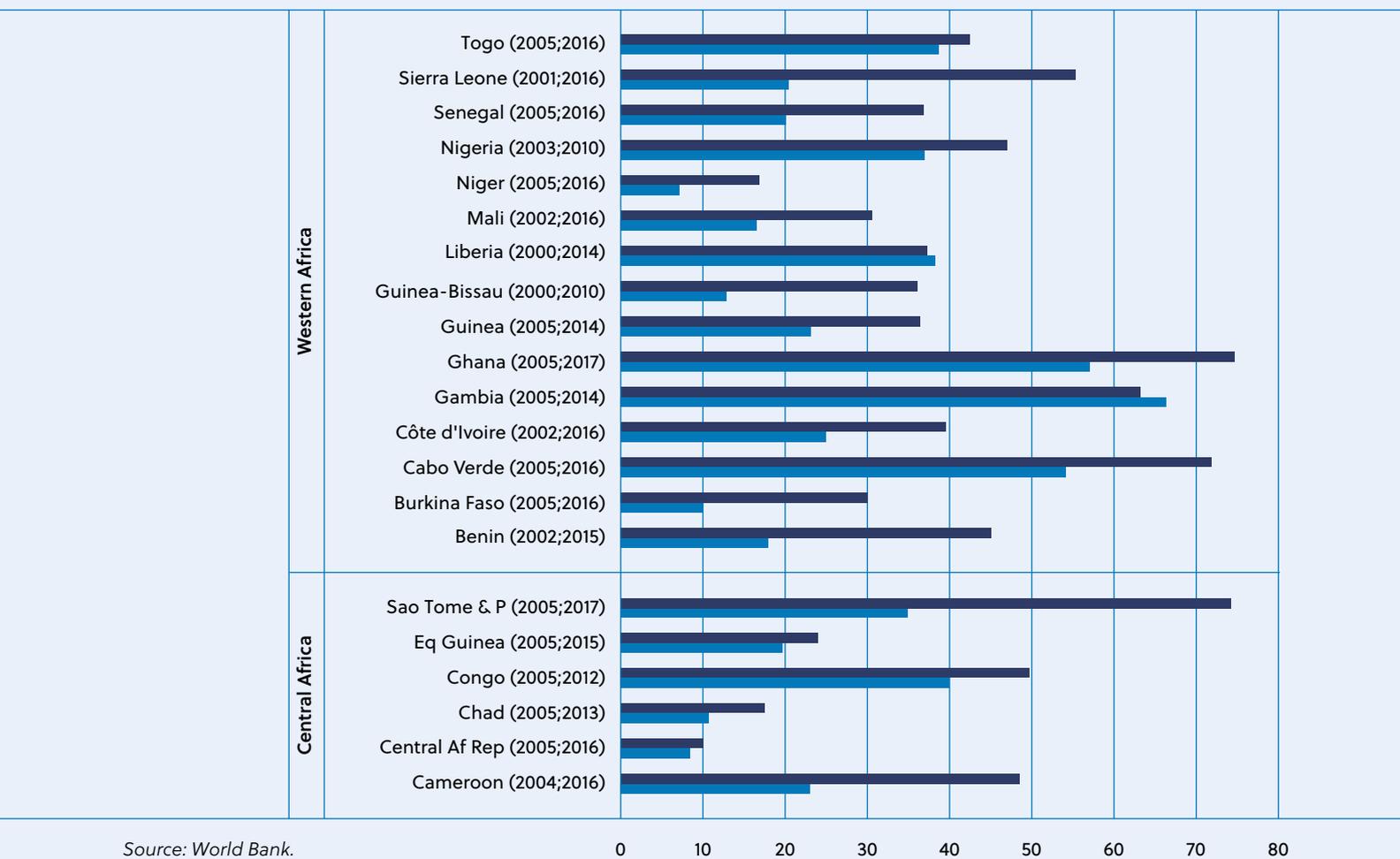


Source: World Bank.

Parity index on primary school completion

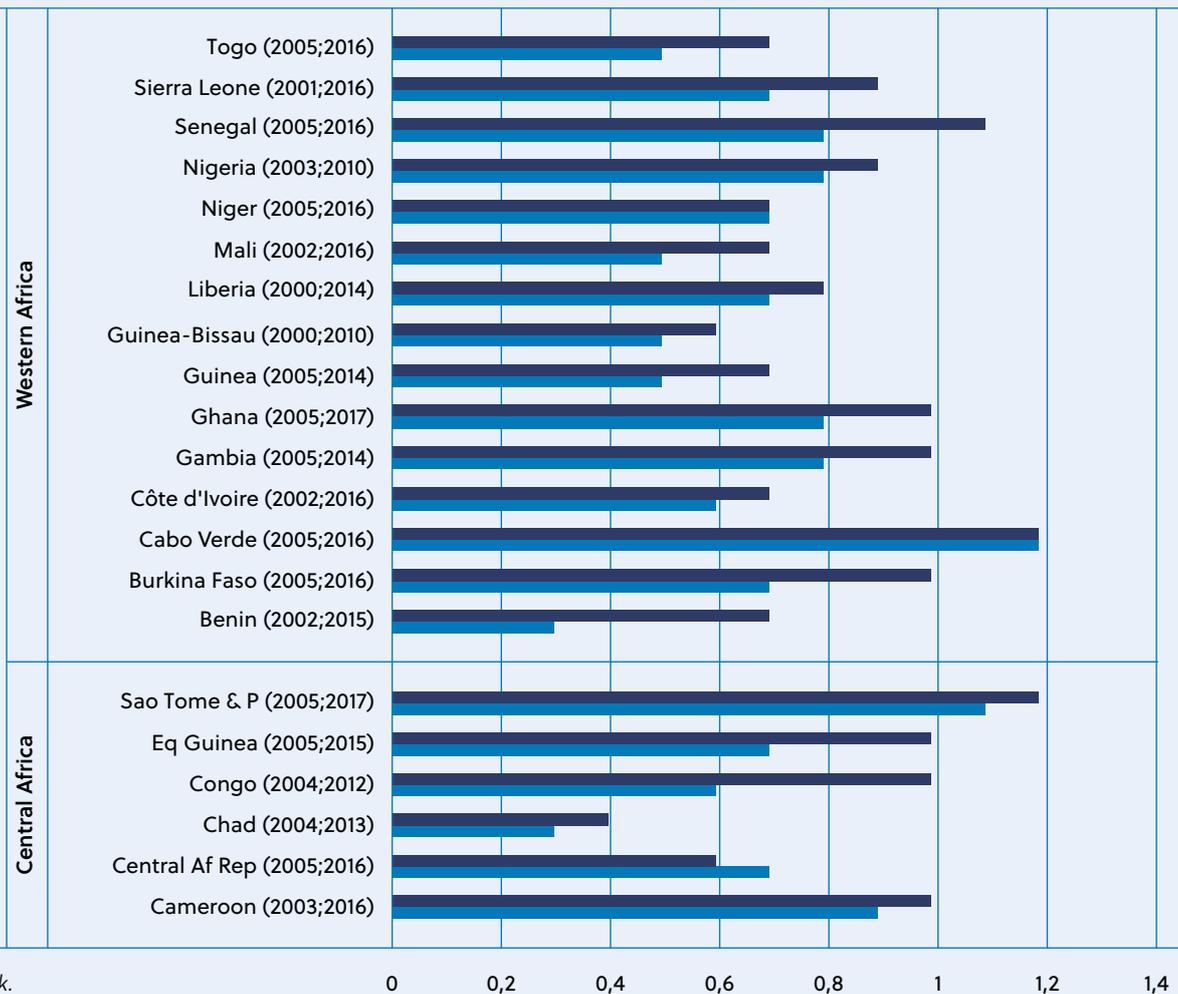


Secondary school completion rate (%)



GRAPHIC 28

## Parity index on secondary school completion



Source: World Bank.



## KEY ACHIEVEMENTS

Progress has been made in increasing school enrolment and reducing gender inequalities thanks to the implementation of policies promoting education and specific strategies to encourage more girls to come to school. As mentioned already, around half of the countries have recently implemented policies to this end. The Republic of Congo, for example, has developed a specific strategy for its education sector for 2015-2025. And in Chad, a SWEDD program on the enrolment and retention of girls in the education system has been in place since 2016.



## CHALLENGES AND CONSTRAINTS

While the education situation is improving in terms of access and reducing inequalities, the quality of education remains a major challenge. The completion rate, which measures the capacity of the education system to retain pupils until the end of a given cycle, remains low at primary level in many countries. In recent years, less than 50% of children have reached the final grade of primary school in Central African countries such as the Central African Republic, Chad, and Equatorial Guinea. Secondary school completion rates are also very low in these countries (less than 25 percent). The Central African Republic and Chad share common characteristics such as violence and insecurity which could explain the high school dropout rate. Retention is greater in West African countries, such as Niger (16.9 percent completion rate), Mali (30.6 percent completion rate) and Burkina Faso (30.1 percent completion rate). However, these three neighbouring Sahelian countries currently face a precarious security situation, which, as previously mentioned, is undermining such achievements.



## LESSONS LEARNED

School canteens offering free food to pupils must be improved and more of them added to further the retention of pupils in the education system. In addition, governments and NGOs need to support pupils whose families cannot afford to pay for them to be educated.

Ghana is leading by example, thanks to its national school feeding program and the free provision of textbooks and school uniforms across the entire country.





2.6

## WELFARE AND LONGEVITY,

HEALTHY AGING AND LIFELONG LEARNING FOR OLDER PEOPLE

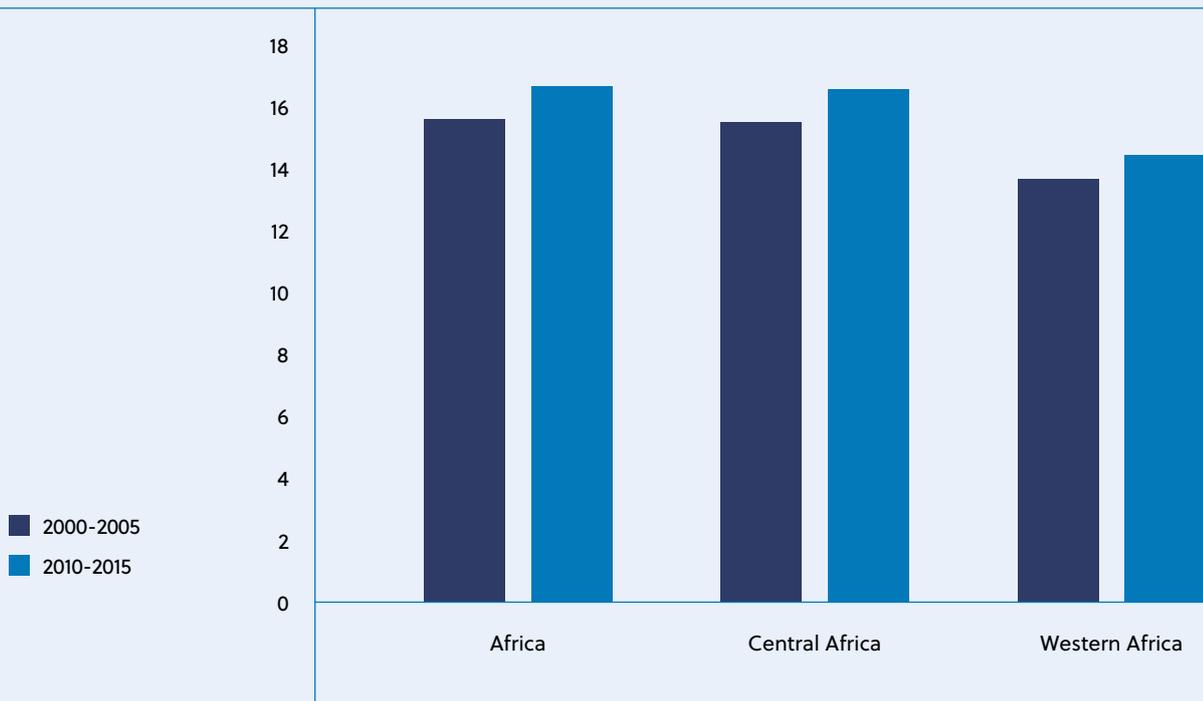


### PROGRESS

The average life expectancy at 60 years of age increased by an average of one year between 2000–2005 and 2010–2015 (Figure 29).

GRAPHIC 29

#### Life expectancy at age 60, 2000–2005 and 2010–2015



### KEY ACHIEVEMENTS

Policies and programs aimed at older people have been implemented in many countries. In 2017, Cameroon developed a National Action Plan for the Protection and Promotion of Older People for the 2019–2023 period. Chad developed a protection strategy, adopted in 2015, which takes the needs of vulnerable people, including older people, into account. When looking at West Africa it can be noted that Togo developed a social protection scheme for older people in precarious situations in 2017.



## CHALLENGES AND CONSTRAINTS

Given the increase in life expectancy at birth in the subregion, countries must take into account the well-being of older people by providing them with health insurance. Governments also need to develop innovative strategies to combat communicable diseases and come up with programs to help the elderly live healthier and longer lives. As the limited resources available are mostly directed towards children at the moment, there is an ever-increasing need for national budgets to include substantial chunks of money specifically aimed at older people.



**CHAPTER 3:**  
**PILLAR 2**  
**HEALTH**



# 3.1 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



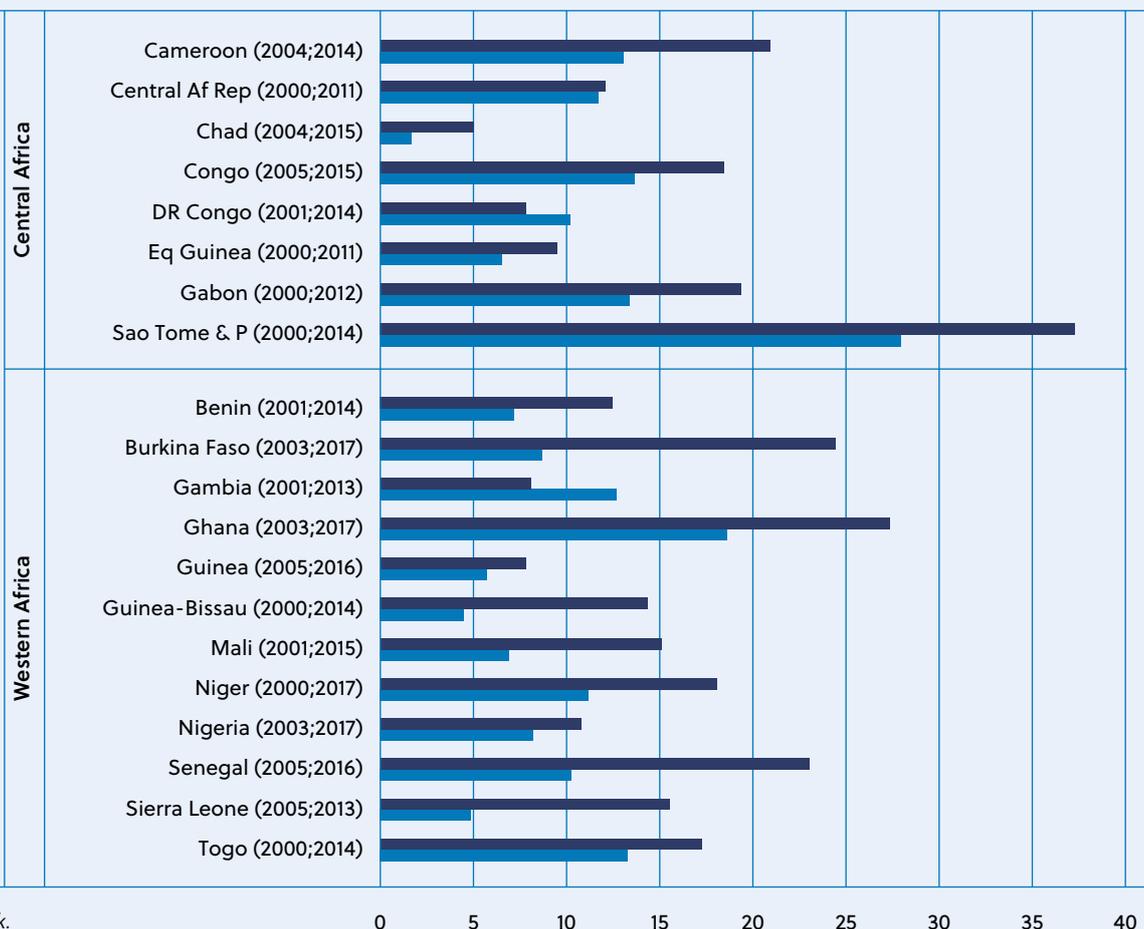
## PROGRESS

### Prevalence of modern contraception

Most countries in the region (20 out of 23) have access to data that enables them to analyze progress in the use of modern contraception. Its use is increasing in both subregions. In fact, as shown in Figure 30, all West African countries made progress between 2000 and 2017, except for the Gambia (8.1 percent prevalence in 2013, compared with 12.7 percent in 2001).

GRAPHIC 30

### Prevalence (%) of modern contraception



Source: World Bank.

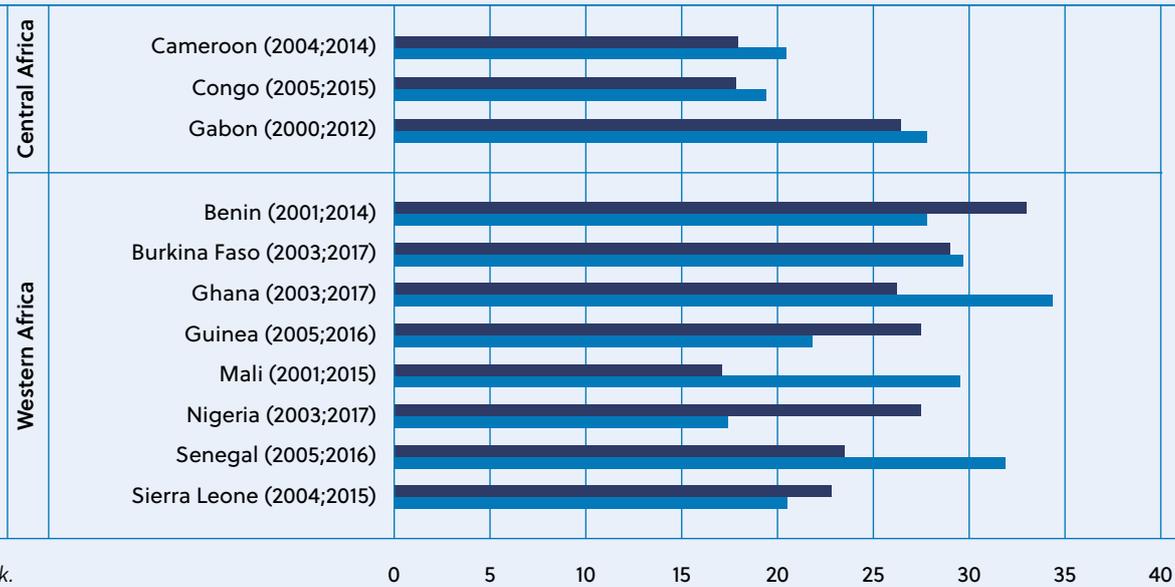
**Unmet need for family planning**

Data used to analyze progress on the unmet need for family planning are only available for some countries (three countries in Central Africa and seven in West Africa). It must also be noted that the periods covered vary from country to country.

Unmet family planning needs are changing in different ways. Although such needs are increasingly being met in Central Africa, this is not the case in all West African countries. In Benin, Guinea, Nigeria and Sierra Leone, unmet needs are increasing (Figure 31).

GRAPHIC 31

**Unmet family planning needs (% women aged 15–49 years)**



Source: World Bank.



**KEY ACHIEVEMENTS**

**At the normative level (supranational conventions, international commitments, constitutions, laws, decrees and orders)**

In Central Africa, countries such as the Central African Republic and Equatorial Guinea have enshrined the right to health in their constitutions and signed conventions guaranteeing this right.

In West Africa, countries such as Burkina Faso, Guinea, Liberia, Mali, Niger, Togo and Sierra Leone have also enacted health rights legislation.

In both subregions, countries have either signed international commitments or passed laws and signed decrees recognizing the health rights of their populations. However, West Africa seems to be ahead of Central Africa with regard to health problems.

**At the programmatic level (policies, programs, strategies, projects, plans and measures)**

At the programmatic level, Central and West African countries are committed to ensuring the right to health by developing general national health policies that specifically include reproductive health.



## CHALLENGES AND CONSTRAINTS

The major challenges facing the West and Central African region in terms of sexual and reproductive health rights are:

- The implementation of international policies and commitments
- The strengthening of normative mechanisms at subregional and national levels in terms of the right to health, especially reproductive health
- The establishment of health policy monitoring and evaluation mechanisms

The major constraint to ensuring the effective enjoyment of these sexual and reproductive health rights is a practical one.



## LESSONS LEARNED

In both subregions, there is a need to strengthen the legal framework to promote health rights, particularly sexual and reproductive health for all.





# 3.2

## ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH



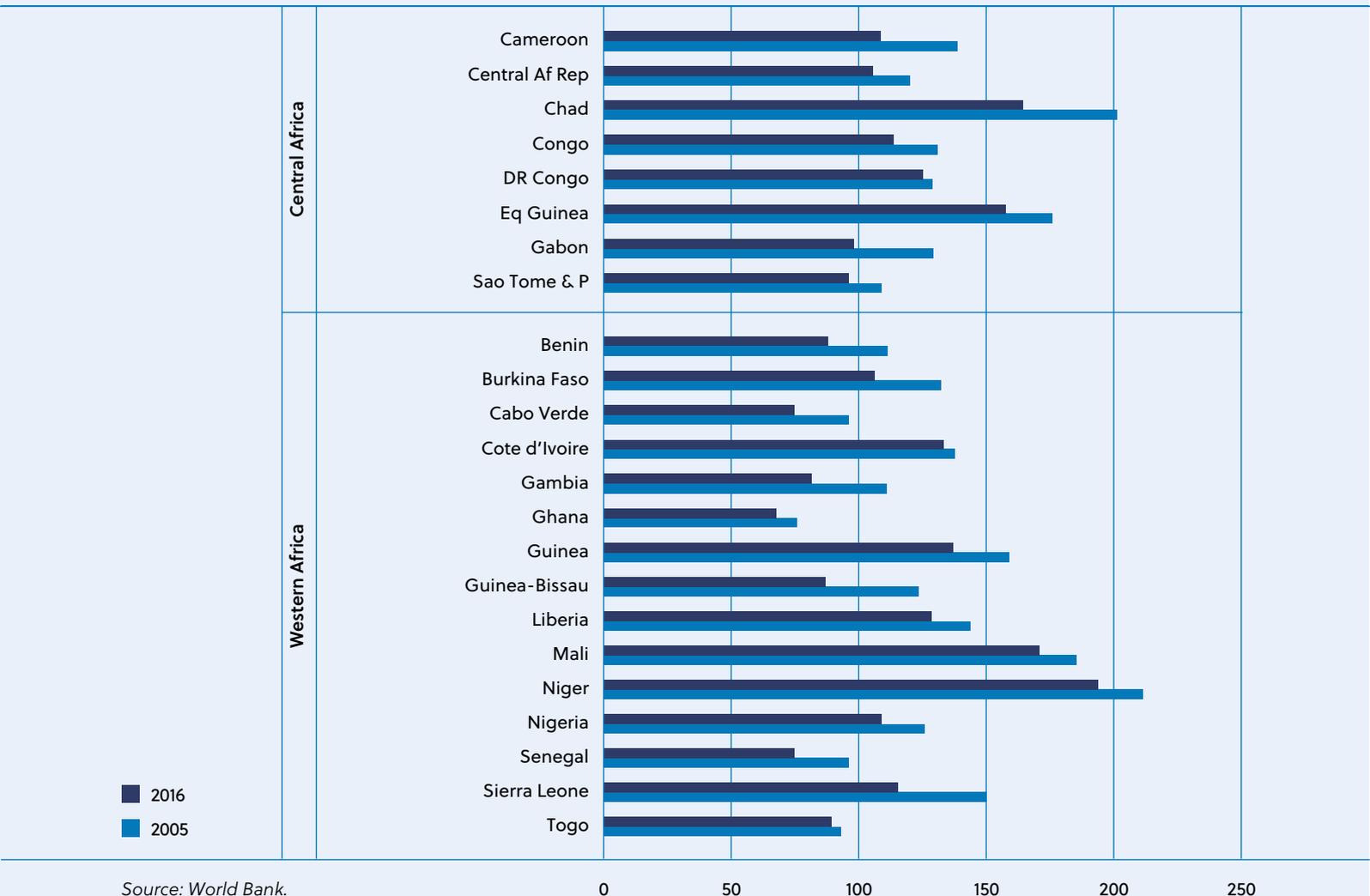
### PROGRESS

#### Adolescent fertility

Adolescent fertility is declining in all countries in the West and Central Africa region, as shown in Figure 32. However, this trend masks disparities between countries. For example, the figure stood at more than 150 births per 1,000 adolescent girls in four countries in 2016. This was the case in: Niger (194 births per 1,000) and Mali (171 births per 1,000) in West Africa, and Chad (164.5 births per 1,000) and Equatorial Guinea (157.9 births per 1,000) in Central Africa.

GRAPHIC 32

Adolescent fertility rate (births per 1,000 adolescent girls aged 15–19 years)



Source: World Bank.

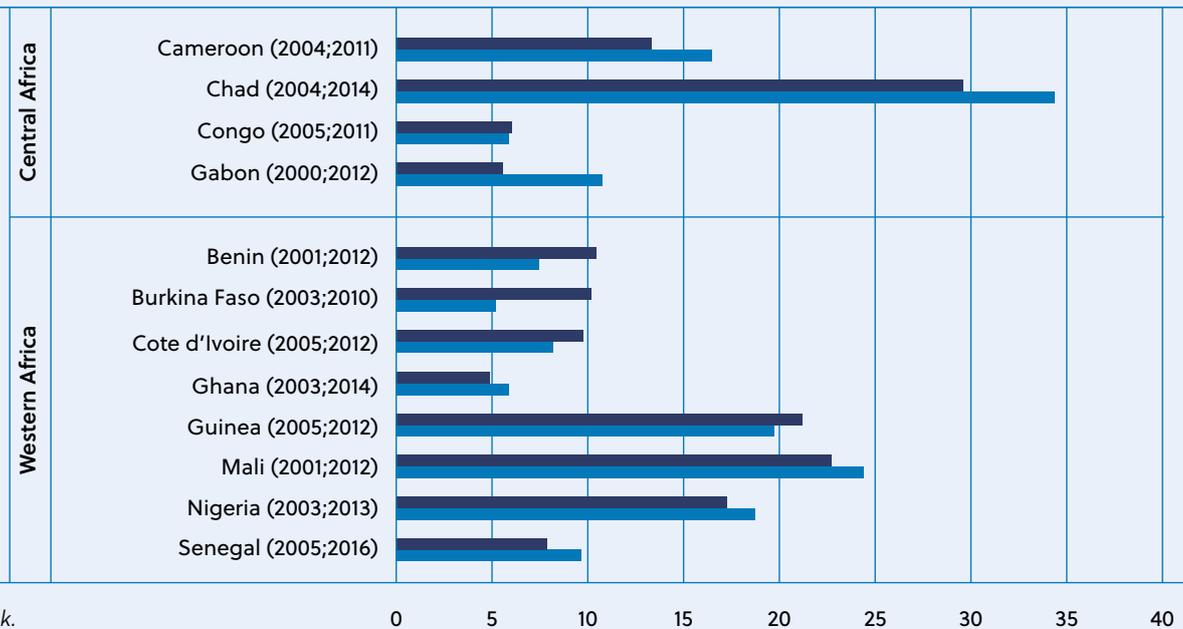
### Women aged 20–24 years who were married or in a relationship before the age of 15

Only 12 of the 23 countries in the West and Central Africa region – four in Central Africa and eight in West Africa – have data enabling them to assess marriage rates among women aged 20–24 years or who were in a relationship before the age of 15. In the Central African countries that have such data, the proportion of those women is falling. However, the figure seems to be stabilizing in the Congo (5.9 percent in 2005, compared with 6.1 percent in 2011). The proportion stands at less than 15 percent in all countries in this subregion, except for Chad (with more than 29 percent). This helps to explain the high adolescent fertility rate there, as shown in Figure 34.

Adolescent fertility changes are moving in the opposite direction in West Africa. In four of the eight countries with access to data – Côte d'Ivoire, Burkina Faso, Benin and Guinea – the proportion of women aged 20–24 years who were married or in a relationship before the age of 15 increased between 2001 and 2012. For example, in Guinea the rate went up from 19.8 percent in 2005 to 21.3 percent in 2012 (see Figure 33).

GRAPHIC 33

### Proportion of women aged 20–24 who were married or in a relationship before the age of 15



Source: World Bank.

### Proportion of women aged 20–24 years who gave birth before age 18

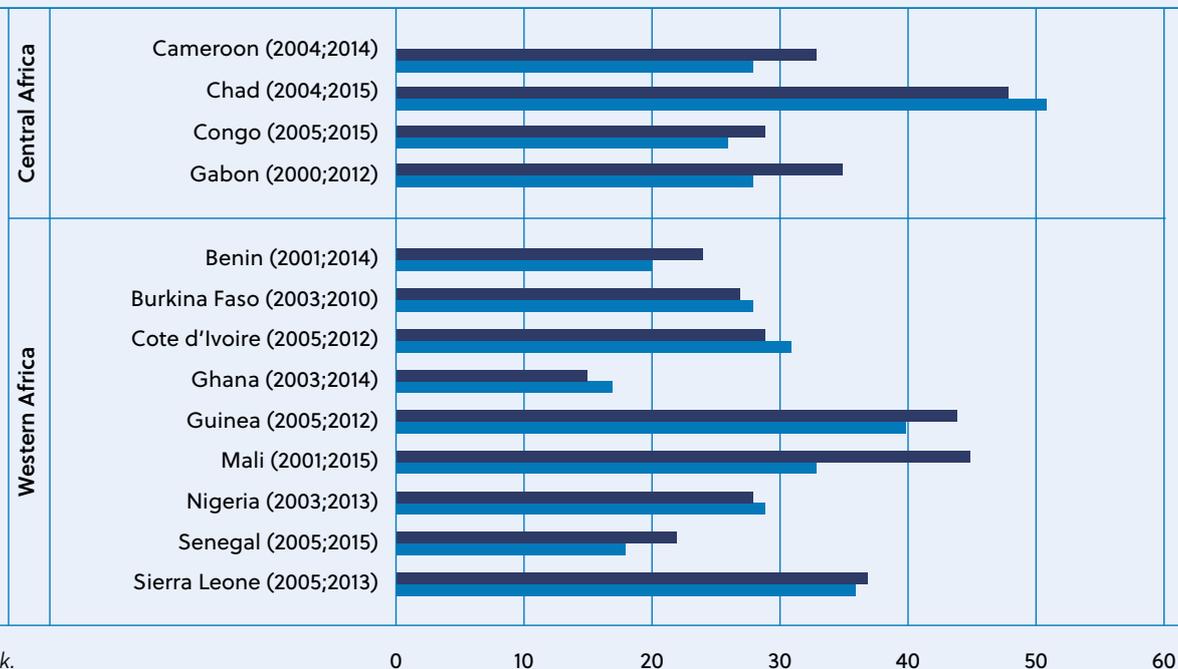
Although there is a general downward trend in both subregions, this figure is still high in certain countries, such as Guinea (40 percent in 2012) and Cameroon (33 percent in 2014).

In Central Africa, four of the seven countries (Cameroon, Chad, the Congo and Gabon) have data enabling them to analyze changes in the early fertility rate. There has been a relative decline in the proportion of women aged 20–24 years who gave birth before age 18 in this subregion. However, this is not the case in Chad, where the early fertility rate (the proportion of women aged 20–24 who gave birth before the age of 18) increased from 48 percent in 2004 to 51 percent in 2015.

Only 8 of the 15 West African countries have data enabling them to analyze changes in the early fertility rate. The rate is falling in five countries: Benin, Guinea, Mali, Senegal and Sierra Leone. In the other three countries with access to such data (Burkina Faso, Côte d'Ivoire and Ghana) the proportion of women aged 20–24 who gave birth before they were 18 is increasing. In Ghana, for example, the figure increased from 15 percent in 2003 to 17 percent in 2014 (Figure 34).

GRAPHIC 34

### Proportion of women aged 20–24 years who gave birth before age 18



Source: World Bank.



## KEY ACHIEVEMENTS

### At the normative level (supranational conventions, international commitments, laws, decrees and orders)

In general, countries in the West and Central Africa region are increasingly recognizing the right to access reproductive health in their constitutions, laws, international conventions, protocols and decrees.

Some Central African countries have introduced laws on reproductive health, particularly in relation to adolescents. However, there are countries where the legal framework for reproductive health is insufficient or very weak, such as Gabon. Many West African countries have a legal framework on the issue.

### At the programmatic level (policies, programs, strategies, projects, plans and measures)

As in West Africa, many Central African countries have developed programs and plans on sexual and reproductive health with an adolescent dimension to them.

However, some countries, such as Mali, only have *general* health programs, not programs focused exclusively on reproductive health. Reproductive health programs are found in the ten-year Health and Social Development Plan.



## CHALLENGES AND CONSTRAINTS

In both subregions, the major challenges faced in terms of reproductive health can be summarized as follows:

- The need to improve the provision of sexual and reproductive health services, i.e. increasing the prevalence of modern contraception and extending immunization coverage for childrenSex education for adolescents and young people to reduce the adolescent fertility rate
- Reducing fertility rates in the two subregions, except in countries with small populations such as Gabon, where a pronatalist policy (encouraging people to have more children) is currently being pursued

The implementation of adolescent sexual and reproductive health programs in the various countries within the two subregions is hindered by constraints related to the inadequate supply and poor quality of such health services, especially in rural areas.



## LESSONS LEARNED

During implementation of reproductive health programs in the two subregions, it has been noted that:

- Sex education contributes to changes in behavior among adolescents and young people
- Involving community leaders in raising awareness of reproductive health yields positive results in terms of behavior changes



3.3

MATERNAL  
MORTALITY**PROGRESS****Maternal mortality ratio (per 100,000 live births)**

Overall, the maternal mortality ratio decreased in the West and Central African subregions between 2005 and 2015, as shown in Figure 35. However, the figure remains high in many countries. It should be noted that nations where maternal mortality ratios exceed 800 deaths per 100,000 live births are currently plagued (or have previously been ravaged) by conflict, either through terrorist attacks (Nigeria and Chad) or armed conflicts (the Central African Republic and Sierra Leone). This is because the conflicts themselves and the ensuing instability prevent health care facilities from providing services or coordinating activities.

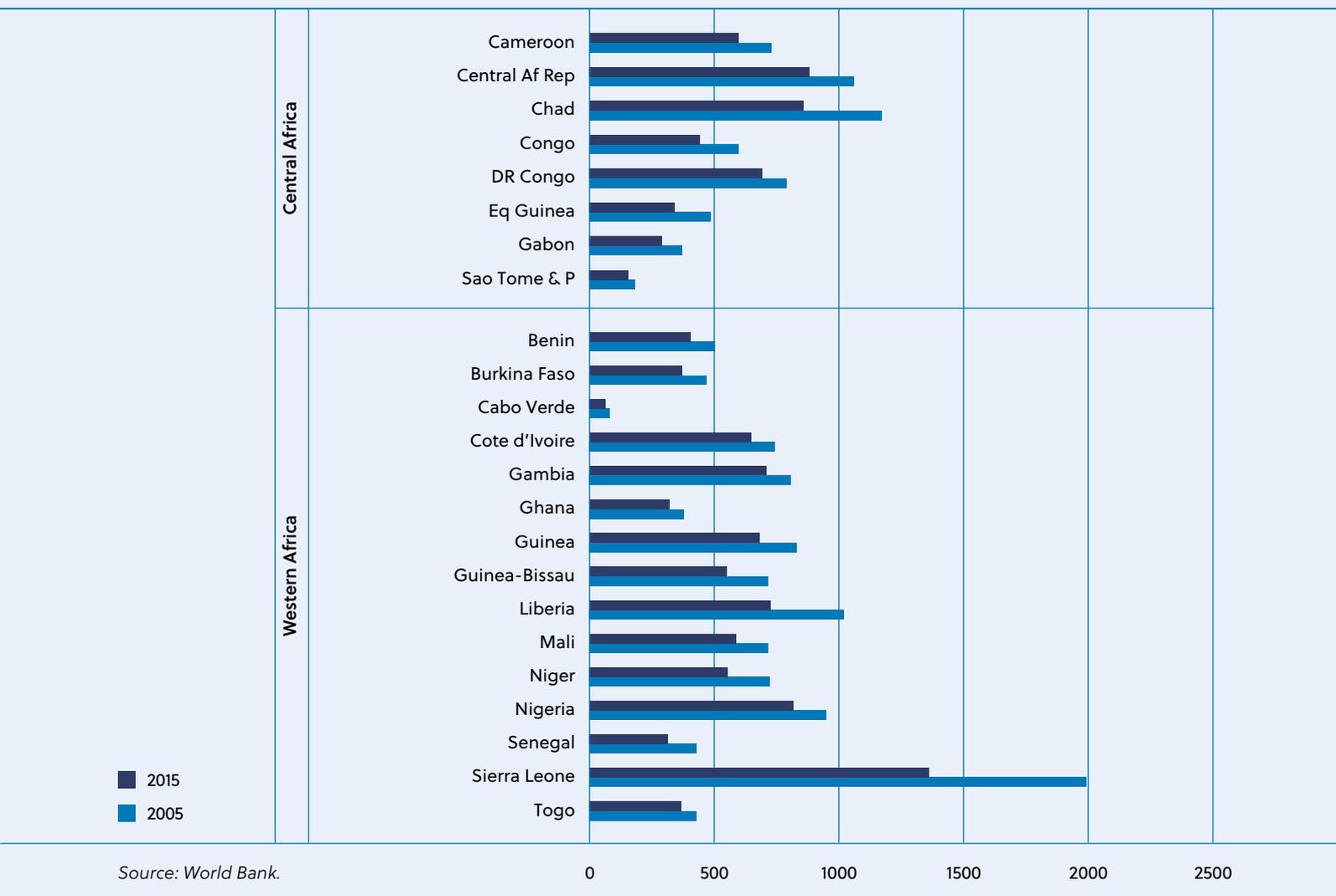
Although maternal mortality is declining in Central Africa as a whole, levels remain very high in some countries including the Central African Republic and Chad. The number of maternal deaths per 100,000 live births in 2015 stood at 856 in Chad and 882 in the Central African Republic.

Although the maternal mortality ratio is falling in West Africa as a whole, the rate remains very high in Nigeria and Sierra Leone (814 and 1,360 maternal deaths per 100,000 live births respectively in 2015).



GRAPHIC 35

## Maternal mortality ratio (per 100,000 live births)

**Births attended by skilled health personnel**

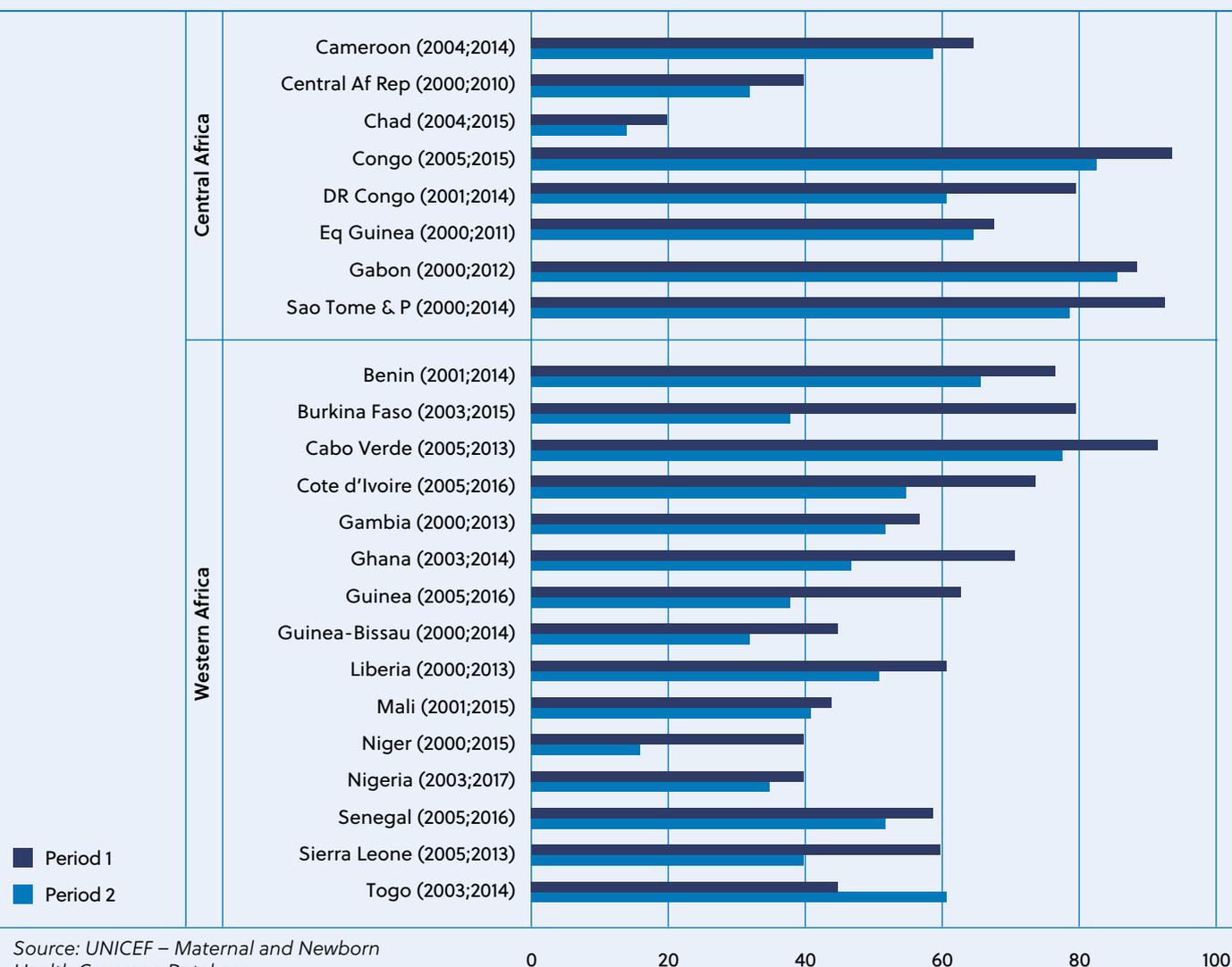
One reason why a lot of women still die during childbirth is because they do not have trained staff to help them. Overall, it appears the region has made progress in the proportion of births attended by skilled health personnel (Figure 36). The highest levels are found in Sao Tome and Principe for Central Africa, and in Cabo Verde for West Africa.

All Central African countries have made some progress, some a lot more than others. In countries such as the Congo and Sao Tome and Principe, more than 90 percent of births are attended by skilled personnel. However, in Chad, although the figure increased from 14 percent in 2004 to 20 percent the following year, the proportion is still very low. This explains the high level of maternal mortality there (856 deaths per 100,000 live births in 2015).

Just like in Central Africa, births are increasingly being attended by skilled health personnel in West Africa. Cabo Verde has the highest proportion of such births. Burkina Faso has also made significant progress in this regard, from 38 percent in 2003 to 80 percent in 2015. Conversely, the proportion of births attended by skilled health personnel in Togo decreased from 61 percent in 2003 to 45 percent in 2014. Despite making significant progress, the figure remains low in countries such as Niger, where the proportion increased from 16 percent in 2000 to 40 percent five years later).

GRAPHIC 36

## Births attended by skilled health personnel



## Births attended by skilled health personnel, by wealth quintile

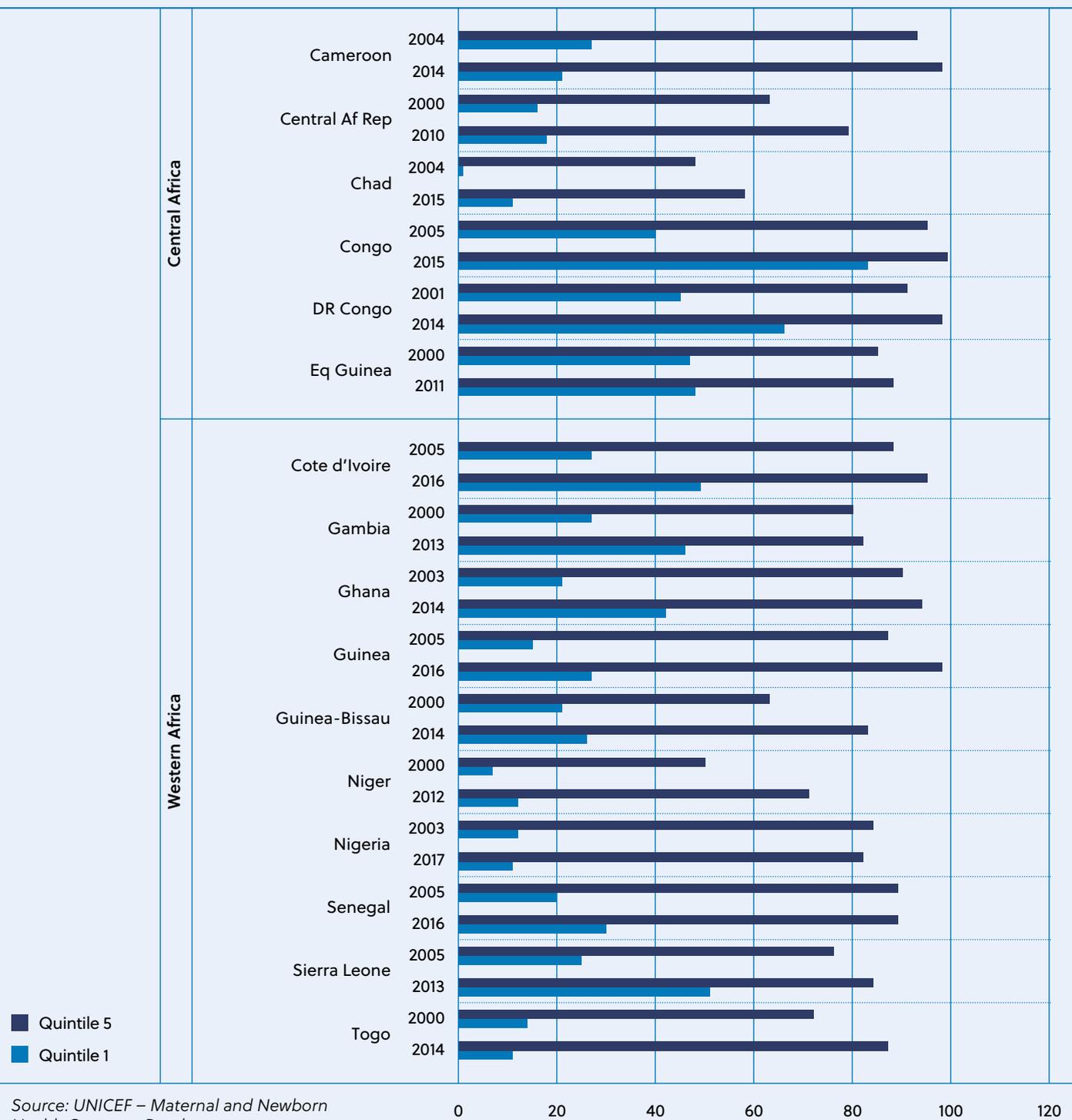
In both Central and West Africa, the proportion of births attended by health personnel is generally higher in the highest wealth quintile than the lowest wealth quintile. However, this figure has increased in the lowest wealth quintile in several countries (Figure 37).

In Central Africa, the proportion of births attended by skilled health personnel varies depending on the household wealth quintile. Women from households in the fifth quintile (the highest wealth quintile) have higher rates of births attended by skilled health personnel than women in the first quintile (the lowest wealth quintile). In Cameroon, 98 percent of births involving women from households in the highest wealth quintiles were attended by skilled health personnel in 2014, compared with just 21 percent of births involving women from the lowest wealth quintiles. This may be due to the difficulty that poor households face, both financially and geographically speaking, in accessing health care facilities.

Just like in Central Africa, births attended by skilled health personnel in West Africa also vary depending on wealth quintile (Figure 37). In Nigeria, for example, 82 percent of births involving women from the fifth quintile (the highest wealth quintile) were attended by skilled health personnel in 2017, compared with just 11 percent of births involving women from very poor households.

GRAPHIC 37

## Births attended by skilled health personnel, by wealth quintile



Source: UNICEF – Maternal and Newborn Health Coverage Database.



## KEY ACHIEVEMENTS

### **In terms of standards (supranational conventions, international commitments, laws, decrees and orders)**

In general, although no specific laws on maternal mortality have been passed, this issue has been addressed through the adoption of normative texts on reproductive health.

### **At the programmatic level (policies, programs, strategies, projects, plans and measures)**

At the operational level, the fight against maternal mortality has prompted the development of plans and specific measures in countries across the Central and West Africa region. For example, the Campaign on Accelerated Reduction of Maternal Newborn and Child Mortality in Africa (CARMMA) has been implemented in countries such as Cameroon and Equatorial Guinea, while others, such as Burkina Faso, Côte d'Ivoire and Chad, have adopted measures aimed at free health care provision for pregnant women and children under five.



## CHALLENGES AND CONSTRAINTS

Although measures and programs have been implemented to help ensure becoming a mother is a safer event, further reducing maternal mortality is a considerable challenge. A lot of women still die giving birth in many countries in the region.

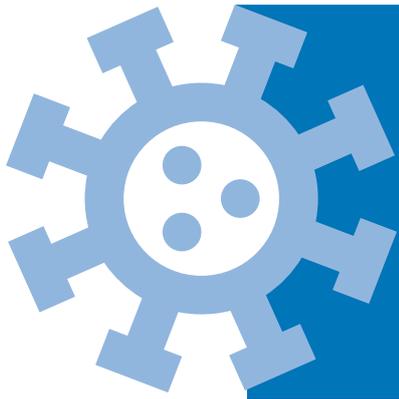
The issue in both West and Central Africa is hindered by an inadequate provision of health services and household poverty in almost all countries.



## LESSONS LEARNED

Operational plans must be combined and integrated if they are to become more effective, since doing so considerably reduces maternal mortality.

However, the sustainability of measures aimed at free health care provision must be carefully considered. Although these measures are commendable and have a positive impact, the question of conditions conducive for their sustainability remains a major challenge.



3.4

## HIV AND AIDS, MALARIA AND OTHER INFECTIOUS DISEASES



### PROGRESS

#### Prevalence of HIV and AIDS

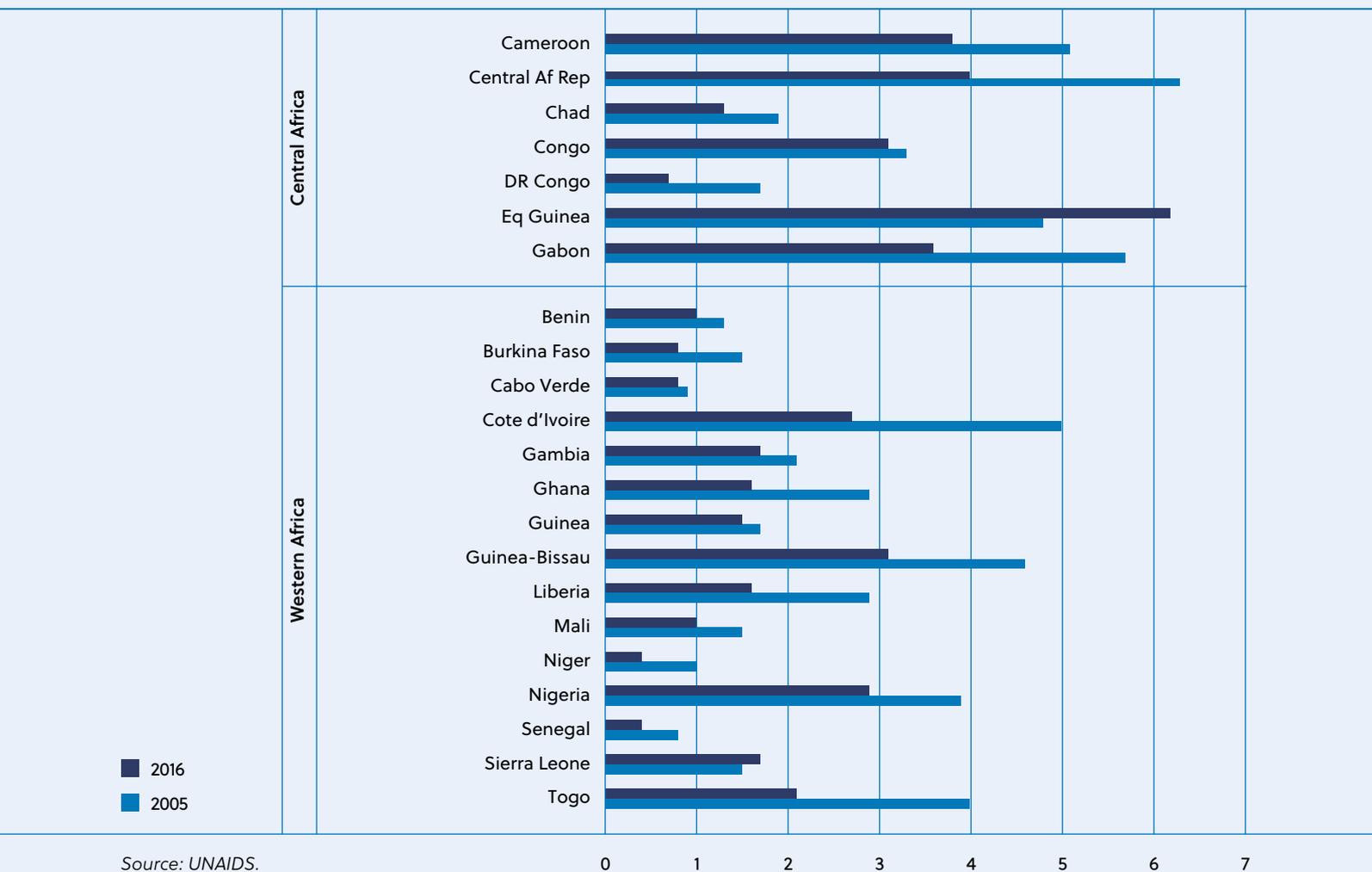
Generally speaking, none of the countries in Central Africa were able to achieve prevalence below 1 percent of the population. Meanwhile, in West Africa, prevalence stood at less than 1 percent in countries such as Senegal, Niger, Cabo Verde and Burkina Faso in 2016 (0.4 percent in Senegal and Niger, and 0.8 percent in Cabo Verde and Burkina Faso). West Africa seems to be more advanced in the fight against HIV and AIDS than Central Africa, where the highest levels of prevalence for 2016 were recorded (for example, in Equatorial Guinea and the Central African Republic) (Figure 38).

Six of the eight countries in Central Africa have access to data on HIV and AIDS prevalence between 2005 and 2016. In all countries within this subregion, the prevalence of this pandemic is decreasing, except in Equatorial Guinea. It rose there, from 4.8 percent in 2005 to 6.2 percent in 2016. In 2016, the lowest prevalence was recorded in Chad (1.3 percent).

In West Africa, the prevalence of HIV and AIDS is also decreasing, except in Sierra Leone, where prevalence increased from 1.5 percent in 2005 to 1.7 percent in 2016 (Figure 38). Countries such as Côte d'Ivoire and Togo have made significant progress, though: between 2005 and 2016 the HIV/AIDS figure fell from 5 percent to 2.7 percent in Côte d'Ivoire and from 4 percent to 2.1 percent in Togo.

GRAPHIC 38

## Prevalence of HIV/AIDS (%)



## KEY ACHIEVEMENTS

### In terms of standards (supranational conventions, international commitments, laws, decrees and orders)

Within the framework of tackling HIV and AIDS, Chad and Equatorial Guinea (Central Africa) and Burkina Faso, Côte d'Ivoire, the Gambia, Guinea, Guinea-Bissau and Senegal (West Africa) have brought in laws and decrees to tackle the problem. These legal provisions are largely geared towards the care of people living with HIV and AIDS.

More West African countries have enacted legislation on this issue than Central African countries.

### At the programmatic level (policies, programs, strategies, projects, plans and measures)

Programs aimed at combating HIV, AIDS, malaria and other infectious diseases have generally focused on:

- treatment programs for people living with HIV and AIDS
- programs to reduce mother-to-child transmission
- tuberculosis control programs
- malaria control programs



## CHALLENGES AND CONSTRAINTS

Tackling malaria, the most prominent disease in West and Central Africa, is still a massive challenge.

Weak drug supply systems, shortages of antiretroviral drugs, dwindling funding for HIV and AIDS programs, and the persistent discrimination and stigmatization of people living with HIV and AIDS (PLHIV) are hindering the fight against them, against malaria and against other infectious diseases.



## LESSONS LEARNED

Thanks to campaigns to encourage people to change some of their behavior, more Africans are now living lives that prevent them getting infected with HIV in the first place. Demand for reproductive health services is also increasing.





3.5

## BURDEN OF NON-COMMUNICABLE DISEASES



### PROGRESS

#### **Non-communicable disease mortality rate (per 100,000 people)**

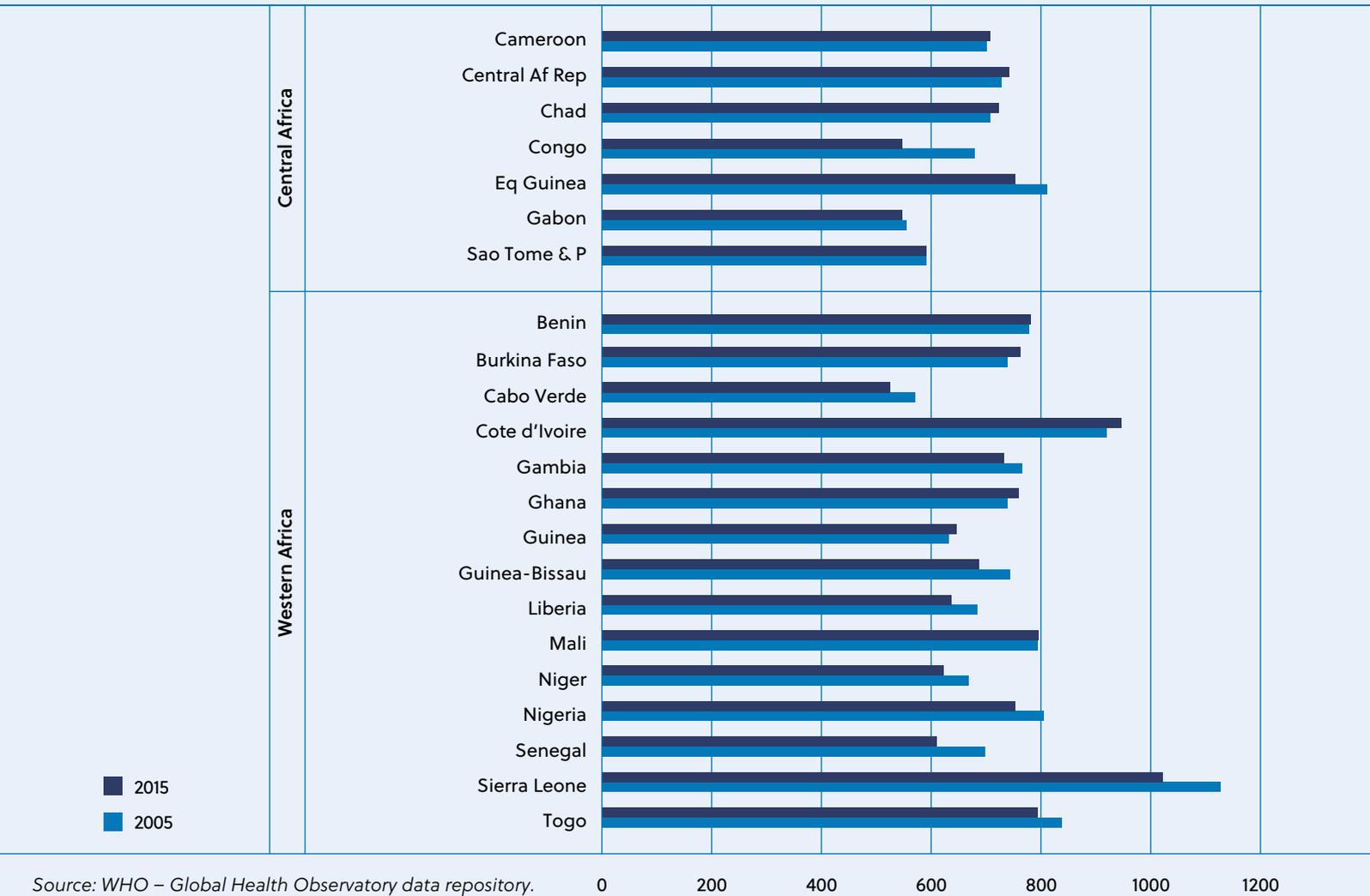
In general, the NCD mortality rate is higher in West Africa than Central Africa. While no Central African country reached 800 deaths per 100,000 people, this figure stood at 949 and 1,026 deaths per 100,000 people respectively in 2015 in the West African countries of Côte d'Ivoire and Sierra Leone.

Although the NCD mortality rate is falling in two of the seven Central African countries (the Congo and Equatorial Guinea), this figure is increasing slightly in the Central African Republic and Chad, while it remains relatively stable in Cameroon and Gabon (Figure 39).

In West Africa, the NCD mortality rate is falling in 8 of the 15 countries (Cabo Verde, Guinea-Bissau, Liberia, Niger, Nigeria, Senegal, Sierra Leone and Togo). However, the figure is increasing slightly in four countries (Burkina Faso, Côte d'Ivoire, Ghana and Guinea) and remains stable in two countries (Benin and Mali).

GRAPHIC 39

Age-standardized NCD mortality rate (per 100,000 population)



Source: WHO – Global Health Observatory data repository.



## KEY ACHIEVEMENTS

### **In terms of standards (supranational conventions, international commitments, laws, decrees and orders)**

Tackling NCDs (such as hypertension, diabetes and cancer) has become a legal concern through government commitments at the international level. However, the legal frameworks to tackle this issue are weak in most countries.

### **At the programmatic level (policies, programs, strategies, projects, plans and measures)**

These shortcomings are reflected at the programmatic level, since very few programs are aimed at controlling cancer and diabetes.

However, some countries are establishing an increasing number of cancer treatment units, including radiotherapy centres.



## CHALLENGES AND CONSTRAINTS

Reducing death and suffering from diseases like cancer and diabetes remains a major challenge. Limited health service provision for emerging diseases represents one of the constraints hindering this fight.



## LESSONS LEARNED

There is an evident need for programs to combat NCDs. These must consider a key aspect: prevention. The rise in NCDs is linked to a number of factors, such as inactivity, stress and diet. A holistic approach is therefore required. This must go beyond health considerations and consider aspects related to urban space management and controls on the import and use of supplies for the production and preservation of agricultural products.



## 3.6

HEALTH SYSTEMS  
STRENGTHENING**PROGRESS**

Generally speaking, countries are making efforts, through various laws, policies, programs, projects and plans, to strengthen their health systems. However, there is currently no quantitative data available to measure progress made.

**KEY ACHIEVEMENTS**

**In terms of standards (supranational conventions, international commitments, laws, decrees and orders)**

As part of the Abuja Declaration in 2001, AU countries committed to allocating 15 percent of their national budgets to the health sector. Since then legal frameworks for national health systems have been improving in both the West and Central African subregions. Some countries, such as Côte d'Ivoire, have passed laws aimed at promoting and regulating the use of traditional medicine, for example.

Many countries (Cameroon, Cabo Verde, the Central African Republic, Côte d'Ivoire, Gabon, Guinea, Liberia, Niger, Nigeria and Togo) also provide a framework for health system financing on a yearly basis, through budgetary laws. In addition, some countries have approved health insurance schemes.

**At the programmatic level (policies, programs, strategies, projects, plans and measures)**

At this level, countries have developed various policies, programs and projects to strengthen their health systems by training more people and building infrastructure, etc.



## CHALLENGES AND CONSTRAINTS

In terms of improving health systems, the mobilization of resources (human, financial and technical) represents a major challenge. No West or Central African country has managed to allocate 15 percent of their national budget to the health sector, despite their commitment to the 2001 Abuja Declaration. The constraints hindering these nations' health systems stem from the difficulties mobilizing enough money to fund health, inadequate skilled human resources and inadequate infrastructure.



## LESSONS LEARNED

Without sustained human, financial and technical resources, ensuring an efficient health system will prove challenging, to say the least.



**CHAPTER 4:**

**PILLAR 3**

**PLACE AND  
MOBILITY**



## 4.1

LIVING CONDITIONS  
OF PEOPLE IN  
URBAN AND  
PERI-URBAN AREAS**PROGRESS****People living in slums**

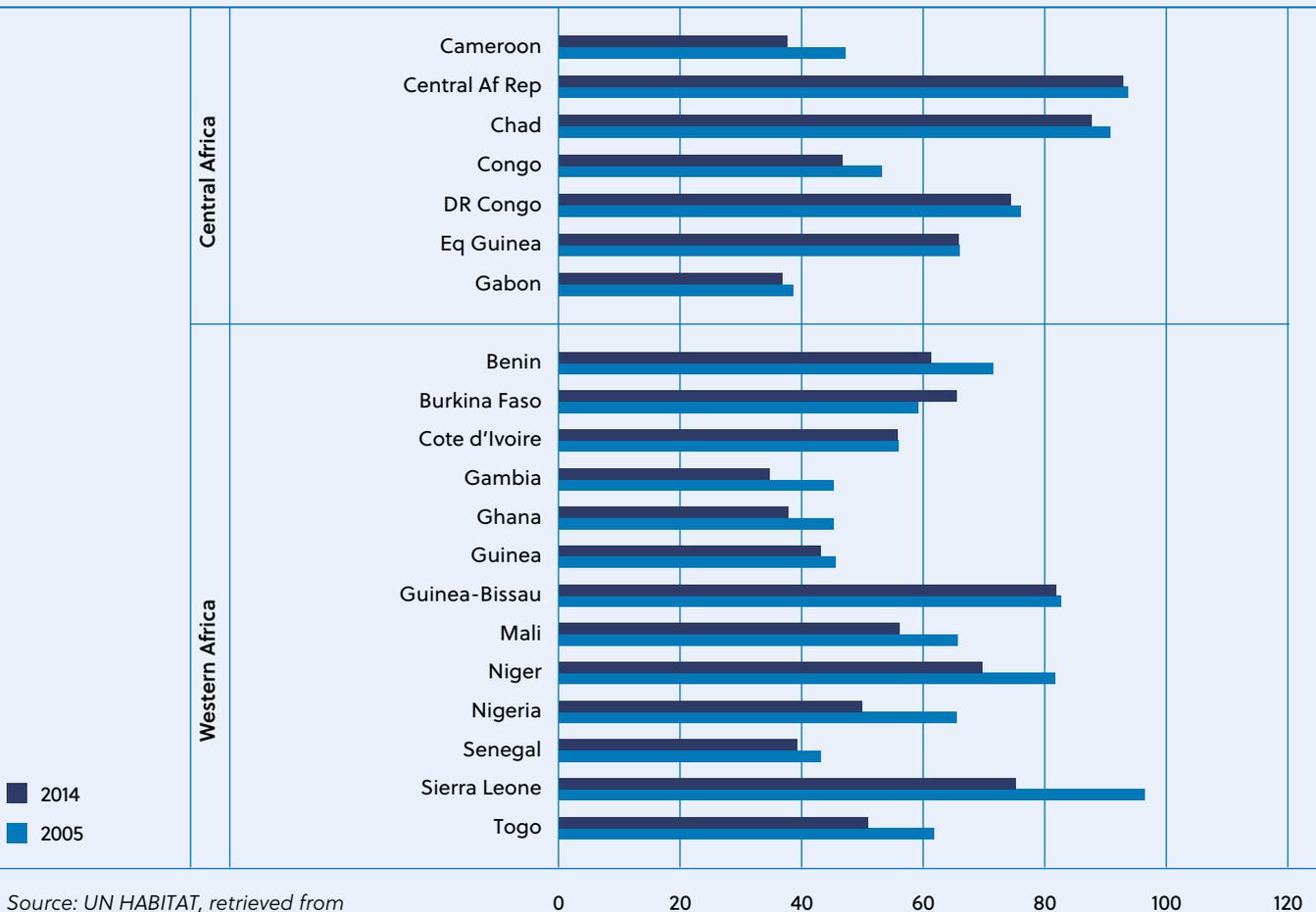
Six countries in Central Africa and 13 countries in West Africa have data on people living in slums. Overall, trends are roughly equivalent in both subregions, although some variations exist between countries. In West Africa, the highest proportion of people living in slums in 2014 was recorded in Guinea-Bissau (88.2 percent), while the highest proportion in Central Africa was recorded in the Central African Republic, (93.3 percent) (Figure 40).

In Central Africa, no clear decrease was recorded in the proportion of people living in slums between 2005 and 2014. The highest percentages there during that particular period were recorded in 2015 in the Central African Republic and Chad, at 93.3 percent and 88.2 percent respectively (Figure 40).

Overall, the proportion of people living in slums in West Africa decreased only slightly between 2005 and 2014. However, in some countries this figure has decreased by between 10 and 21 percent in just under 10 years. Between 2005 and 2014, the proportion of people living in slums decreased from 71.8 percent to 61.5 percent in Benin, from 45.4 percent to 34.8 percent in the Gambia, from 65.8 percent to 50.2 percent in Nigeria, and from 97 percent to 75.6 percent in Sierra Leone. However, elsewhere the situation is discouraging. The proportion of people living in slums in Burkina Faso, for example, increased from 59.5 percent in 2005 to 65.8 percent in 2014.

GRAPHIC 40

## Percentage of population living in slums



Source: UN HABITAT, retrieved from the United Nations MDG database.

### Percentage of people with access to electricity

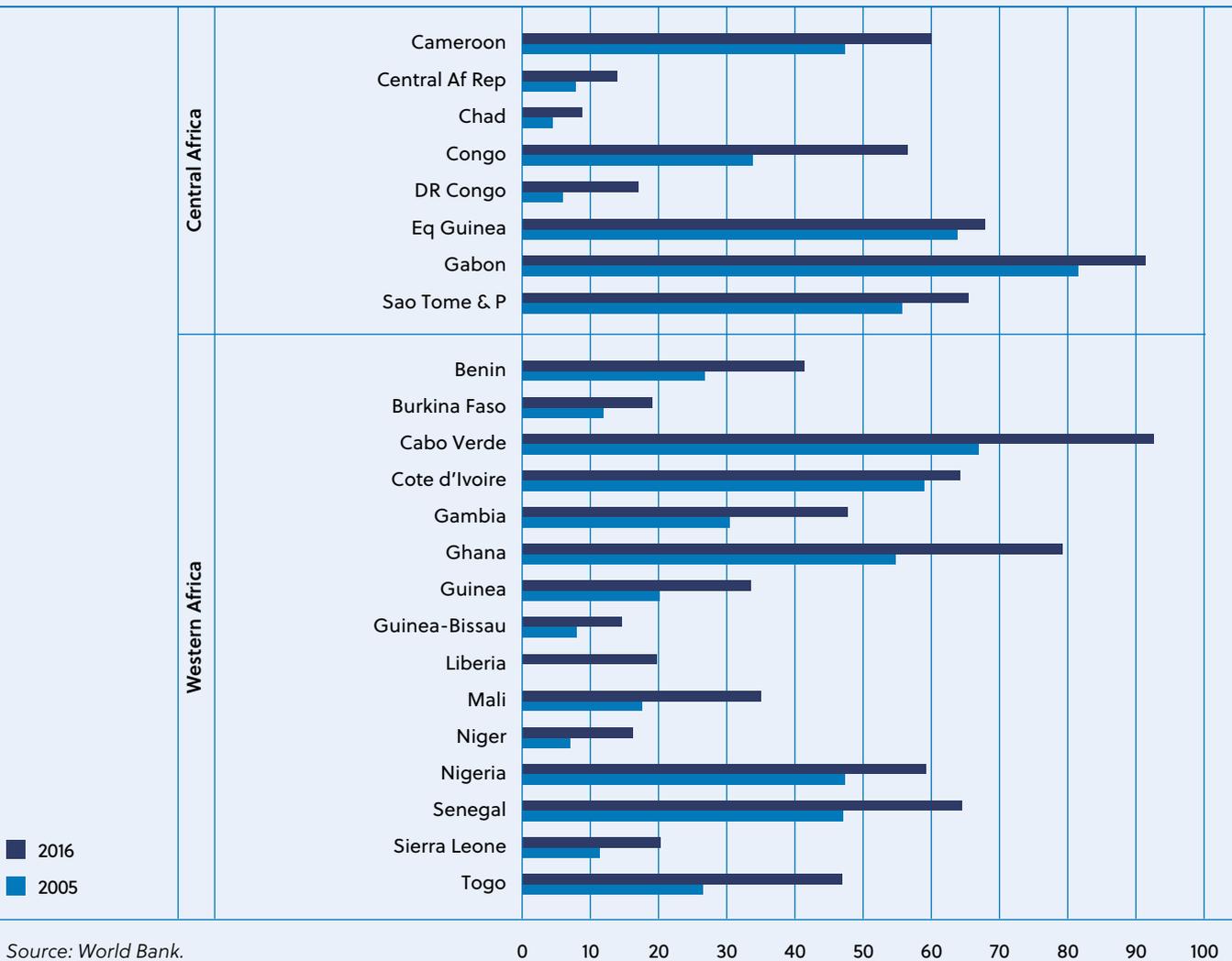
Access to energy is a key aspect of development, since it helps to generate the wealth required for residents' well-being. Certain industries, including welding, the manufacture of clothes and food processing, as well as the production of goods and services at the household level, are highly dependent on energy, particularly electricity.

People in Central Africa have increasing access to electricity, as seen in Figure 41. In countries such as Gabon, more than 90 percent of the population had access to electricity in 2016. However, disparities between countries remain: the percentage of people with access exceeded 50 percent in 2016 in all Central African countries, except in the Central African Republic and Chad, where the figure stood at less than 15 percent (Figure 41).

In West Africa, the trend of improved access to electricity is also a reality, with countries such as Cabo Verde and Ghana posting increases of more than 20 percentage points: the proportion of people with access to electricity increased from 67 percent in 2005 to 92.6 percent in 2016 in Cabo Verde, and from 54.7 percent to 79.3 percent in Ghana.

GRAPHIC 41

## Percentage of people with access to electricity



## KEY ACHIEVEMENTS

**In terms of standards (supranational conventions, international commitments, laws, decrees, orders, etc.)**

Very few countries have explicitly enacted legislation on the issue of living conditions in urban and peri-urban areas, in a context of rapid urban population growth. However, Burkina Faso and Togo in West Africa, and Cameroon in Central Africa, have adopted legal frameworks for urban planning. These laws address the issues of housing, the legalities surrounding private and state-owned land, urban planning, and the mobility of people and goods through transport laws.

**At the programmatic level (policies, programs, strategies, projects, plans, measures, etc.)**

At this level, although most countries have no laws on urban living conditions, several countries have devised programs, strategies, plans, projects and measures that are generally focused on the issue of urban and peri-urban housing. This is the case in West Africa, in countries such as Burkina Faso, the Gambia, Mali, Niger, Nigeria and Togo, and in Central Africa, in Cameroon and Gabon.



## **CHALLENGES AND CONSTRAINTS**

Countries face major challenges in terms of improving living conditions for urban and peri-urban populations. They need to control urban population growth as people move away from rural areas, and decrease the proportion of slum dwellers.

Since there are not enough jobs in the countryside, the working-age population, particularly young people, are tempted to move to cities in the hope of finding employment. Unfortunately, these migrants are then faced with the harsh realities of urban life, including unemployment and precarious employment.

There is also the big issue of access to basic social services including decent housing, electricity, clean drinking water, sanitation, health centres and education.



## **LESSONS LEARNED**

Since no specific program focusing on the issue of urban and peri-urban living conditions has been implemented, the country reports were unable to highlight the lessons learned. However, in the absence of viable programs aimed at improving the living conditions of urban and peri-urban households, we can assume that at least some isolated measures and actions (by governments and/or NGOs) have been implemented. However, any impact on living conditions has yet to be shown.

## **CHAPTER 5:**

**PILLARS 4, 5 AND 6**

**GOVERNANCE,**

**DATA AND**

**STATISTICS,**

**INTERNATIONAL**

**COOPERATION**

**AND PARTNERSHIP**

These pillars continue to receive the least coverage in country reviews. This is explained not only by the difficulties in identifying clear indicators for reporting purposes, but also by the major challenge of data availability. We will discuss just a few of the challenges relating to these three areas.



## 5.1

## PILLAR 4 GOVERNANCE

The operationalization and effectiveness of the policies mentioned in the various country reports remains a big challenge. An analysis of several of them highlights the significant gap between what is actually written on policy documents and the translation into concrete action. As noted in the continental report (AU/ECA/UNFPA, 2018), there is an urgent need for a paradigm shift in the notion of development to move beyond policy making to truly focus on specific activities aimed at genuinely improving lives in both West and Central Africa.





## 5.2

## PILLAR 5 DATA AND STATISTICS

All countries are already aware of the importance of statistical data to the success of development programs and projects. This awareness has been reflected on the ground, in the strengthening of national statistical systems by implementing platforms or strategies aimed at improving the production and/or use of statistical data.

The collection of statistical data from the population was carried out in most countries during the period covered by the Addis Ababa Declaration. The main data collection campaigns are the general population and housing census, household or population living standards surveys, demographic and health surveys, and employment surveys.

Although still in its infancy, there is an increasing move to establish civil registration systems. Examples include the implementation of the National Strategic Plan on Civil Registration 2016–2020 in Nigeria and the establishment of the National Civil Registration Authority in 2016 in Sierra Leone, making civil registration mandatory there. Benin also implemented its own National Civil Registration Policy, 2017–2025, while Togo established a National Observatory of Civil Status in 2018. Guinea-Bissau strengthened vital civil registration activities and statistics by decentralizing notary services in all administrative regions and opening 10 civil registration centres in the city of Bissau.

Despite the progress made, there is still a huge amount to be done. First, as most of the country reports show, a lack of recent and reliable data is a major constraint to better program planning and monitoring.

This lack is apparent in many areas from aging, NCDs and migration to urbanization, cooperation and governance. Similarly, the use of existing data for in-depth analyses of key aspects of development remains very limited. The challenge lies in the constraints on access to data and, in some contexts, the limited availability of analytical skills.

Ensuring access to recent data that are sufficiently disaggregated to take local planning needs (which operate on a smaller administrative scale) into account is also a challenge for most countries.



## 5.3

## PILLAR 6 INTERNATIONAL COOPERATION AND PARTNERSHIP

Countries are continuing and further strengthening their partnership links with each other and with NGOs. Côte d'Ivoire, for example, developed a new Single Programmatic Framework aligned with national priorities for the 2017–2020 period. Cameroon and Senegal have both mentioned the implementation of partnership programs. Cameroon, for example, developed its Development Partnership Strategy in 2012 and adopted its National Partnership Policy in 2016. It also had a program of cooperation between its government and UNFPA during the 2013–2017 period. This was also the case in Senegal, which implemented its seventh cooperation program with UNFPA from 2012 to 2016, later extended until 2018.

Most countries have emphasized the role of NGOs, CSOs and other international cooperation agencies in the design and implementation of their development policies and programs.

Several nations have highlighted a lack of fruitful collaboration between stakeholders involved in the implementation of development policies as a challenge and constraint. Sao Tome and Principe, for example, has pointed out the absence of a coordination mechanism for implementing the recommendations of regional, national and international forums. Gabon has also noted the low level of cooperation between government agencies and private-sector institutions in the design, implementation, coordination, monitoring and evaluation of population and development programs and policies. Guinea-Bissau has highlighted the lack of a functional partnership mechanism too.

The countries are also almost unanimous in acknowledging the existence of a gap between the ambitions expressed in projects and programs agreed with national and international partners and the actual mobilization of funds to implement them.

In addition to this lack of cash, there can be a real problem of absorption of funding. In Niger, for example, the absorption rate of official development assistance was only 58.7 percent. The Burkina Faso country report attempted to explain this, citing the fact that some donors' procedures are not aligned with those of the country, resulting in delays in the disbursement of funds. There is also a lack of sufficient anticipation in the planning of activities.

Finally, solving security problems in the Sahelian countries in West Africa and in some Central African countries (Cameroon, the Central African Republic, Chad and Congo) to attract foreign investment is a major challenge.

## **CHAPTER 6**

# **MACRO-LEVEL REVIEW OF AADPD PROGRESS TOWARDS ACHIEVING THE DEMOGRAPHIC DIVIDEND**

## 6.1 STAKEHOLDER MOBILIZATION AROUND THE DEMOGRAPHIC DIVIDEND IN THE REGION

The implementation period for the Addis Ababa Declaration (2013–2018) has seen the emergence of a series of initiatives and work on the demographic dividend in the West and Central Africa region. For example, UNFPA organized a regional African leadership summit on the issue in Abuja, Nigeria in 2016, to support African leaders.

Over the past five years, UNFPA has organized many meetings and supported research institutions to produce empirical studies on the demographic dividend. Institutions like CREFAT and the African Institute for Development Policy have been involved. Meanwhile the World Bank funds the SWEDD program, which concerns nine countries in the West and Central Africa region, while the Francophone Network research group has been carrying out a series of studies on the demographic dividend since 2013.

Other international initiatives have included development by the Future Group of the DemDiv application for projections, under the leadership of the Health Policy Project. We also note the series of research studies on the demographic dividend conducted by the French Development Agency, the French Institute for Development Research and the International Cocoa Initiative in West African Economic and Monetary Union countries.

## 6.2 POLITICAL COMMITMENTS ON THE DEMOGRAPHIC DIVIDEND IN THE SUBREGION

Numerous high-level meetings have been held, during which countries have reaffirmed their readiness to pursue their demographic dividend commitments, enabling them to better reap the benefits. These commitments include:

- AU Agenda 2063, established on the 50th anniversary of the African Union with a special focus on young people, to capture the demographic dividend and facilitate Africa's emergence over the next 50 years.
- The AUC/ECA conferences for ministers of finance, planning and development held in 2013, 2015 and 2016.
- The African Regional Conference on Population and Development in Addis Ababa in 2013.
- The 28th AU Summit on the Demographic Dividend in 2017.
- The declaration of ECOWAS parliamentarians at a regional conference on adequate financing for health and the demographic dividend, held in Ouagadougou in 2017.
- A regional forum on the role of religious and other local leaders in capturing the demographic dividend, held in Ouagadougou in 2018.

# 6.3 LESSONS LEARNED FROM DEMOGRAPHIC DIVIDEND ANALYSES IN THE SUBREGION AND IMPLICATIONS FOR ACTION

With support from UNFPA WCARO, CREFAT has conducted a series of demographic dividend studies in West and Central Africa, after which 19 countries have developed their demographic dividend profiles. The aim is to identify the key shifts that accompany the changing age structure of the population under a number of fertility scenarios, including three main ones. By determining trends in economic dependency ratios (the ratio of workers to consumers), we can estimate the time it will take for the demographic window of opportunity to open, as well as the policy implications of this.

According to the continental review (AU/ECA/UNFPA, 2018), the aggregate consumption of all ECOWAS countries was estimated at US\$486.15 billion in 2014 (Figure 42). Those aged under 30 account for a huge share of this consumption (64 percent), which amounts to around US\$309 billion. This source also shows that aggregate consumption among adults aged 31 to 62 is US\$154.21 billion (32 percent of total consumption) and among those aged over 62 it is US\$23.14 billion (5 percent of total consumption).

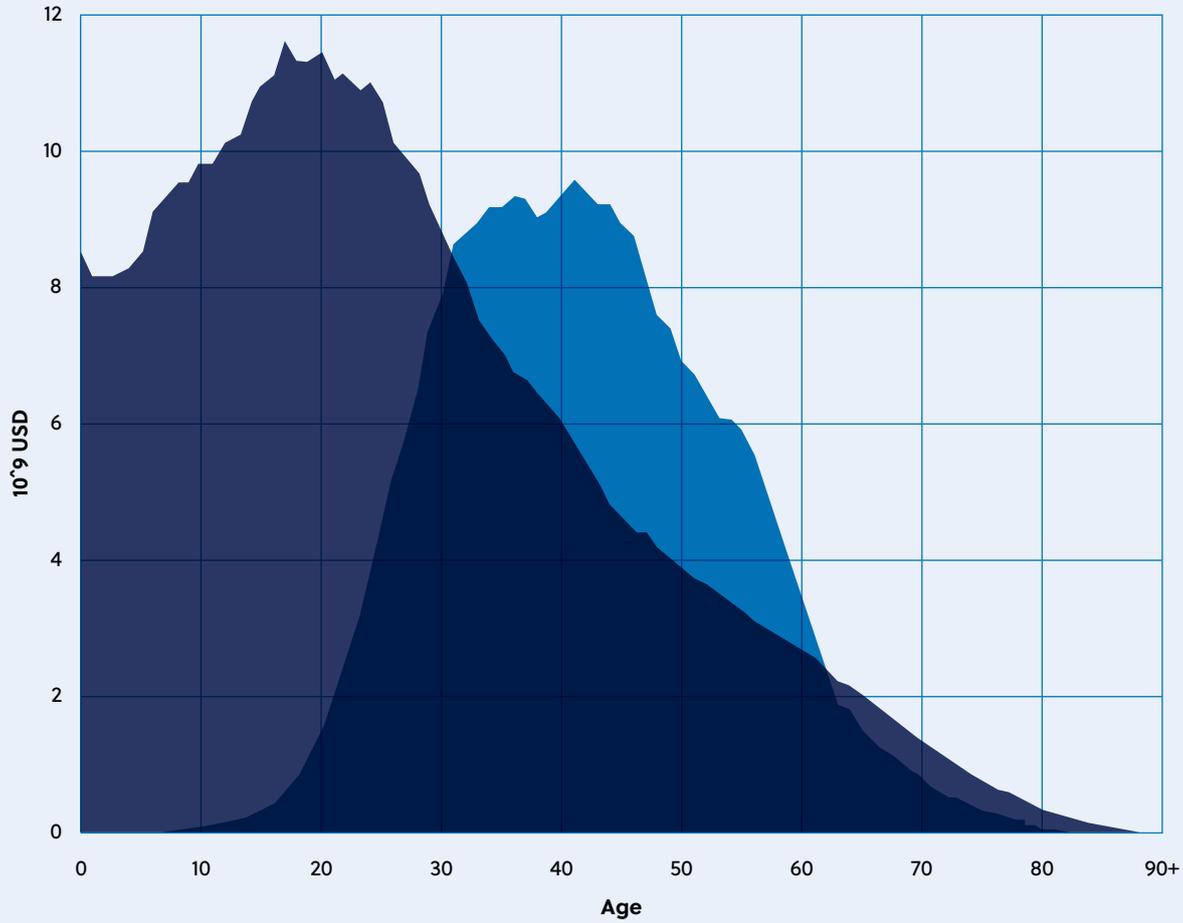
Aggregate income from work (Figure 43) increases from US\$0.02 billion for children aged five years to US\$9.6 billion for people aged 41 years across all West African countries. There is a drop in aggregate income from work just after the age of 41.

Among those under 30 years of age, income from work in the ECOWAS countries amounts to US\$55.16 billion, representing only 18 percent of total income, while the information above indicates that this group accounts for 64 percent of total consumption. This leaves a shortfall of nearly US\$253.64 billion. The same is observed among the elderly, i.e. they consume more than they produce, except that here the deficit is only US\$8.87 billion.

According to projections and assuming a low fertility scenario (Figure 55), the demographic dividend will peak in 2040 marking the end of its first phase. During this first phase, the changing age structure of the population is capable of increasing GDP per capita, provided that countries put the appropriate policies in place. These policies must be intensified to reap maximum benefit and to overcome the difficulties of the next phase. From 2045 onwards, there is expected to be a reduction in the dividend, marking the beginning of the second phase.

During this period, the age structure of the population is likely to be a constraint. However, this could be overcome if there are enough workers in the first phase able to save enough money to support themselves during retirement.

GRAPHIC 42 **Aggregate consumption and aggregate labour income in West Africa in 2014**

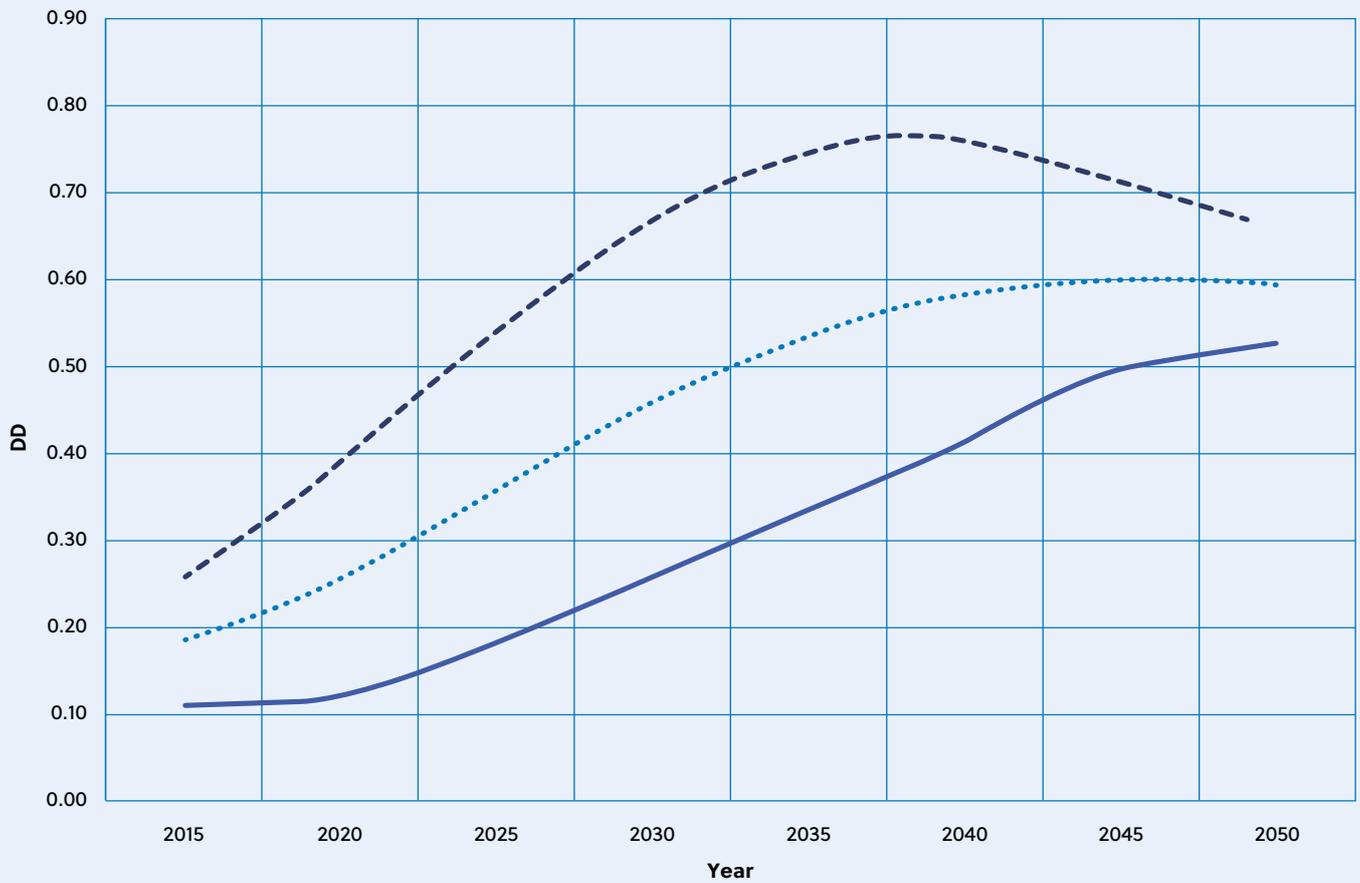


■ Consommation agrégée ■ Revenu du travail agrégée

Source: AADPD Continental Report (2018), p.202.

GRAPHIC 43

### Demographic dividend outlook for West African countries under the United Nations Population Division's three fertility change scenarios



■ DD Low ■ DD Medium ■ DD High

Source: AADPD Continental Report (2018), p. 166.

In terms of policy implications, we note that these will vary from country to country depending on the challenges raised and the national demographic profile. However, they can be summarized as follows:

- Implementing policies to accelerate changes in the age structure of the population
- Reorienting reproductive health policies to address unmet family planning needs
- Intensifying action to promote youth employment
- Taking additional measures to boost economic growth
- Reforming the education sector to focus on quality education for all

## CHAPTER 7

# RECOMMENDATIONS

## 7.1

## RECOMMENDATIONS PILLAR-SPECIFIC RECOMMENDATIONS

The following recommendations can be made following the evaluation of the five-year implementation of the Addis Ababa Declaration:

## 7.1.1. DIGNITY AND EQUALITY



- Intensify efforts to combat poverty and inequality through the development of laws and policies supporting dignity and equality
- Develop and implement policies to empower women and girls at the regional level
- Intensify action to support the enrolment of girls in primary, and especially secondary, schools in rural areas
- Raise the level of representation of women in institutional bodies through quota laws and ensure these are effective
- Intensify action to keep pupils in school by focusing on the quality of primary and secondary education and on intensive, innovative action, especially in insecure areas such as Burkina Faso, the Central African Republic, Chad, Congo, Mali and Niger.

## 7.1.2. HEALTH



- Increase the quantity and quality of health coverage for all without discrimination based on place of residence or income
- Make universal health insurance accessible to all so that those who are most vulnerable can access quality health services
- Improve the quantity and quality of access to sexual and reproductive health services, especially for adolescents and young people, including the review of laws to allow more young people to access them
- Provide sexual and reproductive health education for adolescents and young people in and out of school
- Strengthen the implementation of integrated sexual and reproductive health programs by improving antenatal and postnatal consultations, providing family planning services, and further reducing HIV and AIDS transmission, particularly from mother to child
- Increase national health budgets to at least 15 percent, in line with the commitment made by heads of state in Abuja in 2001
- Intensify the campaign to reduce maternal mortality through the implementation of the Campaign on Accelerated Reduction of Maternal Newborn and Child Mortality in Africa
- Intensify efforts to control and eliminate diseases such as malaria, in particular through a comprehensive public health approach

- Develop and implement integrated disease prevention policies (health and hygiene education, environmental sanitation, legal measures on pollution, etc.)
- Implement preventive and curative programs for NCDs such as cancer, diabetes and strokes
- Improve health systems by increasing the availability of human resources and improving specialist knowledge and skills, building infrastructure, etc
- Strengthen the monitoring and evaluation of health programs
- Promote good governance in the health services sector
- Improve the living conditions of health care personnel
- Establish local drug production systems and improve supply chain management to ensure secure supplies of basic products by strengthening the institutional, legal, organizational and functional framework governing the pharmaceutical sector

### 7.1.3. PLACE AND MOBILITY



- Develop and implement effective land management policies (including rural economic development, training and employment issues) to reduce rural-urban migration
- Strengthen the national economic infrastructure with a focus on rural areas
- Design joint regional projects for electricity and drinking water production
- Implement policies, programs and projects to provide access to basic social services such as decent housing, electricity and drinking water for all
- Develop and/or implement urban plans for large, medium and small cities
- Develop and implement regional integration policies, programs and projects
- Establish a migration observatory
- Design and implement environmental policies, programs and projects
- Initiate road and rail connectivity projects within countries and between countries in the subregions

### 7.1.4. GOVERNANCE



- Improve accountability, ethics and transparency in the management of public resources
- Promote an institutional culture of systematic evaluation of policies, projects and programs
- Promote coordination and community ownership of programs and projects

### 7.1.5. DATA AND STATISTICS



- Produce regular and reliable statistics, through traditional data collection operations (censuses, surveys on household living conditions and demographic surveys), but also on emerging themes such as aging, NCDs, governance and human rights
- Create national funds for statistical development for countries that do not have the facilities to collect and analyse such data
- Strengthen the “statistical culture” in countries through the use of evidence in the planning, monitoring and evaluation of development plans, policies and strategies
- Strengthen investment in the civil registration system and vital statistics and ensure all stakeholders are involved

### 7.1.6. INTERNATIONAL COOPERATION AND PARTNERSHIP



- Strengthen collaboration between development partners and state institutions
- Strengthen CSO participation in the design and implementation of policies, programs and projects

## 7.2

## RECOMMENDATIONS FOR THE NEXT AADPD EVALUATION

A number of patterns emerged from an examination of the country reports and are summarized below. These findings call for a number of recommendations that should be taken into account in future reviews. The next review is expected to take place in 2022 and will coincide with the midterm review of the SDGs and the 10-year review of the AUf Agenda 2063. Adherence to the recommendations below will ensure that maximum benefit is derived from these three reviews.

- Begin the process of conducting country reviews relatively early (at least one year before) and with the participation of all stakeholders, so the reviews can be carried out with the utmost care and lessons learned can be used in the continental review
- Harmonize the structure of country reports and develop a more detailed methodological framework to guide national assessment teams
- Undertake a review of data sources in the different countries to operationalize the indicator framework set out in the methodological guide and, where appropriate, make arrangements for this data to be collected as part of regular data gathering operations or as part of specific surveys
- Produce a glossary of all the indicators to be produced by pillar and commitment (definition, calculation method, data sources, etc.)
- Propose suggestions for the composition of the national assessment team (must include a population and development specialist with strong quantitative data analysis skills)

# OVERALL CONCLUSION

Population trends in the West and Central Africa region over the past 30 years show that overall, rapid changes are taking place, although both subregions (West Africa and Central Africa) have slower rates of demographic change than the rest of the continent.

Child mortality has fallen dramatically while life expectancy at birth has risen considerably, leading to a gradual increase in the proportion of older people. The relative share of adolescents and young people has been relatively stable over the period, but there are still huge numbers of them. This group is expected to keep growing at an extraordinary rate in several countries over the next decade. This poses enormous challenges in terms of the social and economic policies that need to be implemented.

An analysis of performance on the six pillars shows that progress has been made in a number of areas. Nevertheless, many challenges remain, particularly in terms of the effectiveness of public policies, governance and the availability of data for better monitoring and evaluation of policies, programs and projects.

In addition to these issues, there is the major challenge of growing insecurity in several countries in the subregion. Unless concerted and sustainable solutions are put in place, this dire security challenge could jeopardize the region's development prospects.

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UNFPA, West and Central Africa Regional  
BP: 21090 Dakar-Ponty SENEGAL

<http://wcaro.unfpa.org>  
[wcaro.office@unfpa.org](mailto:wcaro.office@unfpa.org)

