



MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT (MAYE)

during responses to epidemics and pandemics

A PRACTICAL GUIDE

January 2021

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**United Nations Population Fund (UNFPA)
West and Central Africa Regional Office (WCARO)**

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It was developed by a consultant Dr Joannie Marlene Bewa, MD, MPH, an award-winning physician from the Republic of Benin as of a research study on “Strategies, Lessons Learned and Best Practices on Meaningful Adolescent and Youth Engagement during Responses to Epidemics and Pandemics”.

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The following youth networks, UNFPA country offices and government institutions also made contributions :

- Adolescent and youth focus groups: AfriYAN West and Central Africa supported and mobilized 15 members from eight countries (Burkina Faso, Cameroon, Chad, Gabon, Guinea, Senegal, Mali and Niger);
- Key interviewees: Maybe Garmai Livingstone (UNFPA Liberia), Sonia Gilroy (UNFPA Sierra Leone), Dr Kalifa Traore, Rokia Traore, and Mara Kene (UNFPA Mali), Dr Aissatou Conde (UNFPA Guinea), Dr Fenosoa Ratsimanetrimanana (UNFPA WCARO);
- Online surveys: UNFPA country offices in Burkina Faso, Côte d'Ivoire, Gabon, UNFPA Ghana, Guinea, Niger, Nigeria, Senegal, Gambia, Mauritania. Ministry of Youth and Employment Promotion of Côte d'Ivoire, Ministry of Health and Social Security Cape Verde, National Institute of Public Health Cape Verde, Verdefam ONG, RJDLT Chad, RENPES Sénégal, Association des Jeunes de l'Okana Gabon, Conseil Provincial de la Jeunesse du Haut-Ogooué Province, Gabon.

Acronyms

COVID-19	Coronavirus disease, 2019/2020
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
MAYE	Meaningful Adolescent and Youth Engagement
PMNCH	Partnership for Maternal Newborn and Child Health
RAJAD	Riposte accélérée et durable des jeunes et adolescents contre le COVID-19 au Mali
SARS	Severe Acute Respiratory Syndrome
SRHR	Sexual and Reproductive Health and Rights
UNICEF	United Nations International Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Executive summary

Adolescents and other young people under the age of 24 make up a quarter of the world's population (1.8 billion) with 89% of this particular demographic living in low- and middle-income countries (UNFPA, 2019). In the West and Central Africa region about 64% are under the age of 24, a tremendous potential resource. However, public health emergencies, epidemics and pandemics like Ebola, Zika, SARS, HIV and COVID-19 disrupt and limit young people's participation in society and their access to facilities including sexual and reproductive health services.

This study aims to summarize strategies for adolescent and youth engagement in various epidemic/pandemic responses and recoveries and identify lessons learned and best practices. A total of 21 countries (19 in West and Central Africa, 1 in Eastern and Southern Africa, 1 in Latin America) are highlighted.

Our findings recommend several engagement strategies in epidemic/pandemic response planning, implementation and recovery including:

1. *Risk communication and community engagement;*
2. *Logistic support & distributions;*
3. *Trust building & community cohesion;*
4. *Case management & essential health services;*
5. *Contact tracing;*
6. *Social impact innovation,*
7. *Program and policy design;*
8. *Monitoring, evaluation, accountability;*
9. *Funding;*
10. *Task forces and governance bodies.*

Building on lessons learned and best practices, we recommend a three-step approach to meaningfully engage adolescents and youth during health emergencies.

- At all times, **before health emergencies begin**, stakeholders are encouraged to strengthen meaningful engagement, promote leadership roles and responsibilities and build young people's skills and capacity in relation to infection prevention, risk communication and safeguarding measures. By establishing and maintaining reliable communications and media structures before any emergency (at national, district and local levels), stakeholders are more likely to accelerate outreach efforts during health emergencies. The protection of young people and safeguarding measures are of the utmost importance and must be consistently developed and reviewed.
- **During public health emergencies**, a rapid assessment of young people's knowledge, skills and capacity to do the right thing is critical as well as clear engagement

mechanisms. Strengthening opportunities for leadership roles during and after emergencies, encouraging young people to volunteer and promoting active engagement are important retention factors. While engaging with young people during health emergencies, it is critical to ensure programs address their health and non-health related needs. Programs should also give youngsters access to sexual and reproductive health services, counter gender-based violence, help with mental health issues, and prevent harmful practices.

- **During the third phase**, the recovery phase, communication and connection with young people must be maintained through monitoring, evaluating, learning and reporting processes. There should also be ongoing education about public health emergencies wrapped up with other topics including Sexual and reproductive health and rights, gender-based violence, economic empowerment, etc. A final, critical step includes measuring and evaluating adolescent and youth engagement, finding out what lessons have been learned and working out the best practices in anticipation of other, future emergencies.



The current pandemic represents a unique opportunity to amplify young people's voices and help transform adolescents and youth through meaningful engagement.

A circular portrait of a young Black woman with her hair in braids, looking off to the side with a slight smile. The portrait is set against a blue circular background. The background of the entire page is yellow with horizontal orange brushstroke-like bands and white radiating lines around the portrait.

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1. Background

Adolescents and other young people under the age of 24 make up a quarter of the world's population (1.8 billion) with 89% of this particular age demographic living in low- and middle-income countries (UNFPA, 2019). In the West and Central Africa Region, about 65% of residents are under the age of 24, a tremendous potential resource. The United Nations Population Fund (UNFPA) Strategy for Adolescents and Youth (My Body, My Life, My World), the United Nations Youth Strategy and the UNFPA 2018–2021 Strategic Plan put young people, their talents, hopes, perspectives and unique needs at the very centre of sustainable development.

However, public health emergencies, epidemics and pandemics like Ebola, Zika, SARS, HIV and COVID-19 have been found to disrupt and limit young people's participation in society and their access to facilities including sexual and reproductive health services.

COVID-19, declared a pandemic in March 2020, and other health emergencies, will significantly affect young people. They will face disruption in formal and non-formal education systems and barriers when accessing routine health and community-level services (UNFPA 2020 Youth and COVID-19 Technical Brief). This alarming situation increases young people's vulnerability to the likes of STIs, HIV, unintended pregnancies and violence from partners.

Freedom of expression and movement are often severely restricted under lockdown measures and rights are likely to be limited and sometimes violated, with potential long-term effects on youth engagement and participation. Access to funding and shared decision making is likely to be affected, with an increased risk of leaving youth and their networks behind and marginalized (Compact for Youth in Humanitarian Action, 2020). The current pandemic represents a unique opportunity to amplify young people's voices and help transform adolescents and youth through meaningful engagement. They can play a significant role in the response to COVID-19, disease surveillance, prevention, and recovery.

2. Study objectives and scope

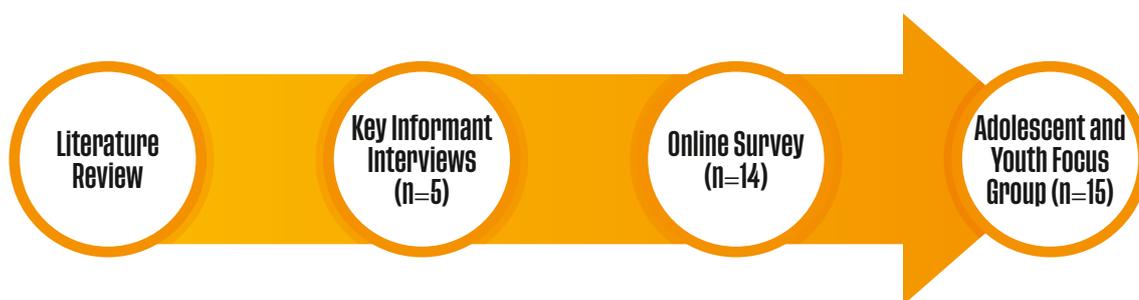
The study aims to:

1. Summarize strategies for meaningful adolescent and youth engagement during responses to, and recoveries from epidemic/pandemic such as Ebola, SARS, HIV/AIDS, Zika and COVID-19.
2. Identify lessons learned and best practices for meaningful adolescent and youth engagement in epidemic/pandemic responses and recoveries.

A total of 21 countries (19 in West and Central Africa, one in Eastern and Southern Africa, and one in Latin America) are highlighted in the current research. Representatives from the following UNFPA country offices, and youth networks in those 16 countries, were directly involved in either a) key informant interviews b) online surveys or c) focus groups: Burkina Faso, Cabo Verde, Côte d'Ivoire, Cameroon, Chad, Gabon, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, The Gambia. Infographics and documents were shared by UNFPA Togo and data was retrieved online for all aforementioned countries as well as Benin and Guinea Bissau. Because of their experience dealing with health emergencies, Democratic Republic of Congo and Brazil were included too.

3. Methodology

Fig. 1: Data Collection Strategy



The data collection strategy included a literature review, key informant interviews, a virtual focus group and an online survey.

- **Literature Review**

We included peer reviewed articles published in PubMed, Science Direct and Google Scholar as well as programmatic reports published online on youth-led or youth-focused organizations; adult-led non-governmental organizations working on adolescent and youth engagement, sexual and reproductive health, United Nations (UN), UNICEF, Plan International, Oxfam, UNFPA country offices and the West Africa and Central Africa Regional Office.

Search terms included: youth, adolescents, teens, young people, participation, engagement, COVID-19, Ebola, Zika, SARS, epidemics, pandemics, health emergencies. Studies entirely or partially focused on youth-led response and recovery initiatives in any country were included, while adult-led initiatives were excluded. In addition to focusing on adolescents' and young people's (15–35 years old) engagement in

epidemics and pandemics, articles included at least one of the following criteria: 1) a focus on initiatives led by young people versus adult-led ones 2) specific strategies for meaningful engagement with adolescents/youth.

- **Key informant interviews**

United Nations Population Fund Officers (n=5) in Liberia, Sierra Leone, Guinea, Mali and Senegal (Regional Office) virtually attended 30–45min semi-structured interviews. Questions related to 1) past experiences and strategies in engaging adolescent and youth before, during and after health emergencies 2) current experiences and strategies in engaging adolescent and youth before, during and after health emergencies 3) lessons learned during these engagements 4) best practices to guide future health emergencies 5) recommendations for meaningful adolescent and youth engagement before, during and after epidemics/pandemics.

- **Online Surveys**

A 28-question online survey was developed in both French and English to collect data from youth and UNFPA staff on their experiences, lessons learned, best practices and recommendations for meaningful adolescent and youth engagement before, during and after epidemics and pandemics. Respondents (n=19) provided demographics data (gender, age, country), experiences in engaging adolescents and youth in health outside of and within the epidemic/pandemic context, successful initiatives related to adolescents and youth engagement, strategies, lessons learned and best practices, barriers, constraints, threats, opportunities for meaningful young people engagement.

Representatives from UNFPA country offices and youth networks from Burkina Faso, Cabo Verde, Côte d'Ivoire, Gabon, Ghana, Guinea, Mauritania, Niger, Nigeria, Senegal and The Gambia took part in the survey.

- **Adolescents and Youth Focus group**

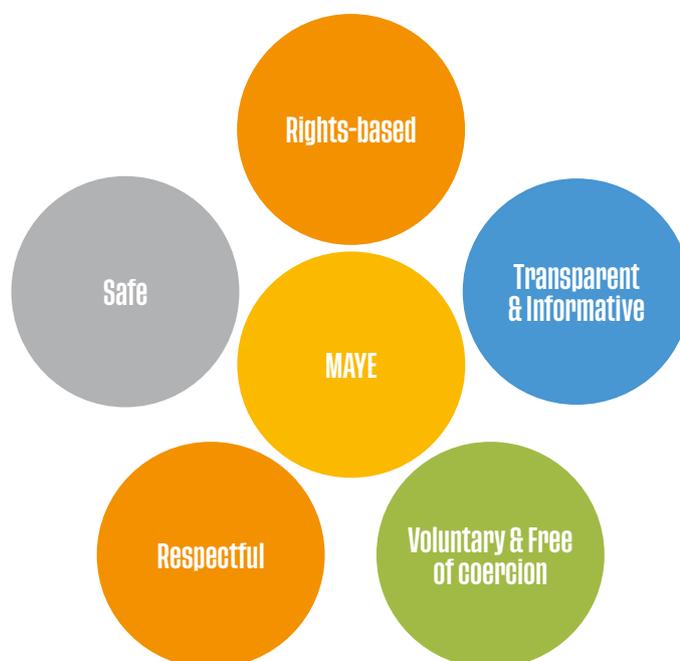
AfriYAN's members attended a virtual focus group during which participants (n=15) shared the process and experiences of being engaged in or leading initiatives before, during and after health emergencies. Adolescent and youth representatives from Burkina Faso, Senegal, Mali, Niger, Gabon, Guinea, Cameroon and Chad attended.

4. Definitions

The Global Consensus Statement on Meaningful Adolescent and Youth Engagement recommends a set of principles:

- **Rights-based approach** – young people are aware of their rights and are able to hold stakeholders accountable for respecting, protecting, and fulfilling these rights;
- **Transparent and informative** – young people need access to evidence-based, age-appropriate information that respects their diversity of experience and promotes, and protects their right to express their views freely;
- **Voluntary and free from coercion** – young people must not participate in activities or express opinions which are against their values or beliefs and they have the choice to disengage from any activity in any process at any stage;
- **Respect for young people’s views, backgrounds, and identities** – young people should be engaged in activities which build on their skills, knowledge, abilities and experiences and are relevant to their needs and age, are culturally appropriate and free from stigma and discrimination;
- **Safe** – stakeholders must always minimize the risk of violence, exploitation, tokenism, or any other negative consequence of young people’s participation (MAYE Global Consensus Statement, 2018).

Fig. 2: Principles of Meaningful Adolescent and Youth Engagement



Organizations including the United Nations Major Group for Children and Youth, USAID Youth Power and UNICEF suggest a set of principles to guide meaningful youth engagement.

Fig. 3: Principles of Meaningful Youth engagement (United Nations Major Group for Children and Youth)

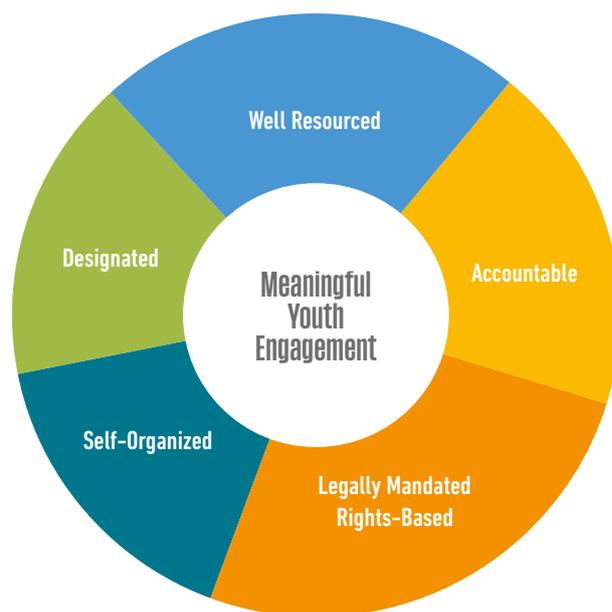
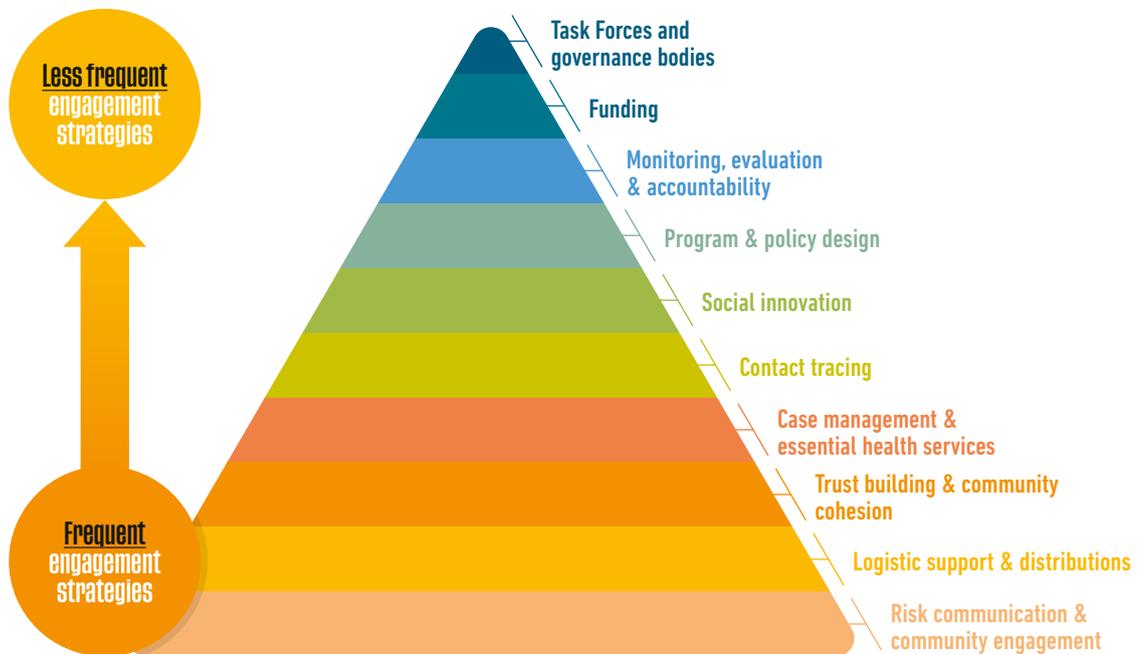


Fig. 4: Nine basic requirements for effective and ethical participation of adolescents and young people (UNICEF)

1. **Transparent and informative:** Adolescents must receive full, accessible, diversity-sensitive and age-appropriate, information.
2. **Voluntary:** Adolescents should never be coerced into expressing views against their wishes, and they should be informed that they can cease involvement at any stage.
3. **Respectful:** Adults should acknowledge, respect and support adolescents' ideas, actions and existing contributions.
4. **Relevant:** Adolescents should have opportunities to draw on their knowledge, skills and abilities and to express their views on issues that have real relevance to their lives.
5. **Adolescent-friendly:** Environments and working methods should consider and reflect adolescents' evolving capacities and interests.
6. **Inclusive:** Include marginalized adolescents of different ages, genders, (dis)abilities and backgrounds.
7. **Supported by training:** Adults and adolescents should be trained and mentored in facilitating adolescent participation.
8. **Safe and sensitive to risk:** Expression of views may involve risks. Adolescents should participate in risk assessment and mitigation and know where to go for help if needed.
9. **Accountable:** Adolescents should receive clear feedback on how their participation has influenced outcomes and should be supported to share that feedback with their peers.

5. Engagement strategies in epidemics and pandemics

Fig. 5: Adolescent and Youth Engagement strategies during health emergencies



Several engagement strategies are set out to ensure the participation of young people in epidemic/pandemic response planning, implementation and recovery:

5.1 Risk communication and community engagement

Peer education and awareness campaigns on HIV prevention messages have been led by adolescents and other young people in both school and non-school settings as well as on the radio and TV. Initiatives such as 'Condomize' led by UNFPA have been successful in mobilizing communities and raising awareness about how to prevent HIV infection.



Social mobilization through digital engagement is an innovative way to reach people, through devices like phones and computers and technology including the internet. Youth networks have helped to develop digital solutions to engage their peers.



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Fig. 6: Condomize Campaign



Community engagement and social mobilization are critical measures to break the chain of infection and community transmission during outbreaks like Ebola, Zika, SARS and COVID-19. Young people have played a critical role in community involvement and the setting up of Ebola Management Centers.

Plan International supported Kids Arise to produce radio programs to raise awareness of Ebola in Sierra Leone, using drama and education materials to make more residents in villages and towns aware of the deadly disease and understand ways to avoid catching it. UNFPA in Sierra Leone has provided safe spaces in which young role models and mentors engaged and trained adolescents. These safe spaces have hosted training sessions on life skills like critical thinking, effective communication, and pregnancy/STIs prevention and have been facilitated by adolescent girls and other young people. Teenage girls broadcast a radio program on various life skills. Educational and awareness messages have been tested on youth to evaluate the clarity and suitability of message.

Plan International has helped young people to participate in training provided by the Sierra Leone Association of Journalists on how to effectively communicate information about the risks of Ebola and ways to prevent it. In Liberia, young people have been involved with UNFPA in radio and TV Ebola sensitization campaigns, offering helpful health guidance. In Guinea, the campaign "Stop Ebola!! Youth at the Service of the Nation" implemented in 2014 trained 3,845 young people and mobilized 2,100 others. They led awareness sessions on hygiene and sanitation measures, symptoms and early detection, reaching 424,780 community members, including 159,971 children, 34,246 pregnant women and 47,196 households. In addition, 200 young people have been trained by UNFPA Guinea and engaged in community mobilization through radio and TV, home visits and educational sessions, while 640 youth got involved in active citizenship and peacebuilding to prevent violence and extremism during epidemics.

These youngsters educated 424,780 youth in Conakry on Ebola prevention measures and 120 widows on economic empowerment strategies. They led the Stop Ebola Radio Show, which was translated in six local languages. They produced cultural and art materials to raise awareness as well.

National youth councils also played a critical role connecting government efforts to local engagement. Youth councilors in Mali, Sierra Leone and Liberia were mobilized and engaged their regional and district chapters. Volunteers, part of the National Youth Services corps, were also mobilized and engaged in the response at the national level.

In Brazil, during Zika, so-called infodemics on disease transmission and a lack of awareness on the potential impact on mothers and fetuses significantly exposed more women and increased the risk of them catching it (Diniz et al, 2020). As a result, young people were involved in spreading the word that environmental conditions can increase mosquito-borne illnesses like Zika. They also helped educate the public on safer sexual practices to reduce the risk of sexual transmission of the disease. (Shrivastava, 2017, Carvalho, 2016, UNFPA Brazil, 2016).

Women and young people were at the heart of the Zika response and did a lot to influence social mobilization, communication and engagement, working alongside civil society and government actors. For example, members of a youth-led network, *Rede de Protagonistas em Acao de Itapagipe (REPROTAI)*, organised home visits in remote and other underserved areas to discuss improving environmental sanitation, part of overall efforts to reduce mosquito breeding grounds and prevent the spread of disease (UNFPA Brazil, 2018).

In Mali, the RAJAD project ("*Riposte accélérée et durable des jeunes et adolescents contre le COVID-19 au Mali*") is a public-private partnership between youth, government, the private sector, religious leaders and UNFPA Mali. It aims to prevent COVID-19 infection by reinforcing hygiene measures through mobile handwashing and sanitation systems, community mobilization, digital communication and the integration of programs related to improving sexual and reproductive health and countering gender-based violence. RAJAD hopes to reach three million youth through handwashing activities and two million digitally over six months (UNFPA Mali, 2020).

In Burkina Faso, 3,827 young people aged 10–24 have been trained on SRHR and life skills in 140 safe spaces to try to reduce their vulnerability during the pandemic, and 1,225 have been trained and mobilized in Guinea Bissau. In Liberia, adolescent and youth-friendly SRHR efforts have continued, helping to reach 62,800 adolescents aged 10–19 and 46 providers trained in values clarification. Quality services and outreach schemes have been provided in 408 facilities.

In Ghana, the KASPRO - Kayaye (Migrant Girls) Assistance Project from July to December 2020, youth-led and youth-implemented aimed to address the dynamics and needs of

vulnerable populations, specifically Kayayei during and after a humanitarian crisis such as the COVID-19 pandemic. In total 500 kayayei had received information and skills which has helped them improve the quality of their lives: reproductive health education/information on a weekly basis for 6 months, essential items in the form of dignity kits every month for a period of 6 months, food supplies to cater for their nutritional needs twice a month for a period of 6 months, mentorship to foster the transition of The Kayayei into entrepreneurial activities and other income earning vocations. The Kayayei were assigned mentors who provided them guidance, instructions and advice using means convenient for them. The success and operationalization of the project was made possible only by the flexibility, energy, zeal and innovation of the young people.

Also to help bridge the gap in access to SRH information and services during the peak of Covid-19 pandemic restrictions, UNFPA Youth fellows undertook a series of outreaches called the 'Youth Humanitarian SRH Outreaches'. The outreaches consisted of community door-to-door engagements with adolescents and young people. The Fellows shared information on SRH including family planning and teenage pregnancy prevention during the Covid-19 pandemic. The last outreach session was done in December 2020.

In November 2020, there was the 3rd edition of the African Youth SDGs Summit using a hybrid method- virtually and with a limited number of local participants attending physically/in-person. The summit offered a platform for young people to share perspectives on the impact of COVID-19 on the national, regional, and global efforts towards attaining agenda 2030. The UNFPA Ghana YoLe fellows organized two successful side events during the summit. One on meaningful youth engagement during which youth activists from the continent discussed how youth engagement could be sustained post covid-19 to ensure achievement of the SDGs. An important quote coming out of the session was "We will be fighting another pandemic of increased HIV infections, unsafe abortions and teenage pregnancies after this is gone."

In Sierra Leone there are the Life Skills Episodes on Radio Teaching Programme. Age appropriate (ages 9–13 and ages 14–19) lessons called 'I am Somebody' are aired. Each life skill lesson was led by teachers from the teaching service commission. Every lesson had contributions from adolescent girls and boys so that the lessons were appealing to young people. In total 99 lessons based on the national life skills manual were produced and aired between April 2020 and December 2020. In addition to material from *I am Somebody*, UNFPA also supported the production of eleven (11) lessons based on content adapted from the BRAC Readers Series. These lessons took the form of radio dramas with question and answer sessions.

Social mobilization through digital engagement is an innovative way to reach people, through devices like phones and computers and technology including the internet. Youth networks have helped to develop digital solutions to engage their peers. In Benin, Ghana

and Togo, young people have joined forces and hosted consultations and educational online talks to address the impact of COVID-19 and identify solutions to decrease the vulnerability of youth. The K.O COVID Campaign in Mali, the *eCentre Convivial* in Togo are some successful examples. The UNICEF U-Report COVID-19 bot has helped disseminate critical information on COVID-19 via WhatsApp, Viber and Facebook, using free mobile platforms to reach more than 10 million young people in 68 countries on various situations affecting them. The bot also shares other vital information during emergencies relating to many issues that have an impact on the young.

In Burkina Faso, the QGJEUNE interactive platform dedicated to young people has been used by youth and their UNFPA partners to respond to the COVID-19 pandemic. A digital communication campaign called « *Je porte mon masque, je suis à la mode* » was launched and eight awareness videos were developed. Online support and connection with medical providers for help with SRHR and COVID-19 has been used by more than 10,000 people.

For example, organizations like AfriYAN, the African Women Leaders Network Young Women Caucus and the African Union Youth Front on COVID-19 have led a series of consultations to educate young people on COVID-19 and understand its impact on their health, wellbeing, education and participation in society. In addition, the Youth Hu project has been established by UNFPA Chad to raise awareness of COVID-19 and Sexual and Reproductive Health.

However, despite these efforts, it's become apparent there's been a lack of youth engagement in testing awareness-raising messages before they are released. Messaging efforts aimed at adolescents and other young people must fit with what information they actually need, how they'd like to receive that information (e.g., visual style) and other considerations including preferred communication channels. To achieve all of this, messaging efforts need extensive formative data and participatory approaches (Abbott et al, 2020).

5.2 Logistic support and distribution

Young people have helped to distribute condoms and educational materials in response to HIV and mosquito repellent as part of the Zika response the packaging, transportation and distribution of food and non-food items like hand washing kits, masks, disinfectants and medicines during Ebola and COVID-19. Their contribution has helped to speed up humanitarian efforts coordinated by local leaders, while at the same time allowing them (the youngsters) to personally benefit from active engagement in response efforts. (Humanitarian Policy Group, 2015). During the Ebola epidemics in Mali, their efforts have been vital in the distribution of handwashing kits and the reinforcement of prevention messages, mobilizing up to half a million people throughout the country.



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This peer-to-peer approach has proved particularly valuable given stringent quarantine regulations, which have limited face-to-face interaction and led, for many, to loneliness, isolation and fear.

In Guinea, young people helped to hand out more than 2000 UNFPA Dignity Kits (containing sanitary and hygiene items) to Ebola survivors.

In response to the ongoing COVID-19 pandemic, youth have also played a critical role, assembling and distributing Dignity Kits, with the support of UNFPA Sierra Leone and Ghana. In Mali, the RAJAD project, a youth-led public-private project to fight COVID-19, aims to improve hygiene knowledge through a mobile service. It deployed 25,000 youth in July 2020 using 1000 bicycles. The aim was to improve knowledge of COVID-19, provide handwashing services and products and distribute masks while also educating the youngsters' peers on sexual and reproductive health services. In Mauritania, over 400 hygiene kits and 500 flyers were distributed by youth networks.

5.3 Trust building and community cohesion

A study in Democratic Republic of Congo on institutional trust and misinformation during the 2018–19 Ebola outbreak in North Kivu reported that, among 961 respondents, only 349 about 36.3% (confidence interval at 95% from 27,4%-36,9%) trusted local authorities. Belief in misinformation was widespread, with 230 respondents about 23.9% believing the Ebola outbreak was not real. Low institutional trust and belief in misinformation were associated with a decreased likelihood of adopting preventive behaviors, including an acceptance of Ebola vaccines (Vinck et al, 2019). Home visits by young people as well as regular conference calls have allowed them to create and develop trust in their communities and created a space for many other youngsters to share personal experiences, fears, and priorities regarding the progression of the epidemic and its impact.

This peer-to-peer approach has proved particularly valuable given stringent quarantine regulations, which have limited face-to-face interaction and led, for many, to loneliness, isolation and fear. The engagement and relationships established at community levels and also through regional and national networks have allowed young people to support each other by sharing experiences of the impact of Ebola on their lives, monitoring progress in tackling it and sharing messages of support.

For instance, the *Coronavirus CivActs* Campaign has been launched by **Accountability Lab** to debunk rumors, publish verified information and gather daily feedback on the response to the virus. Encouraging youth leaders and youth networks to be advocates for social cohesion, community dialogue and conflict prevention, and promoting peace – particularly in the context of pre-existing humanitarian crises, social and political tensions – is critical.

5.4 Case management and essential health services

Young people have played a critical role in ensuring access to health services. Young doctors and other community health workers have been instrumental in ensuring the continuity of health services for HIV, Ebola, Zika, SARS and COVID-19 patients. Young doctors care for patients face-to-face and/or by telephone for non-emergency cases. They've also organized fundraisers for personal protective equipment to support local hospitals and played a significant role in ensuring lockdown measures do not prevent girls and women accessing sexual and reproductive services, including access to contraception and safe abortions. The health sector has become the largest employer of young people, with employment rates rising faster for young people than for any other age group. This trend is reflected in most countries despite the socioeconomic context (WHO, 2019).

In DRC, during the 2019 Ebola crisis, 82 medical students were trained on general infection prevention control and deployed by the World Health Organization to be mentors at key health facilities. In terms of impact outcomes, declines were observed in Ebola cases associated with these facilities as well as cases among health care workers and total cases during the mentoring intervention (WHO, 2019).

5.5 Contact tracing and infection prevention control

Borders and local community checkpoints have been supervised by both youth and adults, who did temperature checks and monitored handwashing and track and trace efforts. During pandemics and epidemics, the ability to identify, and subsequently interrupt chains of transmission, is crucial to the success of containment efforts. In Liberia, youth engagement in COVID-19 contact tracing helped locate 1,439 people and found 126 of them tested positive for the virus. Overall, young people were engaged to conduct community infection prevention control activities, risk communication and community engagement (RCCE) activities. In the Democratic Republic of Congo, under WHO's leadership, youngsters were trained up and contributed to the development of community action plans before being deployed in the community.

Youth have also been supporting information-sharing programs on risk reduction, national preparedness, and response efforts. Furthermore they've been policing fake news, countering disinformation, misinformation, and stigma in their communities. This includes finding new and innovative ways to communicate risk through channels including radio, WhatsApp, text messages, social media and video conferencing platforms. As part of the response to HIV epidemics, young people have been at the forefront of risk communication initiatives, spreading the word on the need to fight misinformation, discrimination and stigma. Youngsters, including those living with HIV themselves, have reached out to their peers to assess their needs, monitored disruption to services and ensured the dissemination of information on how to access

antiretroviral drugs. They have also been involved in using various platforms to spread accurate and timely fact-based information.

5.6 Social impact innovation

Despite the digital divide, young people today are generally more connected than any previous generation. With many critical activities and institutions moving online, young people are in a good position to respond and adapt to the COVID-19 crisis. For example, young scientists and entrepreneurs have designed cutting edge ventilators to respond to the pandemic, produced sanitation products like soap and disinfectants and used 3D technologies to produce nasal swabs and masks.

5.7 Program and policy design

In the HIV/AIDS response, policy and program design initiatives have been led by youth networks. The African Youth and Adolescent Network (AfriYAN) played a critical role in the design and review of the Global Strategy for Women's, Children's and Adolescent's Health 2010–2015 and 2016–2030, roadmap for ending all preventable maternal, newborn, child and adolescent deaths. AfriYAN has also been heavily involved in the development of the 2020 HIV Prevention roadmap. The Global Youth Coalition on AIDS (GYCA) collaborated with the Global Fund to Fight AIDS, Tuberculosis and Malaria and with its Country Coordinating Mechanisms. Young people also teamed up with partners at national, regional and international levels leading to progressive language on young people's health and rights in international and national policy (such as in national adolescent health strategies in several countries). They successfully replaced 'abstinence until marriage' policies with ones based on science and harm reduction, and secured a stronger focus on the rights of young people living with/affected by HIV. The International AIDS Alliance has been leading policy changes and adolescent HIV programming efforts and has developed lessons learned from such engagements..

For emergencies such as Ebola, COVID-19, SARS and Zika, young people have been engaged in planning efforts and engagement formats including but not limited to:

1. Consultations;
2. Establishment of working groups;
3. Engagement in national governing bodies or task forces;
4. Engagement in national youth councils or youth-led civil society networks;
5. Engagement in multilateral youth panels such as the UNFPA Youth Panel;
6. Engagement in national or global constituencies such as the Adolescent and Youth Constituency of the Partnership for Maternal and Newborn and Child Health (PMNCH). However, significant efforts remain to ensure that young people are involved from the start, from the time the problem is defined right through to policy and program development, implementation and beyond.

The Office of the African Union Youth Envoy, with the support of the Africa Centre for Disease Control and Prevention and the African Union Commission Department of Social Affairs, launched the African Youth Front on Coronavirus, a youth-led advocacy platform to help lead Africa's response to COVID-19 in support of the African Continental Strategic Plan for the pandemic.

5.8 Monitoring, evaluation, accountability

In some settings, young people have been involved in rapid data collection and analysis, providing scientific evidence to guide decision making and policies. They have conducted clinical, epidemiological and anthropological studies to better understand risk factors and determinants of behavior change related to infection transmission and prevention during epidemics. **The Restless Development** charity has developed a youth-led research approach to support young people in their efforts to research issues that matter to them.

Youth responded to **Restless Development** by sounding the alarm around limited resources and demanding greater investment in health, more personal protective equipment, increased testing capacity and protection of the most vulnerable populations. In Senegal, AfriYAN has kept the government accountable and requested that at least 1% of the COVID-19 response budget be allocated to civil society and youth-led programs.

In Sierra Leone, **Ground Truth** and **Plan International** have supported the establishment of accountability mechanisms at local, district and national levels. Members of these groups have provided feedback on the Ebola response, raising issues with local chiefs like increased teenage pregnancies and early marriages. This has led to local by-laws banning early and forced marriages.

To the best of our knowledge, though, besides a limited number of efforts during the emergency management phase to ensure there is meaningful adolescent and youth engagement, there are still significant gaps in engagement after health emergencies, i.e. during the recovery phase.

5.9 Funding

AfriYAN West and Central Africa have played a critical role in advocating for funding allocation to civil society. In Senegal, the network requested at least 1% of financial resources to be allocated to adolescents and youth-led organizations. Plan International West and Central Africa launched a Youth Challenge Fund to fund innovative and creative initiatives led by youth networks, which aim to accelerate access to flexible financial and non-financial opportunities during COVID-19 and beyond in 14 countries. These include seven priority nations in West and Central Africa (Benin, Burkina Faso, Guinea Bissau, Ghana, Guinea, Mali, Sierra Leone).

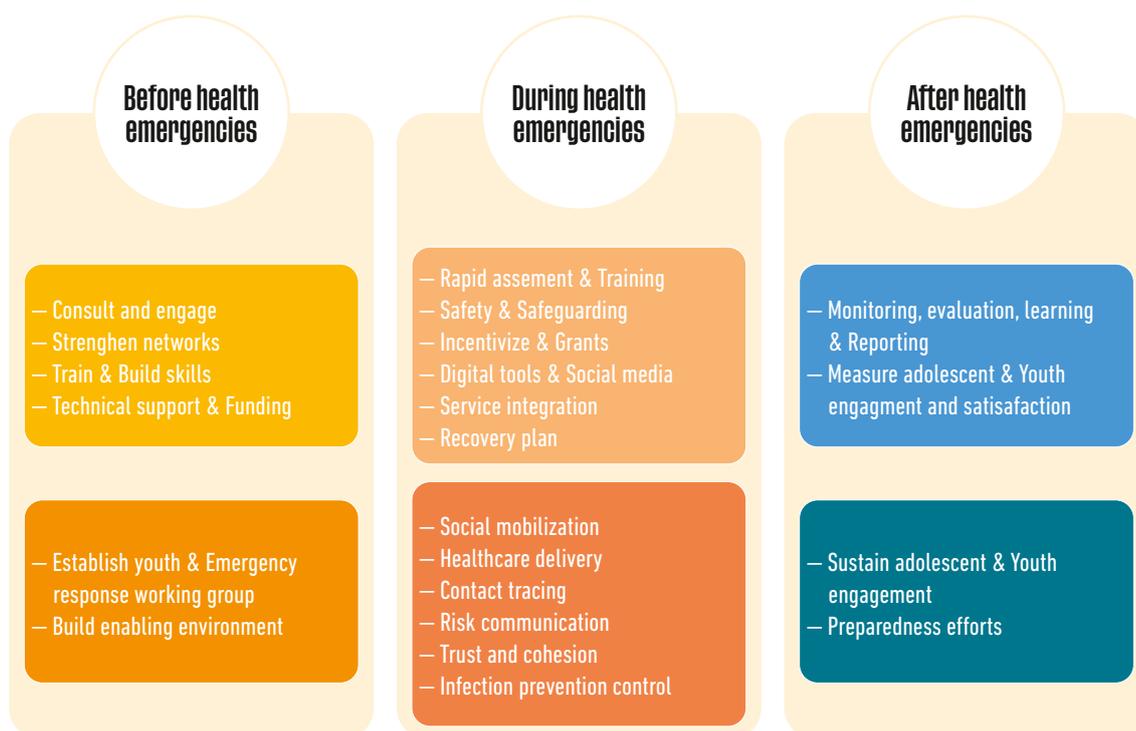
However, adolescents and youth still face significant challenges when trying to access funding and influence funding decisions.

5.10 Task forces and governance bodies

Adolescents and other young people are less likely to be appointed than their elders in national, regional, and global task forces in response to health emergencies. However, their expertise as doctors and other health professionals, researchers, policy makers and much more besides qualifies them to represent their peers in decision making and governance bodies.

6. Lessons learned and best practices

Fig. 7: Steps for the meaningful participation of adolescent and youth in emergencies



6.1 Before public health emergencies

- **Acknowledge meaningful adolescent and youth engagement** as a two-way process.
- **Develop an adolescent and youth engagement strategy** in a humanitarian context.
- **Strengthening meaningful engagement before epidemics and pandemics** is critical to ensure the immediate deployment of young people during times of crisis.

- **Establish and maintain reliable communications and media relations** before an emergency (at national, district and local levels), to speed up the dissemination of vital information.
- **Build skills and capacity on infection prevention, risk communication and safeguarding measures** to ensure young people have both the knowledge and the capacity to meaningfully educate their peers and raise awareness among them.
- **Consult and engage** youth in the development of health, economic and social interventions in response to emergencies, including infection prevention control, emergency responses and contingency and recovery plans.
- **Establish a cluster or working group on young people and their responses during emergencies** which will help monitor public health crises in countries across the globe.
- **Develop integration mechanisms** between the emergency response sector and other sectors, mechanisms like WASH (Water, Sanitation and Hygiene).
- **Establish funding mechanisms** for adolescent and youth engagement before, during and after emergencies.

6.2 During public health emergencies

- **Rapid assessment** of young people's knowledge, skills and capacity in order to update their existing knowledge and provide additional training.
- **Clarify roles, responsibilities, and tasks.**
- **Develop field guide and clear messaging** for youth community mobilizers and others working within the Social Mobilization.
- **Protect young people** and ensure the safety and well-being of any volunteer involved in public health emergency responses.
- **Provide adolescent- and youth-specific, sensitive, inclusive, friendly programs** focusing on various important issues such as sexual and reproductive health, mental health, and psychosocial support for all. It's also important that all young people, including those with diverse backgrounds, are reached, from ethnic minorities, migrants and refugees to rural youngsters, adolescent girls/young women, indigenous youth and, young people living with HIV/AIDS. Those with different sexual orientations and gender identities and homeless youth must also be remembered.
- **Build opportunities for leadership roles** during and after emergencies.
- **Incentivize young people's involvement in volunteering and promote funded engagement.**
- **Address health and non-health related needs** (psychosocial, nutritional, educational, financial) and ensure social protection systems include all young people. Special attention should be paid to those not covered by current social protection measures, with a particular focus on the needs of young women and girls.
- **Use the power of digital technology and social media** to develop digital communication and learning platforms and deliver some education.



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Increase funding and investment for engaging young people and improving their health, education and skills development.

- **Provide universal health coverage**, including for all young people, and ensure health systems effectively meet their needs during an emergency and throughout the recovery phase. There should be public health promotion, testing and treatment, as well as the provision of mental health services.
- **Increase funding and investment for** engaging young people and improving their health, education and skills development. More money should also be spent on encouraging entrepreneurs, expanding employment opportunities, upgrading work conditions and enhancing civic participation.
- **Build capacity and strengthen adolescent- and youth-led data collection, monitoring, evaluating and disseminating** with a focus on data broken down by age, gender and other population characteristics.
- **Promote youth innovation with rapid funding schemes and technical assistance** for youth-driven solutions to prevent and deal with public health emergencies and manage their socioeconomic impacts.
- **Identify and provide dedicated people, including** local partners, with an expertise in facilitating youth engagement, communication and social protection in an emergency context. This will effectively support young people involved in humanitarian responses.
- **Secure an enabling environment for emergency-affected youth**, particularly in a context of misinformation and a widespread lack of trust in information sources. This is a key priority in order to build trust among young people.
- **Work with various humanitarian actors to distribute Dignity Kits through established humanitarian channels** (e.g. UNFPA Namibia is distributing its kits through a partnership with the World Food Programme, which distributes supplies of food).
- **Work with actors involved in adolescent sexual and reproductive health (ASRH)** to ensure messaging on ASRH, managing menstruation and accessing information/ services is included.
- **Use distribution points as entry points for providing services** to women and girls.

6.3 During the recovery phase

- **Maintain strong communication and connections** after public health emergencies and strengthen adolescent and youth networks.
- Always **provide education on public health emergencies when discussing** other topics such as SRHR, gender-based violence, economic empowerment, etc.
- **Engage young people in monitoring, evaluating, learning and reporting processes.**
- **Measure and evaluate adolescent and youth engagement** and help them learn lessons useful for future emergencies.
- **Assist youth affected by disruption to their education** and provide economic opportunities they can actually earn money from whenever possible.

7. Conclusion

It's clear that several initiatives have been designed and implemented to try to engage young people in humanitarian contexts. Engagement through youth-led programming and implementation include efforts related to risk communication, community engagement and essential health services, as well as contact tracing, infection prevention control, trust building/community cohesion and social impact innovation. Unfortunately, though, there are still significant gaps when engaging youngsters, like those reported during the design, planning and evaluation of policies and contingency and recovery plans. In addition, young people are less likely to be engaged *before* and *after* health emergencies as opposed to during them. This means a lack of young voices when shaping responses to health emergencies and recovery from them.

However, it is still considered critical to strengthen meaningful engagement *before* and *after* epidemics and pandemics, including establishing and maintaining reliable communications and media strategies with young people, and building skills/capacity on infection prevention, risk communication and safeguarding measures. It's absolutely vital that stakeholders and youth networks develop adolescent and youth engagement strategies in humanitarian contexts to guide the establishment of special working groups focusing on young people and their response to emergencies.

During public health crises, there must be a rapid assessment of young people's knowledge, skills and capacity and clear messaging for youth leaders. Another key aspect of best practice is the provision of adolescent- and youth-specific, sensitive, inclusive, friendly plans, including those focusing on sexual and reproductive health, mental health, and psychosocial support for all. Incentivized, staffed and funded engagement are critical to sustain the participation of young people and truly value their expertise and involvement. Of course, safeguarding and infection prevention measures must be in place to protect youngsters during their participation. In addition, stakeholders must build capacity and support adolescents and youth to co-lead data collection, monitoring, evaluation and dissemination.

During any recovery phase, it is beneficial to maintain strong communication links to youth networks, maintain capacity-building efforts and strengthen meaningful engagement in monitoring, evaluating, learning and reporting processes. Overall, stakeholders need to measure and evaluate the outcomes of adolescent and youth engagement before, during and after an emergency. They need to really identify with young people, understand what lessons have been learned and recognize best practices in order to design increasingly effective engagement strategies and programs.

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