



**West and Central Africa's Commitment  
for educated, healthy and thriving adolescents and young people**

**« Listen, Understand, Act »**

*6 April 2023*

**1. Preamble**

*We, the Ministers of Education and Health of West and Central Africa (WCA), meeting in Kintélé, on 6 April 2023,*

*Recalling* the commitments made in the framework of the Sustainable Development Goals, in particular those relating to health and well-being, education and gender equality;

*Determined* to implement the Agenda 2063, the Continental Strategy on Education for Africa (CESA 16-25), the Gender Equality Strategy for CESA 16-25, the African Union Roadmap on Harnessing the Demographic Dividend through Investments in Youth, and; the African Youth Charter, Charter for African cultural renaissance, the Maputo Plan of Action 2016-2030 for the operationalization of the Continental Policy Framework on Sexual and Reproductive Health and Rights, as well as the International Conference on Population and Development Programme of Action and related Nairobi commitments, the Beijing Declaration and Platform for Action, the 2021 Political Declaration on HIV and AIDS, the statements from the Transforming Education Summit in New York in 2022, and the relevant policies of the Regional Economic Communities.

*Reaffirming* the rights and principles enshrined in the International Pact on Economic, Social and Cultural Rights, the Convention on the Elimination of all Forms of Discrimination Against Women, the International Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights, the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and other relevant normative instruments;

*Reaffirming* the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health (SRH), and the right to

education, and recognizing that it is essential to strengthen the capacity of adolescents and young people to make informed choices and to adopt healthy behaviours related to SRH;

*Convinced* that adolescents and young people are a driving force for economic and social progress in the region and have the potential to transform their communities, and that a shared vision of educated, healthy and thriving adolescents and young people contributes to their empowerment, their access to training and decent work opportunities, and more broadly, their participation in the economic and social development of the region;

*Considering* that in the context of this shared vision, the terms "adolescents" and "young people" refer to the girls and boys, young women and men of the continent<sup>1</sup>, and that this is a heterogeneous group with various age groups characterized by, among other things, a diversity of socioeconomic levels, strong disparities between urban and rural areas, unequal access to formal education, as well as to the Internet and digital tools; that this group is also characterized by differences in learning abilities, disabilities, and special needs and that this diversity also varies by risk of exposure to STIs including HIV, early and unintended pregnancy, gender-based violence (GBV), early, child and forced marriage; and that while adolescents and young people have specific, diverse and changing needs, they have the same rights;

*Noting with concern* that the COVID-19 crisis has increased the vulnerability of adolescents and young people, particularly girls and the most marginalized, and has led to school dropouts, an increase in GBV, an increase in adolescent pregnancies as well as an increase in behaviours and practices detrimental to adolescents' and young people's health and well-being;

*Recognizing* that crises, conflicts, natural disasters, and other situations of fragility compromise adolescents' and young people's access to quality education and SRH services;

*Considering* that this situation calls for an urgent response to the needs of adolescents and young people in order to equip them with the knowledge, skills, attitudes and values that will enable them to enjoy the highest possible level of education and health, and to lead healthy and fulfilling lives to realise their full potential;

*Convinced* that this vision for West and Central Africa implies that adolescents and young people know and understand their rights to health, education and protection, and can exercise them throughout their lives, while having the capacity to overcome gender inequalities and all forms of GBV;

*Noting also* that the Commitment generates new successes and capitalises on the successes and lessons learned of existing and already operational initiatives, such as the Ouagadougou Partnership and FP2030, and the Education Plus Initiative for the education and empowerment of adolescent girls in sub-Saharan Africa, in which several countries in West and Central Africa have adopted Champion Country status;

*Conscious* of the differences between countries in terms of laws, culture and values, and of the imperative to adapt terminology and programmes to their own context;

*Proclaim our vision of and commitment to a West and Central Africa where all adolescents and young people possess the knowledge, skills, attitudes, and values they need to transition to adulthood, maintain healthy and respectful relationships with others, and be prepared to become active, empowered, and responsible citizens within their communities, countries, and region.*

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<sup>1</sup> In the interests of alignment to international data, adolescence is defined as the phase of life between childhood and adulthood, from ages 10 to 19, and youth as the period of life from ages 15 to 24 (WHO).

## 2. Context

### 2.1 Challenges

Despite significant progress in the region, many challenges remain:

- **Early and unintended pregnancies:** The WCA region experiences the highest rate of adolescent pregnancy in the world: 33 percent of women gave birth before the age of 18, and 3.5 percent of adolescents before the age of 15. These pregnancies pose significant health risks and are the leading cause of death among African adolescents and young women. They also contribute to school dropout and social disruption.
- **Child, early and forced marriages and unions:** Despite wide disparities and considerable progress since 1990, more than one in seven girls is married at or before age 14, and six of the ten countries with the highest prevalence of child, early and forced marriage in the world are in the WCA region. In the region, being married young is associated with reduced use of modern contraception, higher fertility, higher maternal mortality, and dropping out of school.
- **School enrolment and completion rates, exclusion and disparities:** Enrolling all girls and boys in school remains a major challenge in the region. One in four adolescent girls and nearly one in five adolescent boys have not received any formal education or training. The disparity in gender completion rates impacts young people's literacy rate, which in 2019 was 73 percent for boys and 60 percent for girls. Access to education and retention rates are still characterised by inequalities. Adolescents and young people, especially girls, and those with disabilities are far less likely than their peers to be enrolled in school and to have their needs addressed. Furthermore, poor nutrition and a lack of school meals are a barrier to school enrolment even though they are proven to improve school attendance.
- **Early sexual debut:** In most countries, between 5 and 25 percent of girls have had sexual intercourse at or before age 14. This percentage is similar to or significantly higher than for boys, depending on the country.
- **Menstrual health:** A large number of girls and women do not have knowledge about their fertile period: only two WCA countries have more than 50 percent of women who believe that their fertile period is in the middle of their menstrual cycle. In the region, rates range from 5% to 57%.
- **In addition,** many girls in WCA lack access to adequate facilities for menstrual hygiene and necessary menstrual health protection. This particular situation, along with the stigma associated with menstruation – a source of harassment – significantly affects girls' learning and often results in increased absenteeism and school dropouts.
- **Unmet need for family planning:** Only two in five women aged 15-49 have their family planning needs met with modern contraceptive methods.
- **The use of psychoactive substances (alcohol, tobacco and other substances) among adolescents:** the use of psychoactive substances tends to reinforce risky behaviours and is detrimental to the health and education of users. On average, in countries in the region where the sale of alcohol is permitted, one in four adolescents consumes alcohol. There is an increasing trend in the use of other psychoactive substances (e.g. cannabis, stimulants, etc.).
- **Social norms and GBV: GBV such as harassment and sexual violence, and physical and psychological violence** are very present in the region and are often reinforced by gender norms that justify them. On average, nearly half of girls and more than a third of boys aged 15 to 19 justify wife beating. Social norms and gender-based violence, as well as difficulties in education access, retention and completion are exacerbated in situations of conflict, insecurity or other humanitarian crises.

- **Female genital mutilation (FGM):** The percentage of adolescent girls, aged 15-19, who have undergone FGM varies from less than 1 percent to over 90 percent across WCA countries.
- **New HIV infections and knowledge about HIV: HIV infection is on the rise among adolescents and young people:** Adolescent girls are at greater risk of HIV infection. The level of knowledge about HIV and AIDS among adolescent girls and boys remains extremely low: in WCA, only 24 percent of boys and 22 percent of girls aged 15-19 have comprehensive knowledge about HIV and AIDS. Additionally, other STIs including Human Papilloma Virus and other diseases may constitute national priorities.
- **Risks associated with Internet use:** The Internet presents both a vast potential for adolescent and young people's development and a significant source of exposure to new risks and dangers, particularly sexually explicit, harmful, or inappropriate content, online predators, cyberstalking, or grossly inaccurate information. As access to digital content is facilitated by the exponential use of mobile devices, access to the Internet is less supervised and potentially more dangerous.
- **Limited access to relevant information and quality SRH services:** Lack of access to relevant information and reproductive health services – including through dispensaries and at school health services – by young people, especially girls, increases the risk of unintended adolescent pregnancy, unsafe abortion, HIV, and other STIs; it also leads to a lack of self-confidence in addressing questions on sexuality, and particularly reduces the likelihood that girls will be able to access accurate, quality information about SRH.

## 2.2 Opportunities

- Investing in health and education contributes to achieving the **demographic dividend**, leading to economic empowerment of young people and better economic growth for countries. SRH is an investment with the highest return, given Africa's young and dynamic population.
- The evidence shows that it is possible to implement **effective education and information programmes** that are adapted to the laws, values, and culture of each country and that lead to knowledge, attitudes, and skills about reproduction and social relationships. These programmes lead to a reduction in risk behaviours that lead to exposure to early and unintended pregnancies, STIs including HIV, and an increase in protective behaviours, including abstinence among others. They also lead to increased self-esteem. These programmes are all the more necessary since adolescents and young people are largely in demand for information and education on reproduction and sexual relationships.
- The steady expansion of **12 years of free and compulsory schooling**, as recommended by the Education 2030 Framework for Action to achieve SDG-4, is an opportunity to reach more students and contribute to their enjoyment of the right to a quality education. At the same time, integrating comprehensive education and information programs into education systems is an important part of the process of improving education, including transforming teaching and learning approaches, or creating a more equitable, inclusive, and safe educational environment conducive to learner exchange and empowerment. Furthermore, universal schooling until the end of secondary education, technical and vocational education and training, and non-formal education act as protective and empowering factors for adolescents and young people.
- **Technology** has tremendous potential to reach young people, especially those who are hardest to reach. Statistics show that connectivity and Internet usage rates are growing rapidly on the African continent. A young population, combined with increased rates of Internet use and connectivity, can be an important advantage in promoting self-respecting, healthy, and effective behaviours respectful of oneself and others.

### **3. Commitment to action**

#### **3.1 Cross-cutting principles**

##### *Stakeholder involvement and community engagement*

- Inform and involve all relevant stakeholders in a sustainable manner – including adolescents and young people, parents and legal guardians, traditional and religious leaders, teachers, civil society organizations, technical and financial partners, and international organizations – in order to engage all actors and beneficiaries.
- Ensure strengthened collaboration and synergy of action between different sectors (e.g. education, health, family, women, finance, social action, child protection, communication, justice and youth) at all levels, and in particular between education and health.
- Strengthen community engagement with the health system through community dialogues and capacity building to facilitate behaviour change.

##### *Intergenerational Dialogue and Taboo-Breaking*

- Build on and strengthen tools for guiding parent/guardian-child dialogue on reproduction and social relationships as needed.
- Deconstruct taboos and stereotypes and question social and gender norms that are detrimental to the health, well-being, and education of adolescent girls and boys and young women and men.
- Take advantage of technological tools to amplify information campaigns.

##### *User-friendly spaces for exchange*

- Expand friendly, safe, and inclusive spaces for adolescents and young people in and out of schools and build their capacity to participate in management bodies.

##### *Monitoring and evaluation*

- Strengthen the monitoring and evaluation systems and improve the monitoring of the performance of health providers and health and education systems.
- Ensure the collection and periodic processing of quality, disaggregated data through robust monitoring and evaluation systems to better inform decision-making.
- Invest in and focus research on the situation and needs of adolescents and young people.
- Ensure the involvement of the Regional Economic Communities (ECCAS and ECOWAS), including sub-regional organisations working in health sector.
- Identify a champion country who will bring the matter to the African Union.

##### *Financing*

- Ensure the necessary funds are dedicated by countries to the implementation of the Commitment at the national level, with the support of technical and financial partners.

#### **3.2 Comprehensive education and information programmes**

##### *Scope and characteristics of comprehensive education and information programmes*

- Ensure that adolescents and young people benefit from a teaching and learning process that is based on a curriculum that addresses the cognitive, emotional, physical and social aspects of reproduction and social relationships, that aims to equip children and young people with the knowledge, skills, attitudes, and values that will enable them to thrive – with respect for their health, well-being and dignity – develop respectful social relationships, reflect on the positive

or negative consequences of their choices for their own well-being and that of others, understand their rights and defend them.

- Ensure that the programmes are comprehensive and that they are developed and implemented in an inclusive manner.
- Ensure that formal and non-formal education includes comprehensive, scientifically accurate, age-appropriate, and culturally sensitive curricula that provides adolescents and young people, girls and boys alike, in and out of school. Ensure that these programmes are provided at all levels, from early childhood to higher education, and are accessible in and out of school settings. Ensure that adolescents and young people are provided with information that addresses their evolving capacities regarding SRH, abstinence and delayed sexual debut, combined HIV and STI prevention and contraception methods, gender equality and women's empowerment, human rights, physical, psychological and pubertal development, menstrual health, substance use and abuse, power dynamics in relationships between women and men, and that builds self-esteem and empowers young people to make informed decisions, to develop communication skills, to manage risks, and to promote the health and well-being of adolescents and young people.
- Review comprehensive education and information programmes to identify strengths and gaps in legal and regulatory frameworks, planning, content, pedagogy, and teacher training and support, and learners' evaluation.
- Establish quality multi-sectoral coordination for comprehensive education and information programmes: strengthen collaboration between sectors at centralized and decentralized levels and with key stakeholders.

#### *Capacity building and training of adolescents' and young people's teachers and trainers*

- Strengthen, through pre-service and in-service training, the capacity of teachers to deliver quality comprehensive education and information programmes and to use participatory and learner-centred pedagogical approaches; this also involves building the capacity of teacher trainers and inspectors.
- Develop and disseminate appropriate teaching materials and training and guidance tools to support the teaching of comprehensive education and information programmes in formal and non-formal settings and involve young people in the development of these tools; take advantage of the availability of innovative digital and technological tools to develop resources that can be used by teachers and students, including those with special needs, and that are tailored to the needs of teachers/supervisors and learners, especially those living in rural and remote areas.
- Develop or strengthen quality assurance systems in education: coaching and mentoring of teachers and supervisors, formative assessments followed by measures to improve identified weaknesses.

### **3.3 Sexual and reproductive health (SRH) services**

#### *Linking education and health*

- Strengthen collaboration between the education and health sectors at all levels, particularly by improving the quality and coverage of school health services.
- Strengthen the availability of adolescent and youth-friendly health services in schools, out-of-school institutions, and community facilities, and equip them appropriately and inclusively; better refer adolescents to health services appropriate to their age and needs.
- To promote, through education, the importance and usefulness of SRH and other health services to in-school and out-of-school adolescents and young people.

### *Adapting SRH services to the needs of adolescents and young people*

- Conduct regular assessments of the actual SRH needs of young people in order to respond effectively, and expand the health coverage of adolescent- and youth-friendly care services, while strengthening the protection of people living with HIV and vulnerable people, including people living with disabilities.
- Intensify social and behavioural communication to adolescents and young people to promote positive and protective behaviours; ensure that adolescents and young people can always access reliable information on sexual and reproductive health and rights (SRHR) and available services, including by developing and taking advantage of adolescent- and youth-friendly digital platforms on SRHR, while ensuring that the confidentiality of information provided by adolescents and young people is respected.
- Institute, where appropriate, a policy of lowering the age of consent for non-surgical (reversible) SRH services to facilitate young people's access to relevant services in line with national legislation.
- Develop a policy of non-disclosure of information by service providers.
- Increase access to youth-friendly services and spaces (increase the number of youth-friendly health centres, youth-friendly spaces, and the quality of services offered); implement the minimum package of activities for young people; develop a policy of targeted free or preferential pricing for certain services (STI care for adolescents and young people).
- Promote gender equality in making decisions about their own health care.
- Promote adolescents' and young people's SRH, facilitating access to modern contraceptive methods, to comprehensive safe abortion and post-abortion care (within the limits of the national law), promoting menstrual hygiene and access to menstrual protection for girls and young women; make available the human papillomavirus vaccine to prevent cervical cancer.
- Promote self-testing or voluntary HIV testing in all settings; ensure that every adolescent knows their HIV status through voluntary testing, and guarantee free, quality information, counselling, and treatment for HIV-positive adolescents; eliminate provisions – where they exist – that require parental consent or mandatory reporting of results to parents or guardians when an adolescent (especially vulnerable adolescents) is tested for HIV in line with legal and regulatory provisions of each country.
- Strengthen community and adolescents' and young people's engagement with the health system through community dialogues and capacity building to facilitate behaviour change; strengthen collaboration with civil society actors.
- Strengthen HIV pre- and post-exposure prophylaxis for adolescents and young people.

### *Effective and efficient services*

- Strengthen databases on effective and efficient service delivery mechanisms and programs for adolescents and young people in a variety of social settings and circumstances.
- Strengthen SRH logistics to avoid stock-outs of contraceptives and other essential commodities in public sector health facilities.
- Develop the capacity of health care providers to deliver quality, non-judgmental services to adolescents and young people; train them in comprehensive education and information programmes and health service standards relevant to the *Global Accelerated Action for the Health of Adolescents* strategy.
- Integrate or develop service packages (distribution of contraceptives, hygiene kits for girls, etc.).
- Facilitate access to service financing mechanisms for the greatest number of social actors.

## **3.4 Response to gender inequality and sexual and GBV (including in schools)**

### *Healthy, safe, adolescent and youth-friendly and inclusive environments, linked to services*

- Ensure that schools and community learning environments are safer, healthier, youth-friendly and more inclusive for all learners, have safe spaces for adolescents and young people, girls and boys alike, in school and out-of-school settings, and promote communication, exchange, and

discussion among young people and adolescents of both sexes about SRH, GBV, and children's rights.

- Teach adolescents and young people, both in and out of school, to report all forms of GBV and create safe spaces for them to do so, helping with pointing them in the right direction, and make sure they are aware of the support, care, reparation mechanisms in place and that they are protected from retaliation
- Ensure the adoption and respect of infrastructure standards regarding inclusiveness, and provide schools with adapted, safe, gender-segregated latrines; integrate sanitation facilities within schools to support menstrual health.
- Create listening cells and early warning or reporting systems in all schools and universities to receive reports of school-related gender-based violence (SRGBV) and set up committees on gender and GBV.
- Implement or strengthen support, care, and reparation mechanisms for GBV survivors (girls and boys); cover the costs of legal proceedings; integrate post-violence care, mental health and psychosocial support services into community and outreach services for adolescents and young people.
- Produce, disseminate, and promote a map of facilities and the GBV victim management circuit.
- Establish or strengthen a sustainable national GBV data collection and analysis mechanism and ensure that data are disaggregated as much as possible.
- Develop and implement policies and programmes that make schools prevention and zero-tolerance places for GBV; establish a framework for monitoring, reporting, and holistic management of GBV cases.
- Promote the codes of conduct for teachers and ensure strict compliance with them.
- Establish linkages with social protection services in schools.

#### *Awareness and capacity building*

- Strengthen community mobilization—including through radio broadcasts and public meetings on the consequences of GBV and harmful practices (such as child, early and forced marriage and FGM); take advantage of the commitment of all stakeholders.
- Integrate the concepts of gender and GBV in school curricula from elementary school to university; include GBV in comprehensive education and information programmes and in communication on social behaviour change with adolescents and young people, parents, and community leaders in order to create a favourable environment to respond to them; involve the media in these communication strategies.
- Strengthen the capacity of school authorities, communities, parents, and students to prevent, respond to, report, and manage cases of SRGBV.
- Educate teachers on SRGBV prevention: develop and disseminate teacher training modules and guides on SRGBV.
- Strengthen the capacities of gender focal points and questions on SRGBV issues.
- Improve financial support for actors working in the fight against GBV.
- Develop sustainable poverty and malnutrition reduction programs for areas affected by harmful practices such as child marriage and FGM.

#### *Strengthen the legal and regulatory framework*

- Harmonize the different legal frameworks that deal with gender equality issues to ensure optimal impact.
- Include the imperative of continuing education for pregnant girls and young mothers and strengthen regulations for their return to school after childbirth, without discrimination.
- Ratify international conventions and protocols, especially those on child, early and forced marriage.
- Develop or revise and promote (including in national languages) laws related to children's rights, GBV and other harmful practices (child, early and forced marriage, FGM, etc.); enforce



sanctions in case of non-compliance with the law; severely punish perpetrators of sexual violence and discourage out-of-court settlements.

- Strengthen legal mechanisms for the prevention and management of GBV victims and early and unintended pregnancies.
- Integrate and implement relevant laws related to gender equality and SRH laws, including laws on children's rights, the right to education and the prohibition of violence.

#### 4. Targets

In all countries, by 2027

1. Integrated and inclusive policies and programmes that protect the health and education rights of all adolescent girls and boys, and young women and men, and that integrate comprehensive education and information programmes as well as SRH services for adolescents and young people in and out of school are implemented.
2. Trained teachers and trainers implement comprehensive education and information programmes in 50% of schools and 100% of teacher training colleges.
3. Trained health-care providers provide adolescent- and youth-friendly SRH services, including family planning and information and education, in 75% of health facilities.
4. Evidence-based multi-sectoral policies and strategies are in place and implemented with the involvement of adolescents and young people, to address GBV, including in schools and in humanitarian contexts.
5. 100% of countries increase domestic resources for the implementation of inclusive SRH education and information programmes and services for in- and out-of-school young people.

By 2032

6. Gender disparities in education are reduced by 50% in basic and secondary education.
7. Early and unintended pregnancies are reduced by 50%.
8. GBV and harmful practices, including early, child and forced marriage, and FGM, are eliminated
9. New HIV infections among adolescents and young people aged 10-24 are eliminated.

#### 5. Accountability Framework

An accountability framework will be developed based on the targets that are endorsed in this document in order to monitor the implementation of the WCA Commitment.

##### List of countries participating in the WCA Commitment

Angola	Côte d'Ivoire	Mali
Benin	Democratic Republic of the	Mauritania
Burkina Faso	Congo	Niger
Burundi	Gabon	Nigeria
Cabo Verde	Gambia	Sao Tome and Principe
Cameroon	Ghana	Senegal
Central African Republic	Guinea	Sierra Leone
Chad	Guinea Bissau	Togo
Congo	Liberia	

## **Appendix**

### **International and regional commitments**

#### **Education**

- *Sustainable Development Goals*
- *Education 2030 Framework for Action*
- *Agenda 2063 of the African Union*
- *Continental Education Strategy for Africa (CESA 16-25), Nairobi Declaration and Call to Action on Education – Bridging Continental and Global Education Frameworks for the Africa We Want (2018)*
- *Gender Equality Strategy for CESA 16-25*

#### **Health**

- *African Health Strategy (AS, 2007-2015)*
- *Revised Maputo Plan of Action 2016-2030 of the African Union for the operationalization of the continental policy framework for sexual and reproductive health and rights.*
- *Addis Ababa Declaration on Population and Development in Africa Beyond 2014 (2013)*
- *Commission on Population and Development, Resolution 2012/1 on adolescents and youth (2012)*
- *African Union Roadmap on Harnessing the Demographic Dividend through Investments in Youth (2016)*
- *Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (2021)*

#### **Human Rights**

- *UNESCO Convention against Discrimination in Education (1960)*
- *International Covenant on Economic, Social and Cultural Rights (1966)*
- *Convention on the Elimination of All Forms of Discrimination against Women (1979)*
- *African Charter on Human and Peoples' Rights (1981)*
- *African Charter on the Rights and Welfare of the Child (1990)*
- *International Convention on the Rights of the Child (1990)*
- *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women – Maputo Protocol (2003)*
- *Solemn Declaration on Gender Equality in Africa (2004)*
- *African Youth Charter (2006)*
- *African Common Position on the African Union Campaign to End Child Marriage in Africa and Final Declaration of the First African Girls' Summit on Ending Child Marriage in Africa (2015)*
- *Plan of Action of the African Union Youth Decade (2008-2019)*