

Demography and COVID-19 in Africa

**Evidence and Policy Responses
to Safeguard the Demographic
Dividend**

2020



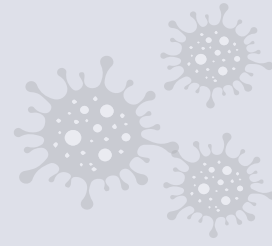


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Foreword

When African governments adopted the Addis Ababa Declaration on Population and Development in Africa in 2013, we committed ourselves to “Integrate responses to gender-based violence in all sexual and reproductive health programmes and services including in humanitarian situations, as part of a broader, multi-sectoral, coordinated response, which include maternal and child health, family planning and HIV-related services.”

This report, on the webinar series titled *Demography and COVID-19 in Africa – Evidence and Policy Responses to Safeguard the Demographic Dividend*, gives practical expression to the Addis Ababa Declaration and resonates with the African Union’s theme of 2017: *Harnessing the Demographic Dividend: The future we want for Africa*. The objective of the 2017 theme was to highlight the pivotal role that population dynamics can play in the socio economic transformation of our continent, through investing in our youth in order to achieve a demographic dividend for the continent.

The webinar series grew from a shared interest of several partners to promote a demographic lens in our understanding of the COVID-19 pandemic’s effects on populations and societies and to analyse the potential impacts of COVID-19 response measures on the achievement of the demographic dividend in Africa. As COVID-19 spread across our continent, many of the developmental initiatives in all our countries were slowed down and the livelihoods of the most vulnerable segments of our populations came under threat. The pandemic highlighted the need for policy makers to consider how it interacts with population dynamics and its implications for socio-economic well-being and in the long run, for the demographic dividend.

The COVID-19 pandemic has clearly amplified existing challenges to the youth, and threatens the continent’s prospects of harnessing the demographic dividend. Although many governments have taken an array of prevention and response measures to prevent the further spread of the virus, many of our life-saving interventions have had disruptive implications for the health sector, education and training, and job opportunities.

Women and youth were, and still are the hardest hit, particularly with regard to reduced access to sexual and reproductive health services and an increase in sexual and gender based violence. To safeguard the demographic dividend from the impact of COVID-19, governments will have to come up with strategic and evidence based short and long-term recovery strategies that are in line with the Sustainable Development Goals and the African Union’s Agenda 2063 and which focus specifically on investing in our youth in a meaningful way, i.e. through education and training, jobs and health, including sexual and reproductive health and rights.

The late Minister Jackson Mthembu co-hosted the webinar series and sadly also succumbed to COVID-19 on 21 January 2021. He worked tirelessly to advance the demographic dividend and to promote gender equity and equality, and access to sexual and reproductive health and rights for all, in particular women and adolescent girls. We dedicate this report to him and all those who worked towards these objectives, but departed prematurely. The implementation of this report’s recommendations will serve as a tribute to them.



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Lindiwe Zulu
Minister of Social Development,
Republic of South Africa



Executive Summary

The emergence of the Coronavirus Disease 2019 (COVID-19) has caused major health, social and economic upheavals that present an indispensable need for demographers and policy makers in Africa to consider the emergent evidence, the interaction between the pandemic and population dynamics, and the implications for socio-economic well-being, and in the long run, for the demographic dividend. It also calls for the need to scale up the generation of evidence and effective monitoring of impacts in order to inform interventions. The immediate impact of COVID-19 on morbidity and mortality in Africa has not been as severe as initially predicted by various models, with a low number of cases compared to other world regions. In addition, the situation is still fluid and evolving and some countries in the continent are experiencing a more severe second wave of the pandemic.

However, the pandemic's immediate impact on the social and economic well-being of populations in the continent has been profound. The long-term implications of the pandemic on the continent and on the prospects of African countries to harness the demographic dividend are also likely to be serious and a robust evidence-informed response, reinforced by an effective measurement and monitoring system, is required in order to mitigate against these adverse effects.

This report summarises the proceedings of a webinar series whose objectives were to: (i) create a space for sharing a demographic perspective on the impacts of COVID-19 with partners on the continent, considering its implications for Africa to reach a demographic dividend and achieve the Sustainable Development Goals (SDGs) and aspirations of the African Union (AU) Agenda 2063; and (ii) develop policy recommendations that South Africa and the continent can implement now and in the protracted response and early post-pandemic recovery period to safeguard the demographic dividend.

While governments in Africa have taken an array of prevention and response measures against the pandemic, these measures have had disruptive implications that have mainly affected the health sector, education and training, and jobs, among others. To safeguard the demographic dividend from the impact of COVID-19 and similar future public health emergencies, governments will have to come up with strategic and targeted short and long-term recovery measures.

Key priorities that need to be immediately addressed since they have long-term consequences that will negatively affect the potential for the demographic dividend are:

1. Governments and their partners should invest in ensuring that comprehensive Sexual and Reproductive Health and Rights (SRHR) services are adequately funded and there is full resumption of services including family planning, adolescent sexual and reproductive health services and youth friendly services. SRHR needs of the elderly should also be adequately addressed. Funding and programmes should be monitored to ensure continuity of SRHR as part of the essential health services during the pandemic.
2. Governments and development partners, particularly civil society organizations, should design effective interventions to reinforce adherence to existing laws to protect girls and women from sexual and gender-based violence, which has escalated in many countries during the pandemic.
3. Since the disruption in learning presents the greatest long-term threat to the demographic dividend, it is imperative that all governments:
 - » Implement robust return-to-school strategies that will ensure that all students are able to safely return to their institutions of learning, with a particular focus on ensuring that the disadvantaged groups as well as girls do not drop out of school.
 - » Prevent deepening learning inequalities, where home-schooling and Open Distance and eLearning strategies have been adopted to ensure continuity of learning, by taking additional measures to facilitate in-person learning for communities without adequate digital infrastructure and affordable internet.
4. The youth and women, who were the population groups most affected by high unemployment and underemployment rates before the pandemic, have further been adversely affected by COVID-19 which has led to significant job and income losses in the informal and gig economies where most of them are engaged. Both governments and private sector entities should therefore invest in re-igniting the informal and gig



economies through provision of business incentives including low cost-credit facilities to enable start-ups and recovery of affected businesses.

5. Governments should enhance the effectiveness of social protection measures to cushion those who have suffered critical income loss as a result of COVID-19 by:
 - » Providing inclusive social protection measures such as cash transfers, food subsidies, and free medical care.
 - » Deploying evidence-based targeting to ensure the most deserving individuals and households are reached by social protection programmes.
 - » Putting in place monitoring and evaluation mechanisms to improve the effectiveness of these programmes.
6. Invest in enhancing the development and use of digital technologies that have been critical across sectors in the prevention and recovery measures. For example, health services information, digital learning platforms, and e-commerce, have all been extremely useful where restrictions on movement were imposed and physical service delivery points closed.
7. Governments and development partners should enhance investments in data and measurement to inform both the short-term and long-term responses to COVID-19 and similar episodes that may occur in the future. These should include:
 - » Developing measures to ensure continuation of collection of routine and survey data that have been disrupted due to challenges limiting in-person and on-site data collection.
 - » Strengthening routine and survey data collection mechanisms to enhance understanding of the health and socio-economic impact of COVID-19 and improve monitoring and evaluation of COVID-19 intervention programmes.
 - » Researchers and think-tanks supporting governments that have not conducted in-depth assessments of the impact of COVID-19 on population inequalities to hasten and conduct such assessments in order to draw actionable recommendations to avoid deepening these inequalities in COVID-19 recovery strategies.
 - » Building on existing longitudinal evidence generation platforms such as the Health and Demographic Surveillance Systems (HDSS) to generate evidence to understand the impact of the pandemic and to evaluate intervention impacts.
 - » Promote the use of alternative data collection models including the adoption of various technologies for data collection. Most of the data generated in this period on the pandemic for example have been through the use of telephone-based surveys. Although these have been used for a long time in the global north, telephone surveys have previously not been widely used in Africa.
 - » Building on the nascent rapid response data collection systems that have emerged during the pandemic to develop rapid response evidence generation and impact evaluation capacity.
8. Strengthen multisectoral efforts to respond to COVID-19 that leverage on regional integration and continental collaborations, building on ongoing efforts by the African Union Commission (AUC), Africa CDC and regional economic blocs through:
 - » Sharing of best practices among AU member states on service delivery during the COVID-19 pandemic and on response measures in areas such as social protection and support for recovery of socio-economic life.
 - » Cooperation among AU member states and the regional economic blocs on best practices to implement the AU's Agenda 2063, Addis Ababa Declaration on Population and Development, Demographic Dividend Roadmaps, and on integrating population dynamics into development planning and implementation processes.
 - » Investing on developing a dedicated evidence and knowledge-hub that will address COVID-19 and the Demographic Dividend in Africa. The hub will share lessons and best practices in mitigating the impacts of COVID-19 across countries and regions and provide evidence on interlinkages between COVID-19, SRHR, population and development and the demographic dividend.



01 Background

Population dynamics are very important to any sustainable development strategy that a country seeks to implement. It's critical for countries to monitor population change and the interaction between population and various aspects of development in order to inform holistic and multi-sectoral approaches to sustainable development. Compared to the rest of the world, Africa is youthful. The United Nations (UN) estimates that 60% of Africa's population is under 25 years of age compared to a global average of 41%.¹ The region can capitalise on this youthful population to benefit from the Demographic Dividend (DD) which is reference to the economic benefit arising from a significant increase in the ratio of working-age adults relative to young dependents. It is critical to note that the DD is not guaranteed by the shift in age structure alone, but must be accompanied by investments to improve human capital (health, education and skills) and economic reforms to create jobs, attract investments and encourage a culture of savings that can be directed to spur economic well-being.^{2,3,4}

The emergence of the COVID-19 has caused major health, social and economic upheavals that present an indispensable need for demographers and policy makers in Africa to consider the emergent evidence, the interaction between the pandemic and population dynamics, and the implications for socio-economic well-being, and in the long run, for the demographic dividend. It also calls for the need to scale up the generation of evidence and effective monitoring of impacts in order to inform interventions. The immediate impact of COVID-19 on morbidity and mortality in Africa has not been as severe as initially predicted by various models, with a low number of cases compared to other world regions. However, the situation is still fluid and evolving and some countries in the continent are experiencing a more severe second wave of the pandemic.

The pandemic's immediate impact on social and economic well-being on populations in the continent has been profound. The long-term implications of the pandemic on the continent and on the prospects of African countries to harness the demographic dividend are also likely to be serious and a robust evidence-informed response, reinforced by an effective measurement and monitoring system, is required in order to mitigate against these adverse effects.

As a result of these developments, South Africa's Department for Social Development (DSD), Stats SA, and their partners, developed a 5-part webinar series titled Demography and COVID-19 in Africa – Evidence and Policy Responses to Safeguard the Demographic Dividend. The main objective of the webinar series was to create a space for sharing demographic perspectives on the impacts of COVID-19 with partners on the continent, considering its implications for Africa to achieve the demographic dividend, attain the Sustainable Development Goals (SDGs) and aspirations of the African Union (AU) Agenda 2063. The series builds on South Africa's data analysis and understanding of the epidemic and lessons from the rest of Africa and other world regions.

This report summarises the proceedings of the webinar series and the emergent policy recommendations.



¹United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, custom data acquired via website.

²Bloom, David, David Canning, and Jaypee Sevilla. (2003). *The demographic dividend: A new perspective on the economic consequences of population change*. Rand Corporation.

³Bloom, David E., and Jeffrey G. Williamson. (1998). "Demographic transitions and economic miracles in emerging Asia." *The World Bank Economic Review* 12.3: 419-455.

⁴Lee, Ronald, and Andrew Mason. (2006). "What is the demographic dividend?." *Finance and Development* 43.3: 16.



02 Key Questions

COVID-19 was declared as a global pandemic on 11 March 2020 by the World Health Organisation (WHO) as a result of the rapid spread of the disease globally. During the initial phase of the pandemic, there was much debate on how severely it would affect Africa. As the pandemic has evolved and signalled that it would last for a much longer period than initially thought, there have been key questions arising about the nature of the disease and its short-term and long-term consequences on health and well-being. The webinar series sought to answer the following critical questions:

1. How do demographic age structures and indicators influence the way COVID-19 spreads in and affects a population?
2. What are the possible implications of the COVID-19 pandemic on progress towards a positive and inclusive demographic dividend in South Africa and the rest of Africa?
3. What has been learnt about data, indicators and the measurement thereof to monitor and evaluate the impact of COVID-19 and to inform governments' responses?
4. What lessons can we learn from Africa's response to COVID-19 to support developing policy recommendations that South Africa and the continent can implement now and in the post-pandemic period to safeguard the DD?

Objectives of the webinar series



- » To create a space for sharing a demographic perspective on the impacts of COVID-19 with partners on the continent, considering its implications for Africa to reach a demographic dividend, achieve the SDGs and achieve the aspirations of AUs Agenda 2063.



- » Develop policy recommendations that South Africa and the continent can implement now and in the post-pandemic period to safeguard the demographic dividend.



03 COVID-19, Demography and the Demographic Dividend

Short-term effects on morbidity and mortality

As COVID-19 has evolved, it has become clear that there are various factors that may accelerate the immediate impacts of COVID-19, especially on morbidity and mortality. Some key factors that have been explored include:

- » **Population age structure:** Having a young population is thought to be generally protective for African countries with both serious illness and death rates from COVID-19 being experienced much more severely at older ages. According to the UN population Division, only 1.7% of the total population in sub-Saharan Africa are aged 70 years and above, compared to 12.7% in Europe and North America.

Although the youthful population structure in Africa is viewed as one of the key reasons for low COVID-19 transmission and deaths in the region, increasing evidence shows that younger individuals in low and middle-income countries may be at a substantially higher risk of severe COVID-19 illness than individuals in the same age-group in high-income settings once age-related health conditions are considered.⁵

- » **Co-morbidity:** Having other serious underlying health conditions such as heart disease, diabetes and obesity for instance, have emerged as risk factors leading to higher mortality rates for those who get infected by COVID-19. Initial fears were that the higher prevalence of serious infectious diseases such as HIV/AIDS and tuberculosis, would put Africans at great risk of high mortality rates with the spread of COVID-19.
- » **Health systems:** At the beginning of the crisis, it was feared that the weak and under-resourced health systems in Africa would also be a major challenge for the response to the pandemic in Africa. According to the WHO survey in March, there were on average nine intensive care unit beds per million people in 47 African countries.
- » However, there seems to be some concurrence that the experience of African countries with infectious diseases such as HIV/AIDS and Ebola and public health measures that have been put to address these over the years may have prepared Africa to deal better with the pandemic than was expected.
- » **The urban situation:** African cities characterised by high-population density and poverty in informal settlements would be a challenge to some effective policies including lockdowns and social distancing. Apart from crowded residences, a majority of the population work in urban settings work in the informal gig economy and thus have to make a choice between providing for their households and exposing themselves to infection.

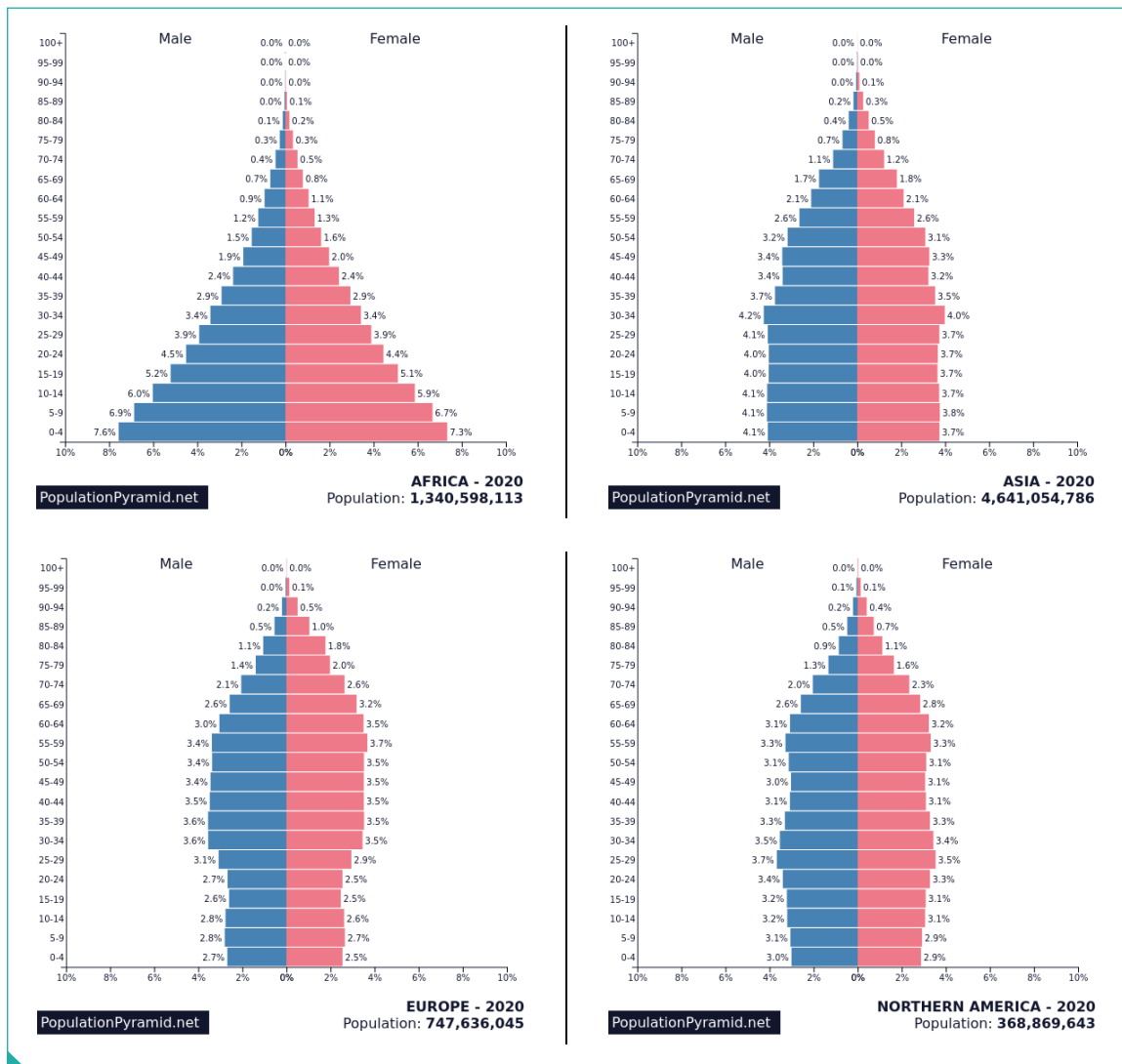


Africa compared to other world regions has reported among lowest number of cases and deaths. By late November, 2020, the Africa Centres for Disease Control and Prevention (Africa CDC) database estimated that the continent's burden of the disease translated to about 3.5% and 3.6% of global cases and deaths.

⁵Nepomuceno, M.R., Acosta, E., Albrez-Gutierrez, D., Aburto, J.M., Gagnon, A. and Turra, C.M. (2020) 'Besides population age structure, health and other demographic factors can contribute to understanding the COVID-19 burden', *Proc Natl Acad Sci U S A*, 117(25), pp. 13881-13883; Schellekens, P. and Sourrouille, D. (2020) *COVID-19 Mortality in Rich and Poor Countries : A Tale of Two Pandemics?*, Policy Research Working Paper; No. 9260



Figure 1: Africa's significantly younger population age structure has provided it with a protective effect from immediate morbidity and mortality impact of COVID-19



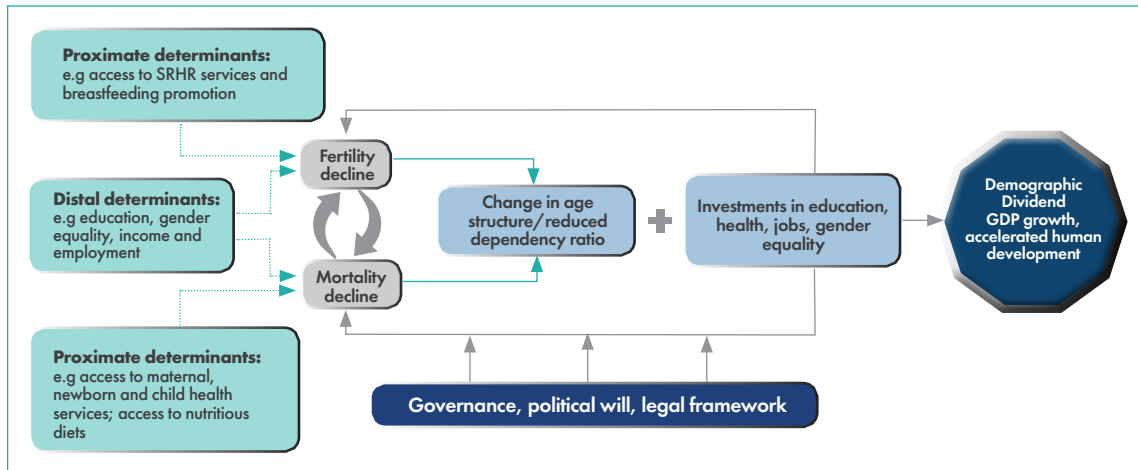
Medium and long-term impact on the demographic dividend

However, much as African countries seemed to have so far progressed better than other world regions in terms of short-term mortality and morbidity, it is the long-term effects of the pandemic that may have the greatest toll on the prospects of the demographic dividend.

- » The optimism that African countries can benefit from the demographic dividend is predicated on improvements in health, education and other key aspects such as gender equality, income and employment that would lead to declines in fertility and mortality.
- » This would lead to a change in the age structure, from one dominated by child dependents as is the case in most African countries today, to one that has significantly more productive people in the working ages. With the political will, good governance and the right legal and policy frameworks that support investments in education and skills development, health, the generation of jobs, and gender equality, countries can capitalise on the large working age population and lower dependency burden to boost productivity and thereby boost economic growth and sustainable human development, hence earn the demographic dividend. Figure 2 summarises the pathway to the demographic dividend.



Figure 2: Conceptual framework for the demographic dividend



Source: Adapted from presentation by Prof Charlotte Watts (2020)

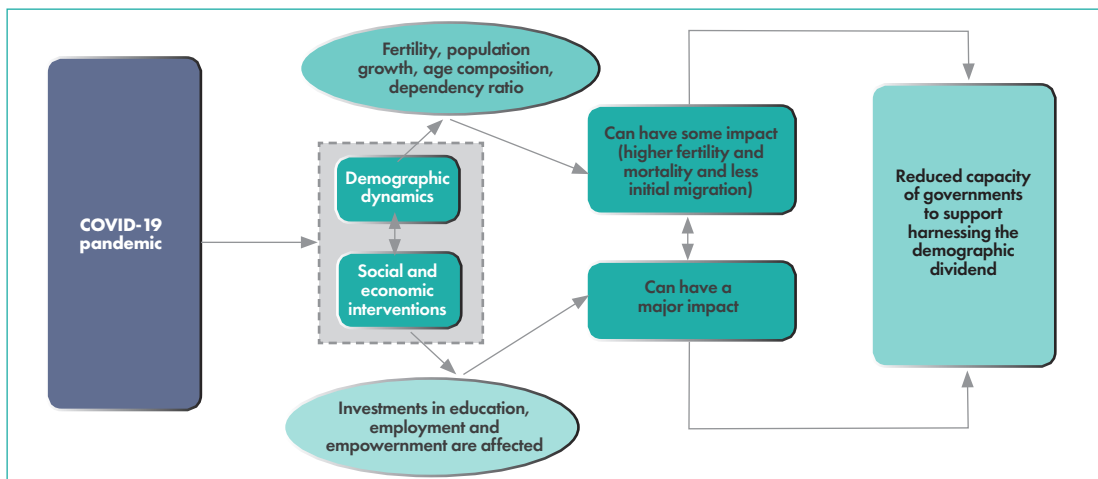
Measures to control the pandemic and their implications

Governments in Africa have taken an array of prevention measures against the pandemic especially in the first months of pandemic. While some of the most stringent measures were relaxed or halted as the situation seemed to get under control, some have been re-introduced with the threat of a second and more deadly wave of the pandemic as witnessed in South Africa towards the end of 2020. Some of the key control measures included:

- i. Public health measures on hygiene including measures to improve hand-washing and mandating the use of face masks.
- ii. Mass screening and testing.
- iii. Social distancing and limiting public gatherings.
- iv. Closure of schools and training institutions.
- v. Movement restrictions within countries ranging from night-time curfews, partial lockdown and national lockdowns.
- vi. International travel restrictions including full border closures and international air traffic closures.

These measures have had far reaching consequences that have immediate and long-term implications for health, socio-economic well-being and by extension, prospects for the demographic dividend in the continent (see Figure 3). The webinar series focused on the disruptive implications that have mainly affected the health sector, education and training and jobs.

Figure 3: Main COVID-19 effects for Africa’s demographic dividend – a summarized conceptual framework



Source: Adapted from presentation by Jose Miguel Guzman (2020)



04 Highlights of Impact on Various Pillars of the Demographic Dividend

The pandemic has had a range of negative effects across pillars of the demographic dividend as demonstrated by a multi-country self-reported study conducted by the Partnership for Evidence-Based Response to COVID-19.

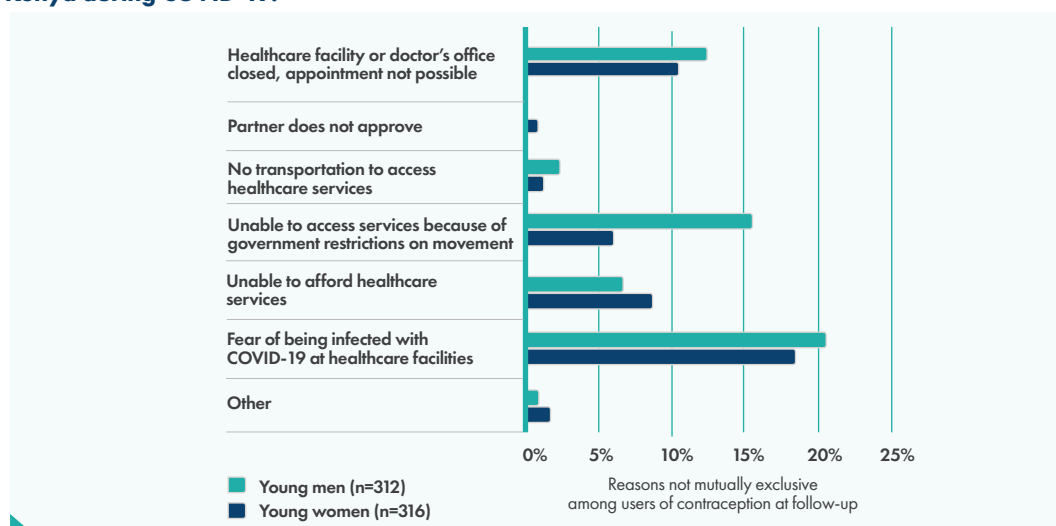
Country	Delayed or skipped health care visits (%)	Difficulty obtaining medicines (%)	COVID-19 -related mental health issues (%)	Less money relative to last year (%)	Barriers to getting food (%)
DRC	37	49	36	72	80
Ethiopia	22	36	14	59	52
Kenya	37	42	23	75	81
Uganda	53	51	33	86	64
Mozambique	28	27	42	68	75
South Africa	38	31	30	62	74
Zambia	42	52	26	79	83
Zimbabwe	38	65	34	76	87

Source: (Partnership for Evidence-Based Response to COVID-19 (PERC), 2020)

Health services and outcomes

- Major disruptions have been witnessed in the area of Sexual and Reproductive Health and Rights (SRHR) including maternal health, family planning, and youth friendly services. Further, erratic supply and stock out of maternal health and family planning commodities due to disruptions of the supply chains, closures of SRHR service delivery points, and the reduced visitation by potential users of SRHR services either because of movement restrictions or fear of contracting COVID-19 (especially in the initial phases of the pandemic), were a common concern across countries.

Figure 4: Disruptions to contraception for adolescents and young adults (age 15-24) in Nairobi, Kenya during COVID-19.



Source: PMA Agile/Gender and ICRHK (2020)



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- » An increase of unwanted teenage pregnancies in some countries during the pandemic period could be related to an increase in unmet need for family planning.
- » Incidents of Sexual and Gender Based Violence (SGBV) including intimate partner violence, were also noted to be on the rise during the pandemic. Significantly reducing SGBV is one of the key targets of the ICPD programme of action.
- » A rise in mental illness associated with increased social isolation, disruptions in daily life routines and pressures associated with the loss of livelihoods occasioned by measures against COVID-19.
- » Other areas in health affected include the disruption of vaccination campaigns and the diversion of resources for other critical healthcare needs to COVID-19 responses.

Rising cases of mental illness?

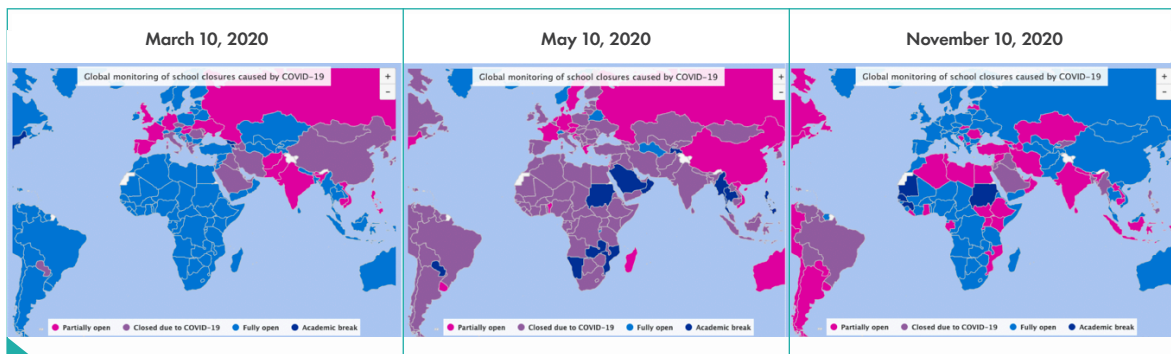


A study in South Africa presented during webinar series shows that the prevalence of depressive symptoms seemed to have doubled between 2017 and June 2020 (during the pandemic) from 12% to 24% of individuals. It further noted that those who reported extreme hunger were twice as likely to screen positive for depressive symptoms (Oyenubi and Kollamparabill, 2020)

Education and training

- » In all countries across the continent, there has been widespread full closure of learning institutions. While countries had slowly started re-opening schools, the current emergence of a second wave of the pandemic pose a challenge with high likelihood of further disruption to academic calendars and learning.

Figure 5: Monitoring the state of school closures in Africa



Source: UNESCO

- » In the context of the physical closure of learning institutions, efforts to enable the continuation of learning have hinged on Home-schooling and Open Distance and eLearning (ODeL) strategies. These digital platforms are dependent internet and electricity access that are likely to disadvantage learners in rural and poor urban areas.
- » The consequences of closure of schools and other training institutions have notable potential to undermine the development of human capital required to harness the demographic dividend. Not only will there be long-term impact on learning outcomes but it is very likely that a lot of young people will indefinitely drop out from the education system.
- » Initial estimates from the United Nations Educational, Scientific and Cultural Organization (UNESCO) indicate that about 5.3 million learners in sub-Saharan Africa (from pre-primary to university level), are at risk of not returning to school in 2020.
- » School closures have likely contributed to an increase in child marriages and teen pregnancies during the pandemic and by extension, the end of formal education for many young girls, further undermining gender equality.



Employment and livelihoods

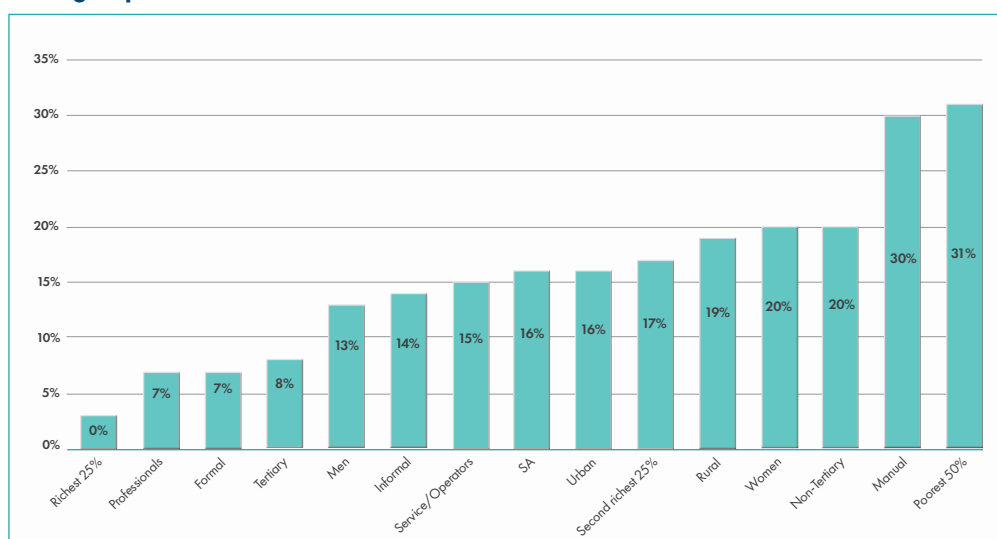
- » The restrictions imposed to control the pandemic have had a devastating economic impact across the continent, leading to massive job losses and reduced incomes. Indeed, the raging debate (not only in Africa) is on how to balance the health benefits of imposed restrictions and the economic costs of these restrictions.
- » The UN Economic Commission for Africa has forecast that the combined effect of the crisis could result in a 1.1% growth rate in 2020 in the best-case scenario and a contraction of -2.6% in the worst case, depriving 19 million people of their livelihoods and in the context of weak social protection programmes in Africa, pushing up to 29 million more people into poverty.⁶
- » Women and youth have been disproportionately affected by the jobs and income losses across the region as a large proportion of these groups are engaged in the precarious informal and gig economies.
- » With exception of a few countries, the continent also struggles with inadequate social protection measures to cushion their populations from the loss of livelihoods.

Inequality in jobs losses



While many countries are still struggling to quantify the impact of COVID-19 on livelihoods, countries such as South Africa, have been able to demonstrate the impact from the NIDS-CRAM survey. The data show for example that 2.8 million jobs lost between February and April 2020 had not returned by June. Moreover, impact of the loss in employment was felt most by poor, rural, female, unskilled and less experienced persons (Figure 6). The poorest 50% of workers and manual laborers for example, were ten times more likely (31% net loss) to lose their job between February and June compared to the richest 25% of workers (3% net loss). Informal workers were twice as likely to lose their jobs (14%) compared to formal sector workers (7%).

Figure 6: Percentage net loss in employment between February and June 2020 by sub-group



⁶United Nations (2020) Policy Brief – Impact of COVID-19 in Africa https://www.uneca.org/sites/default/files/PublicationFiles/sg_policy_brief_on_covid-19_impact_on_africa_may_2020.pdf



05 Response Strategies, Data and Measurement Innovations

The webinar series was able to explore various response strategies and innovations that have been deployed in various countries across various sectors in order to inform decision making and to cushion citizens against the adverse effects of the pandemic. While some of these were aimed at unblocking service delivery obstacles, others were data and measurement innovations to inform decision-making.

- » In Uganda, Reproductive Health Uganda (RHU), put in place various measures to overcome the SRHR service delivery challenges that had emerged as a result of COVID-19. These included various adaptations such as demand creation for services through communication and advocacy, and capacity building, including for self-administered family planning methods (see Box 1 for more details).

Box 1: Overcoming challenges to SRHR services in Uganda by the Reproductive Health Uganda (RHU), Wish2Action Programme

Organizational challenges

- Limited reach to clients (both static and outreach posts) by service providers – due to restrictions and public fear.
- Limited supply of equipment and supplies for service delivery.
- Limited adherence to Government SOPs due to lack of awareness about COVID-19.
- Increased cost of service delivery (more need for Infection prevention).

Impact of challenges

- Increased demand for SRHR services against limited of supplies.
- Increased cases of unplanned and teenage pregnancies.
- Increased cases of unsafe abortion.
- Risk of spread of COVID-19.

Community challenges

- Limited access to service delivery points and services.
- Limited access to information.
- Political entanglement amidst the pandemic - lack of Trust
- Increased cases of Gender based Violence

Service delivery adaptations

Planning for continuity amidst COVID-19

- Developed SOPs to guide continuity of service delivery especially the community outreaches in line with Government requirements.
- Realigned budgets towards COVID-19 adaptation (thanks to donor flexibility).
- Procured infection prevention supplies (protective gear, hand-washing facilities, disinfectants etc) to facilitate service delivery.
- Set up virtual platforms to aid communication and coordination with field teams (Weekly progress review meetings).

Demand creation and community mobilization

- Integration of COVID-19 messages with SRHR messages (Radio spots).
- Shift from interpersonal communication to more mass media due to restrictions on travel and social gathering.
- Deployed megaphones for community mobilization.
- Community dialogue meetings with easing of lockdown.



Service delivery adaptations	
<p>Service delivery:</p> <ul style="list-style-type: none"> ● Expanded services integration scope to include SGBV. ● Enhanced infection prevention (protective gear for service providers). ● Controlled numbers at service delivery points to avoid overcrowding. ● Adhere to Government SOPs (Social distancing and wearing masks) at all SDPs. 	<p>Capacity Building:</p> <ul style="list-style-type: none"> ● Trainings on infection prevention. ● Training on DMPA-Sc self administration. ● Training on identification and management of victims of SGBV.
<p>Enhancing coordination and partnerships</p> <ul style="list-style-type: none"> ● Support to regular district coordination meeting. ● Participation in COVID-19 task team meeting at both national and district level. ● Support to district COVID-19 response activities. 	<p>Pandemic control within the organization</p> <ul style="list-style-type: none"> ● Set up RHU COVID-19 task force to guide continuity of operations in the organization. - responsible to Senior management. ● SOPs developed to guide service delivery. ● Capacity building of response team on surveillance and management of COVID-19. ● Screening at all entry points of all service delivery points. ● Testing of symptomatic team members and treatment of confirmed cases.

Source: Adapted from presentation by Dr Annet Nagudi (2020)



Personal protection wear aided service continuity



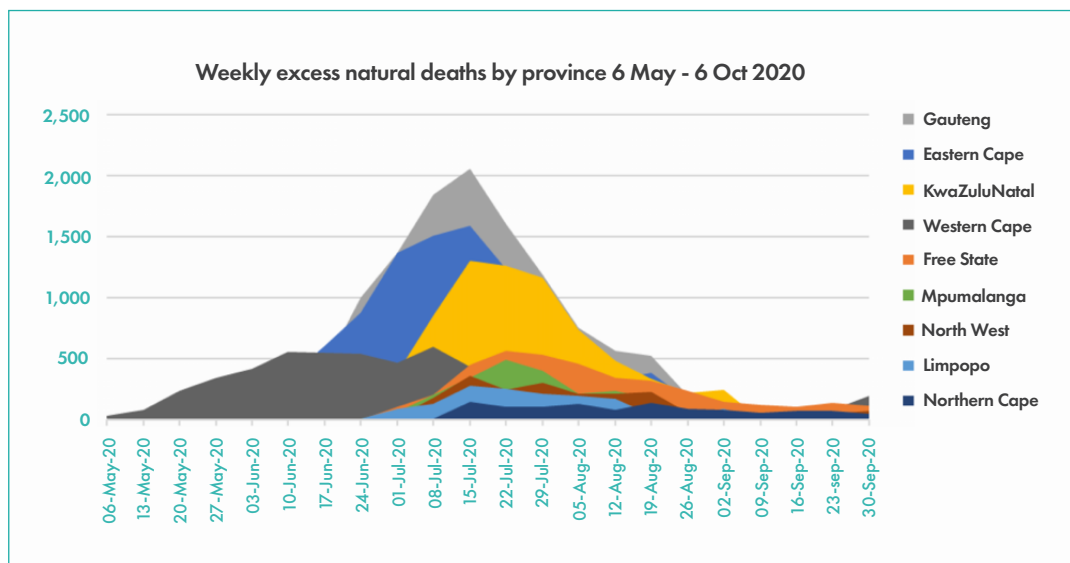
Training of VHTs on DMPA-SC in Bukedi cluster

- » In most countries, there were efforts to support online learning and also the use of platforms such as radio and tv education programming, and in some cases, school materials were delivered to remote learning areas. However one of the key findings is that these platforms did not reach all who need to be reached and in particular, children from rural and poor backgrounds who do not have access or cannot afford the digital platforms.
- » While many African countries do not have strong social protection systems, a few, and South Africa in particular, have been able to leverage their social protection system to provide social grants to cushion citizens against adverse economic impacts of the pandemic. Lessons from South Africa's response through their social protection system, which is much more advanced than in many countries in the continent, are useful to be documented and shared so that other African countries can build their own evidence-informed social protection systems and strengthen resilience for scenarios emanated from the COVID-19 pandemic.



- The Malawi National Planning Commission (NPC) with support from the Copenhagen Consensus and AFIDEP, were able to model the opportunity costs of school closures, movement and livelihood restrictions, and community health services. A key outcome of this exercise that has informed the return to school policy in Malawi was the finding that the opportunity cost in terms of loss of future income from school closures far outweighed even the most optimistic estimate of the net health benefits.
- In South Africa, the South Africa Medical Research Council (SAMRC) has leveraged the country's fairly well-established civil registration and vital statistics system to measure the mortality impact of the COVID-19 pandemic using the excess mortality concept. Excess mortality is defined by the WHO as "mortality above what would be expected based on the non-crisis mortality rate in the population of interest. Excess mortality is thus mortality that is attributable to the crisis conditions". Using weekly tracking of deaths, SAMRC has been able to demonstrate that confirmed COVID-19 deaths understate the true impact of the pandemic in South Africa (Figure 7) and also to inform the governments course of action towards the pandemic.

Figure 7: Measuring excess mortality in South Africa during COVID-19.



Source: SAMRC

- Evidence from the South African Population Research Infrastructure Network (SAPRIN), demonstrated the usefulness of longitudinal data from Health and Demographic Surveillance Sites (HDSS). That has come in handy to monitor progress of the pandemic and inform response in service delivery. Such infrastructure that enables the monitoring of established longitudinal population cohorts, will also be extremely useful for monitoring the long-term impact of the pandemic on the demographic dividend.

Data and measurement challenges

One of the key challenges for evidence-informed decision-making (for policy and implementation) in the continent is the lack of adequate quality and timely data. COVID-19 has managed to amplify the need for strengthening data and measurement for countries in the continent.



Some of the key challenges that have come into sharp focus during the COVID-19 period are:

1. Lack of disaggregated data on various aspects of the demographic dividend. These include gender disaggregated data but also sub-national data on key aspects such as employment and poverty. Lack of disaggregated data makes it difficult to inform policy and programmes that target the most vulnerable in the community.
2. Inadequate capacity for rapid response data by governments despite the increasing emergency situations.
3. Inadequate administrative data that can be used for decision-making during situations such as the pandemic.
4. Limited integration of data from across sectors that can facilitate holistic decision-making. For instance, the pandemic has had multifaceted impact and it would have been useful to have holistic cross-sectoral data.
5. In addition to these challenges, COVID-19 has severely disrupted the collection of routine data and signature large scale data collection activities for important data sources such as the national population and housing census, the Demographic and Health Surveys and Labour Force Surveys. Many countries in the continent have been unable to conduct these critical data collection exercises this year and this will affect development planning.



06 Risk of Increasing Inequality

COVID-19 has once again demonstrated that an unequal world leads to unequal outcomes with those who are already vulnerable and deprived most at risk of being left further behind. We shall be at risk of not attaining our sustainable development goals if inequality is not addressed comprehensively. The evidence from across the continent show that with regards to the pillars of the demographic dividend, those who have been most negatively affected include women and the youth.

- » Disruption of SRHR services could lead to increases in unmet need for family planning, and for young girls and poor women it could also lead to an increase in teenage and unintended pregnancies that will further curtail their opportunities for empowerment with many young girls likely to drop out of school.
- » Rising cases of SGBV will have further negative impact on the lives of women who are generally more likely to be victims of SGBV than their male counterparts.
- » Youth and women in Africa already suffer from disproportionately higher levels of unemployment and underemployment than the general population. Job losses because of the pandemic will affect the youth and women, and especially in urban areas where they dominate the informal and gig economy that lacks safety nets in periods of crisis.
- » With response to COVID-19 in various sectors leaning on digital solutions, women and poor people could likely be left further behind as they have lower access to digital platforms and use.
- » The devastating effect of the disruption in learning will have long-term effects on the current cohort of school-age children that will have a negative effect of the potential of countries to maximise their demographic dividend in the future.

Protecting the vulnerable

A clear observation through the 5-part webinar series was that vulnerable groups require special attention during the response to COVID-19 as they have been disproportionately affected and even the responses in place against the effects of the pandemic do not adequately reach them. This means that if countries are not careful, the pandemic will further widen critical inequalities. In particular, the youth, women and the poor will need targeted interventions to support them.

- » On the SRHR front, young girls have to be protected from dropping out of school since this is likely to lead to teenage pregnancies and early child marriages that will curtail their future potential.
- » Women have been exposed to increased SGBV during this period and measures need to be put in place to protect and support them.
- » Interventions using digital platforms, including digital learning have clearly illustrated the digital gender divide that will need to be addressed.
- » The loss of employment has disproportionately affected the poor, youth and women who are more likely to be employed in the low-earning informal sector jobs with no social protection measures.
- » Noting that Africa has a youthful population, it would appear that COVID-19 has further deepened the existing barriers that have held them back from reaching their full potential and especially so in developing their human capital. If not addressed, this will probably be the biggest set-back from the pandemic on the continent's ability to harness the demographic dividend.



07 Key Recommendations

To safeguard the demographic dividend from the impact of COVID-19 and similar future public health emergencies, governments will need to come up with strategic and targeted short and long-term recovery strategies.

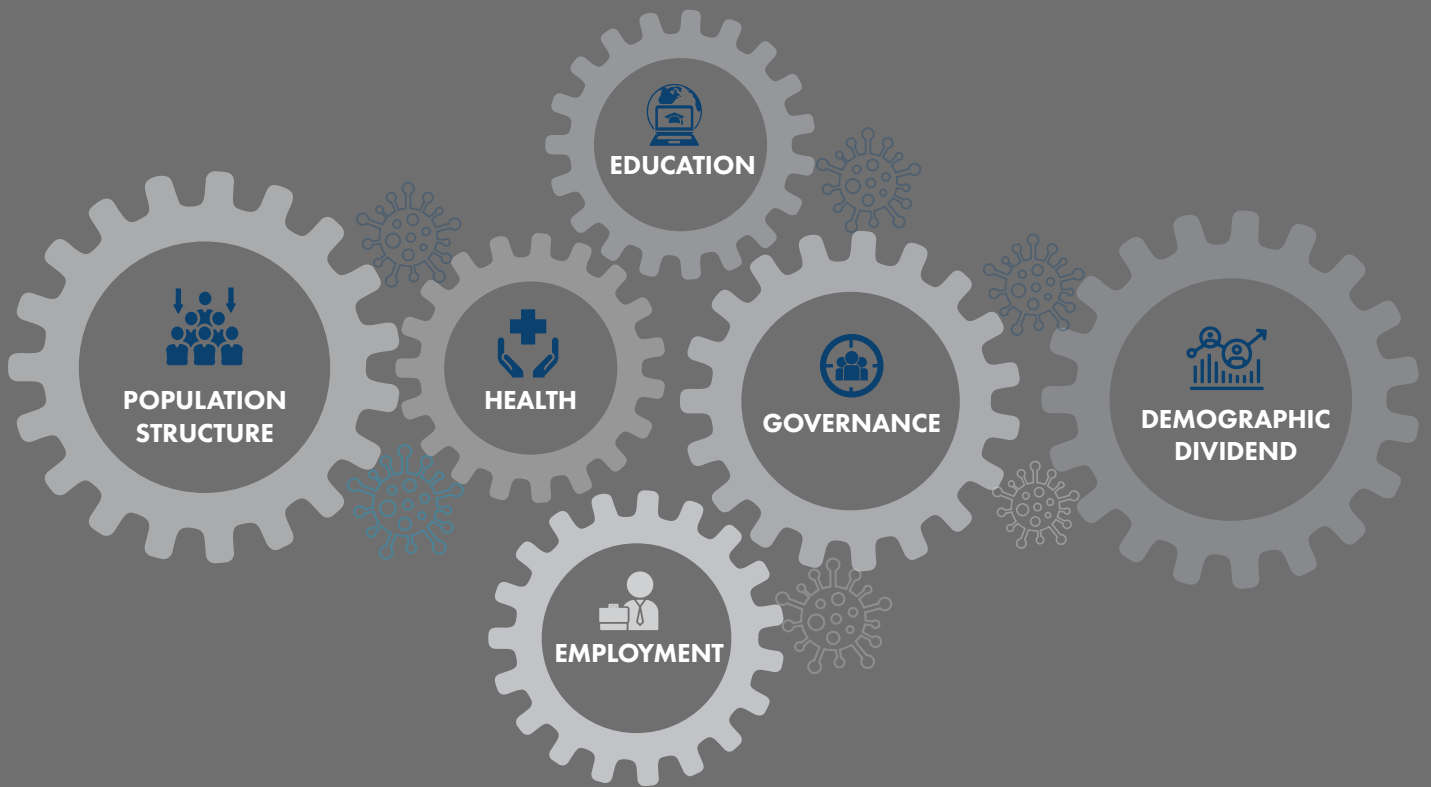
The key priorities that need to be immediately addressed since they have long-term consequences that will negatively affect the potential for the demographic dividend are:

1. Governments and their partners should invest in ensuring that comprehensive Sexual and Reproductive Health and Rights (SRHR) services are adequately funded and there is full resumption of services including family planning, adolescent sexual and reproductive health services and youth friendly services. SRHR needs of the elderly should also be adequately addressed. Funding and programmes should be monitored to ensure continuity of SRHR as part of the essential health services during the pandemic.
2. Governments and development partners, particularly civil society organizations, should design effective interventions to reinforce adherence to existing laws to protect girls and women from sexual and gender-based violence, which has escalated in many countries during the pandemic.
3. Since the disruption in learning presents the greatest long-term threat to the demographic dividend, it is imperative that all governments:
 - » Implement robust return-to-school strategies that will ensure that all students are able to safely return to their institutions of learning, with a particular focus on ensuring that the disadvantaged groups as well as girls do not drop out of school.
 - » Prevent deepening learning inequalities, where home-schooling and Open Distance and eLearning strategies have been adopted to ensure continuity of learning, by taking additional measures to facilitate in-person learning for communities without adequate digital infrastructure and affordable internet.
4. The youth and women, who were the population groups most affected by high unemployment and underemployment rates before the pandemic, have further been adversely affected by COVID-19 which has led to significant job and income losses in the informal and gig economies where most of them are engaged. Both governments and private sector entities should therefore invest in re-igniting the informal and gig economies through provision of business incentives including low cost-credit facilities to enable start-ups and recovery of affected businesses.
5. Governments should enhance the effectiveness of social protection measures to cushion those who have suffered critical income loss as a result of COVID-19 by:
 - » Providing inclusive social protection measures such as cash transfers, food subsidies, and free medical care.
 - » Deploying evidence-based targeting to ensure the most deserving individuals and households are reached by social protection programmes.
 - » Putting in place monitoring and evaluation mechanisms to improve the effectiveness of these programmes.
6. Invest in enhancing the development and use of digital technologies that have been critical across sectors in the prevention and recovery measures. For example, health services information, digital



learning platforms, and e-commerce, have all been extremely useful where restrictions on movement were imposed and physical service delivery points closed.

7. Governments and development partners should enhance investments in data and measurement to inform both the short-term and long-term responses to COVID-19 and similar episodes that may occur in the future. These should include:
 - » Developing measures to ensure continuation of collection of routine and survey data that have been disrupted due to challenges limiting in-person and on-site data collection.
 - » Strengthening routine and survey data collection mechanisms to enhance understanding of the health and socio-economic impact of COVID-19 and improve monitoring and evaluation of COVID-19 intervention programmes.
 - » Researchers and think-tanks supporting governments that have not conducted in-depth assessments of the impact of COVID-19 on population inequalities to hasten and conduct such assessments in order to draw actionable recommendations to avoid deepening these inequalities in COVID-19 recovery strategies.
 - » Building on existing longitudinal evidence generation platforms such as the Health and Demographic Surveillance Systems (HDSS) to generate evidence to understand the impact of the pandemic and to evaluate intervention impacts.
 - » Promote the use of alternative data collection models including the adoption of various technologies for data collection. Most of the data generated in this period on the pandemic for example have been through the use of telephone-based surveys. Although these have been used for a long time in the global north, telephone surveys have previously not been widely used in Africa.
 - » Building on the nascent rapid response data collection systems that have emerged during the pandemic to develop rapid response evidence generation and impact evaluation capacity.
8. Strengthen multisectoral efforts to respond to COVID-19 that leverage on regional integration and continental collaborations, building on ongoing efforts by the African Union Commission (AUC), Africa CDC and regional economic blocs through:
 - » Sharing of best practices among AU member states on service delivery during the COVID-19 pandemic and on response measures in areas such as social protection and support for recovery of socio-economic life.
 - » Cooperation among AU member states and the regional economic blocs on best practices to implement the AU's Agenda 2063, Addis Ababa Declaration on Population and Development, Demographic Dividend Roadmaps, and on integrating population dynamics into development planning and implementation processes.
 - » Investing on developing a dedicated evidence and knowledge-hub that will address COVID-19 and the Demographic Dividend in Africa. The hub will share lessons and best practices in mitigating the impacts of COVID-19 across countries and regions and provide evidence on interlinkages between COVID-19, SRHR, population and development and the demographic dividend.



**POPULATION
STRUCTURE**

EDUCATION

HEALTH

GOVERNANCE

**DEMOGRAPHIC
DIVIDEND**

EMPLOYMENT

SOCIAL DEVELOPMENT

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