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## Health Systems & Policies vs. Youth Realities:

Bridging the Disconnect to Harness the Demographic Dividend.

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September 2025



# Report

## The Role of African Youth in Promoting Peace and Security

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### 1. Executive Summary

As part of the YouthConnekt Africa (YCA) Summit 2025 pre-engagements, YouthConnekt Africa spearheaded the Youth Health X Space in collaboration with the UNFPA and AUDA-NEPAD. This event was convened to address the critical disconnect between health systems and the realities faced by African youth. The discussion highlighted the urgent need for health systems to evolve beyond basic 'youth-friendly' services to a truly adolescent-responsive approach, ensuring accessibility, reliability, and confidentiality. The discussion's key insights revealed that while training for health workers has improved, youth continue to face persistent barriers, including policy, financial, and attitudinal barriers that limit their access to a wide range of essential health services. This report highlights the pivotal role of young people in driving health reforms, leveraging local knowledge and technological innovation, and advocating for systemic change. The outcome of this X Space will directly inform the upcoming YCA Summit '25 in Madagascar, ensuring that youth voices are at the center of the continent's health policy landscape.

### 2. Introduction and Background

The third episode of the YouthConnekt Africa X Space series, held on July 9, 2025, explored the critical theme of "Health Systems & Policies vs. Youth Realities: Bridging the Disconnect to Harness the Demographic Dividend."

While national and regional health systems are intended to serve all citizens, a significant disconnect often exists between these frameworks and the lived realities, evolving needs, and aspirations of youth. This disconnect manifests as inadequate access to youth-friendly health services, insufficient investment in or meaningful youth participation in policy formulation, and a lack of quality comprehensive health information, among others. When these specific challenges are not addressed, young people's health outcomes suffer, hindering their ability to contribute and to fully harness Africa's demographic dividend.

The session featured a dynamic panel, including: Tamisayi Chinhengo, Youth Team Lead and SYP Regional Coordinator at UNFPA East and Southern Africa; Lungile Gamede, a South African midwife and advocate for adolescent health; and Eric Kayiranga, Program Manager at Imbuto Foundation, an impact-led organization from Rwanda. The conversation aimed to shed light on the pervasive challenges young Africans encounter in accessing quality healthcare and to provide recommendations on how to tackle them.

The X Space served as a critical platform to diagnose these systemic health gaps, elevate youth voices, and build momentum toward bold and equity-driven commitments.

### 3. Key Discussion Points and Findings

#### The Role of Healthcare Providers and Their Confidentiality

A major barrier contributing to the stagnation of adolescent health trends in Africa is the direct interaction between youth and healthcare providers. While health facilities may be physically available, the social and interpersonal environment within them is often a significant obstacle. This is a complex issue with tragic consequences, as it makes young people hesitant to seek sensitive services like HIV treatment or sexual and reproductive health advice, leading to delayed care and poor outcomes.

Lungile Gamede pointed out that a significant portion of the nursing and midwifery staff are elders, with 50% above the age of 50 years, and fewer younger ones. Gamede explained that this might not be helpful for people who need help from them because of the discomfort of the age gap, creating a barrier to trust and open communication. Her insights underscore that a healthcare system must not only be physically present but also culturally and generationally approachable to effectively serve young people.

Eric Kayiranga provided crucial insights on this point, emphasizing that a widespread lack of confidentiality and judgmental behavior from healthcare personnel are core issues. He explained that this creates a fear-based environment, particularly for young people in rural areas, who are hesitant to seek support. He also underscored that sexual and reproductive health issues cannot be addressed in isolation: the fear of stigma and a lack of intentional youth support in health facilities can lead to significant mental health challenges. His insights pointed to the urgent need for a more empathetic, confidential, and integrated approach to youth health services, recognizing that emotional and psychological barriers are just as critical as physical ones.

Therefore, one of the barriers to youth healthcare in Africa is the significant generational gap within the health workforce. This creates a profound sense of discomfort for young people, making it difficult for them to openly discuss personal and sensitive issues, especially sexual and reproductive health (SRH) issues. This is a complex issue with tragic consequences, as it prevents youth from seeking the confidential care they need, leading to delayed treatment and poor health outcomes.

## **Harnessing the Demographic Dividend:**

The demographic dividend is a well-known concept that refers to the potential for accelerated economic growth when a country's share of working-age people is larger than its dependent population. Despite this promising concept, it remains abstract and distant from the lived realities of people across Africa. The continent has a unique opportunity, with a third of its total population falling within the age range of 10 to 24. However, capitalizing on this potential is not automatic; it requires deliberate and significant investments in the health, education, and well-being of its youth.

Tamisayi Chinhengo emphasized the importance of deliberate investments in young people and the development of more engaging and inclusive health systems. She highlighted that despite having well-intentioned health policies, many countries struggle to make these initiatives a reality for young people. The discussion provided concrete examples of how to bridge the gap between policy and tangible results. A key illustration was the effort in Zambia, which successfully linked health education in schools with services offered at local health facilities. This targeted approach shows how direct action can turn the potential of a growing youth population into a genuine demographic dividend.

## **The Accessibility Gap:**

There is a significant and often overlooked disconnect between health policy and its practical implementation in Africa. While countries may establish health policies, these initiatives frequently fail to translate into tangible, available services for young people.

This challenge was articulated by Lungile Gamede, where her remarks underscore a critical gap between legislative intent and effective on-the-ground delivery, which prevents young Africans from receiving the necessary care. The discussion highlighted that the issue extends beyond physical location, including barriers such as clinic hours that conflict with school or work schedules, a shortage of trained staff, and insufficient dedicated funding. This gap between legislative intent and practical implementation means that even well-designed health policies often fail to reach the young people they are intended to serve.

## **Stigma and a Lack of Comprehensive Education:**

The discussion highlighted the persistent societal stigmas surrounding sexual education and HIV, which contribute to a lack of accurate information among youth and make them reluctant to seek services. This issue is often embedded within the very policies and frameworks meant to guide health systems.

Eric Kayiranga highlighted that policies often do not address specific issues faced by youth and reflect stigmas on sexual education. This systemic failure forces crucial conversations underground, leading to misinformation and delayed care for young people who fear judgment or social ostracism.

## Recommendations

### Strengthening Adolescent-Responsive Health Systems:

The consensus from the discussion was a call to move beyond superficial "youth-friendliness" to comprehensive adolescent-responsive health systems. This means a holistic investment in the entire health ecosystem.

Tamisayi Chinhengo emphasized that while training 21,000 health workers in youth-friendliness is a positive step, there is more that we need to do to allow young people to be able to access a health system that is ready and able to effectively facilitate them. This includes ensuring adequate human resources, continuous training for health workers on non-judgmental and compassionate care, and optimizing health system functionality (e.g., flexible opening hours, consistent commodity availability). She specifically mentioned the need for domestic resources available to pay the overtime that sometimes is required if a health worker needs to work outside hours, or additional health workers to allow extension of services.

### Invest in Digital Health Solutions:

A key recommendation for modernizing health systems is to actively support and scale innovative technological solutions that can bridge traditional healthcare gaps.

Asonle Kotu's work with FemConnect serves as a direct illustration of this approach, effectively transforming how young people access vital health services. The platform leverages technology to address key challenges by overcoming geographical barriers in regions where clinics are scarce, enhancing privacy for young people seeking care for sensitive health issues without fear of stigma, and providing accessible SRHR information and services to ensure that education and care are readily available. The goal is to ensure that digital health solutions are a core part of an inclusive strategy, guaranteeing that no youth are inadvertently left behind.

### **Enhance Health Worker Training on Youth-Specific Needs:**

Given the persistent challenges related to provider attitudes and age gaps, a core recommendation was to deepen and expand the training of healthcare workers.

Responding to the challenges of judgmental behavior and age gaps raised by Lungile Gamede and Kayiranga Eric, the recommendation is to implement mandatory and ongoing training for all healthcare providers. This training should specifically focus on cultivating non-judgmental communication, strict confidentiality protocols, and cultural sensitivity regarding youth SRHR issues, building on the youth-friendly attitude and capacity that Tamisayi Chinhengo mentioned, supporting over 21,000 health workers.

### **Increase Domestic Resource Mobilization:**

Financial constraints were identified as a significant barrier. Therefore, a clear recommendation emerged for increased and strategic funding.

The need for greater financial investment was highlighted by Tamisayi Chinhengo's remark about working with countries to set the correct policies, ensuring that there are resources available to pay the workers for the overtime that is sometimes required. The recommendation is to advocate for governments to allocate sufficient and dedicated domestic resources for youth health programs, including paying for extended clinic hours and hiring additional staff, thereby directly addressing the logistical barriers previously mentioned.

## **Conclusion**

The "Youth Health X Space" powerfully affirmed that achieving optimal health outcomes for Africa's young population requires more than just good intentions; it demands a fundamental reshaping of health systems to align with youth realities. The discussions highlighted that while progress has been made in concepts like "youth-friendly" services, the true leap forward lies in fostering "adolescent-responsive" systems that are accessible, empathetic, and structurally supportive. The insights revealed that young people are not passive recipients of health services, but active contributors to reform. Their on-the-ground perspectives, professional commitment, and capacity for innovative solutions are essential for driving meaningful change in health systems.

However, scaling this potential requires addressing critical systemic barriers: inaccessible financing, persistent attitudinal challenges among some healthcare providers, and policy-implementation gaps. **As the continent looks ahead to the YouthConnekt Africa Summit 2025 in Madagascar, the recommendations from this session provide an essential roadmap: Governments, development partners, and civil society must prioritize equitable access to youth-specific health financing, promote inclusive policymaking that genuinely incorporates youth voices, and make sustained investments in skills development within the health sector.** By placing young Africans at the forefront of health policy and practice, the continent can not only bridge the current disconnect but also truly harness its demographic dividend for a healthier, more prosperous future.