

EQUINET Information sheet 8 on COVID-19

Experience of the pandemic from a youth lens



Produced by Training and Research Support Centre for the Regional Network for Equity in Health in east and southern Africa (EQUINET)¹ July, 2022

We have heard many expressions of the time we are in in relation to COVID-19. Some talk about 'getting back to normal', some say now is the time to 'build back better', and others that we should be preparing for the next pandemic. For many the pandemic remains a current reality, whether in its direct health impact, or its more sustain impact on many dimensions of wellbeing and inequality. What does looking at the pandemic from a youth lens tell us about what we need to address now in our region? This brief focuses on this.

EQUINET information sheets on COVID-19 summarise equity-relevant information from and provide links to official, scientific and other resources on east and southern Africa (ESA). They complement and do not substitute information from public health authorities.

You can read the full brief or go to the section that is most relevant to you. This brief covers:

- [1: Recent data on COVID-19 in ESA countries and in youth](#)
- [2: Youth health and wellbeing during the pandemic](#)
- [3: Services and responses to youth needs during the pandemic](#)
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The source of information is cited or hyperlinked so readers can read from sources directly, including for deeper information on the issues raised. *We welcome feedback and contribution, including on any errors to be addressed – please send to admin@equinetafrica.org.*

Key messages

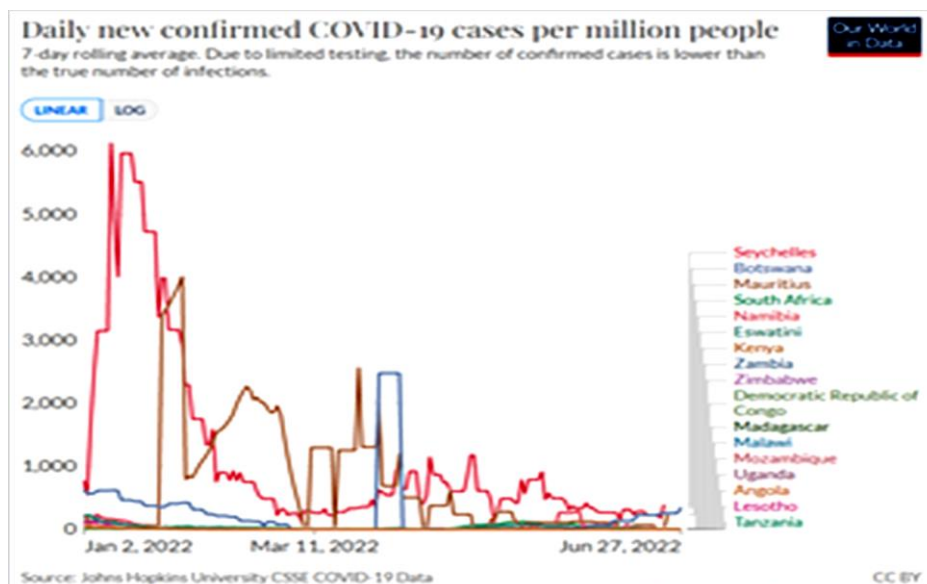
1. While young people in east and southern Africa have lower reported levels of severe COVID-19-related illness than older age groups, those with underlying conditions are more at risk, there is still limited understanding of the implications of 'long COVID' in this age group and youth uptake of vaccination for COVID-19 is low.
2. Young people are, however, deeply affected by the social and economic impacts of COVID-19, with losses in education, income, employment and food security. Increased gender violence and sexual abuse, especially in female adolescents, have undermined reproductive health, and with a rise in stress and anxiety have intensified social and gender inequalities.
3. Service closures and social isolation have intensified pre-pandemic barriers young people face in accessing the services they need. Schools in lower income communities have had fewer resources to keep open and ensure safety, and inequalities in digital access affected online learning, widening inequality in immediate wellbeing and longer term opportunities.
4. Many young people relied on online media, services and interactions for learning, peer support and counselling. Youth have also led diverse responses to the pandemic, in creative and solidarity driven initiatives to provide information, prevention, care and social protection in ways that reached marginalised and vulnerable groups.
5. Addressing equity calls for a more sustained, systematic exposure of these realities, but also of the assets young people bring to the responses. For this young people need to be included in co-deciding, co-creating and co-leading responses that confront these inequities.

¹ [EQUINET](#) is a network of professionals, civil society, policy makers, state officials and others in ESA implementing research, analysis, information sharing, dialogue and learning from action to promote health equity. This brief draws on background work by Nadine Nanji, South Africa, especially for sections 2 and 3; and inputs, drafting by Rene Loewenson, TARSC, especially for sections 1,4, and 5. It is produced under the principles of 'fair use', providing links to sources, whose views do not necessarily represent those of EQUINET or its steering committee. Financial support from Open Society Policy Centre is gratefully acknowledged. Photographs and graphics are used under fair use for educational purposes or under creative commons. Subscribe to EQUINET briefs and newsletters [online](#).

1. Recent data on COVID-19 in ESA countries and in youth

By June 26 2022 [WHO AFRO reported](#) 8.6 million cumulative cases of COVID-19 in the WHO African Region and 172 465 deaths. *Figure 1* shows the trends in incidence in ESA countries since January 2022, with Seychelles, Botswana, Mauritius, South Africa and Namibia showing higher incidence rates, particularly in the first quarter of 2022. A number of these have small populations and higher testing rates which may boost incidence. By end June, [effective reproduction rates](#) were above 1 in Kenya, Mozambique and Zambia, indicating rising case rates in these countries.

Figure 1:

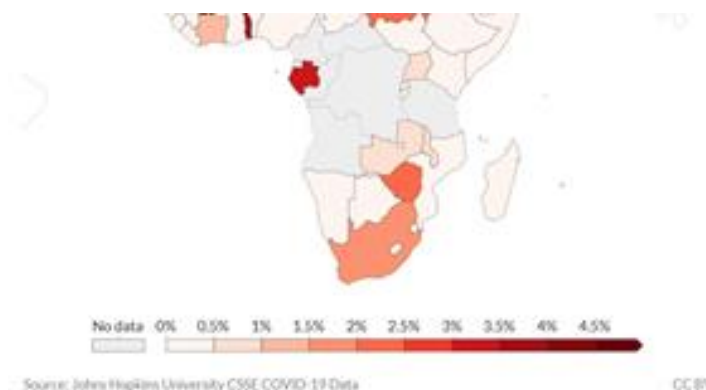


Source: [Our World in Data 2022](#)

A youthful population is argued to be one of the factors leading to lower population incidence in ESA. There is, however, limited evidence on COVID-19 incidence in young people in the ESA region. Available data does suggest lower incidence rate among those under 18 years of age than in other age groups.

[UNICEF in September 2020](#) reported that children aged 5-15 years made up 7.5% of all positive COVID-19 cases, with 2.9% of those infected admitted to hospitals. Hospital admission was more likely in children with underlying chronic conditions. In [a South African study in 2020](#) testing young people 0-18 years, incidence rose with increased age, and was higher in 15-18 year old youth and in females in all age groups over 5 years.

Figure 2: Case Fatality Rate, June 27, 2022



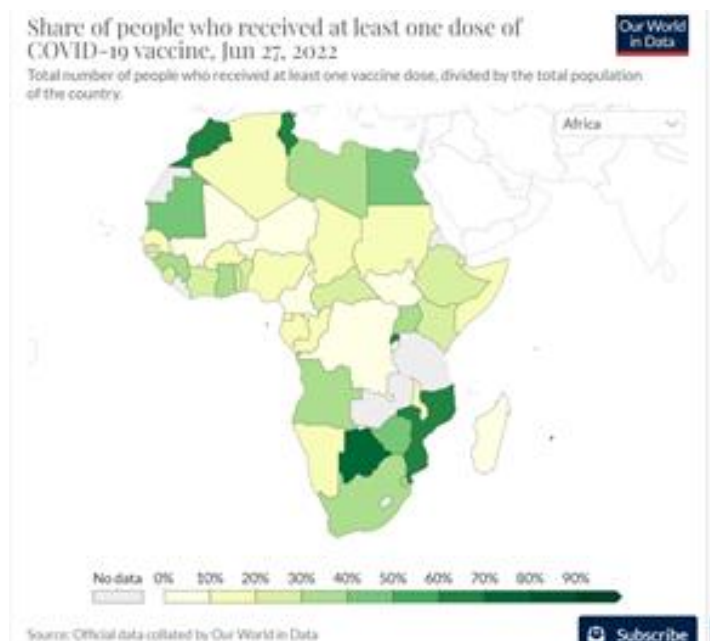
Source: [Our World in Data 2022](#)

The case fatality rate measures deaths divided by cases. With rising vaccination rates (discussed later), and some immunity from previous exposure and other factors reported in earlier information sheets reducing COVID-19 disease severity, the case fatality rate has been lower than in early waves. In the first 6 months of 2022 it ranged from 0.2% to 3.5%. By late June 2022, the case fatality was reported to be rising in Zimbabwe and South Africa, and falling in Zambia, Malawi, Mozambique and Eswatini. (See also *Figure 2*).

Younger age groups are reported to have higher levels of asymptomatic infection and lower levels of case fatality from COVID-19, although there is limited disaggregated data in ESA on this. A [Kenyan study in 2021](#) reported a 0.2% case fatality rate in children below 15 years.

Mortality alone is, however, a weak indicator of the health burdens imposed by the pandemic on children, particularly in relation to other lifecourse and the psychosocial impacts, discussed later, and the still untested potential for long COVID in young people.

Figure 3:



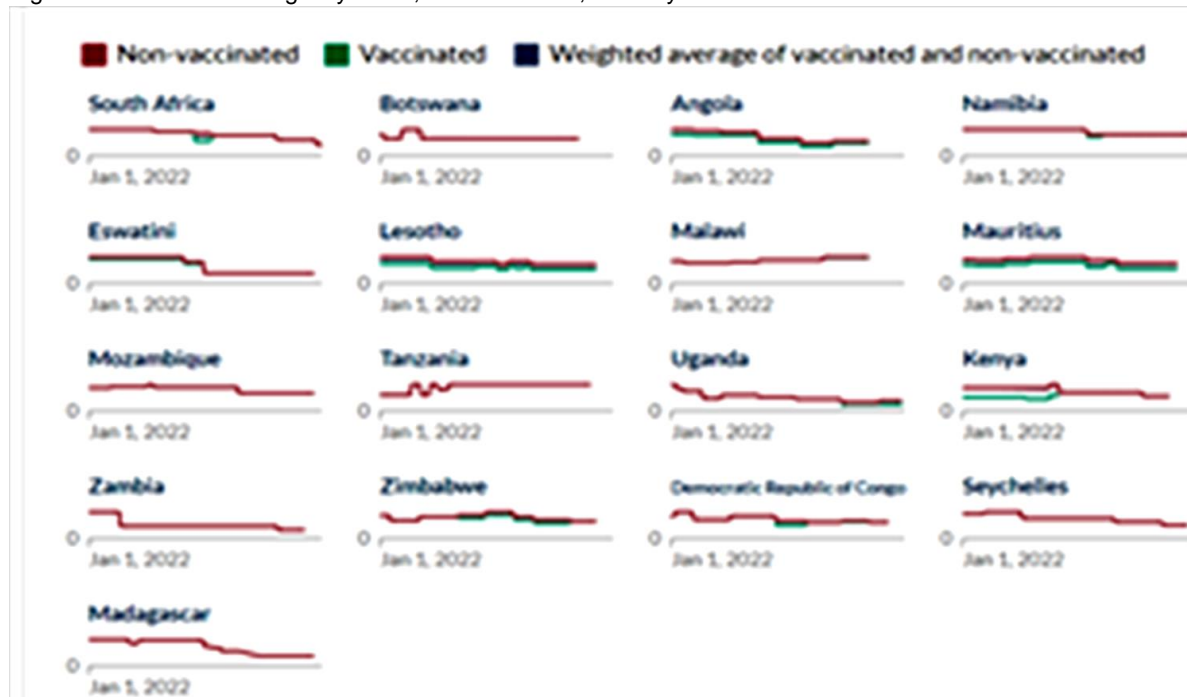
Source: [Our World in Data 2022](https://ourworldindata.org/covid-vaccines)

The cumulative vaccination coverage shown in *Figure 3* (based on first dose only) shows the variation in the ESA region even in this early measure of coverage. It shows higher rates in Botswana, Mozambique, Mauritius, Zimbabwe, and then South Africa, Angola, Uganda and Kenya in the ESA region. Other ESA countries had coverage rates of at least one vaccine dose below 20% of the population. As for other measures there is limited information specifically on youth vaccination coverage in ESA. In South Africa, [UNICEF](https://www.unicef.org/southafrica) reported in 2021 that 55% of people aged 18-35 years were willing to be vaccinated and taking up the vaccination offer with over 1.3 million people in this age group having received at least one dose. However, by June 2022 the same report noted low youth vaccination

coverage, with only 37% of 18-35 year olds actually vaccinated and only 30% of 12–17 year-olds vaccinated. Africa CDC has called for [communication and engagement](#) to support youth uptake.

The COVID-19 stringency index, a composite measure from 0-100 (100 strictest) based on nine response indicators, shown in *Figure 4*, indicates that although there were increased measures imposed in Malawi and Tanzania, measures were more relaxed in most ESA countries, with some residual measures such as requirements for mask-wearing in specified settings .

Figure 4: COVID-19: Stringency Index, ESA countries, January – June 2022



Source: Halle et al, 2021 in [Our World in Data 2022](https://ourworldindata.org/covid-stringency)

2. Youth health and wellbeing during the pandemic

[Globally, there is acknowledgement](#) that the pandemic has affected youth health and wellbeing, for some more than others. [UNICEF](#) noted in 2021 that these impacts on children and young people, unless addressed, acted on “will permanently damage our shared future.”

Many young people enter the labour market early in the region, particularly in informal sector activities and agriculture. In a 2021 survey in [Mozambique](#), 26% of the youth surveyed operated their own business before the pandemic, but some lost businesses, and two-thirds lost income. At the same time, young people in Maputo felt pressure to leave school and work to earn money given the negative impact the pandemic had on their family incomes. The pandemic has thus been [reported to have increased levels of child labour](#). With this pressure greater in poorer and more insecure families, school dropout and precarious work widens not just current but also future inequality. In Angola, the pandemic [halted local transport and taxi activities](#) that many young people rely on for trade and incomes. In [Botswana](#), the pandemic exacerbated already high levels of youth unemployment.



[Unemployed Liberian young men seeking daily jobs. EFE-EPA/Ahmed Jallanzo](#)

The [Population Council reported in 2021](#) that the pandemic had pushed families into poverty, *forcing many girls to work to support their families, to go without food, to become the main caregivers for sick family members, and to drop out of school – with far less of a chance than boys of ever returning.*

The poverty experienced by young people and their families was not limited to material or economic poverty. [In Tanzania, some young people voiced a perception](#) that school closures, lockdowns and income instability weakened social ties and community initiatives ‘carrying one another’s burdens’ during the pandemic; and that [violence against women and girls and child marriage increased](#) in ESA countries. Younger women staying at home during lockdowns was reported to have made them [more susceptible to gender-based violence \(GBV\) and sexual abuse](#). Lockdown conditions, overcrowded housing, and disruption to justice and social protection systems and contact with supportive peers and adults limited youth ability to escape harmful conditions and aggressors. The pandemic thus affected multiple dimensions of youth wellbeing, discussed in this section, but importantly also triggered solidarity and social responses, discussed later.

The pandemic also affected young people’s diets and nutrition. On the one hand, lockdowns during the pandemic were found [in Harare, Zimbabwe](#) to have led more households to rely on home grown and prepared foods, temporarily shifting diets away from less nutritious ultra-processed and fast foods that were not available due to the disruptions to trade. However, the pandemic and its socio-economic impacts were also [reported in 2021](#) to have led over three quarters of adolescents aged 10-19 years to have skipped meals. [In South Africa](#), 40% of people aged 18-35 years were reported to not be able to purchase their own food during lockdowns in 2020, and a quarter relied on food donations and financial support, particularly from others in the community. In a 2021 survey, many [Kenyan urban households](#) experiencing income loss during the pandemic were not able to afford adequate food. Three quarters (75%) of adolescents in that survey said that they skipped meals as their parents could not afford food, and some young people reported carrying out transactional sex to secure a meal.

During the pandemic, [adolescent fertility rates and unwanted pregnancies were reported to have increased](#) in ESA, in part as supply and uptake of [adolescent sexual and reproductive health services were disrupted](#) and as a result of [increase in gender based violence](#). School closures in ESA countries made adolescent girls more at risk of [early, unplanned pregnancy and marriage](#), intensifying gender and social inequities.

Income and food disruption and insecurity, gender and domestic violence, loss of social support, separation from peers, school closures and related pandemic conditions are [reported to have intensified mental stress, fear and anxiety](#). Young people's mental health was found to be negatively affected by [multiple intersecting conditions during the pandemic](#). The isolation and inhibition of social interaction resulting from lockdown and social distancing measures, the frequent change of learning environments, the loss of work and income and concerns about the future all generated stress, anxiety and depression in young people. Some young people were [reported to have increased harmful behaviours](#) such as harmful use of alcohol. A sudden shift from in-person to online learning, and online systems intensified isolation, but also brought new risks such as cyber-bullying. While media and digital technologies did provide options for support and response, discussed later, not all young people could afford smartphones or the data costs. Further, spending many hours in front of television, playing video games or on social media was perceived to poorly substitute for in-person connections, including interactions with peers, supportive adults and wider society. As one measure of psychological distress, a 10 item Kessler scale used to assess [distress among students aged 18-35](#) in South Africa found that over 65% experienced mild to severe psychological distress, more so in the 18-19 year old age group than in those over 25 years of age, and more among females than male students.



Coronavirus art from 6th street in Austin, Texas, L Rodgers, 2020

Generally, these mental health impacts are poorly assessed and thus inadequately responded to in the ESA region. [UNICEF observed](#) that what has been observed is only the “tip of the iceberg”, and expect further mental health impacts that will also affect future wellbeing.

3. Services and responses to youth needs during the pandemic

While health problems increased for young people during the pandemic, particularly sexual and reproductive health (SRH) and mental health burdens, there is evidence that inequitably, the pandemic raised multiple barriers to access to and uptake of health services. In Kenya, for example, adolescents 10-19 years old seeking health services during the pandemic [were reported](#) to face financial barriers due to loss of income and costs of services. They were also discouraged by the lack of frontline health workers – partially due to redeployment to COVID-19 services or strikes – and youth fear that they could contract COVID-19 at health services. Similar barriers were noted in [Mozambique](#), and supply chain disruptions were [reported in Namibia](#) to have led to stock-outs of essential commodities such as condoms. [There is some report](#) that those most vulnerable youth, such as lower income female adolescents experiencing GBV and early marriages were most affected by these barriers, intensifying inequalities that existed even before the pandemic. [LGBTIQ+ youth](#) who already faced stigma and discrimination were noted to be particularly disadvantaged and needing mental health support. Some extremely vulnerable groups responded to [poor service access and isolation](#) through self-treatment, such as for abortions, or to resort to harmful substance abuse, further harming their health and wellbeing.

Youth SRH services were reported to be particularly affected. Barriers to youth services existed even before the pandemic, including legal, socio-cultural and policy barriers relating to [sexuality, consent, and sexually transmitted diseases in adolescents](#), together with control by parents and caregivers over service access, inadequate information sharing, and the cost, appropriateness of and confidentiality in health services affecting adolescent uptake. These barriers were [further intensified during the](#) pandemic. Young people [reported](#) that their access to information and

autonomy over their use of services fell during the pandemic, and that they were not able to discuss these sensitive subjects with caregivers. While measures were taken to support treatment for youth living with HIV, described in earlier briefs, these barriers and declining access to condoms are likely to have raised the risk of HIV infection. Addressing these barriers to supply, access and uptake of youth SRH services is thus a critical priority for attention during pandemics and in post-pandemic recovery in ESA countries: *The SRHR needs for adolescents and young people should be prioritised now more than ever* ([Miet Africa, 2021](#):79).

Many of the services for young people that experienced declines or challenges during the pandemic now demand attention and recovery, such as in response to falling access to and uptake of [prenatal primary health care and HIV testing reported in South Africa](#), the poor access to SRH and mental health services noted above in many ESA countries and [shortages of access to menstrual hygiene](#) and health products due to price inflation. Zimbabwe removed VAT on sanitary pads to reduce costs, but adolescent girls [still struggled to afford such products](#).

Youth health is not only supported by formal health care services. Education services also play an important role. [Closure of schools and education institutions](#) children during the pandemic not only disrupted learning outcomes and peer interactions. It also affected school health, and the screening, information and adult support on health issues in these services. During lockdowns, and in some settings even after lockdowns, education institutions moved learning online, with [reported challenges](#) for rural and urban low income youth facing difficulties with digital access and data costs. Added to this, [education institutions and teachers were reported](#) to be poorly prepared for the changes to digital platforms, affecting the quality of education, notwithstanding huge efforts made to reorient systems at short notice. There was variation in the region and over time on this, as [efforts were made to keep schools open](#), noting the benefit to children outweighing their morbidity risk. Some schools applied measures to improve ventilation and enable physical distancing, handwashing and mask wearing.

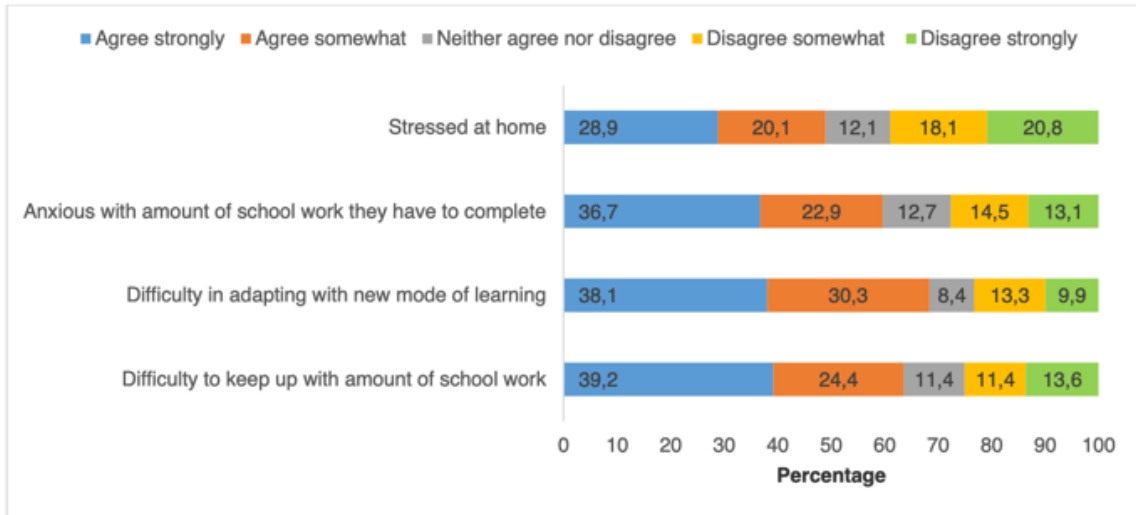


Online learning and other prevention measures to make education safer while important were not always affordable for schools in lower income areas with greater class sizes. In [South Africa](#), for example, a 2020 survey found that 67% of children in public schools were receiving home schooling during lockdowns, compared to 84% of those in the private schools that generally serve wealthier households. Three quarters of children in this 2020 survey were accessing home schooling on smartphones, making it difficult to easily see online information.

This puts children from lower income households at greater disadvantage, adding to [reports of increased dropouts from education](#) during the pandemic and inadequate efforts to make sure that youth returned to school after lockdowns. We are yet to adequately assess in the region the potential implications for social and economic opportunities and outcomes in later years of this disadvantage.

The more immediate disadvantage for some youth has, however, been assessed. For example [learners aged 15-18 with disabilities](#) were found to face greater challenges in managing the consequences of lockdowns and distancing measures, particularly to access the peer networks, schools, community structures and health services they need to succeed. The stress for young people in managing this disruption and change in education and in social interactions is exemplified in the results of a 2020 survey in [South African](#), shown in *Figure 5*, where about two thirds of young people indicated anxiety and challenge with the new conditions they were facing.

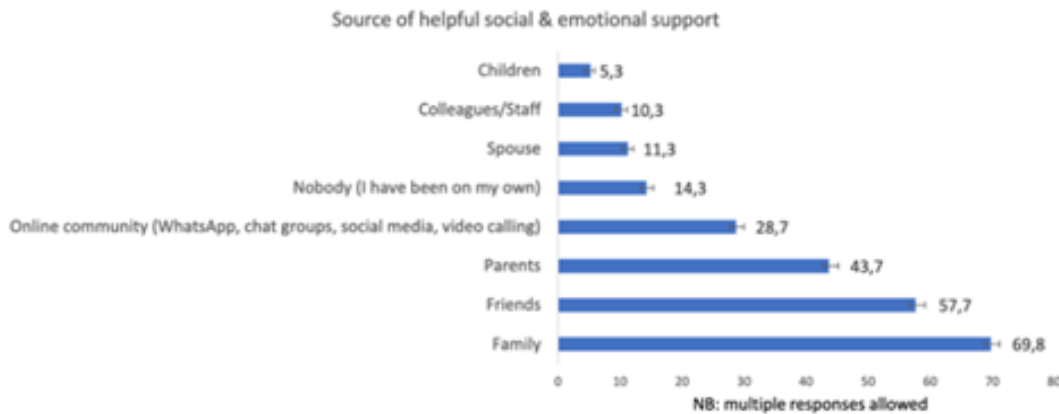
Figure 5: Distribution of children reporting difficulties with education during the pandemic, South Africa, 2020



Source: [StatsSA](#), 2020:20

As shown by evidence from South Africa in *Figure 6*, family, friends and parents provided greatest level of psychosocial support for young people experiencing these challenges, with 79% of youth surveyed reporting a need for greater routine counselling support.

Figure 6: Sources of psychosocial support for youth 18-35 years, South Africa



Source: : [Dept: Higher Education and Training, South Africa](#), 2020

As indicated in *Figure 6*, and [found in other ESA countries](#), many young people thus relied on online media, services and interactions for learning, peer support and counselling. For example young girls in Lesotho, Zimbabwe and Zambia obtained information from online services, television programmes and radio shows for support on sexual decisions and well-being, while also noting that this was not as effective as in-person services. The adjacent example from Malawi reported in the [UN, 2020 World Youth Report](#); (p27) indicates that linking organisations and services to youth-led and shaped responses has facilitated appropriateness and equity in access to interventions. Such youth-led initiatives are discussed next.



1. Tiwale offers workshops led by a team aged 14 to 19 years old.
2. Opening of the Tiwale Community Center, after 5 years of meeting outside.
3. Tiwale team member Lydia Tembo making a face mask to be distributed in Malawi during COVID-19 pandemic.
4. One of the Tiwale's programmes provides women with tie-dye skills which they use to produce traditional tapestries. Tiwale uses a portion of its tapestry sales profit to fund other programmes offered by the organization that give women opportunities for self-sufficiency.

Photos: Tiwale Community Based Organization

4: Youth-led responses and initiatives

Youth have led diverse responses to the pandemic, in a range of creative and solidarity driven initiatives. A [collection of youth responses prepared in 2020](#) and [various other reports](#) in 2020 and in 2021 identified some of these self-determined youth-led initiatives in the region. As was recognised in relation to HIV and AIDS, youth have played a vital role in initiatives that trigger key areas of change and response to control and manage the pandemic.

Young people **distributed information** in a range of ways, including in music and drama:

- In Kivu, Democratic Republic of the Congo (DRC), Joseph Tsongo, a young leader of the Amani Institute, [enlisted a group of young volunteers](#) to visit markets, town squares, and businesses and to go door-to-door distributing information on how to prevent COVID-19.
- In Mozambique, the popular reggae fusion band, GranMah, released 'Lava as tuas Mãos' (wash your hands), a video with instructions on handwashing techniques and alternatives to handshakes. In South Africa, the famous [Ndlovu Youth Choir composed](#), performed and filmed a musical rendition of the World Health Organization's (WHO) COVID-19 safety advice, featuring translations in various South African languages.
- In Namibia, scouts spread messages of love and solidarity and encouraged people to stay home and stay safe.

Beyond sharing information, young people also **facilitated community discussions of how to tackle problems** raised by the pandemic:

- In Uganda, using the slogan 'Our challenges, our solutions!', a group of young people from Zetu Africa (Our Africa) launched the campaign #SmarterThanCorona to bring people together to share information and discuss solutions to problems caused by the COVID-19 outbreak.
- In [Tanzania Emmanuel Mushy](#) launched Visual Aided Stories (VAS), a collaborative network of creatives, entrepreneurs, and civic innovators who use art and storytelling as a tool for social change. The initiative aims to celebrate and highlight the history and culture of pan-Africanism through art, while also showcasing local talent. When the pandemic hit, Emmanuel collaborated with local artists to develop mural campaigns in different neighbourhoods across Dar es Salaam to educate and motivate the action in the community. The murals had special messages- for example a 'zangitia' (pay attention) campaign aimed to represent African women who rise despite challenges. VAS also recognises the socio-economic potential creative industries have for young people, with hubs that help artist and creative entrepreneurs access resources they need.



[Thomas Mukoya Reuters](#), 2020



Photo courtesy of Visual Aided Stories.

Young people **raised resources, and supported prevention, care and social protection** in communities:

- In Kenya, Victor Odhiambo, a young entrepreneur, and his team at the Garden of Hope Foundation [raised money to set up several handwashing stations](#) in Kibera.

- In Kenya, young leaders Wevyn Muganda and Suhayl Omar cofounded [Mutual Aid Kenya](#), a grassroots disaster relief organisation that collects mobile money donations from Kenyans to buy and distribute food packages to poor households in Nairobi and Mombasa.
- In Kilifi, Kenya, Scout groups launched the 'lend a helping hand' project, distributing relief food to vulnerable communities. In Cape Verde, youth scouts teamed up with the Red Cross to supply relief items to families in need.
- In South Africa and Botswana, Rover Scouts have run errands, done grocery shopping, and delivered items for families unable to leave their homes.
- In the DRC, Scouts are providing street children with temporary shelters, food, and face masks.
- In Uganda, students identified mothers were facing difficulties in accessing maternal healthcare centres. They used their student stipends and family support to set up a start-up company and develop an e-health platform to enable mothers to contact nurses and to receive online consultations from medical personnel.
- Young people developed a number of apps to help with the pandemic response. [Stowelink](#) which shares content on Covid-19 in English, Kiswahili and Amharic, and [Coronapp](#) was developed by university graduates in Cape Town to support information flows
- [Footprints for Change, a youth-led organization](#), partnered up with four other youth serving organizations to feed over 100 families on a weekly basis in Mathare, Nairobi. Youth in in Mathare and Korogocho slums have come up with a door to door system and a voucher system to safely distribute food to the most vulnerable in the informal settlements, while observing the government COVID-19 safety measures. They provide flour, cooking oil, beans and sugar as a weekly food package to the neediest people in informal settlements.
- In Angola, [youth organisations](#) have built [mobile wash basins](#), set up Facebook chat boxes and implemented local market outreach for information sharing and used digital health platforms to link communities to services with medicines.



Young people also led initiatives to **promote training and skills development** during the pandemic:

- [Many young people](#) completed online training during the pandemic that could help to open economic opportunity. They took advantage of free online courses, including on you-tube, of product-making, digital transformation, information security, project management, entrepreneurship, web design and so on. For some, their online learning was self-directed, others used online training to provide skills to others in their communities, or to work online as groups on key skills areas. These training activities were reported by young people to help overcome the hopelessness and depression generated by the joblessness and isolation caused by the pandemic and to use learning to create initiatives and link with other youth.
- Many young people worked in partnership with other actors and groups in their communities to address the economic, health and social impacts of the pandemic. There are stories of [young volunteers working with local leaders](#) (e.g. women's groups, teachers, and elders) on small-scale solutions to immediate pandemic-related challenges, such as supporting self-isolating individuals or helping tailor physical distancing measures around family units and mobilising food and cash. In one school in Uganda, teachers and parents shared food after schools were closed.

Such [Youth-led initiatives](#) during the pandemic are argued to have been crucial to mitigate the closure of schools, provide support, address loneliness and anxiety, and to promote social cohesion. They often built on prior work supporting health and social justice by youth organisations. For example, [Junub Open Space](#), a youth-led community based organisation in South Sudan worked on and built partnerships in peacebuilding through [knowledge sharing and youth education](#). They built on these links, partnering with an organisation called 'the Voice' and Ministry of Health in a [Blue Messenger Bicycle \(BMB\)](#) initiative using amplifiers, batteries and megaphones on a bike reaching up to 200 households daily with information on the pandemic and responses. Young people with disabilities were able to understand the special needs of

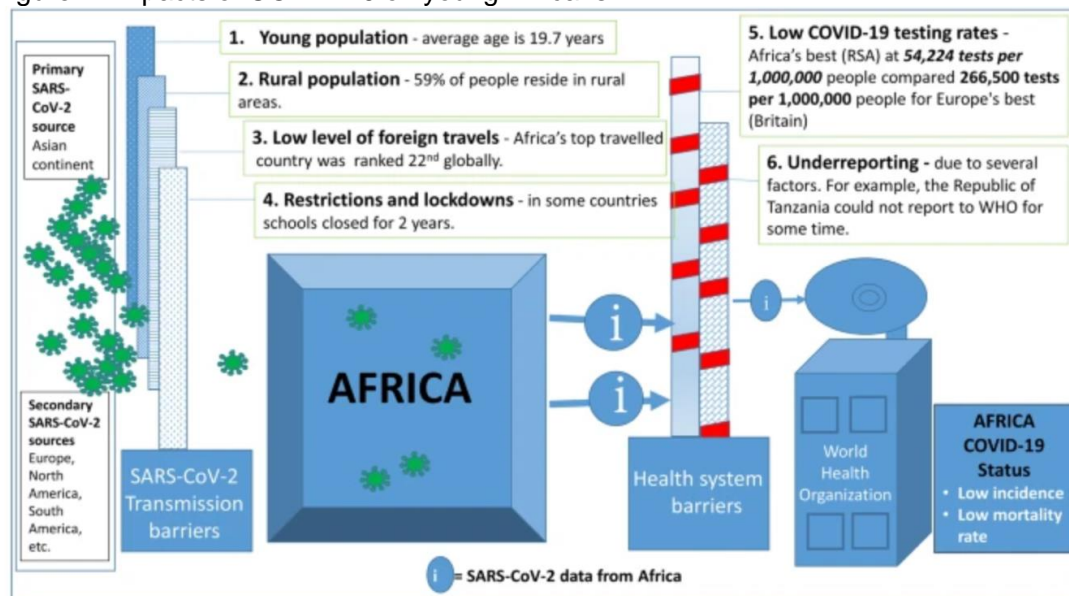
others in the same situation, and design approaches that suited these needs, such as using WhatsApp for hearing impaired people in Uganda to keep them informed and socially connected.

Beyond the creative, safe ways of interacting with people noted above, youth-led initiatives were able to make effective use of online platforms to overcome isolation and support engagement with young people. A [Youth Forward Learning Partnership](#) held an online consultation with over 120 young people from across 15 African countries in May 2021 to hear their ideas on what actions to take. They used this input to plan and implement online income-generating opportunities such as freelancing or gig work, and to support ways of sustaining youth entrepreneur links to markets. These initiatives faced and recognised the inequities in digital access, noted earlier in this brief, and discussed forms of collaboration, reciprocity and solidarity for initiatives to reach the more vulnerable amongst them. At the same time they observed that their initiatives could not substitute for a demand to expand youth access to basic services, digital infrastructure and financial capital and other supportive inputs, such as training in information and communications technologies (ICTs), critical thinking and confidence building.

5: Equity issues exposed by the pandemic for young people

The brief highlights a number of ways young people are experiencing often under-reported burdens from the pandemic. *Figure 7* summarises some of these. The evidence highlights that, as for other age groups, the pandemic has intensified existing social inequalities and imposed high burdens for already disadvantaged people. However for young people, the impacts may affect health, social and economic risks and opportunities across their life course, in ways that are yet poorly assessed or documented. Long term contributions to inequity arise in the impacts on education, incomes, employment, mental health, social relations, fertility, early marriage, GBV, and in the confidence, self esteem, social and financial resources to overcome challenges.

Figure 7: Impacts of COVID-19 on young Africans



Source: [Bwire](#), 2022: 5

Equity issues for young people arise not only in the impacts of the pandemic, but also in the risks of infection. For example, [Naude \(2021\) in the Conversation](#) highlights how young women are more intensively employed in sectors such as hospitality, vending and services that demand social interaction. Low income young people work in precarious and informal jobs that have high levels of social interaction, and that have also been most affected by lockdowns.

The closure of schools reinforces these social and economic inequalities and exclusion. While youth from more well-off households may be less affected given their digital access, one [calculation](#) estimated that overall the education impact could generate global future *learning losses with a present value of \$10 trillion*. The often poorly recognised mental health impacts

noted in this brief intersect with these conditions, and with other sources of disadvantage such as gender inequality and disability, to deepen both risk and vulnerability.

Youth-led responses recognise the key role of peer support, overcoming social isolation, and providing affirmative alternatives, including through the creative economy. They also show the benefit perceived for young people's mental health of wider engagement in social protection in communities, and in partnerships across organisations and with services. The pandemic offers learning and an opportunity to build on these initiatives and to learn from young people in shaping future services. This is necessary to prepare for future risk in a more equitable, compassionate manner, but also to address the deficits and rights violations that the current pandemic has led to. At the same time the evidence is clear that initiatives led by or partnering with young people need to be secured by more effective, appropriate and better-funded public sector health and education services and social protection systems. Such services need to integrate and provide meaningful prevention, care and support for youth mental health, SRH, and to better collect and make public evidence on the scale of the challenges to wellbeing faced by young people and the assets they bring to the responses. Legal systems need to more effectively prevent and protect those affected by GBV and sexual abuse, and communication systems, including [hotlines, virtual call, support and outreach centres](#) to better reach and include young people, and particularly those that are often marginalised from services.

These social services are important, but the inequity associated with the pandemic for young people, and the life-course implications, demand action at a deeper level. Young people in ESA countries are already disadvantaged by sluggish formal employment growth. They report seeing [entrepreneurship](#) as a more likely way of generating incomes than expecting to secure stable jobs. But here too they face a historical disadvantage, worsened by the pandemic, where older entrepreneurs' firms on average performed [better](#), and where finance institutions have become even more cautious to provide capital support to younger entrepreneurs lacking collateral. The brief describes initiatives to promote skills, and income generating opportunities, many youth-led. However, these are often ad hoc, and the structural and market barriers youth face need to be addressed at a deeper system level. Catalysing and supporting youth entrepreneurship in Africa is argued to not only benefit young people, but economies as a whole, including in a more inclusive recovery from the pandemic. Young people are argued to have a [comparative](#) advantage in adopting and using new digital technologies, including for tech entrepreneurship. [Naude \(2021\)](#) highlights the potential of a 'deep underlying entrepreneurial reservoir' in youth in the region. This call for greater priority to be given to investment in supportive technology, infrastructure, data, information and communications technology, skills, public goods and education directed at young people, including for digital entrepreneurship.

'Nothing about us without us' seems to be fundamental in shaping an equitable response to the youth experience of COVID-19, as for other major threats to health. African youth have demanded direct engagement, communication and dialogue with decision makers. In 2020, acknowledging the surge of creativity from young people, the African Union (AU) Office of the Youth Envoy (OYE), with the support of Commissioner of Social Affairs and Africa Center for Disease Control and Prevention (Africa CDC), established the African Youth Front on Coronavirus, to engage youth in decision-making and co-leading the response to the pandemic. An [#AfricaYouthLead policy paper](#) emerged from dialogue with young people to feed into these processes.

Similarly in the ESA region, addressing equity calls for a wide engagement in various forms with young people in the region, from local to national and regional level, to expose in more sustained, systematic manner the realities driving inequity and the assets within young people, and to include young people in co-deciding, co-creating and co-leading the responses and changes needed to confront these inequities.

