REGIONAL GUIDE
AFRO REGION

AMWHO

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Global Child and Adolescent Health: Protecting the Next Generation in a Time of Crisis

Introduction

The World Health Organization's (WHO) African Region (AFRO) consists of 47 countries throughout sub-Saharan Africa and is home to one of the youngest populations in the world.[1] This region represents diverse cultures, languages, and climates, alongside wide differences in economic development and health system capacity. While many countries have made progress in strengthening their primary healthcare, pressing structural challenges and ongoing conflicts continue to shape health outcomes, particularly for children and adolescents. For example, nearly one in fifteen children still dies before reaching their fifth birthday in sub-Saharan Africa (95 deaths per 1000 live births).[2]

Children and adolescents represent a substantial proportion of the AFRO population, making their health central to this region's present and future development. Adolescence (ages 10–19) is a critical, formative life stage with rapid physical, cognitive, and psychosocial development, yet it is also a period during which preventable health risks often emerge.[3; 4] In the African Region, leading causes of adolescent morbidity and mortality include communicable diseases such as HIV/AIDS and malaria, injuries, mental health conditions, and pregnancy-related complications.[3]

Introduction

In response, the WHO Regional Office for Africa is working in coordination with national ministries of health, Africa's Centers for Disease Control and Prevention, and international partners to strengthen adolescent-responsive health systems.[5] Despite these efforts, many inequities continue to limit adolescents' access to essential services, particularly in the areas of sexual and reproductive health and substance abuse prevention. Indeed, this region bears a disproportionate share of the global adolescent HIV burden, with approximately 90% of adolescents living with HIV worldwide residing in sub-Saharan Africa.[6] Addressing child and adolescent health in the AFRO region, therefore, requires sustained, coordinated action that not only responds to immediate crises but also confronts the structural and social determinants shaping young people's health trajectories in the long term.

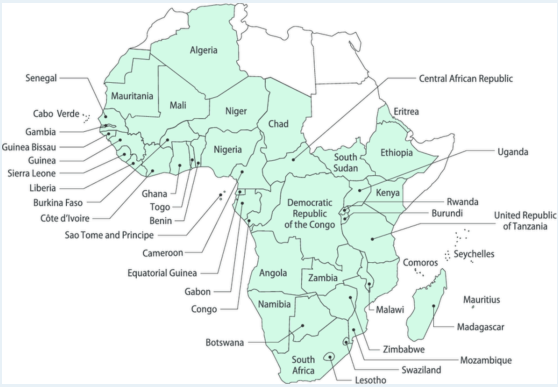

Figure 1: Member States Of The WHO African Region[7]

Subtheme 1: Sexual and Reproductive Health

Persistent inequalities and socio-economic crises have resulted in many countries in the AFRO region struggling to provide comprehensive sexual and reproductive health (SRH) services for adolescents. The World Health Organization's 2024 State of Health in Africa report highlights that nearly one in five girls aged 15–19 in sub-Saharan Africa has begun childbearing, a rate over five times the global average.[8]

Structural barriers such as child marriage, gender-based violence, and poor access to contraception continue to drive adolescent pregnancy, particularly in West and Central Africa, where 41% of girls marry before the age of 18.[9] Humanitarian emergencies, conflicts, and climate shocks have repeatedly interrupted SRH services and increased exposure to sexual violence and exploitation. In Sudan, for instance, ongoing conflict has severely disrupted reproductive health services, with only one in five hospitals remaining functional as of late 2024, leaving millions of women and girls without access to safe delivery or contraception.[10]

Cultural norms and limited access to comprehensive sexual-education programs also contribute to these challenges, as many adolescents receive inadequate information about reproductive health and rights. In Kenya, despite over 90% of adolescents reporting knowledge of modern contraception, fewer than 20% use it, largely due to stigma, misinformation, and limited adolescent-friendly services.[11,12,13]

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Research also shows that schools in several sub-Saharan countries devote less than half the recommended classroom time to sexual education, and lessons often exclude topics such as consent, gender equality, and contraception.[14]

Case studies on adolescent pregnancy and early marriage in Nigeria, as well as the exacerbated gender-based violence and menstrual hygiene barriers during pandemic isolation in Kenya, and the collapse of adolescent sexual and reproductive health services in conflict-affected regions of Sudan, illustrate how these factors intersect to increase global public health inequities and thereby, emphasise the need for targeted and adolescent-centered interventions across the region.

CASE STUDY 1: ADOLESCENT PREGNANCY AND EARLY MARRIAGE IN NIGERIA

Nigeria, Africa's most populous country, faces a significant adolescent sexual and reproductive health (SRH) challenge, with early marriage and teenage pregnancy continuing to affect millions of girls despite recent policy efforts. UNICEF reports that approximately 44% of Nigerian girls marry before their 18th birthday, amounting to more than 24 million child brides.[15] According to a World Bank report, by age 19, nearly 47% of girls in Nigeria have given birth or are pregnant for the first time.[16]

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These figures place Nigeria among the countries with one of the highest adolescent fertility rates in sub-Saharan Africa.

In Nigeria's northern states, especially in the rural areas, limited access to secondary education, deep-seated gender norms favouring early marriage, and poverty combine to create an environment where adolescent pregnancy is common.[16,17]

In Ogun State's 2017 baseline survey for the Adolescents 360 (A360) initiative, 15.3% of unmarried girls aged 15-19 reported sexual intercourse in the previous year, yet only 45.3% of those reported using a modern contraceptive method.[18] Furthermore, the humanitarian review "Listening to Adolescent Girls" found that in conflict- and displacement-affected areas of northeast Nigeria, like Borno, Adamawa, and Yobe, adolescent girls remain largely invisible in SRH service planning and delivery, increasing their vulnerability to early marriage, sexual exploitation, and childbearing.[19]

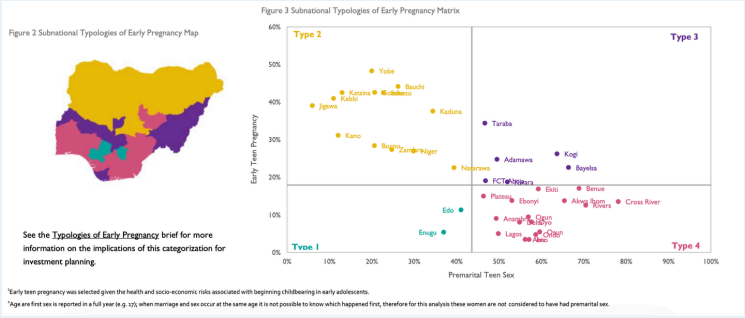

Figure 2: Percentage of Early Teenage Pregnancy & Premarital Sex in Nigeria[15]

Subtheme 1: Sexual and Reproductive Health

Efforts to mitigate adolescent SRH challenges in Nigeria have been driven by a combination of national government strategy, regional partnerships, and global donor investments. The Nigerian Government's National Policy Dialogue in September 2025 (in collaboration with the WHO Regional Office for Africa) reaffirmed a multisectoral commitment to adolescent SRH, emphasising equity, youth engagement, and data-driven monitoring.[20]

In 2025, the Society for Family Health announced that 625,929 adolescent girls became new users of modern contraceptives through youth-focused outreach programmes by September 2024.[21] At the state level, in Kaduna, the SFH-supported Adolescent 360 model is being scaled to address high pregnancy rates among girls aged 15–19, with nearly one in three already mothers or pregnant in some areas.[22] Globally and regionally, the EU-SARAH initiative, launched in December 2024, is donating €40 million into northern states of Nigeria over four years to build youth-friendly SRH services, with the hope of reaching approximately 75,000 adolescents per year and strengthening data systems.[23] These combined efforts seek to counter the socio-cultural, economic, and access-barrier roots of adolescent SRH vulnerability, and position Nigeria to break the intergenerational cycle of early marriage, teen pregnancy, and educational disruption.

To protect the next generation, Nigeria must accelerate age-appropriate comprehensive sexuality education and community mobilisation in high-burden states within the country; ensure the expansion of adolescent-friendly SRH services, especially contraception access, and post-pregnancy support.[24]

CASE STUDY 2: EXACERBATED GENDER-BASED VIOLENCE AND MENSTRUAL HYGIENE BARRIERS DURING PANDEMIC ISOLATION IN UGANDA

The spread of infectious diseases continues to be a threat to much of the Sub-Saharan African region, with a history of HIV/AIDS, Ebola, and most recently, the COVID-19 pandemic. As part of proper health guidelines, the pandemic in 2020 called for quarantining and isolation, causing a plethora of effects mentally, physically, and socially.

Of these, women bore the greatest burden of dealing with the psychological stress of economic instability and social norms forcing them to stay home and take care of the family.[25] The outbreak of the COVID-19 pandemic not only proved to be another barrier to healthcare and socio-economic prosperity for many of the AFRO regions, but also exacerbated many existing issues that hindered the progress of women's health and reproductive rights.

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With an ongoing struggle to fill the gap in equity for women's reproductive health access, years of progress felt stalled and reversed due to increased rates of gender-based violence and menstrual hygiene barriers during the pandemic.[25] Epidemics and other complex emergencies have historically affected girls more severely, heightening their risk of gender-based violence (GBV) through factors such as social isolation, economic instability, and the collapse of essential public services. Uganda, in particular, has one of the highest rates of GBV in the world, with 65% of women starting as early as 15 years old reporting experiencing verbal, physical, or sexual abuse in relationships.[26]

On top of this increasingly pressing issue, Uganda continues to be unable to meet the proper requirements for menstrual equity and access. Meeting the goal for gender equality based on the UN guideline frameworks includes proper access to sanitary products, water, sanitation, and hygiene; and education and information, as just a few examples, all of which Uganda falls behind on.[27] Due to cultural norms and taboos, miseducation, shortage of period products, and increased levels of poverty, women are forced to resort to unhealthy and unhygienic period products such as socks and cloths, forced to stay out of school, contributing to absenteeism and perpetuating harmful stereotypes.[28]

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There have been campaigns tackling GBV, which continues to be a root cause for both abuse and lack of menstrual equity, that distribute menstrual hygiene kits and provide funding in areas of need, but there is still work to be done, with 30% of girls out of school for menstrual inequities.[29] With child marriage being more prevalent in Uganda, with an estimated 5.5 million child brides before the age of 18, this makeup of 10% of the population is 50% more at risk of experiencing abuse of GBV in their relationship.[30]

While efforts are being made to reverse these trends and continue progress, it is crucial that women are taken seriously in their endeavors for autonomy, choice, and stability. The Ugandan youth and women are one example of a larger issue at hand in sub-Saharan Africa, and it is important to take the proper steps necessary to alleviate this glaring gap in sexual and reproductive health for the girls and women of Ghana.

CASE STUDY 3: COLLAPSE OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN CONFLICT-AFFECTED REGIONS OF SUDAN

Sudan is facing one of the worst humanitarian crises in the world. As of 2025, more than 10.5 million people are internally displaced, including over 2.5 million women and girls of reproductive age.[31]

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Due to the breakdown of healthcare systems and limited access to essential services in these conflict-affected regions, adolescent girls and young women are disproportionately impacted.[32]

Widespread violence and repeated attacks on medical infrastructure have left an estimated 70-80% of hospitals in conflict-affected regions either barely functional or fully closed, and health workers often serving without basic supplies, electricity, or security.[33] The destruction of health facilities, mass displacement, and heightened risks of sexual and gender-based violence further reduce access to essential sexual and reproductive health services.[34] In Sudan, over 12 million people are reported to be at risk of gender-based violence, with survivors unable to access post-rape care, clinical management of rape, or follow-up reproductive health services.[35]

Addressing sexual and reproductive health needs in humanitarian settings is crucial, as these services are more often than not a matter of life and death. Between January and June 2025, UNFPA and partners provided life-saving SRH services to more than 127,000 individuals, supported 12,500 births at assisted facilities, distributed dignity kits, sanitary supplies and trained nearly 2,000 GBV responders, yet these efforts are under severe threat due to critical underfunding.[35]

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In coordination with the World Health Organisation, UNFPA has taken a central role in delivering emergency SRH services through the implementation of mobile clinics, UNFPA-supported health facilities, and women-and-girl-friendly spaces across 18 states in Sudan.[35] These interventions have included emergency obstetric and newborn care, contraception provision, and the distribution of menstrual health supplies to adolescent girls and women.[35]

Additionally, international support, such as the Government of Japan's partnership with UNFPA, has contributed towards addressing this issue. They are set to launch a targeted 1 million dollar project aimed at strengthening gender-based violence response mechanisms and maternal health services in some of Sudan’s most affected regions.[36]

To address this grievous crisis, there needs to be sustained investments to expand mobile and community-based SRH services, protection of humanitarian access corridors, and the strengthening of women-led networks that deliver care at a local level.[37] Now, more than ever, the international community must rally together to support women in Sudan to ensure they have the protection and resources that they need to survive.[37]

Subtheme 2: Substance Abuse

Substance use among adolescents and young adults represents a growing public health challenge within the WHO African Region (AFRO), shaped by rapid urbanization, socioeconomic inequality, conflict, and limited access to mental health services. While overall prevalence rates of substance use in AFRO are lower than in some high-income regions, the health and social consequences are often more severe due to weaker healthcare systems and reduced access to prevention and treatment services.[38] Alcohol remains the most widely used substance among young people, followed by cannabis, tobacco, and increasingly, non-medical use of prescription drugs and locally produced substances.[39] Early initiation of substance use is closely linked to risky behaviors, including unsafe sexual practices, interpersonal violence, and road traffic injuries, contributing substantially to preventable morbidity and mortality across the region.[39]

The drivers of adolescent substance use in AFRO are deeply intertwined with structural and social determinants of health. High levels of youth unemployment, displacement due to conflict, exposure to trauma, and limited educational opportunities increase vulnerability to substance misuse.[39] Informal alcohol markets and weak regulatory frameworks further exacerbate access to harmful substances, particularly in urban and peri-urban settings.[40]

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Substance use is also closely associated with mental health challenges, with adolescents experiencing depression, anxiety, or trauma at heightened risk for harmful use patterns.[40] These overlapping vulnerabilities contribute to school dropout, early disability, and long-term economic marginalization, reinforcing cycles of poverty and poor health outcomes.

The public health consequences of substance use in the AFRO region extend beyond individual harm to broader societal and economic impacts. Harmful alcohol and drug use increases the risk of HIV and other sexually transmitted infections, particularly where substance use impairs judgment or involves injection practices.[41] Health systems in many AFRO countries face significant challenges in addressing substance use disorders due to shortages of trained providers, limited adolescent-focused services, and stigma surrounding mental health and addiction. The World Health Organization emphasizes the need for integrated, community-based prevention strategies that address substance use alongside mental health, education, and social protection initiatives.[42] Strengthening policy enforcement, expanding youth-centered prevention programs, and embedding substance use interventions within primary healthcare systems are critical to mitigating the long-term health and development impacts of substance use across the African Region.

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CASE STUDY 1: HIV/AIDS TRANSMISSION THROUGH NEEDLE SHARING IN KENYA

Kenya represents one of the most well-documented and illustrative cases of the intersection between injection drug use and HIV transmission in Sub-Saharan Africa. Injection drug use has increased notably in coastal and urban areas such as Nairobi and Mombasa, driven in part by Kenya's position along major heroin trafficking routes from Southwest Asia.[43] Heroin remains the most commonly injected substance, although cocaine and synthetic drugs are increasingly present in urban markets.[44] Young people, including street-connected youth and individuals experiencing homelessness, are disproportionately affected, reflecting broader structural vulnerabilities such as unemployment, poverty, and social marginalization.[45]

The public health implications of injection drug use in Kenya are particularly severe due to its strong association with HIV transmission. Studies consistently show significantly higher HIV prevalence among people who inject drugs compared to the general population, with injection-related behaviors-especially the sharing of needles and syringes-serving as a primary transmission pathway.[46] Limited access to sterile injection equipment and harm reduction services exacerbates these risks, particularly among adolescents and young adults who may lack knowledge of safer injection practices or face social pressure to share equipment.

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Sexual transmission of HIV further compounds risk, as unsafe sexual practices, transactional sex, and overlapping involvement in sex work are common among people who inject drugs.[47]

Kenya has also demonstrated both the potential and limitations of harm reduction strategies in the AFRO region. The introduction of needle and syringe programs and opioid substitution therapy has shown measurable success in reducing high-risk behaviors and improving linkage to HIV testing and treatment services.[48] However, coverage remains uneven, and young people face persistent barriers related to stigma, criminalization of drug use, and fear of law enforcement. Adolescents and young women who inject drugs face additional risks, including gender-based violence and limited access to youth-friendly health services.[49] Kenya's experience highlights the importance of comprehensive, youth-centered harm reduction approaches that integrate substance use treatment, HIV prevention, mental health support, and social services within a supportive policy environment.

CASE STUDY 2: OPIOID CRISIS IN GHANA

Ghana is seeing an alarming rise in opioid abuse, particularly among young people and vulnerable communities, posing a severe threat to the nation's health and social stability.[50]

Subtheme 2: Substance Abuse

Tramadol, a less costly alternative to fentanyl and other painkillers, has entered the country through illegal importation and counterfeit drug markets, making it cheap and accessible, especially to young people, specifically those aged 15-37.[51] Recent studies estimate the prevalence of tramadol use among Ghanaian youth at between 24.9% and 77.6%.[52] With Tramadol, youth have been identified to use it because of six specific reasons, the primary cause being for sexual satisfaction.[53] This is often linked to adverse childhood experiences that contribute to a need for early engagement in sexual experiences and the non-medical use of Tramadol.[54] In Ghana, increases in tramadol use are frequently framed as evidence of declining moral standards among youth. As a result, media coverage often moralizes tramadol consumption while overlooking the structural conditions that contribute to its misuse, portraying use of the drug as a form of deviant behavior.[53] Moreover, approximately 1.25 million Ghanaians are estimated to suffer from substance use disorders, highlighting the scale of the clinical burden.[54] The crisis also strains a health system already challenged by limited addiction treatment infrastructure, shortages of trained professionals, and barriers to accessing care, particularly in rural and underserved urban communities.[55]

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The issue is only driven further with illicit trading and streams of drugs rolling in that are ultimately sold in black markets or without prescription, increasing the accessibility of these drugs. Weak regulatory policy and frameworks set by the Ministry of Health have proliferated the production of synthetic drugs in clandestine labs and in illegal trafficking routes. Drug abuse has presented itself as a larger issue for Ghana in regard to its effects on the economy and healthcare systems. Africa Trade Post estimates annual losses of $54.1 billion from productivity declines and healthcare costs between 2013 and 2022.[56]

Opioid misuse has been seen to be more prevalent in urban areas, particularly among youth, driven by poverty and ease of access. Weak policy responses, under-resourced treatment services, and stigma exacerbate the issue, in addition to marginalized groups such as women who encounter additional challenges related to caregiving responsibilities, stigma, and economic insecurity. While collaborative interventions show promise, limited implementation constrains their impact.

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CASE STUDY 3: SUBSTANCE ABUSE AMONG ADOLESCENTS IN SOUTH AFRICA

Substance abuse remains a major public health and social concern worldwide, affecting society on every level with variations in life stages, types, prevalence, and risk factors.[57] In South Africa, substance abuse is particularly prevalent among school-aged youth, with 22-66% of adolescents and young adults using alcohol, and approximately 46% using tobacco (46%).[58] During adolescence, exposure to alcohol, cannabis, and other psychoactive substances can disrupt brain development, increase the risk of cognitive impairment, and reduce educational attainment later in life.[59] The World Health Organisation identifies substance use as a leading driver of preventable adolescent mortality, linking it to injuries, violence, unsafe sexual behaviour, and mental health disorders.[60]

In South Africa, adolescent substance abuse persists due to a fragmented, reactive government approach and insufficient implementation of existing policies.[61] Although evidence-based programmes exist, the results are still limited. For example, the HealthWise South Africa program in Western Cape, has demonstrated measurable reductions in adolescent drinking and smoking behaviour when supported by the school environment and teachers.[62]

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However, despite legal age restrictions on alcohol and tobacco, underage access remains significant, reflecting gaps in enforcement and availability of these substances, particularly in lower-income communities.[63] While there's been adoption of national strategies such as the National Drug Master Plan (2019-2024) and commitments under the WHO's Global Accelerated Action for the Health of Adolescents (AA-HA!) adolescent-specific prevention and treatment services remain limited.[64]

Strengthening the integration of screening and brief interventions within adolescent health services, alongside community-based harm-reduction and stigma-reduction initiatives, offers a sustainable pathway to curb early substance use while addressing its underlying social and mental-health drivers.[65] Without urgent, evidence-informed action, the health, economic, and social costs of alcohol misuse will continue to rise, undermining progress toward sustainable development and intergenerational inequities.

Conclusion

Protecting child and adolescent health in the WHO African Region is both central to the conference theme of protecting the next generation in a time of crisis, as it is a global public health imperative. Across the AFRO region, children and adolescents are growing up amid challenges including conflict, displacement, economic instability, climate shocks, and limited access to age-appropriate services. As highlighted in this guide, gaps in sexual and reproductive health services and the rising burden of substance abuse both reflect growing structural inequities that limit adolescents' ability to transition safely into adulthood.

While regional governments, WHO AFRO, and other international partners have made meaningful progress through different policy frameworks, emergency response mechanisms, and community-based interventions, these efforts are often strained by underfunding, weak implementation, and ongoing humanitarian pressures. Protecting the next generation in the African Region requires sustained, coordinated action that places children and adolescents at the centre and prioritises prevention, equity, and resilience in times of crisis. Therefore, it is imperative that national leaders across the region and globe come together to take the necessary steps to improve the health and future of tomorrow's generation.

References

1. World. (2022, August 10). Adolescent and young adult health. Prgsdev.com; World Health Organization: WHO. https://who-dev5.prgsdev.com/m/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions
2. UNICEF. (2025, March). Child Mortality - UNICEF DATA. Unicef. https://data.unicef.org/topic/child-survival/under-five-mortality/
3. United Nations. (2022). Young People's Potential, the Key to Africa's Sustainable Development. Un.org. https://www.un.org/ohrlls/news/young-people%E2%80%99s-potential-key-africa%E2%80%99s-sustainable-development
4. World Health Organization . (2024). Coming of age: adolescent health. Www.who.int. https://www.who.int/news-room/spotlight/coming-of-age-adolescent-health
5. WHO AFRO. (2019). WHO AFRO iAHO | - Section IV - Health Impact. Who.int. https://aho.afro.who.int/atlas-health-impact/gh
6. Lowenthal, E. D., Bakeera-Kitaka, S., Marukutira, T., Chapman, J., Goldrath, K., & Ferrand, R. A. (2014). Perinatally acquired HIV infection in adolescents from sub-Saharan Africa: a review of emerging challenges. The Lancet Infectious Diseases, 14(7), 627–639. https://doi.org/10.1016/s1473-3099(13)70363-3

References

7. Varenne, B. (2016, May). *Promoting Oral Health in Africa - Prevention and control of oral diseases and noma as part of essential noncommunicable disease interventions*. Research Gate. https://www.researchgate.net/figure/Map-of-the-WHO-African-Region_fig1_303475271
8. Adolescent Health. (2025). WHO | Regional Office for Africa. https://www.afro.who.int/health-topics/adolescent-health
9. UNICEF. (2019). Child marriage. Unicef.org. https://www.unicef.org/wca/child-marriage
10. Webber, D. L. (2026, January 30). Updates From Sudan | EMERGENCY. EMERGENCY. https://en.emergency.it/blog/from-the-field/update-from-sudan-as-fighting-erupts-across-the-country/
11. Calhoun, L. M., Mirzoyants, A., Thuku, S., Benova, L., Delvaux, T., van den Akker, T., McGuire, C., Onyango, B., & Speizer, I. S. (2022). Perceptions of peer contraceptive use and its influence on contraceptive method use and choice among young women and men in Kenya: a quantitative cross-sectional study. Reproductive Health, 19(1). https://doi.org/10.1186/s12978-022-01331-y
12. Evaline Chepchirchir Langat, Abdu Mohiddin, Flaura Kidere, Omar, A., Job Akuno, Naanyu, V., & Temmerman, M. (2024). Challenges and opportunities for improving access to adolescent and youth sexual and reproductive health services and information in the coastal counties of Kenya: a qualitative study. BMC Public Health, 24(1). https://doi.org/10.1186/s12889-024-17999-9

References

13. Kimondo, L., Kiprotich, B., Waweru, P., Kundu, F., Kariuki-Mwongera, S., Nyakangi, V., Ngure, E., & Ouko, acob. (2024). Situation of Adolescents in Kenya 2024. In UNICEF. https://www.unicef.org/kenya/media/4176/file/Situation%20Analysis%20of%20Kenyan%20Adolescent%20FINAL.pdf.pdf
14. UNESCO. (2024). Comprehensive Sexuality Education: For healthy, Informed and Empowered Learners | UNESCO. Www.unesco.org; UNESCO. https://www.unesco.org/en/health-education/cse
15. Nigeria Takes Bold Steps to End Child Marriage and Protect the Rights of Children. (2024). Unicef.org. https://www.unicef.org/nigeria/press-releases/nigeria-takes-bold-steps-end-child-marriage-and-protect-rights-children
16. Introduction Typologies of Early Pregnancy Box 2: Three Key Questions for Investment Planning in Type 2 Settings Overview of Adolescent Sexual and Reproductive Health in Nigeria. (n.d.). Retrieved January 12, 2026, from https://documents1.worldbank.org/curated/en/099025112242122823/pdf/P169994042235a0e808be505a49b595e054.pdf
17. Musa, S. S., Odey, G. O., Musa, M. K., Alhaj, S. M., Sunday, B. A., Muhammad, S. M., & Lucero- Prisno, D. E. (2021). Early marriage and teenage pregnancy: The unspoken consequences of COVID-19 pandemic in Nigeria. Public Health in Practice, 2, 100152. https://doi.org/10.1016/j.puhip.2021.100152

References

18. Crawford, E. E., Atchison, C. J., Ajayi, Y. P., & Doyle, A. M. (2021). Modern contraceptive use among unmarried girls aged 15–19 years in South Western Nigeria: results from a cross-sectional baseline survey for the Adolescent 360 (A360) impact evaluation. Reproductive Health, 18(1). https://doi.org/10.1186/s12978-020-01056-w
19. Listening to Adolescent Girls: A Review of the Inclusion of Adolescent Girls' Needs within the Humanitarian Response in Northeast Nigeria. (2025). UNICEF and UNFPA. https://www.unfpa.org/publications/listening-adolescent-girls-review-inclusion-adolescent-girls%E2%80%99-needs-within
20. National Policy Dialogue: Shaping the Future of Adolescent and Youth Sexual and Reproductive Health in Nigeria. (2025, September). WHO | Regional Office for Africa. https://www.afro.who.int/countries/nigeria/news/national-policy-dialogue-shaping-future-adolescent-and-youth-sexual-and-reproductive-health-nigeria?country=Nigeria&name=Nigeria
21. Ehigiator, S. (2025). Nigeria Records 625,929 New Contraceptive Adopters among Female Adolescents – THISDAYLIVE. Thisdaylive.com. https://www.thisdaylive.com/2024/09/21/nigeria-records-625929-new-contraceptive-adopters-among-female-adolescents/

References

22. Anthony. (2025, June 2). Kaduna moves to tackle teenage pregnancy, others using SFH's model. The Guardian Nigeria News - Nigeria and World News. https://guardian.ng/news/nigeria/metro/kaduna-moves-to-tackle-teenage-pregnancy-others-using-sfhs-model/
23. Olayide Soaga. (2025, March 13). 75,000 adolescents, 2.4m children to benefit yearly from EU-SARAH in Adamawa. The Guardian Nigeria News - Nigeria and World News.https://guardian.ng/news/75000-adolescents-2-4m-children-to-benefit-yearly-from-eu-sarah-in-adamawa/
24. Ajibade, B., Oguguo, C., Ling, J., & Eberhardt, J. (2022). Recommendations for removing access barriers to effective Sexual/Reproductive Health Services (SRHS) for young people in South East Nigeria: A systematic review. https://www.reprodgroup.us/articles/IJSRHC-5-137.pdf
25. Kolakowsky-Hayner SA, Goldin Y, Kingsley K, Alzueta E, Arango-Lasprilla JC, Perrin PB, Baker FC, Ramos-Usuga D, Constantinidou F. Psychosocial Impacts of the COVID-19 Quarantine: A Study of Gender Differences in 59 Countries. Medicina (Kaunas). 2021 Jul 31;57(8):789. doi: 10.3390/medicina57080789. PMID: 34440995; PMCID: PMC8400641.
26. Eyre, M. C. (2021). Intimate partner violence against women in Uganda. Ballard Brief. Retrieved [today's date], from https://ballardbrief.byu.edu/issue-briefs/intimate-partner-violence-against-women-in-uganda

References

27. UN Women. (2022, November 22). Uganda's violence against women survey heralds legislative and policy changes. UN Women Data Hub. https://data.unwomen.org/features/ugandas-violence-against-women-survey-heralds-legislative-and-policy-changes
28. Gbogbo S, Wuresah I, Klutse P, Mantey SO, Boateng I, Nelson PE, Charles-Unadike VO, El Reda D, Currier C. The red thread: stakeholder perspectives on menstrual health and hygiene in Ghana. BMJ Glob Health. 2025 May 21;10(5):e019124. doi: 10.1136/bmjgh-2025-019124. PMID: 40398893; PMCID: PMC12097085.
29. School clubs to end gender-based violence help girls cope with menstrual health. (2018). UNFPA East and Southern Africa. https://esaro.unfpa.org/en/news/school-clubs-end-gender-based-violence-help-girls-cope-menstrual-health
30. Jaafar H, Ismail SY, Azzeri A. Period Poverty: A Neglected Public Health Issue. Korean J Fam Med. 2023 Jul;44(4):183-188. doi: 10.4082/kjfm.22.0206. Epub 2023 May 16. PMID: 37189262; PMCID: PMC10372806.
31. Sudan Situation Report #20 - May 2025. (2025). United Nations Population Fund. https://www.unfpa.org/resources/sudan-situation-report-20-may-2025
32. Okeke, S. R., Okeke-Obayemi, D. O., Njoroge, M. R., & Yaya, S. (2024). Collateral damage: the overlooked reproductive health crisis in conflict zones. Reproductive Health, 21(1). https://doi.org/10.1186/s12978-024-01941-8

References

33. Balkhy, H. (2024). Urgent action is needed to address Sudan's growing humanitarian crisis. Eastern Mediterranean Health Journal, 30(7), 465–466. https://doi.org/10.26719/2024.30.7.465
34. Munyuzangabo, M., Khalifa, D. S., Gaffey, M. F., Kamali, M., Siddiqui, F. J., Meteke, S., Shah, S., Jain, R. P., Als, D., Radhakrishnan, A., Ataullahjan, A., & Bhutta, Z. A. (2020). Delivery of sexual and reproductive health interventions in conflict settings: a systematic review. BMJ Global Health, 5(Suppl 1). https://doi.org/10.1136/bmjgh-2019-002206
35. Sudan Situation Report #21 - June 2025. (2025). United Nations Population Fund. https://www.unfpa.org/resources/sudan-situation-report-21-june-2025
36. UNFPA and Government of Japan Launch $1 Million Project to Address Maternal Health and GBV Needs in Conflict-Affected Areas of Sudan. (2025). Sudan. https://sudan.un.org/en/289875-unfpa-and-government-japan-launch-1-million-project-address-maternal-health-and-gbv-needs
37. Women and girls in Sudan disproportionately impacted by ongoing conflict | The United Nations Office at Geneva. (2024, September 27). The United Nations Office at Geneva. https://www.ungeneva.org/en/news-media/news/2024/09/98068/women-and-girls-sudan-disproportionately-impacted-ongoing-conflict

References

38. Connery HS, McHugh RK, Reilly M, Shin S, Greenfield SF. Substance Use Disorders in Global Mental Health Delivery: Epidemiology, Treatment Gap, and Implementation of Evidence-Based Treatments. Harv Rev Psychiatry. 2020 Sep/Oct;28(5):316-327. doi: 10.1097/HRP.0000000000000271. PMID: 32925514; PMCID: PMC8324330.
39. Chukwuekwu, G. (2025, November 8). Recreational substances in common use in Africa: A scoping review. Datelinehealth Africa. https://www.datelinehealthafrica.org/recreational-substances-in-use-africa
40. Silumbwe A, Sebastian MS, Zulu JM, Michelo C, Johansson K. Inertia or unanticipated bottlenecks? Exploring stakeholder perspectives on the implementation determinants of the national alcohol policy five years post-enactment in Zambia. Arch Public Health. 2025 Oct 10;83(1):240. doi: 10.1186/s13690-025-01737-7. PMID: 41074212; PMCID: PMC12512930.
41. HIVinfo. (2021, August 16). HIV and substance use. National Institutes of Health. https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-substance-use
42. World Health Organization. (n.d.). Mental health, brain health and substance use. World Health Organization. https://www.who.int/teams/mental-health-and-substance-use/overview

References

43. Oguya FO, Kenya PR, Ongecha F, Mureithi P, Musyoka H, Muraguri N, Mundia B, Angira C, Shose M, Basheeb TA, Mohamed AA, Oyore JP, Ochieng OG, Dida GO, Abdalla S, Abdool R. Rapid situational assessment of people who inject drugs (PWID) in Nairobi and coastal regions of Kenya: a respondent driven sampling survey. BMC Public Health. 2021 Aug 14;21(1):1549. doi: 10.1186/s12889-021-11373-9. PMID: 34391389; PMCID: PMC8364050.
44. Beckerleg, S., Telfer, M., & Hundt, G. (2005). The rise of injecting drug use in east Africa: a case study from Kenya. Harm Reduction Journal, 2(1), 12. https://doi.org/10.1186/1477-7517-2-12
45. Le H, Rew L. Youth-centered Recommendations to Address Social Stigma and Discrimination Against Unhoused Youth: An Integrative Literature Review. J Sch Nurs. 2025 Feb;41(1):36-55. doi: 10.1177/10598405231214061. Epub 2023 Nov 22. PMID: 37994006; PMCID: PMC11755975.
46. Kurth AE, Cleland CM, Des Jarlais DC, Musyoki H, Lizcano JA, Chhun N, Cherutich P. HIV Prevalence, Estimated Incidence, and Risk Behaviors Among People Who Inject Drugs in Kenya. J Acquir Immune Defic Syndr. 2015 Dec 1;70(4):420-7. doi: 10.1097/QAI.0000000000000769. PMID: 26226249; PMCID: PMC4624615.
47. Fleming, E. B., & DePasquale, N. L. (2019). Update: Syringe service programs — United States, 2018. Morbidity and Mortality Weekly Report, 68(30), 653–656. https://www.cdc.gov/mmwr/volumes/68/wr/mm6830a1.htm

References

48. Stone J, Fraser H, Walker JG, Mafirakureva N, Mundia B, Cleland C, Bartilol K, Musyoki H, Waruiru W, Ragi A, Bhattacharjee P, Chhun N, Lizcano J, Akiyama MJ, Cherutich P, Wisse E, Kurth A, Luhmann N, Vickerman P. Modelling the impact of HIV and hepatitis C virus prevention and treatment interventions among people who inject drugs in Kenya. AIDS. 2022 Dec 1;36(15):2191-2201. doi: 10.1097/QAD.0000000000003382. Epub 2022 Sep 14. PMID: 36111533; PMCID: PMC9671825.
49. FHI 360. (2016). Gender analysis of people who inject drugs in Kenya: Findings and recommendations. https://www.fhi360.org/wp-content/uploads/drupal/documents/resource-linkages-kenya-pwid-gender-analysis-2016.pdf
50. Ghana, in. (2025, May 7). *Ghana: Opioid Crisis Explodes in Ghana As Young People Fall Victim to "Red."* AllAfrica.com. https://allafrica.com/stories/202505070031.html
51. University at Albany. (2025, October 16). New study examines implications of cheap fentanyl production. https://www.albany.edu/news-center/news/2025-new-study-examines-implications-cheap-fentanyl-production
52. Saapiire F, Namillah G, Tanye V, Abubakari A. The Insurgence of Tramadol Abuse among the Most Active Population in Jirapa Municipality: A Study to Assess the Magnitude of the Abuse and Its Contributory Factors. Psychiatry J. 2021 Feb 5;2021:3026983. doi: 10.1155/2021/3026983. PMID: 33628767; PMCID: PMC7884175.

References

53. Onu, D. U., Ifeagwazi, C. M., Orjiakor, C. T., & Iorfa, S. K. (2021). Adverse childhood experiences and tramadol use in Nigeria: the mediating role of sociosexuality in a predominantly male student sample. Journal of Substance Use, 26(4), 427–433. https://doi.org/10.1080/14659891.2020.1846805
54. *Africa CDC and IFRC Deepen Partnership to Strengthen Health Systems and Emergency Response Across Africa – Africa CDC*. (2025, May 24). Africa CDC. https://africacdc.org/news-item/africa-cdc-and-ifrc-deepen-partnership-to-strengthen-health-systems-and-emergency-response-across-africa/
55. Lowenthal, E. D., Bakeera-Kitaka, S., Marukutira, T., Chapman, J., Goldrath, K., & Ferrand, R. A. (2014). Perinatally acquired HIV infection in adolescents from sub-Saharan Africa: a review of emerging challenges. *The Lancet Infectious Diseases*, *14*(7), 627–639. https://doi.org/10.1016/s1473-3099(13)70363-3
56. Africa Trade and Finance Compliance Post. (2026, February 5). *Ghana sees large estimated trade value gaps over 2013-2022, GFI report finds*. https://atfcp.com/2026/02/05/ghana-sees-large-estimated-trade-value-gaps-over-2013-2022-gfi-report-finds/
57. Amin, U., Malla, A. M., Amin, I., & Jan, R. (2023). Substance Abuse: A Public Health Concern. *Indian Journal of Psychiatric Nursing*, *20*(2), 168. https://doi.org/10.4103/iopn.iopn_25_23

References

58. Richins, C. R. (2025). *Alcohol & Substance Abuse Among Youth in South Africa*. BYU ScholarsArchive. https://scholarsarchive.byu.edu/joni/vol5/iss2/8/
59. CDC. (2025, February 18). *Substance Use Among Youth*. Reducing Health Risks among Youth. https://www.cdc.gov/youth-behavior/risk-behaviors/substance-use-among-youth.html
60. World Health Organization. (2024a). *Adolescents: Health risks and solutions*. Who.int; World Health Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions
61. *Alcohol and substance abuse | Government Communication and Information System (GCIS)*. (2022). Gcis.gov.za. https://www.gcis.gov.za/Alcoholandsubstanceabuse
62. Layland, E. K., Caldwell, L. L., Ram, N., Smith, E. A., Wegner, L., & Jacobs, J. J. (2022). Adolescent Substance Use Behavior Change Through School Intervention Is Improved by Teacher and School Implementation Support Together, Especially for Girls. *Prevention Science*, *23*(7), 1251–1263. https://doi.org/10.1007/s11121-022-01394-0
63. Mmereki, B., Mathibe, M., Cele, L., & Modjadji, P. (2022). Risk factors for alcohol use among adolescents: The context of township high schools in Tshwane, South Africa. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.969053

References

64. *Global Accelerated Action for the Health of Adolescent (AA-HA!)*. (n.d.). Www.who.int. https://www.who.int/initiatives/global-accelerated-action-for-the-health-of-adolescent
65. Munanura Turyasiima, Balbina Gillian Akot, Ibrahimu Makongwa, Yusuf, H. M., & Epuitai, J. (2025). Addressing High Alcohol Consumption and Alcohol Use Disorders Among Adolescents and Young People in Sub-Saharan Africa: Pathways to Effective Action. *Substance Abuse and Rehabilitation*, *Volume 16*, 165–175. https://doi.org/10.2147/sar.s526190