



Gender

Annexure

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Annexure

The report was done using IFS 7.96

All interventions in Gender scenario and Gender Equality scenario start in 2024, interpolate to 2033 and are maintained thereafter to 2043 unless indicated otherwise.

Interventions and Parameter Name in IFs	Country or Group	Adjustments within IFs 7.96	Benchmark/Justification/Notes
Increase female labour participation rate (Labparm)	Algeria, Morocco, Mauritania, Tunisia, Egypt	To 1.25	North of Africa has the highest gender gap in labour participation among African regions.
	Somalia, Eswatini, Sudan, São Tomé and Príncipe, Seychelles, Libya Mauritius	To 1.18	Between 1975 and 1984, female labour participation in North Africa increased by about 10 percentage points.
	Senegal, Gabon, Niger, Comoros, Côte d'Ivoire Djibouti, Gambia, Mali, Burkina Faso Cabo Verde		In this scenario, the female labour participation rate will increase by about 10 percentage points between 2024 and 2033 in North Africa.
	Lesotho, Central African Republic, Equatorial Guinea, Chad, Eritrea, Guinea Bissau	To 1.15	Between 2005 and 2015, female labour participation rate increased by about 10 percentage points in the Dominican Republic.
	Nigeria, South Africa Botswana, Ethiopia, Cameroon,		Between 1990 and 2000, the female labour participation rate increased by about 10 percentage points in Brazil.
	Zimbabwe, Ghana, Namibia, Zambia, Liberia, Malawi	To 1.1	In this intervention female labour participation rate increased by about five percentage points between 2024 and 2033 in Africa compared to two percentage points and
	Uganda, Tanzania, Congo, Kenya, Madagascar, Benin, DR Congo, South Sudan, Angola, Togo, Mozambique, Sierra Leone	To 1.05	

		<p>To 1.03</p> <p>To 1.02</p>	three percentage points in South America and South Asia, respectively.
Increase male labour participation rate (Labparm)	Rwanda, Burundi, Guinea	To 1.01	In Rwanda, Burundi and Guinea, female labour participation rate is higher than men's. The gender gap affects males.
Reduce gender gaps in wage (labwagesexratm)	Africa	To 1.15	The average gender wage gap in South Africa declined from about 40% in 1993 to about 16% in 2014 (a 24 percentage point decline over 22 years).
Increase gender empowerment (gemm)	<p>Uganda</p> <p>South Africa, Botswana,</p> <p>Seychelles, Mauritius, Namibia</p> <p>Zambia, Gabon, Libya, Madagascar, Mozambique, Zimbabwe, Guinea Bissau, Cabo Verde, Kenya, Eritrea,</p>	<p>To 1.03</p> <p>To 1.05</p> <p>To 1.1</p> <p>To 1.2</p>	<p>To reduce the gender gap in political participation, decision making and power over economic resources.</p> <p>Zambia improved its gender empowerment score by nearly 57% between 1995 and 2009. Ethiopia's score increased by more than 126% over the same period.</p>

	Equatorial Guinea, Lesotho, Ethiopia, Tanzania, Eswatini,			These interventions increase Africa's score on the Gender Empowerment Index by 29% between 2024 and 2033. The score by 2043 is below the average for South America (0.6) but on par with the world average (0.5).
	São Tomé and Príncipe, Cameroon, Morocco, Niger, Rwanda, Djibouti, Ghana, Burkina Faso Senegal, Chad Comoros, Algeria, Egypt Benin, Malawi			
	Mali, Angola, Tunisia, Sudan, DR Congo, Congo, Nigeria, Côte d'Ivoire	To 1.25		
	Togo, Mauritania, Somalia Gambia, Guinea Bissau, Guinea			
	Sierra Leone, Liberia, South Sudan, Central African Republic, Burundi			
			To 1.35	
			To 1.4	
			To 1.5	

Increase access to contraceptive (contrusm)	Rwanda, Eswatini	To 1.05	<p>To reduce gender inequality in reproductive health, which includes access, without discrimination, to affordable, quality contraception, including emergency contraception.</p> <p>In countries such as the UK, Spain and Brazil, access to safe contraception is universal.</p> <p>Between 1992 and 2003, contraceptive use increased by more than 40% in Egypt.</p> <p>Between 2000 and 2005, the contraceptive use rate doubled in Ethiopia.</p> <p>Contraception access rates in Africa are much lower than for other comparable regions. The interventions move Africa closer to South Asia by 2043.</p> <p>Contraception access rate will be about 65% by 2043 (five percentage points below the rate for South Asia).</p> <p>No intervention for countries where contraception use is above the current world average of 63%.</p>
	Egypt, Namibia, South Africa, Kenya, Zimbabwe, Malawi, Morocco, Botswana, Lesotho	To 1.1	
	Cabo Verde		
	Algeria, Benin, Cameroon, Comoros, Rep of Congo, Côte d'Ivoire, Djibouti, Ghana, Kenya, Mauritania, São Tomé and Príncipe, Senegal, Tanzania, Tunisia, Zambia, Gabon, Malawi, Madagascar, DR Congo, Uganda	To 1.18	
	Burkina Faso, Burundi, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Mali, Mozambique, Somalia, Sudan, Togo, Angola, Equatorial Guinea	To 1.28	
	Chad, Niger, Nigeria, Burundi, Central African Republic, Liberia, Sierra Leone, South Sudan		
	No intervention for Seychelles, and Mauritius	To 1.35	

		To 1.4	
Reduces maternal mortality (matmorrtration)	<p>Chad, South Sudan, Sierra Leone, Nigeria, Central African Republic, Mauritania, Somalia</p> <p>Liberia, Guinea, Bissau, Guinea Gambia, Côte d'Ivoire, Cameroon, Mali, Burundi</p> <p>Equatorial Guinea, Tanzania, Lesotho, Niger, Eritrea, Congo, Zimbabwe, Eswatini, Gabon, Sudan, Benin, DR Congo, Ethiopia, Madagascar, Togo</p> <p>Uganda, Malawi, Ghana, Comoros, Kenya, Burkina Faso, Angola, Senegal, Mozambique, Rwanda, Zambia, Djibouti</p> <p>Namibia, South Africa, Mauritius, Algeria</p> <p>No interventions for Botswana, Egypt, Tunisia, Cabo Verde, Seychelles, Morocco, São Tomé and Príncipe, Libya as the Current Path is aggressive</p>	<p>To 0.6</p> <p>To 0.7</p> <p>To 0.8</p> <p>To 0.85</p>	<p>A proxy for improvement in access to better reproductive healthcare and reduction in health-related gender inequality.</p> <p>Between 2005 and 2014, Angola reduced maternal mortality by about 50%.</p> <p>In this scenario, maternal mortality in Africa will decline by 49% between 2024 and 2033. These interventions reduce maternal mortality to 116 deaths per 100 000 live births in Africa compared to 190 on the Current Path in 2043. This is still far above the projected average for South Asia (60 deaths per 100 000 live births) and South America (36 deaths per 100 000 live births).</p>

		To 0.9	
Reduce the share of females aged 15-19 in marriage or union (married femshrm)	<p>Central African Republic, Niger, Chad</p> <p>Madagascar, Mozambique, Mali, Guinea, Burkina, Eritrea, South Sudan, Nigeria, Tanzania, Equatorial Guinea, Somalia, Mauritania, Malawi, Cameroon, Angola.</p> <p>Côte d'Ivoire, Senegal, Uganda, Ethiopia, DR Congo, Zimbabwe, Congo, Sudan, Gambia, Zambia, Comoros, Lesotho, Liberia, Benin</p> <p>Sierra Leone, Egypt, São Tomé and Príncipe, Djibouti, Cabo Verde, Togo, Gabon, Guinea Bissau, Kenya, Botswana, Seychelles, Libya, Eswatini, Morocco.</p> <p>Mauritius, Burundi, South Africa, Ghana</p> <p>No interventions for Algeria, Namibia, Rwanda,</p>	<p>To 0.7</p> <p>To 0.8</p> <p>To 0.85</p>	<p>To reduce girl-child marriage, which is also considered a form of gender-based violence. Girl child marriage is still a widespread practice in many African countries.</p> <p>From 2009 to 2018, the prevalence of child marriage declined by seven percentage points in Africa.</p> <p>Between 2003 and 2018, Guinea Bissau and Zambia reduced child marriage by 20 and 15 percentage points, respectively.</p> <p>The magnitude of the intervention is incremental from countries with low child marriage rates to countries with high child marriage rates.</p> <p>With these interventions, the share of females aged 15–19 in marriage or union in Africa is 12%, on par with South Asia at 12.5% and</p>

	Tunisia	To 0.9	slightly above South America at 10%.
		To 0.95	
Reduce food insecurity (food insecuritym) (female)	Niger, Namibia, Uganda, Somalia, Botswana, Tanzania, Eswatini, Libya, Ethiopia, South Africa, Djibouti	To 0.95	To reduce gender inequality in nutrition.
Reduce food insecurity (food insecuritym) (male)	<p>São Tomé and Príncipe, Cabo Verde, Guinea Bissau</p> <p>Central African Republic, Chad, Madagascar, Mozambique, Mali, Guinea, Burkina, Eritrea, South Sudan, Nigeria, Equatorial Guinea, Mauritania, Malawi Cameroon, Angola, Côte d'Ivoire, Senegal, DR Congo, Zimbabwe, Congo, Sudan, Gambia, Zambia, Comoros, Lesotho, Liberia, Benin, Sierra Leone, Egypt, Togo, Gabon, Mauritius, Burundi,</p>	<p>To 0.95</p> <p>To 0.98</p>	<p>The magnitude of the intervention is incremental from countries with low gender gap in food insecurity to countries with high gender gap.</p> <p>With these interventions, the ratio of the percentage of females experiencing moderate food insecurity to males' is 0.94 by 2043 (with 1 being full parity) compared to a ratio of 0.84 on the Current Path in the same year.</p>

	Ghana, Algeria, Rwanda, Tunisia Bissau, Kenya, Seychelles, Morocco		
Increase primary net intake (female) (edpriintnm)	Angola, Nigeria, Somalia, Cameroon, Chad, Benin	To 1.15	Between 1996 and 2006, Laos increased its female primary net intake by 68.5%.
	DR Congo, Niger, Guinea Bissau		Between 1999 and 2009, Morocco increased its female primary net intake by 49%.
	Guinea, Côte d'Ivoire, São Tomé and Príncipe	To 1.1	
	Djibouti, Ethiopia, Togo, Mozambique	To 1.03	
		To 1.02	
Increase primary net intake (male) (Edpriintnm)	Eritrea, Burkina Faso, Comoros, Zambia, Malawi	To 1.15	Between 1999 and 2009, Nepal increased its male primary net intake by 33%.
	Madagascar, Mauritania, Senegal, Congo, Central African Republic, Tanzania, South Africa, Zimbabwe, Burundi.	To 1.03	With these interventions, the female-to-male ratio of primary net intake (97%) is on par with South Asia and South America by 2043.
	Mauritius, Kenya, Liberia, Eswatini, Sudan		Between 1994 and 2005, the primary survival rate in South Asia increased by 67%.
	Ghana, Equatorial Guinea, Gabon, Lesotho, Namibia, Rwanda, Uganda, Cabo Verde, Sierra Leone		The magnitude of the intervention is incremental from countries with a low gender gap in primary survival rate to countries with a high gender gap.
			With these interventions,

	No intervention for Botswana, Algeria, Morocco, Egypt, Tunisia, Libya, Mali, South Sudan Seychelles). They achieve parity in the Current Path forecast.	To 1.02 To 1.01	the ratio of the female primary survival rate to males is on par with South Asia and World average by 2043.
Increase primary survival rate (female)	São Tomé and Príncipe Malawi, Djibouti, Côte d'Ivoire Comoros, DR Congo, Burundi	To 1.1 To 1.03 To 1.2	
Increase primary survival rate (male)	Mali, Burkina Faso Ethiopia, Mauritania, Sierra Leone, Gambia, Lesotho, South Africa, Senegal, Rwanda, Madagascar, Somalia, Niger, Sudan, South Sudan, Uganda, Central African Republic, Guinea Bissau, Tanzania, Liberia, Zimbabwe, Eritrea, Nigeria, Cameroon, Mozambique, Namibia, Congo, Chad, Ghana, Cabo Verde, Zambia, Benin, Gabon, Eswatini, Libya. No intervention for Botswana, Algeria, Morocco, Egypt, Tunisia, Mauritius, and Seychelles	To 1.15 To 1.08	
Increase Lower secondary	Guinea Bissau,	To 1.15	Between 2000 and 2007,

transition rate (female)	Senegal, Central African Republic, Niger, Chad, Equatorial Guinea, Côte d'Ivoire, Sierra Leone	To 1.05	female lower secondary transition rate increased by 39% in Uganda. The magnitude of the intervention is incremental from countries with low gender gap in lower secondary transition rate to countries with high gender gap.
	Congo, Somalia, Gabon Uganda, South Sudan	To 1.01	
Increase Lower secondary transition rate (male)	Djibouti, Lesotho	To 1.05	Between 2006 and 2015, the male lower secondary transition rate increased by 32% in Côte d'Ivoire. With these interventions, the ratio of the lower secondary transition rate of the females to males (99%) is on par with South Asia, South America and the world average by 2043.
	Liberia, Sudan, Ghana, Malawi, Egypt No intervention for other countries since they achieve or are close to parity in the Current Path forecast.	To 1.02	
Increase upper secondary transition rate (female)	Togo, Benin, Guinea	To 1.15	Between 2001 and 2011, female upper secondary transition rate increased by 20% in Benin.
	Mali, Gabon, Tanzania,	To 1.1	
	Guinea Bissau, Congo, Madagascar, Burkina Faso	To 1.05	
	Sierra Leone, Mozambique, Uganda, Zambia, Egypt, Malawi	To 1.02	

Increase upper secondary transition rate (male)	Gambia, Eritrea	To 1.15	Between 1998 and 2010, male upper secondary transition rate increased by 53% in Burkina Faso.
	Senegal, Eswatini	To 1.1	
	Mauritius, Seychelles, Lesotho, Equatorial Guinea, Liberia	To 1.03	
	No intervention for other countries as they achieve or are close to parity in the Current Path forecast horizon.		
Increase lower secondary graduation rate (female)	Togo, Gambia, DR Congo, Eritrea, Zimbabwe	To 1.15	With this intervention, the female-to-male ratio of lower secondary school graduation is on par with South Asia at 0.98 (98%) in 2043.
	Central African Republic, Burundi	To 1.1	
	Chad, South Sudan, Liberia, Egypt, Somalia, Guinea	To 1.05	
	Mali, Benin, Niger, Mozambique, Guinea Bissau, Madagascar, Eswatini	To 1.02	
Increase lower secondary graduation rate (male)	Lesotho, Malawi	To 1.15	
	Cabo Verde, Tunisia, South Africa	To 1.1	
	São Tomé and Príncipe, Mauritius	To 1.05	

	Sierra Leone, Namibia, Seychelles, Botswana, Tanzania, Equatorial Guinea	To 1.02	
Increase upper secondary graduation rate (female)	Central African Republic, Togo, Burundi, Chad, RDC	To 1.15	Between 2015 and 2019, the upper secondary school graduation rate increased by 29% in Uganda.
	Congo, Liberia, Mali, Sierra Leone, Somalia	To 1.05	
	Malawi, Niger, Burkina Faso, Guinea, Uganda, Tanzania		
	No intervention for the rest of the countries as they achieve or are close to parity in the Current Path forecast horizon.	To 1.02	
Increase upper secondary graduation rate (male)	São Tomé and Príncipe, Algeria, Tunisia, Cabo, Verde, South Africa, Seychelles, Mauritius	To 1.15	
	Egypt, Botswana, Equatorial Guinea, Libya, Namibia, Eswatini, Comoros, Morocco, Côte d'Ivoire	To 1.1	
	Cameroon, Rwanda, Mauritania, Eritrea, Sudan		
	Djibouti, Angola, Senegal, Nigeria, Ethiopia, Zimbabwe, Lesotho, Kenya		

		To 1.05	
		To 1.03	
Tertiary intake rate (female)	Chad	To 1.18	<p>Between 2009 and 2018 Algeria increased tertiary intake for females by 81%.</p> <p>Between 2009 and 2018 Bangladesh increased tertiary intake for females by 77%.</p>
	Guinea	To 1.15	
	Central African Republic, Gabon, Liberia, Togo, Gambia.	To 1.1	
	Burundi, Nigeria, Benin, Somalia	To 1.03	
Tertiary intake rate (male)	Equatorial Guinea, Guinea Bissau, Namibia, Sierra Leone, Seychelles, Tunisia, Djibouti, Algeria	To 1.2	<p>Between 2008 and 2017 Cameroon increased tertiary intake for male by 60%.</p>
	Lesotho, Cabo Verde, Mauritius, South Africa		
	Eswatini, Botswana, Côte d'Ivoire, Rwanda, São Tomé and Príncipe, Malawi, Zambia, Egypt, Madagascar, Eritrea, Kenya	To 1.15	
	Senegal, Congo, Mozambique, Morocco, Comoros, Libya, Mauritania, Tanzania,	To 1.1	

	Niger, Angola, Cameroon, Ghana, Sudan, Mali		
	Ethiopia, South Sudan, DR Congo, Burkina Faso, Zimbabwe	To 1.05	
		To 1.02	
Tertiary graduation rate (female)	Guinea	To 1.3	Between 2000 and 2010, enrolment in tertiary institutions nearly increased by 100% in Ukraine.
	Burundi, Chad, Central African Republic	To 1.15	
	Nigeria, Ethiopia	To 1.02	
	Eq. Guinea, Sierra Leone, Tunisia, Djibouti, Algeria, Namibia, Seychelles, Botswana, South Africa, Malawi, Niger.	To 1.5	
	Madagascar, Zimbabwe, Rwanda, São Tomé and Príncipe, Senegal, DR Congo		

		To 1.3	
Tertiary graduation rate (male)	<p>Mauritius, Eswatini, Mozambique, Eritrea, Lesotho, Côte d'Ivoire, Libya, Egypt, Cabo Verde, Uganda, Morocco, Sudan, Comoros, Benin, Angola, Cameroon, South Sudan, Congo, Tanzania, Togo, Kenya, Gabon, Somalia, Burkina Faso, Zambia</p> <p>Ghana, Gambia, Mauritania</p> <p>Liberia, Mali</p>	<p>To 1.2</p> <p>To 1.15</p> <p>To 1.05</p>	
Increase lower secondary vocational share (female)	Algeria, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, DR Congo, Djibouti, Egypt, Eq. Guinea, Eswatini, Gabon Libya, Madagascar, Mauritius, Morocco, Mozambique,	The magnitude of the intervention is different for each country.	Lower secondary vocational enrolment for females increased by 23% in Algeria between 1999 and 2008.

	Niger, Rwanda, Togo, Tunisia, Uganda		
Increase lower secondary vocational share (male)	<p>Angola, Congo, Côte d'Ivoire, Guinea</p> <p>No interventions for Botswana, Burundi, Cabo Verde, Eritrea, Ethiopia, Gambia, Ghana, Guinea Bissau, Kenya, Malawi, Mali, Mauritania, Namibia, Nigeria, São Tomé and Príncipe, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, South Sudan, Zambia, Zimbabwe.</p>	The magnitude of the intervention is different for each country.	Lower secondary vocational enrolment for male increased by 21.5% in Cameroon between 2004 and 2014.
Increase upper secondary vocational share (female)	Angola, Botswana, Cabo Verde, Cameroon, Comoros, Congo, DR Congo, Djibouti, Egypt, Eq. Guinea, Eswatini, Ethiopia, Gabon, Ghana, Madagascar, Mauritania, Mauritius, Morocco, Mozambique, Rwanda, Seychelles, South Africa, Sudan, Tanzania, Togo, Tunisia, Uganda	The magnitude of the intervention is different for each country.	Upper secondary vocational enrolment for females increased by 79% in Niger between 2011 and 2017.
Increase upper secondary vocational share (male)	<p>Burkina Faso, Burundi, Central African Republic, Chad, Guinea, Kenya, Liberia, Niger, Lesotho, Côte d'Ivoire</p> <p>No interventions for Namibia, Nigeria, Somalia, South Sudan, Zambia, Zimbabwe as there is no difference between male and female.</p>	The magnitude of the intervention is different for each country.	Upper secondary vocational enrolment for male increased by 29% in Burundi between 2009 and 2018.
Increase primary education quality (male)	Morocco, Mauritius, Tunisia, Tanzania, South Africa, Botswana	To 1.02	Chad improved its primary education quality score by 15% between 1995 and

	<p>Kenya, Côte d'Ivoire, Mauritania, Mozambique, Cameroon, Niger</p> <p>No intervention for the rest of the countries as they achieve parity in the Current Path forecast</p>	To 1.01	2005.
Increase secondary education quality (male)	<p>Algeria, Botswana, Mauritius, Egypt, Tunisia, South Africa.</p> <p>No intervention for other countries as they achieve parity in the Current Path forecast</p>	To 1.02	Between 2000 and 2005, the secondary education quality score in Morocco increased by about 17%.

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Dr Kouassi Yeboua is a senior researcher in African Futures and Innovation programme in Pretoria. He recently served as lead author on ISS studies on the long-term development prospects of the DR Congo, the Horn of Africa, Nigeria and Malawi. Kouassi has published on various issues relating to foreign direct investment in Africa and is interested in development economics, macroeconomics, international economics, and economic modelling. He has a PhD in Economics.

Dr Jakkie Cilliers is the ISS's founder and former executive director. He currently serves as chair of the ISS Board of Trustees and head of the African Futures and Innovation (AFI) programme at the Pretoria office of the Institute. His 2017 best-seller *Fate of the Nation* addresses South Africa's futures from political, economic and social perspectives. His three most recent books, *Africa First! Igniting a Growth Revolution* (March 2020), *The Future of Africa: Challenges and Opportunities* (April 2021), and *Africa Tomorrow: Pathways to Prosperity* (June 2022) take a rigorous look at the continent as a whole.

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