



# BRIDGING THE GAP: ADDRESSING YOUTH UNEMPLOYMENT AND THE GLOBAL HEALTH WORKER SHORTAGE ROUNDTABLE

This brief presents the issues discussed during the Bridging the Gap: Addressing Youth Unemployment and the Global Health Worker Shortage Virtual Roundtable held in April 2022. This meeting was organized by the United States Agency for International Development's (USAID's) Global Health Bureau/Office of HIV/AIDS in collaboration with the Democracy, Development, and Innovation (DDI) Bureau/Center for Economic and Market Development (EMD), DDI/Gender Equality and Women's Empowerment Hub, and DDI/Education. The discussion sought to identify how the private sector and USAID might work together to expand youth employment in the health and social sectors, understand stakeholder perspectives on the opportunities and challenges of engaging and employing youth in these sectors, and identify pathways for public-private collaboration to bridge the gap. The audience for this report is USAID, participants of the roundtable, and private-sector partners broadly in support of private-sector engagement in workforce development opportunities that assist youth.

## INTRODUCTION

With a focus on global priorities for advancing youth workforce development and employment in the health and social sectors, participants shared:

- Perspectives on the opportunities and challenges of engaging and employing youth in the health and social sectors' value chains
- How USAID supports adolescent girls and young women (AGYW) to decrease their vulnerabilities to HIV/AIDS through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program implemented by USAID through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)
- Their experiences working with USAID and engaging AGYW around employment and entrepreneurship opportunities
- Potential opportunities for partnership with the private sector to advance recruitment, training, and retention of young employees

The following are summaries of pre-breakout room presentations.

**James Maloney, Deputy Director, Office of HIV/AIDS**, introduced the roundtable's topic as an opportunity to *craft mutually beneficial solutions to address shared challenges* in the context of a projected global deficit of 18 million health workers by 2030. During opening remarks, there was a review of USAID's support of country and regional efforts to address the HIV epidemic, noting that among the more than 7 million people served, 94 percent of USAID PEPFAR beneficiaries are virally suppressed. The next phase of PEPFAR involves a shift in approaches to create efficiencies, including the intention to employ *whole-of-agency assets* and a greater focus on multi sectoral work (e.g., governance and economic growth). The goal is to position countries to sustain the impact attained over the last 5 years through five pathways: (1) establishing models with holistic pathways; (2) working with both private and public sectors to sustain the epidemic control; (3) engaging public and private sectors locally; (4) strengthening host-country government stewardship; and (5) continuing to build adolescents' and youth's resilience to shocks. Youth play a vital role, hence the focus on their resilience during the roundtable.

**Diana Frymus, Health Workforce Branch Chief, USAID/Office of HIV/AIDS**, described USAID's health workforce priorities, especially filling the health worker gap, which is the most severe in PEPFAR-supported countries, prompting the need to invest in the health workforce to meet Sustainable Development Goals (SDGs). Inadequate health staffing affects HIV care and illustrates the need for a multidisciplinary health workforce (e.g., supply chain, pharmacy and lab infrastructure) and delivery of telehealth and remote services. The scope of USAID's programming is seen throughout the health worker life cycle, from recruiting youth into health-related education to improving work environments. Key USAID priorities to address health worker employment shortfall include: (1) expanding the health workforce by supporting new job creation and new career pathways; (2) promoting fair pay and decent work; (3) supporting more diversity in new graduates and health sector leaders; (4) ensuring equity and women's meaningful participation in the health workforce; and (5) supporting public-private partnerships (PPPs) with local governments to grow the health workforce in a sustainable way.

Engaging youth in health workforce development is critical, because by 2100, youth in Africa will almost triple; yet, youth lack formal jobs. Additionally, globally, AGYW are disproportionately at risk of HIV, and education and economic empowerment can mitigate HIV risk.

**Elizabeth Berard, Youth Branch Chief, USAID/Office of HIV/AIDS**, described how DREAMS supports youth resilience in the context of the largest youth population in history (ages 10–29). The youth bulge can be an opportunity or a challenge, and USAID takes the position that investing in youth is an opportunity. The USAID Office of HIV/AIDS direct support to build adolescents' and youth's resilience that *meets youth where they are*. Within DREAMS interventions, one element of the package of services is direct uptake of services to reduce the impact of HIV for adolescents and youth, including the provision of more comprehensive services to increase education and workforce development.

DREAMS comprehensive economic strengthening package includes market assessments, gender-sensitive training, coaching and mentoring, and support to implement savings groups to strengthen the self-efficacy and self-reliance of young women. PEPFAR's extensive investment of \$1.3 billion in the DREAMS portfolio across 16 countries targets the most vulnerable AGYW.

**Susanna Baker, Health Finance and Economics Branch Chief, USAID/Office of HIV/AIDS** shared how the Office thinks of and engages with the private sector. The Office of HIV/AIDS sees a future with less publicly financed and privately delivered health care, and more that is privately funded and delivered, partially out of necessity due to the shrinking fiscal space for public health. There is a great need to engage ministries of health and finance and the private sector, both as global and local partners. The future of private sector engagement and PPPs could serve USAID's goals in the following ways: (1) the enabling environment for private-sector engagement; (2) market segmentation for HIV; (3) financing health; (4) service delivery through domestic private providers, and (5) digital health. Digital health is a new area for USAID. PPPs can be a bridge between PEPFAR and private-business perspectives, leveraging their goals to create mutually beneficial partnerships.

**Dr. Amit N. Thakker, Executive Chairman, Africa Health Business and Chairperson, Kenya Health Professions Oversight Authority** described the health care and health workforce landscape in Africa, noting challenges in the health worker situation. Many people in Africa do not see a health worker in their lifetimes, but rather use herbal and traditional medicine. Youth can play a role in filling

this gap in the health sector, but there is little support to pay for education and few opportunities to gain meaningful employment thereafter.

What is happening in Africa? The strongest wake-up call for the health sector in Africa has been the COVID-19 pandemic. As a result of the pandemic, the health focus across Africa includes a goal of being more self-sufficient, as seen in local manufacturing shifting to make health supplies needed during the COVID-19 pandemic, because imports were either unavailable or unreliable. Africa-based medical supplies platforms made it easy to pick supplies at the right price at the right time—changing how the continent procures its supplies. The changing landscape also includes services delivered through telehealth; investment in this area has almost doubled after the pandemic, because people were reluctant to go to facilities during the pandemic. While how to use artificial intelligence in support of health care service provision in Africa is under discussion, expansion of their use has been recent (post-pandemic).

Health PPPs are also growing, with governments being more interested in engaging with the private sector. Renewed action-oriented interest includes setting a more appropriate regulatory landscape and innovative financing models. Government health spending has increased from 3 to 9 or 15 percent. A balance between public and private financing is the best formula for providing health care in Africa. Regarding the health workforce, many private-sector institutions are interested in training health care workers and the opening up of regulatory systems allows for even more.

Dr. Thakker shared his perspectives on the potential for health care workforce growth opportunities in Africa, including offering services to other continents if skills are enhanced in areas such as health manufacturing, commodities, logistics, health service delivery, telehealth, and so on. There is a need for more health workers to meet demand, at a low cost, in areas with high volume, and the potential to employ youth in manufacturing, while keeping in mind automation and how quickly those jobs may be replaced.

Following the roundtable, a private-sector participant wrote:

*Youth are an untapped reservoir for the procurement and supply-chain management workforce and a youth labor market analysis would provide valuable insights. I, therefore, 1) recommend the support of such a labor market assessment, 2) advocate for interventions that improve the demand and supply of qualified health supply chain professionals, [and] 3) support exposing/training young learners to the basics of supply chain with a special focus on the public health supply chain environment.*

## **EMERGING INDUSTRIES/AREAS FOR YOUTH EMPLOYMENT OPPORTUNITIES IN HEALTH SECTOR**

The effects of the projected 10-million health worker shortage globally are amplified in Africa, where countries with extreme shortages have struggled, particularly during the COVID-19 pandemic. The COVID-19 pandemic has been one of the strongest wake-up calls for the health care sector. Discussants shared opportunities for youth employment in the following areas.

## A. SUPPLY CHAIN

Due to the pandemic, supply chains have become an area of opportunity globally across sectors, because countries realized they could not rely solely on imports. As one private-sector participant stated, *“There are a lot of young people who haven’t made the link between the health sector and the importance of the supply chain. We are finding that we need to educate them about supply chain best practice in the health sector – going back to basics.”* This *“is such a male-dominated industry, and there are tons of opportunities there,”* said a discussant, making health supply chain careers an opportunity and a challenge for AGYW.

## B. TECHNOLOGY

A private-sector discussant described youth as being “thirsty” for opportunities: *“Youth can play a key role, because they can reach hard-to-access and more marginalized communities. They can use technology in different ways to engage these communities, especially around sexual and reproductive health. It is also a win–win, because the training that young people receive helps them educate their peers about health issues.”* Youth are also seen as being comfortable with and adept at using technology: *“There is a strong role for youth to contribute with technology.”* Many problems in the health and social sectors’ workforce spaces are *“information problems.”* One breakout group noted that youth may bring *“creativity and innovation into these spaces.”*

### 1. TELEHEALTH

Telehealth uses digital platforms to provide services such as online pharmacies and virtual access to health care providers. For those without internet connections, one service (Rocket Health) reaches clients through an Unstructured Supplementary Service Data (USSD), a messaging service similar to texting. One of the ideas proposed was for Africa to serve as a base for transnational telehealth, just as South- and South-East Asia serve as bases for business development and support services (i.e., call centers). *“The amount of investment [in telehealth] has almost doubled after the pandemic. A lot of cash is going into telehealth. People were reluctant to go to facilities during [the] pandemic,”* said one private-sector discussant.

### 2. DIGITAL

Technology also has a role in educating and training youth, and enables us to meet youth “where they are,” such as those working in the gig economy who need to keep working while training for better opportunities in sectors like health care. Participants suggested discussing what an “intentional transition” to the health sector would look like for gig economy workers. Technology may also be a way to upskill at little cost without disrupting an existing worker’s job.

Beyond education, digital technology should be used to create, maintain, and protect digital health records. Jobs created could be filled by youth, who may be more comfortable with digital technology than adults. Several participants noted youth’s comfort level with technology as an opportunity. Youth can play an essential role in the health and social sectors as those sectors increasingly seek to leverage technology for service delivery. At the same time, to achieve the desired outcomes, a paradigm shift is needed to hold technology as a backbone of the health and social sectors rather than as a sporadic tool. One participant asked, *“How can we meet each student where they are, to supplement what they’re missing?”*

*Are we really going to put the technology backbone in place or are we going to stop short of that by ... working activity to activity?"*

### 3. ARTIFICIAL INTELLIGENCE

In a discussion about how technology can play a role in scaling up qualified health practitioners, discussants shared their experience, concerns, and ideas about the role of artificial intelligence (AI). One participant mentioned how AI was used as a tutor in health education in the United States. Another noted that AI could play an important role in providing health services in geographical areas lacking in specialists such as radiologists and CT scan technologists, saying, *"AI, of course, is pretty important in places where we don't even have radiologists. Imagine all the super specialists we won't need ... [it will] reduce the need for super specialists (e.g., electronic medical records and making nurses very tech savvy is the new generation of workers)."*

Some participants talked about leapfrogging, where a country or region leaps over the development of technology or specialty for another. One example raised was Rwanda's AI center called the Centre of the Fourth Industrial Revolution (C4IR) that would "work with stakeholders around the world to design and pilot new approaches to governance of technology that foster innovation in an inclusive and responsible manner."<sup>1</sup> Rwanda's President Paul Kagame spoke at the center's launch:

*"The launch of this centre is enabled by investments that we, as a country, have been making in science and technology. I hope the centre will build on this by making the Fourth Industrial Revolution an equalizing force and contributing solutions to some of today's most pressing challenges. We are very happy to have the World Economic Forum as a partner in this crucial and other endeavors."*<sup>2</sup>

In health care terms, AI could be used to read scans and x-rays, especially in rural areas and areas without radiologists. Given foreseeable leapfrogging due to AI and other technology, one private-sector participant raised the concern about training youth for what may become short-term employment and how that can dash expectations.

Discussants said there was more of a mental health focus than ever, especially among and for youth. One participant said technology and AI could identify potential mental health issues (e.g., depression) using a type of natural language processing (e.g., using computer programming to analyze large amounts of natural language data, such as what people say or write).

### C. LOCALIZED MANUFACTURING FOR HEALTH COMMODITIES

Demand-driven solutions during the COVID-19 response included increases in locally manufactured commodities that had previously been imported, such as hand sanitizers, masks, and ventilators. Youth played a role in these efforts. For example, a youth social entrepreneur network quickly pivoted from making sneakers to personal protective equipment (PPE) and creating prosthetics. Beginning at the

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<sup>1</sup> For more information, visit: <https://www-news24-com.cdn.ampproject.org/c/s/www.news24.com/amp/news24/africa/news/rwanda-becomes-first-african-country-to-launch-centre-dedicated-to-artificial-intelligence-20220406>

<sup>2</sup> Ibid.

community level, they “created a ripple effect” in improving health and health services in their area. “Members of the network ... needed only small amounts of funding” to make their self-identified changes possible to serve their communities.

A private-sector participant said about manufacturing for health supplies, “[the sector] may not have large numbers to employ due to automation – but it’s an important area of interest for Africa.”

## KEY THEMES FROM THE DISCUSSION

The following themes arose in presentations and breakout groups.

### A. ETHICAL CONSIDERATIONS FOR ENGAGING YOUTH

It was suggested that an accountability framework be established, whereby all parties involved would reach consensus around joint commitment toward a shared outcome that best meets the needs of youth and takes critical ethical considerations into account. This may include managing the expectations of youth for work when jobs may be quickly replaced by technology.

#### I. MULTI-SECTOR APPROACH

Multiple discussants recommended a holistic multi-sector approach to youth opportunities in the health and social sectors. Many of the ideas focused on education and the health workforce, such as helping youth in the gig sector with creative training opportunities for health sector jobs (e.g., through technology) while maintaining their current work. Other ideas focused on collaborating with governments to support a more enabling youth workforce environment. This includes access to childcare and facilitating AGYW engagement in the labor force.

### B. IMPORTANCE OF MENTAL HEALTH FOCUS

Several discussions included the need to intentionally focus on the mental health of youth. They entailed integrating mental health services to support youth in education and training, as well as the transition from education to the workforce. It was noted that technology could help create a supportive work environment in pursuit of improving youth’s well-being.

One private-sector participant gave an example of working with tertiary students who were found to have increased anxiety and depression, heightened by attendance in specific courses. Participants believe that using this information can lead to activities that better support youth with mental health services during their studies. In a U.S.-based case, a participant noted that graduate students going into the health care field could be required to attend therapy as part of their personal health care throughout graduate school. Another example participants discussed was addressing the mental health needs of health care workers and staff, a challenge the COVID-19 pandemic exacerbated.

### C. QUALITY OF HEALTH AND SOCIAL SECTOR JOBS

The quality of jobs for youth, job attractiveness, the lack of professionalization, and limited opportunities to earn a living wage marginalize community health workers. Jobs in these sectors often pay little, have long hours, or are not attractive to youth, especially AGYWs, due to their commitments at home,



failure to provide a living wage, and undervaluing of this work. In addition, many workplaces may not be supportive or welcoming to some youth.

#### **D. COMMUNITY AND COLLABORATION**

As one private-sector participant said, *“Community and collaboration enable us to do so much more. Too often, there is not enough awareness of what is being done and organizations almost end up competing against each other rather than working together.”* This theme involved ideas around working with local partners and local manufacturing. In addition, participants suggested that *“local efforts needed to engage public and private sectors and, for- and not-for-profit organizations.”* Additional ideas in this theme included co-creation and co-investment approaches to fostering greater collaboration.

### **EXPANDING THE PRIVATE-SECTOR WORKFORCE**

To meet the need for health and social services, expanding the private-sector workforce is necessary for job creation and there are far more youth looking for work than there are jobs. As one discussant remarked, *“... the private sector supports youth for 12 months, then they are placed in a clinic or ... after 12 months, there are limited absorption opportunities for them. We are struggling with sustainability.”* Participants acknowledged that most youth worked in the informal sector with no security, poor wages, and typically at multiple jobs.

Some of the roundtable discussants linked health sector workforce growth with a strong economy, as noted by this public sector participant: *“Investing in [the] health workforce is a triple investment in economic growth.”* A private-sector discussant talked about legislation offering private sector companies tax incentives to hire youth and a *“... double impact: companies get incentive in terms of legislation and youth get jobs. We bridge the gap between health sector work for youth, the private sector, and the economy.”* Another private-sector participant recommended advocating *“that all industries support the health sector in Africa, because it’s a resource-strained sector, yet the foundation for all economies.”*

*“We think we can work together with USAID, we need to identify disparate initiatives to replicate, co-invest, and co-create programs.”*

Discussants suggested the following in support of private-sector workforce expansion:

- Youth-specific labor market analyses
- Co-investment (PPP, legislation/tax incentives)
- Co-creation of activities that engage youth
- Thought leadership and expertise put to good use, including multi-sector approaches (e.g., using AI and digital technology to train/upskill youth)
- Identifying and scaling best practices

Below are some ideas and challenges around private-sector workforce expansion for youth.



## **A. RECRUITMENT STRATEGIES**

Participants discussed the need to support youth with transition to the workplace. One participant said that youth “*require[d] hand holding*” due to lack of experience and the skills mismatch. An idea from a breakout group was to help small and medium enterprises see how youth add value to enable them to commit to providing nurturing and growth opportunities. Another idea was to advocate to increase recruitment of youth as professionals in the health and social sectors and as members of professional organizations.

## **B. UPSKILLING AND JOB PROGRESSION**

Two private sector discussants shared ideas about shifting gig economy workers into health and social sectors work by aligning youth gig workers with existing opportunities. One participant mentioned Taskmate, a crowdsourcing job application in Kenya. It was reported that many youth gig workers would like to transition from the gig economy to something else. Therefore, different types of training and education would be needed while they still work in the gig economy until they can fully transition to a more stable career.

## **C. ENTREPRENEURSHIP**

Entrepreneurship has long been seen as an approach to job creation for youth. Supports that can be provided include incubators and accelerators that help youth assess, implement, and troubleshoot their ideas with advice from seasoned business leaders. The group discussions recognized that creating partners on the ground to support youth entrepreneurship was essential.

Another idea with a longstanding history is training community or voluntary health workers or health technicians to be entrepreneurs. It was also suggested that technology could be used in restocking supplies and sharing or running an entrepreneurial activity while charging money to end users, thereby pooling resources to pay young people. Participants noted there were barriers to these ideas.

# **PREPARING YOUTH TO ENTER THE WORKFORCE**

In one breakout group, the focus of youth engagement in health was described as “education and livelihoods”—to achieve impact, we must focus on current and future jobs within the labor market, including health. Labor market assessments are critical tools that must be used to identify and bridge skills with available jobs. Below are some discussions related to education, youth’s transition to the workforce, and bridging the skills gap. Participants strongly supported advocating for education for young people and funding scholarships for education.

## **A. SECONDARY/TERTIARY EDUCATION**

Participants discussed the vital role education systems played in preparing youth for work. One participant noted that education systems often did not equip young people with the skills required for the labor market, typically referred to as a “skills mismatch.” Another commented that, “*As health entrepreneurs, we can help the government in a sustainable way to train and keep the youth workforce on track in the health care sector.*” Grant money was noted as one way to cover training program start-up costs.

One of the breakout groups discussed the challenges of secondary education for marginalized youth, including AGYW, and how this made the transition to work harder. Issues raised included access to education and funding for education.

Today's realities require that we meet students *“where they are and take them on a customized and personalized learning journey.”* Providing health care workers with medical tutoring using AI was presented as a means to *“supplement what they're missing”* so that they are well trained and eligible for work.

Another idea put forth was to train youth as health educators, noting that the nutrition sector includes potential jobs in agriculture and growing healthy foods.

## **B. SCHOLARSHIP PROGRAMS**

Roundtable participants largely supported scholarship programs as one way to assist education and training. Participants recognized challenges for marginalized youth and that developing the next generation of leaders required financial and social support to access universities and vocational training schools. Scholarships are a part of the solution to accessing secondary and tertiary education and training, especially for marginalized youth and dropouts, when dropping out results from having insufficient finances to cover fees and tuition. Expanding funding and scholarships for health workers' education supports filling the health care worker gap.

## **C. PRIVATE-SECTOR MENTORSHIP PROGRAMS**

Hospitals and private-sector enterprises could help youth gain experience and expertise by providing internships and mentoring youth. This is especially important given the specialist-heavy nature of the health and social sectors. Small- and medium-sized businesses can reap the benefits of youth's input including creativity, innovation, technical know-how, as well as youth-brand commitment/advocacy when they give youth opportunities to gain experience in their businesses and mentor them.

# **STRUCTURAL BARRIERS**

Discussants shared that there were few opportunities for meaningful employment in an environment where most youth work in the informal sector, which *“does not provide the opportunity for growth and skills enhancement and does not provide favorable conditions for work providing an escape out of poverty.”* Limited formal jobs are created to absorb the large number of new graduates who enter the labor market each year. Yet, one private-sector participant said, *“Many private-sector institutions are interested in training health care workers. Opening up of regulatory systems allows for more education facilities that can train health care workers ... need a balance [of public- and private-sector support] so that the population can pay for health care.”*

## **D. ACCESS TO EDUCATION**

Discussants described a lack of financial support for training and education, and a skills mismatch between what is taught in schools and the needs of the labor market. Poor AGYW are often marginalized, especially if they drop out of school before completing secondary school. Marginalized

youth need greater access to education, particularly secondary education. Low access to education can further exacerbate the challenge youth face getting work: “*The transition to work is tough because of lack of experience,*” said a discussant.

## E. MENTAL HEALTH AND PSYCHOSOCIAL SUPPORTS

Mental health was noted as being at the forefront for youth engagement more than ever before, especially because mental health and burnout concerns among the health care workforce are a focus of the COVID-19 pandemic. Thus, optimizing health workers on the job requires enabling protective and supportive work environments. Youth themselves call for a focus on mental health and psychosocial support. One discussion noted the need to work with education and health care systems, and be “*more intentional*” in our thinking about how to address youths’ mental health needs. Another discussant raised the issue of the need to be demand driven and responsive to the needs of the communities we serve.

An example a private-sector discussant provided was the use of sentiment analysis, particularly around depression, for complete addressing of students’ wellness—not only the soft skills they learn, but also their mental health *during* learning. Another participant said that we needed to not only create career pathways, but also support youths’ mental health through that pathway.

## F. CHILD CARE NEEDS FOR AGYW

Discussants shared the importance of acknowledging and being aware of the challenges in working with AGYW, because they are “*dealing with so much more.*” AGYW take care of the home and people in the home (i.e., children, parents, elderly), which leads them to drop out of school and jobs. A discussant said they needed support “*beyond the work you’ve employed them to do.*”

*“If we can fix one issue, we can multiply job opportunities: by addressing regulatory hurdles and recognizing auxiliary health workers. For example, health aids are desperately needed, yet this career path is not promoted for adoption, nor is it well compensated. Thus, families shy away from sending their children to school for this type of work.”*

—A private-sector discussant

## G. POLICY/REGULATORY ENVIRONMENT

Political, policy, or regulatory barriers were mentioned regarding several issues, including:

- Use of voluntary, rather than paid, health technicians for COVID-19 vaccinations, although they already support service delivery of malaria, HIV, diabetes, and hypertension health activities.
- Professionalization inequities found across various health care positions and lack of local governments’ formal recognition of certain cadres such as nurse’s aides and patient attendants. A private-sector discussant noted, “*There is a high imbalance in job opportunities between regulatory systems and job profiling ... Nurse’s Aides are highly needed, yet highly discouraged.*” Discouragement may be social and financial in that the jobs pay very little, and family and community members may be unsupportive of young people taking up that role. A public-sector discussant said, “*It*

*goes back to regulatory conditions and boards that need to do more to recognize the cadres that are needed, and sustainability and jobs.”*

- The need for a more appropriate regulatory landscape that supports innovative financing models.
- The skills mismatch that can be addressed through improving regulatory conditions and having boards in the health and social sector that recognize what is needed including, “*sustainability, jobs, and valid certifications that are locally accepted.*”

## USAID’S ROLE

Private-sector participants appreciated the opportunity to engage with USAID and discuss opportunities and mutual interests during the April 2022 Virtual Roundtable. They noted that working with USAID was challenging, because private-sector efforts needed to be fast and stakeholders needed to be more flexible than what was typically feasible for USAID. As noted by one participant, “*When we work with corporate partners, we need to move very fast.*”

One participant noted that Global Development Alliances (GDA) is meant to be a solution to these challenges. They have found, however, that the USAID staff they have communicated with were not well versed in the mechanism.

In terms of private-sector engagement in the health and social sectors, one participant suggested the health sector could not do it alone. “*... [G]overnments are more interested in engaging with the private sector. There has been a ‘them’ and ‘us’ perspective. But now private-for-private is being talked about, too. We do need the government working with us.*” Below are the PPP engagement opportunities and challenges mentioned during the roundtable.

*“Huge value for me with this workshop is being made aware of other things going on and how other people are working. Value of community and collaboration. Often, so many silos, and there are so many ... No overarching communication around these projects. This ... is of significant value. Thank you.”*

—A private-sector discussant

## H. PROCUREMENT CONSIDERATIONS

Participants discussed several ways in which the private sector worked with USAID and the public sector. They included the following:

**Existing funding mechanisms:** USAID’s DREAMS programs will continue to identify and invest in new partnerships. The GDA provides opportunities for USAID and the private sector to work together to develop and implement market-based approaches to solve development challenges.

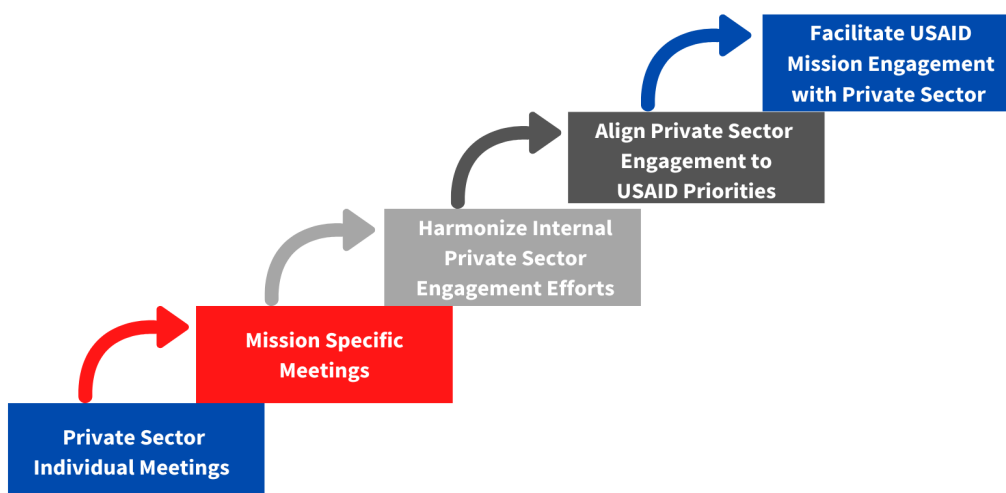
**Government legislation** to incentivize private-sector companies to create jobs for youth in their own communities in the health system will have a double impact: Youth will get jobs and health care jobs will be created in rural and remote areas, increasing health care services for underserved populations.

**Tax Incentives** may be legislated, whereby private-sector companies employing youth can get a portion of the youth's salaries back in tax relief. The idea is that the private-sector incentive gets youth employed and health care jobs created and filled through private-sector sponsorship of youth. A discussant noted this was part of the Yes4Youth program.

## I. COORDINATING AND GUIDING ACCOUNTABILITY

According to some discussants, developing a common accountability framework across sectors, not just health, is important. An accountability framework would guide all parties working to advance youth employment activities and partnerships develop a consensus on shared commitments and outcomes that best meet the needs of youth and take critical ethical considerations into account. A private-sector participant said, “There are a lot of expenses in training, and we may end up with a lot of young people who graduate [from] these programs but are not absorbed into the workforce.” Such a framework supports meeting ethical guidelines, such as “do no harm,” by decreasing the chances of failing to meet raised youth expectations for having a job and earning a livelihood. The framework would also focus on developing a common strategy and goals (e.g., the training will meet the needs of potential employers).

## THE WAY FORWARD



As a way forward, USAID Global Health Bureau/Office of HIV/AIDS will set up a series of follow-on conversations with private-sector industries working in health technology, supply chain, and commodities, as well as global actors engaged in mobilizing innovative and technology-driven investments to develop opportunities for youth employment in the health sector. USAID will also convene follow-on conversations with professional organizations and training institutions to better understand opportunities and barriers to jobs for youth. These meetings will aim to identify points of collaboration and pathways to employment for youth and AGYW in DREAMS programming.

Informed by themes identified during the roundtable, these meetings will be structured to:

- Further identify innovations in the use of digital tools and technologies to provide education and skills-based training
- Support opportunities in non-traditional pathways to employment for youth, particularly among AGY;
- Establish countries of interest among private-sector stakeholders for future engagement
- Understand private-sector priorities in youth employment to establish potential points of opportunity and collaboration
- Discuss potential solutions to identified structural barriers
- Facilitate engagement with USAID Missions and private-sector actors where values and objectives align

The Office of HIV/AIDS will also work internally, at USAID, to harmonize cross-Bureau efforts to increase opportunities for private-sector engagement on behalf of youth and prevent programming overlaps. This will include working with the Bureau for Resilience and Food Security (RFS), the DDI, and other offices within the Bureau of Global Health. The Office of HIV/AIDS will also arrange country-specific conversations across the Southern Regional Africa Program (Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe) to understand local priorities. We will also build off lessons learned across Bureau efforts to structure our collaboration.

Advancing efforts in the private sector to develop the health workforce for youth and AGYW is in alignment with wider U.S. Government/USAID efforts. The recently launched [Biden-Harris Administration's Global Health Worker Initiative \(HWI\)](#) works to continue to advance global health priorities and build upon existing efforts aligned to the following four pillars of focus: (1) protecting the health workers, (2) expanding the global health workforce and accelerating economic development, (3) advancing equity and inclusion, and (4) driving and investing in technological advancements and innovation. The [National Strategy on Gender Equity and Equality](#) also outlines the support for the development of job creation and career pathways for women to advance economic security. In preparation for these conversations, a briefer on current and newly launched U.S. Government/USAID initiatives that prioritize private-sector engagement will be drafted to maximize other USAID efforts in advance of industry- and country-specific meetings.

Our continued conversations and efforts with the private sector will drive us to identify and clearly define points of collaboration that can allow USAID to create career pathways and expand paid employment opportunities for youth, which will help create a more diverse and gender equitable workforce in the health sector.