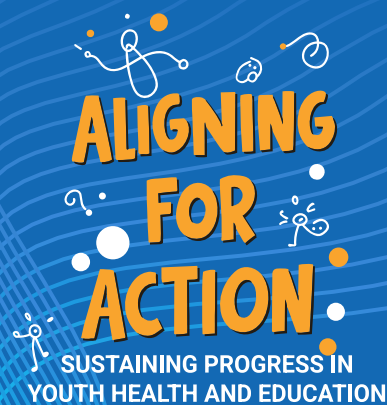


SARSYC VI Youth Health and Education Accountability Compact

1. Preamble

We, the young people, parliamentarians, Parliaments, policymakers, civil society organisations, academic and research institutions, development partners and stakeholders participating in the Sixth Southern African Regional Students and Youth Conference on Sexual and Reproductive Health (SARSYC VI), held in Windhoek, Namibia, under the theme '**Align for Action: Sustaining Progress in Youth Health and Education**,' adopt this Youth Health and Education Accountability Compact ("the Compact").

NOTING that the Compact draws upon evidence and priorities generated through youth-led research, gender-responsive and inclusive consultations, intergenerational dialogue, alliance-building, and direct engagement among young people, parliamentarians, policymakers, researchers, civil society organisations and development partners.

RECOGNISING the SADC Parliamentary Forum's mandate to promote regional integration and cooperation among Member Parliaments through the harmonisation of laws, including by means of Model Laws, the exercise of collective oversight of the implementation of SADC protocols and decisions, and the strengthening of the capacity of national Parliaments on matters of shared regional concern, including sexual and reproductive health and rights, education, gender equality and youth development.

FURTHER NOTING the bold commitment of Southern Africa's young people to place themselves at the centre of identifying challenges, generating evidence and designing solutions that advance their health, education and wellbeing.

FURTHER RECOGNISING that young people today confront an evolving and increasingly interconnected set of sexual and reproductive health and rights challenges, some of which differ significantly from those experienced by previous generations, and that responding to these challenges requires legislative, budgetary and oversight action by national Parliaments, individually and collectively through the SADC PF.



DO THEREFORE COMMIT this Compact as a translation of the priorities contained in the **SARSYC VI Windhoek Declaration** into specific, time-bound and measurable commitments. It establishes a shared accountability framework through which young people, Parliamentarians, the SADC Parliamentary Forum, Governments and partners will work together to advance youth health, wellbeing, safety and education across Southern Africa, and through which national parliamentary action can be harmonised, benchmarked and collectively reported at the regional level.

2. Our Shared Principles

In implementing this Compact, we, the young people, affirm that:

- a) **Youth participation is a right** wherein young people must be meaningfully involved in identifying priorities, developing policies, allocating resources and monitoring implementation, including within parliamentary processes.
- b) **Youth-generated evidence must inform decisions** wherein research led by young people and evidence drawn from lived experience must be recognised as legitimate contributions to policymaking and to parliamentary deliberation.
- c) **Health and education are interconnected** wherein youth health challenges cannot be addressed separately from education access, safety, retention and completion.
- d) **Responses must be inclusive and equitable** wherein particular attention must be given to girls and young women, young men, young people with disabilities, rural and out-of-school youth, young people living with HIV, survivors of violence and other underserved groups.
- e) **Commitments must be financed and measurable** wherein every commitment should be supported by adequate, transparent and sustainable domestic financing, with a responsible actor, implementation timeframe, progress indicator and means of verification.
- f) **Parliamentary oversight and regional harmonisation are essential** wherein National Parliaments, individually and collectively through the SADC PF, must exercise their legislative, budgetary and oversight functions, and pursue the harmonisation of laws and standards across Member States, to give effect to youth health and education commitments and to hold governments accountable for their delivery.

3. Our Thematic Commitments

3.1 Inclusive Education Rights and Equity

We commit to advancing safe, inclusive and equitable education systems that enable every young person to enrol, remain in school, complete their education and realise their full potential.

We will:

- a) Promote age-appropriate comprehensive sexuality education as a structural safeguard for education access, safety, retention and completion, rather than treating it only as a supplementary health intervention.
- b) Review the implementation of national and regional commitments on age-appropriate comprehensive sexuality education, including the Eastern and Southern African commitments.
- c) Strengthen pre-service and in-service teacher training to support the delivery of accurate, age-appropriate, culturally responsive and rights-based sexuality education.
- d) Expand access to sexuality education and related services for rural, out-of-school and other underserved adolescents and young people.
- e) Strengthen and monitor school re-entry and retention policies for pregnant and parenting learners.
- f) Encourage Parliaments to enact, strengthen or oversee the implementation of legislation and policy guaranteeing re-entry and retention rights for pregnant and parenting learners, and to



exercise budget oversight over national financing for comprehensive sexuality education and related teacher training.

3.2 Mental Health and Substance Abuse

We commit to moving from fragmented and punitive responses towards integrated, adequately financed, community-based and youth-friendly mental-health and substance-use services.

We will:

- a) Advocate for standardised screening for co-occurring mental-health and substance-use conditions within primary healthcare, campus health and youth-friendly service facilities.
- b) Promote integrated referral and care protocols connecting health, education, social-development and community-based systems.
- c) Advocate for gambling and other behavioural addictions to be included in youth mental-health and addiction responses.
- d) Strengthen budgetary allocations to expand access to mental-health promotion, suicide prevention, counselling, treatment and rehabilitation, including trained professionals, peer-support groups and confidential referral mechanisms.
- e) Promote culturally grounded mental-health education, informed by the meaningful participation of people with lived experience, to reduce stigma, encourage early help-seeking and strengthen relevant policies and programmes.
- f) Encourage Parliaments to legislate for, and exercise oversight over, adequate and ring-fenced financing for mental-health and substance-use services, and to conduct committee hearings on the adequacy of national mental-health budgets and service coverage for young people.

3.3 NCD Prevention and Healthy Lifestyles

We commit to recognising and addressing neglected conditions affecting the health, dignity, education and economic participation of young people, including endometriosis and other chronic health conditions.

We will:

- a) Advocate for the inclusion of endometriosis within relevant national SRHR, NCD, gender and universal health coverage frameworks.
- b) Support the training of health service providers to improve early diagnosis, patient-centred care and appropriate referrals.
- c) Advocate for affordable diagnosis, treatment, pain management and essential medicines and commodities through public health systems.
- d) Integrate psychosocial support and mental-health services into the management of chronic conditions affecting young people.
- e) Strengthen public awareness, menstrual health education and community-based initiatives to address stigma, cultural silence and delayed healthcare-seeking.
- f) Encourage Parliaments to consider the inclusion of endometriosis and other neglected chronic conditions within national NCD and universal health coverage legislation, and to scrutinise budget lines for the diagnosis, treatment and pain management of such conditions.

3.4 Digital Health and Safety

We commit to creating a digital environment in which young people can access information, opportunities and services without being exposed to exploitation, addiction, abuse or violations of their privacy and dignity.

We will:



- a) Review and strengthen online gambling laws to protect young people through age verification, responsible advertising, mobile-money safeguards, spending controls, transaction warnings and self-exclusion options.
- b) Advocate for gambling addiction to be recognised within adolescent and youth mental-health and addiction services.
- c) Strengthen and enforce legislation, and institutional responses to non-consensual sharing of intimate images and other forms of technology-facilitated gender-based violence.
- d) Establish accessible, confidential and survivor-centred mechanisms for reporting digital abuse, preserving evidence, accessing psychosocial support and obtaining redress.
- e) Engage technology companies, betting operators, financial institutions and telecommunications providers in preventing and responding to digital harms.
- f) Encourage Parliaments to expedite the enactment or review of data-protection, cybercrime, gambling-regulation and online youth-protection legislation, drawing on regional benchmarking facilitated by the SADC PF, and to invite the Forum to consider whether a regional Model Law or guiding provisions on digital safety and gambling-related harms to young people would strengthen national responses.

3.5 HIV, STIs and Sexual Health

We commit to strengthening accessible, integrated and youth-responsive HIV, STI and sexual and reproductive health information and services within educational institutions and surrounding communities.

We will:

- a) Promote integrated health programmes that address the relationship between alcohol use, smoking, sexual behaviour, HIV, STIs and other health risks.
- b) Strengthen access to condoms, HIV and STI testing, counselling, treatment, referral services and accurate health information.
- c) Ensure that university and college health programmes reach students living both on and off campus.
- d) Support youth-led monitoring of the availability, accessibility, acceptability, affordability, and quality of sexual and reproductive health services.
- e) Use disaggregated evidence to identify and address the barriers experienced by underserved groups of young people.
- f) Encourage Parliaments to review the domestication and implementation of the SADC Model Law on HIV in Southern Africa, and to scrutinise domestic and donor financing for HIV and SRHR commodities and services within national health budgets.

4. Commitments by Key Actors

4.1 Parliaments, Parliamentarians and the SADC Parliamentary Forum

4.1.1 National Parliaments and Parliamentarians

Participating Parliaments and parliamentarians commit, within their respective constitutional mandates, to the following actions:

- i. Table the SARSYC VI evidence and priorities before the relevant national parliamentary committee(s) responsible for health, education, gender or youth affairs, within the timeframes set out in Article 6.



- ii. Raise a parliamentary question, motion, statement or debate concerning at least one agreed youth health or education priority during each ordinary session of Parliament falling within the Compact period.
- iii. Advocate for a parliamentary public hearing or committee inquiry involving young people and youth-led researchers on an agreed thematic area.
- iv. Scrutinise national budgets, appropriations and expenditure relating to youth health, education, mental health and digital safety, including through pre-budget and post-budget oversight processes.
- v. Advocate for the enactment, review, amendment or effective implementation of relevant national laws, policies and regulations, including the domestication of applicable SADC PF Model Laws.
- vi. Convene at least one national youth–parliamentarian accountability dialogue within the Compact period.
- vii. Report national progress, through the designated parliamentary focal point, to the Standing Committee of the SADC PF and to the SARSYC Secretariat, in accordance with the milestones set out in Article 6.
- viii. Where applicable, engage the SADC PF Regional Women's Parliamentary Caucus and existing youth parliamentary structures to champion the Compact's priorities within Parliament.

4.1.2 SADC Parliamentary Forum (Institutional Commitments)

The SADC Parliamentary Forum, as a regional institution, commits to:

- a) Refer the resolutions of this Compact, together with the priorities of the SARSYC VI Windhoek Declaration, for consideration by the relevant Standing Committees.
- b) Assign oversight of the Compact's implementation to the Standing Committee on Human and Social Development and Special Programmes, or such other Standing Committee as the Plenary Assembly may designate.
- c) Support Member Parliaments to benchmark national laws, policies and budgets against this Compact and against applicable SADC PF Model Laws and consider the development or updating of Model Law provisions where regional gaps are identified, including on youth mental health, digital safety and gambling-related harms.
- d) Facilitate capacity-strengthening programmes, including training, study visits and knowledge-exchange, to support Members of Parliament in exercising oversight of youth health and education commitments.
- e) Encourage its Regional Women's Parliamentary Caucus, youth structures and relevant Standing Committees to champion the Compact's priorities within and beyond the region.

4.2 Young People and Youth-Led Organisations

Young people and youth-led organisations commit to:

- i. Consolidate youth-generated evidence into concise and accessible policy briefs suitable for use by Parliaments and parliamentary committees.
- ii. Engage policymakers and parliamentarians constructively and provide credible, country-specific evidence.
- iii. Mobilise young people and communities around the Compact's priorities.
- iv. Monitor implementation, including parliamentary action, and communicate progress in youth-friendly formats.
- v. Hold institutions, including Parliaments and the SADC PF, accountable, while also reporting transparently on commitments made by young people and youth organisations.



4.3 Governments and Public Institutions

Government ministries, public institutions and educational authorities commit to:

- i. Facilitate young people's participation in policy, planning and review processes, including parliamentary hearings and committee inquiries.
- ii. Strengthen coordination across health, education, youth, social-development, finance and digital-regulation institutions.
- iii. Use youth-generated evidence when reviewing policies, programmes and budgets, and when responding to parliamentary questions and committee requests.

4.4 Academic Institutions and Development Partners

Civil society organisations, universities, research institutions and development partners commit to:

- i. Provide technical assistance, research and capacity strengthening, including to Parliaments and parliamentary committees.
- ii. Support meaningful and inclusive youth participation in parliamentary and policy processes.
- iii. Mobilise resources for prioritised actions under the Compact.
- iv. Facilitate cross-country learning and regional collaboration, including among Members of Parliament.
- v. Strengthen platforms, including parliamentary platforms, through which young researchers can present evidence to policymakers.

4.5 Private Sector

Private-sector institutions commit to:

- i. Develop and implement deliberate corporate social responsibility policies and programmes that address young people's health, education, digital safety, skills development and overall wellbeing.
- ii. Align business practices with the protection of young people, including compliance with laws and regulations governing online gambling, age verification, responsible advertising, mobile-money safeguards and consumer protection, and with any relevant standards adopted through parliamentary or regional processes.
- iii. Engage young people and youth-led organisations when designing, implementing and evaluating initiatives intended to benefit them.
- iv. Ensure that commercial interests do not undermine young people's health, safety, dignity or financial wellbeing.

4.6 Community and Traditional Leaders

Community and traditional leaders commit to:

- i. Use their influence to raise awareness of young people's health, education, wellbeing and digital safety, including awareness of relevant parliamentary and legislative processes.
- ii. Facilitate culturally grounded intergenerational dialogues on sensitive issues and locally appropriate solutions.
- iii. Lead community campaigns, including 'Not in My Village' initiatives, against stigma, violence, harmful practices, substance abuse and discrimination.
- iv. Partner with young people, service providers and, where relevant, elected representatives to develop community-based solutions and referral pathways.
- v. Create supportive environments where young people are heard, protected and able to seek help without fear or judgement.

5. Accountability and Review Mechanism

The implementation of this Compact will be coordinated jointly, over the two-year period between SARSYC VI and SARSYC VII, by the SARSYC Secretariat, working with the SARSYC VI Youth Steering Committee, and the SADC Parliamentary Forum, acting principally through the designated focal point.

Progress will be reviewed according to the following milestones:

- a) Within 30 days: Circulate the final Compact.
- b) Within 100 days: Each participating parliamentary, institutional or country delegation undertakes at least one initial accountability action i.e. motion, petition or public consultation.
- c) Within six months: Convene national or institutional youth-accountability dialogues, including at least one engagement with a national parliamentary committee, and submit the first progress reports to the SADC PF Standing Committee and the SARSYC Secretariat.
- d) Within 12 months: Publish the first regional Youth Health and Education Accountability Scorecard and interim impact report and present it to the SADC PF Standing Committee.
- e) Within 18 months: Review implementation gaps, accelerate outstanding actions, document emerging results and lessons, and, where relevant, consider whether the Standing Committee should issue interim recommendations to Member Parliaments.
- f) Within 24 months and at SARSYC VII: Publish the final Scorecard and impact report, present it to the Plenary Assembly of the SADC PF, review overall progress and outstanding commitments, and agree priorities, including any proposals for new or updated Model Law provisions, for the next accountability cycle.

In addition to thematic indicators, parliamentary progress will be assessed against indicators including: the number of parliamentary questions, motions, statements or debates held on the Compact's priorities; the number of committee hearings or inquiries convened; the status of relevant bills or the domestication of applicable SADC PF Model Laws; and trends in national budget allocations to youth health, education, mental health and digital safety.

The monitoring process will recognise contextual and institutional differences, including differences in the legislative calendars and procedures of Member Parliaments, while maintaining the principle that every commitment must be supported by verifiable evidence.

6. Adoption

By signing this Compact, we affirm our shared responsibility to move beyond conference statements towards measurable action.

We commit to using our respective mandates, institutions, networks and influence, including the legislative, budgetary, oversight and representative mandates of national Parliaments and the regional convening mandate of the SADC Parliamentary Forum, to advance the health, safety, dignity, education and meaningful participation of young people across Southern Africa.

We further commit to reporting honestly on progress, identifying barriers and working collectively to address implementation gaps.

We recognise the SADC Parliamentary Forum as a strategic institutional partner in this endeavour and invite Member Parliaments not represented at SARSYC VI to associate themselves with this Compact.



Adopted in Windhoek, Namibia, on 6 August 2026.

Signature Schedule

Name	Institution and Designation	Signature	Date
Her Excellency, Ms. B. Sekgoma	Secretary General, SADC Parliamentary Forum		06/08/2026
Mr. Jimmy Wilford	SARSYC Convener, SAYWHAT Executive Director		06/08/2026
Ms. Fadzai Nyamarebvu	Chairperson, SARSYC VI Youth Steering Committee		06/08/2026