



# UNITED! MOVEMENT

## Youth Advocacy Brief

Young, Bold and Informed!  
Powering our Voices in SRHR and  
HIV Advocacy in ESA

## Purpose

Equip young people with evidence, messages, tactics and practical tools to protect and expand sexual and reproductive health & rights (SRHR) and youth-friendly integration of HIV services

## Summary

Eastern and Southern Africa has made meaningful progress in the HIV response. We have seen that new infections have dropped, and AIDS-related deaths have declined significantly over the past decade. Yet adolescent girls and young women continue to bear a disproportionate burden, and many young people still struggle to access SRHR services that are comprehensive, confidential and genuinely youth-friendly. With global funding landscapes and political priorities shifting, the gains we have made are increasingly fragile. This is exactly where youth-led advocacy becomes essential: to protect the continuity of services, to push for integrated and youth-centred approaches, and to ensure sustainable domestic financing and policies that do not discriminate, but instead recognise young people's realities and agency

## A snapshot of the evidence:

### The HIV burden falls on us:

- Adolescent girls and young women (AGYW) in the ESA region account for 27% of all new adult HIV infections in 2023, despite making up only about 10% of the adult population [1].
- AGYW (15–24 years) are estimated to be three to four times as likely to acquire HIV as their male counterparts in the same age group [1, 2].
- The new HIV infection rate is extremely high, being more than six times higher among adolescent girls than adolescent boys (10–19 years) [2].
- While incidence is lower, adolescent boys and young men (ABYM) face significant gaps in care and treatment, leading to higher rates of undiagnosed HIV and treatment failure:
- Data from high-prevalence countries show that awareness of HIV status is significantly lower among young men. For example, in Botswana, only 54% of young men (15–24 years) knew their status, compared to 78% of young women [4].
- HIV treatment coverage and outcomes for men in ESA overall still fall behind women. ABYM often do not stay in care, partly due to barriers that promote harmful masculinity norms, and discourage service seeking behaviours [4, 6].

## **The gaps in Sexual and Reproductive Health and Rights (SRHR):**

- The ESA region still reports one of the highest Adolescent Fertility Rates (AFR) globally, estimated between 66.9 and 85.9 live births per 1,000 adolescent girls aged 15–19 years, more than double the world average [5].
- This indicates a high burden of Early and Unintended Pregnancy, which is associated with increased HIV vulnerability, poor maternal and child health outcomes, and high school dropout rates [5, 6].
- While contraceptive use among AGYW in Southern Africa is relatively high (ranging from 45.0% to 75.1% across seven high-prevalence countries), the methods used are predominantly short-acting and user-dependent methods like condoms, which are prone to inconsistent use [3].
- Unmet Need for Family Planning remains high among sexually active adolescents and young women in the region (over 30% in some settings), indicating a failure of the health system to deliver desired services [3].

## **What about our education?**

- Despite the ESA Ministerial Commitment to scale up comprehensive sexuality education (CSE), the quality and coverage is not meeting the needs of young people. Persistent low levels of accurate and comprehensive HIV knowledge (approximately 40% in 2020 for youth in the region) demonstrate a critical failure in prevention education [6].
- Policies often fail to unpack the specific SRH needs of men and boys (e.g., around violence and fatherhood), meaning health services are primarily designed for young women [7].

## **Why do we need youth friendly care?**

- Stigma and Discrimination: Young people living with HIV (YPLHIV) and key populations face high levels of stigma and discrimination, including self-stigma, which remains a significant barrier to HIV testing, treatment adherence, and viral suppression [4].
- Service Design: The lack of integrated, confidential, and judgment-free youth-friendly health services forces young people to seek SRHR and HIV services in separate, often inconvenient, and non-confidential adult settings [6].

## Sources

- 1 UNAIDS. *The Urgency of Now: AIDS at a Crossroads - Global AIDS Update 2024*. Geneva: UNAIDS; 2024.
- 2 UNICEF Eastern and Southern Africa Regional Office. *Snapshot on HIV and AIDS in children and adolescents*. 2gether 4 SRHR; July 2024
- 3 Contraceptive use among adolescent girls and young women ages 15–24 in seven high HIV prevalence countries. *Frontiers in Reproductive Health*; 2025 (Published Online 2024)
- 4 UNAIDS. *Country progress report - Botswana*. 2020 (data cited for 2019).
- 5 World Health Organization (WHO) and UNFPA. *Adolescent pregnancy*. Fact Sheet. Latest Update 2023
- 6 UNESCO and UNAIDS. *Fulfilling our promise to education, health and well-being for adolescents and young people*. ESA Ministerial Commitment Endorsed Document; 2025
- 7 HEARD. *Bridging the Gap - Men and Sexual Reproductive Health and Rights*. Policy Analysis Report; 2024.

## What do we want and how do we want it?: Advocacy Goals & Priorities:

- **Keep SRHR and HIV services available for all young people.**  
We need to protect the services young people rely on, such as HIV testing, ART, PrEP, contraceptives, and real, accurate CSE. No young person should lose access because of funding cuts or shifting priorities.
- **Make every health service truly youth-friendly.**  
Young people deserve clinics where they feel safe, respected and understood. This means trained staff, confidentiality, flexible hours, and spaces where young people can actually show up without fear or judgement.
- **Secure sustainable funding that doesn't disappear overnight.**  
We need governments to invest in young people through real budget lines, not just rely on donors. When funding is stable, services don't collapse, and young people don't get left behind.
- **Remove harmful laws and policies that block young people from care.**  
Age restrictions, parental consent rules, and punitive laws targeting key

populations push young people away from the services they need. We need to focus on changing these barriers so everyone can access care safely and freely.

- **Put young people at the centre and not in the margins.**

Young people should lead. That means being part of planning, decision-making, budgeting, and monitoring the services meant for them. Youth-led structures strengthen accountability and make services work in real life, not just on paper.

## Power Paths: How young people can drive change across the system

*A set of clear, youth-centred advocacy strategies that can help young people engage the right stakeholders with the right messages to protect and advance SRHR and HIV services.*

Stakeholder	Asks	Message
<b>Ministries of Health / Parliamentarians / Policy Makers</b>	<ul style="list-style-type: none"> <li>- Adopt and mandate national Youth-Friendly Service (YFS) Standards across all public health facilities.</li> <li>- Establish a protected national budget line for adolescent SRHR/HIV services, ensuring protection from financial cuts.</li> <li>- Implement adolescent confidentiality protections and review policies that restrict access based on age, marital status, or parental consent.</li> <li>- Mandate domestic financing channels for adolescent SRHR/HIV through Public-Private Partnerships (PPPs)</li> </ul>	<p>"Investing in youth SRHR saves lives and money. Youth-friendly integration increases service uptake, reduces new infections, and strengthens national HIV outcomes. Domestic funding ensures long-term sustainability beyond donor cycles."</p>
<b>Donors &amp; Multilateral Organisations</b>	<ul style="list-style-type: none"> <li>- Maintain or increase targeted funding for adolescent SRHR/HIV programmes.</li> <li>- Support capacity strengthening for youth-led organisations, networks, and advocates.</li> <li>- Invest in community, digital, and school-based SRHR innovations that increase youth access and reduce service gaps.</li> </ul>	<p>"Short-term funding cuts create long-term setbacks. Protecting adolescent SRHR/HIV funding prevents reversals in the HIV response and strengthens progress toward global targets."</p>

<b>Private Sector Actors</b>	<ul style="list-style-type: none"> <li>- Contribute to SRHR/HIV programming through CSR funding, in-kind donations, and youth-focused wellness initiatives.</li> <li>- Partner with youth networks to develop digital tools, subsidized data access, or product distribution channels.</li> <li>- Participate in public-private partnerships that expand access to youth-friendly SRHR information and services.</li> <li>- Create a sustainable long-term private funding ecosystem for youth SRHR/HIV services and commodities.</li> </ul>	<p>"Young people are your future workforce and market. Investing in their health builds a healthier, more productive, and more innovative economy."</p>
<b>Health Service Providers</b>	<ul style="list-style-type: none"> <li>- Implement youth-friendly clinical practices, such as privacy, flexible hours, confidentiality protocols, and trained staff.</li> <li>- Integrate SRHR and HIV services under one roof to reduce drop-offs and missed opportunities.</li> <li>- Create clinic environments that are safe, stigma-free, and non-judgmental.</li> </ul>	<p>"Small changes inside clinics create big shifts in communities. Youth-friendly practices increase testing, retention, and overall service uptake."</p>
<b>Community &amp; Faith Leaders</b>	<ul style="list-style-type: none"> <li>- Support non-judgmental, stigma-free access to SRHR/HIV services for young people.</li> <li>- Promote community-based referral systems that link youth to trusted, youth-friendly providers.</li> <li>- Champion open dialogue on SRHR and HIV to break harmful silences.</li> </ul>	<p>"When young people are healthy, families and communities thrive. Supporting their access to SRHR strengthens dignity, safety, and collective wellbeing."</p>
<b>Social Media Platforms &amp; Technology Companies</b>	<ul style="list-style-type: none"> <li>- Partner with youth organisations to scale accurate SRHR content and counter misinformation.</li> <li>- Strengthen youth safety and data protection features for SRHR-related searches and engagements.</li> <li>- Promote youth-led SRHR campaigns and innovation challenges.</li> </ul>	<p>"Young people seek SRHR information online first. Platforms can ensure they find safe, accurate, and empowering information."</p>

## Stay prepared so you don't have to get prepared!

*A few practical tips and tricks for young advocates walking into rooms, ready to demand change!*

### Before the meeting (prep):

- Know what you are asking for in a single sentence
- Learn the stakeholders in the room and their incentives
- Bring evidence: 1-2 regional statistics and some local data. Make sure you know the sources
- Prepare a personal story or a case study that is brief. Focus on the problem and highlight the proposed solution and why it would work

### During the meeting:

- Have your clear ask
- Use respectful framing of demands e.g. "we want to partner with X to..." instead of "you have failed to...."
- Ask two strategic questions to the stakeholders to gauge their interests, understand their incentives and build rapport

### After the meeting:

- Send a short follow up note
- Ask for a concrete next step e.g. a follow up meeting, a written commitment etc.
- Set up a monitoring system to track follow ups, responses and timelines

## Questions, questions, questions

*When having stakeholder meetings, it is not only important to speak, but it is important to ask questions. Questions show you are interested, curious and open to dialogue and understanding. Here are some examples of questions you may want to ask:*

- *What are some of the things that concern you when it comes to young people in the country/region?*
- *What interested you in taking this meeting today?*
- *What are you hoping to achieve in the HIV/SRHR response that will help young people?*
- *What gaps can we help you address?*
- *How will young people be involved in..[whatever they have committed to?]*
- *How can we help you achieve those goals?*
- *How will [the commitment] be rolled out?*

- Do you have any concerns about rollout that we could advise on?

## **Make sure it's measurable! The importance of monitoring and accountability**

*Our demands should have clear indicators that can be used to measure progress and success. So, not only must we advocate and ask, we must make it easy for stakeholders to track progress, and we must make sure that young people are part of the monitoring, evaluation and accountability stages. In order to ensure this, we have to start from the beginning and outline our indicators from the onset, and throughout. Here are some examples of indicators:*

- Number of youth-friendly clinics with trained staff
- Existence of a national youth SRHR budget line
- Percentage of AGYW offered HIV testing and contraception in one visit
- Number of public commitments from ministers and donors
- Youth satisfaction surveys from clinic users
- Availability of SRHR commodities in clinics

## **What are young people in the ESA regions saying?: Key Insights from the Survey**

*Before creating this Youth Advocacy Brief, over 100 young people (n = 132) completed a survey that looked at the SRHR and HIV landscape in the ESA regions. Here are key highlights from the survey:*

- Young people across ESA face consistent systemic barriers to HIV and SRHR access. The barriers that were mentioned the most were:
  - Limited youth-friendly services
  - Lack of privacy
  - Discriminatory attitudes from healthcare workers
- Other challenges that were highlighted were:
  - Misinformation in terms of HIV/SRHR knowledge
  - Unavailability of commodities
  - Cost barriers
- These challenges create environments that are often hostile, or there is inconsistent care for young people seeking essential health services
- Young people in ESA overwhelmingly describe a health system that is underfunded, and does not align to their lived realities. There was an overall theme that highlighted that the healthcare systems are dominated by stigma, restrictive policies and there was limited meaningful youth participation to mitigate these challenges.

- However, young people clearly recognise opportunities for improvement, through having better financing, stronger youth participation, and services that are designed with youth needs in mind

## Innovative Interventions in the HIV/SRHR Landscape

*The survey participants highlighted innovative interventions in different countries that can be used as evidence of youth-led interventions that work. You can use these as the foundation of your evidence when you are advocating for better SRHR/HIV services for young people:*

Country/Context	Initiative / Approach Name	Summary of Innovation
Uganda	Positive Alive Initiative (PAI), Mbale Network of Young People living with HIV (MNYPA), Uganda Network of Young People living with HIV (UNYPA)	Community-based organisations (CBOs) providing peer support and community sensitization through engaging activities like football to bridge gaps in HIV services.
Zambia	HOPE Youth HIV Prevention Project (DAPP Zambia), Youth Development Organization (YDO)	Trains peer educators and paralegals to deliver sexual health services and legal support in tertiary institutions and communities.
Malawi	Youth Innovation Fund (YIF), YEFFA, Catalyst Fund, ArtGlo, Memory Banda/GENET, Girls Arise for Change	A comprehensive ecosystem including government-backed grants for innovators, agricultural policy engagement, organizational capacity-building, creative arts for advocacy, and grassroots activism for legal change (e.g., raising marriage age).
Botswana	BOFWA – Youth Action Movement (YAM), CEYOHO, YOHO, Youth Impact, UNICEF U-Report, SIYA Trust, and others.	A multi-faceted approach using youth-friendly clinics, peer education, edutainment, stigma-free pageants, mobile platforms (U-Report), and on-demand condom delivery to reach young people.
Tanzania	Youth-led Community Initiatives	Using WhatsApp groups and small peer sessions to share SRHR/HIV information

		and create safe spaces for discussion and referrals when formal funding is limited.
Zimbabwe	My Age Zimbabwe, Youth Gate Zimbabwe, Action for Youth Foundation Trust, SHAZ! Hubs	Leverages peer education, digital platforms (263 Youth TV), safe spaces, psychosocial support, and mobile helplines to drive resilience despite shrinking donor support.
Malawi	Achinyamata Tikambilane Project (by YOFONAT)	Created community safe spaces for open SRHR discussion, referrals, and engagement with community leaders and schools for a cheaper, more sustainable model.
Rwanda	Youth-Led, Low-Cost Digital Approaches	Using digitally-savvy, low-cost methods to mitigate service disruptions and funding shocks (specific examples not named, but context indicates digital peer networks).
Tanzania	Digital & Community-Led Monitoring (CLM)	Youth use social media (Instagram, TikTok, WhatsApp) for info and train to collect data on local clinic services, using evidence to advocate for improvements with health officials.
Malawi	Youth Wave Malawi, Pakachere Institute, YONECO, ArtGlo	National networks using WhatsApp/SMS hotlines, youth-run community hubs for condoms/self-testing, 24/7 helplines, and peer-led theatre/art workshops to sustain services.
Eswatini	Youth Voices Platform, READY+ Programme, Halt Project, Girl-Powered Approach, SCALE Initiative	A multi-partner approach using social accountability platforms, leadership building for young people living with HIV, integrating economic empowerment, promoting self-care diagnostics, and providing legal/psychosocial support for key populations.

Angola	ANASO, JIRO Program, Peer Educator Support Groups (ICAP), mHealth-voice messaging	Workshops for youth leaders, using digital platforms for awareness, active participation in global strategy consultations, and peer support groups for ART adherence.
Eswatini	Family Life Association of Eswatini - Peer Education	Trains youth as peer educators to deliver comprehensive sexual education in schools, run youth centers, and build capacity for SRHR service access.
Zambia	Copper Rose Zambia, Zambia Network of Young People with HIV, Youth Movement for HIV/TB/SRSHR Advocacy	Youth-led organizations active in community awareness, peer support, referral networks, and small-scale service delivery, mobilizing volunteers with lower overhead.
Botswana	Male Engagement Outreach	Weekly outreach in social spaces (e.g., bars) with mobile testing, condoms, and peer-led conversations to reach men absent from traditional clinics.
Ethiopia	Youth Challenge Initiative (YCI), Make Way Project (Ipas), Inclusively Friendly SRHR (ECYDO)	Peer education, mobile platforms, and mentorship; inclusive programs for displaced/disabled youth; and co-creation of Braille/audio SRHR tools for visually impaired youth.
Zanzibar	Usawa kwa Wote, Zanzibar Maisha Bora Foundation (ZMBF)	Storytelling via social media and events to share SRHR info and reduce stigma; and grassroots work on menstrual health through pad production and school advocacy.
Lesotho	Mosepele Foundation Development Forum, #WhatGirlsWant	Equips girls with skills and knowledge; online movement hosting dialogues on SRHR and issues affecting youth.
Malawi	"For Equality" organisation, Family Planning Association of Malawi (FPAM)	Advocacy for policy change through media and workshops; ensuring youth access to contraceptives and HIV information, working with university students.

Eswatini	Eswatini Network of Young Positives	Mobilizes assistance through the Ministry of Health and UNICEF to sustain Teen Clubs (providing meals) and uses WhatsApp groups for health education and adherence reminders.
Uganda	Youth-plus (DEEPROOTS), UNYPA, Makerere University Joint AIDS Program (MJAP)	Youth-centered kiosks, digital platforms, and helplines; advocacy and peer support by young people living with HIV; and research-driven interventions exploring PrEP and improving treatment.

## Messages to Stakeholders

*\*Note for the editors/designers: This section can be woven in throughout the Advocacy Brief because it are a collection of powerful quotes from the survey\**

### Messages to Governments

- "Token engagement is not enough. Young people deserve power, resources, and respect. Resilient systems begin with inclusive leadership."
- "We are not the future, we are the present, and we demand health systems that see us, serve us, and stand with us."
- "Cuts to foreign aid should not translate into cuts in our futures."
- "Invest in youth-led solutions that are rooted in lived experience and community trust."
- "Stop tokenism and give young people real power in shaping solutions."

### Messages to Donors

- "Fund youth, trust youth, and amplify youth. Your support should reflect the urgency and innovation that youth bring."
- "We are not asking for charity, we are demanding justice. Youth aren't a risk, we are the solution."
- "Cutting or reducing funding threatens decades of progress and risks reversing the gains we've made."
- "Invest in us, not just programs. Youth are ready to lead, innovate, and drive impact, but we need sustainable funding, meaningful inclusion, and trust to turn potential into measurable change."

- "Flexible, long-term funding enables innovation and real impact at community level. We ask you to continue standing with young people as key partners, not just beneficiaries."

### **Messages to Pharmaceutical Companies**

- "Put equity before profit. Patents and pricing should never block young people from care. Health is a right, not a privilege."
- "Access to life-saving HIV prevention and treatment options should not depend on profit margins."
- "Your innovations mean little if they don't reach the young people who need them most."
- "Prioritize people over profit. Make life-saving drugs affordable and accessible to young women everywhere."

### **Messages from Youth Advocates**

- "Nothing about us without us. Young people must be at the center of decisions, funding, and actions."
- "We are not the future, we are the force shaping health systems now, demanding equity, accountability, and youth-led solutions."
- "Our voices, our health, our future. We demand access, inclusion, and respect in every HIV and SRHR decision that affects us."
- "Young people demand a seat at the table, equitable health services, and meaningful engagement in decisions shaping our futures."
- "We are not the leaders of tomorrow, we are the change-makers of today, demanding policies that reflect our rights, our health, and our future."

***The data speaks for itself. Youth-friendly services are not a luxury, they are a fundamental aspect of equitable and effective health systems that leave no one behind. Youth-friendly services work because they recognise and respond to young people's lived realities.***