



2gether
4SRHR

Implementation brief

Reimagining Demand Generation

Multi-Platform Strategies for Youth-Responsive SRHR, HIV and Well-being in Eastern and Southern Africa



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Acronyms

AA-HA!	Global accelerated action for the health of adolescents
AGYW	Adolescent girls and young women
AI	Artificial intelligence
CSE	Comprehensive sexuality education
ESA	Eastern and Southern Africa
GBV	Gender-based violence
HIV	Human immunodeficiency virus
MHPSS	Mental health and psychosocial support
MoH	Ministry of Health
PrEP	Pre-exposure prophylaxis
SBCC	Social and behaviour change communication
SDG	Sustainable Development Goal
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
TVET	Technical and vocational education and training
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

This implementation brief draws together evidence, innovation and lessons on demand generation for Sexual and reproductive health and rights (SRHR) Information and services for adolescents and young people across the Eastern and Southern African (ESA) region and offers considerations to guide policy and programming. It is designed for adolescent and youth programmers, partners, youth networks, and governments at the national and regional levels.

Adolescents (defined as individuals aged 10–19) and youth (aged 15–24) represent distinct groups with different developmental needs, vulnerabilities, and experiences of SRHR. However, for the purposes of this document, the term ‘young people’ is used to refer to both groups collectively, in line with the commonly accepted combined age range of 10–24 years. This approach is adopted for readability and does not diminish the importance of age-disaggregated programming and analysis where relevant.

Within this broader group, it is also important to acknowledge that adolescent girls and young women (AGYW) face heightened and intersecting vulnerabilities in relation to sexual and reproductive health, including disproportionate exposure to gender-based violence (GBV), unintended pregnancy, and HIV; and that programmatic responses must be responsive to these gendered realities.

The implementation brief provides background on SRHR risks for young people and barriers to service uptake. It examines what drives youth engagement and the demand for and uptake of services, how traditional platforms are evolving, the role of youth-driven models in demand generation, how to harness emerging digital platforms and the influence of other norms holders, opportunities for collaboration with the private sector, and how broader youth development agendas can serve as entry points to strengthen demand generation for SRHR, HIV, and well-being services.



Development of the implementation brief

In November 2025, a Think Tank on *'Reimagining Demand Generation: Multi-Platform Strategies for Youth-Responsive SRHR, HIV and Well-being in Eastern and Southern Africa'* was led by UNICEF Eastern and Southern Africa Regional Office together with UNAIDS, UNFPA, WHO, UNICEF, UNESCO and partners under the 2gether 4 SRHR programme.

This multi-stakeholder forum brought together over 60 experts and thought leaders from across the region, including representatives from government ministries, non-governmental organizations, civil society, youth networks, academic institutions, research bodies, private sector, donors and implementing partners.



The objectives of the Think Tank were to:



Enhance collective understanding of effective multiplatform demand generation strategies by synthesising evidence, innovations, and lessons from programmes across the region.



Strengthen linkages between multiplatform demand generation strategies and youth-responsive health services by improving understanding of programmatic and system-level enablers such as integration, referral pathways, partnerships, and accountability mechanisms.



Identify approaches for sustainability and scale including cost effectiveness, supportive policy environment, youth leadership in governance and monitoring to sustain health-seeking behaviours.



Develop and disseminate a regional implementation brief capturing key evidence, programmatic lessons, implementation considerations that can be adapted by national programmes, partners, youth networks, and governments to inform policy and programming.

We used an adapted Delphi approach including existing evidence reviews, small-group discussions, consensus on actionable considerations, synthesis, ranking, and validation. We applied an implementation lens, considering scale, linkage, quality, equity, measurement, integration, ethics to ensure feasibility of these considerations across ESA.

1

Background:

Why we need to reimagine demand generation for young people in Eastern and Southern Africa

Eastern and Southern Africa (ESA) is home to over 208 million young people aged 10–24, representing 32 per cent of the region's population¹. This generation holds immense potential for the region's social and economic development, yet many face significant sexual and reproductive health and rights (SRHR) related risks.

The SRHR landscape — persistent risks and barriers for young people

The ESA region has high rates of HIV, early pregnancies, marriage and parenthood, and a high level of GBV; burdens that fall disproportionately on adolescent girls and young women, who are more likely to acquire HIV than their male peers and face compounding vulnerabilities across all these domains.

HIV INFECTIONS

Over **66 per cent** of people who newly acquired HIV globally are young people living in ESA.



MORTALITY

AIDS is the leading cause of death among adolescents in **12 countries**

SEXUAL VIOLENCE

Over **one in five girls** have been subjected to rape or sexual assault before the age of 20.



EARLY PREGNANCY

20% of girls experience pregnancy before the age of 20.

Gender inequality, income disparities and prevailing social norms result in persistent barriers to young people accessing responsive SRH information and services, including stigma and judgmental attitudes from adults, limited autonomy for decision-making, and gatekeeping of services; as well as the high cost of accessing SRH services, inaccessible clinic operating hours and weak service linkages². AGYW face compounded barriers, including restricted mobility, economic dependence, and reduced decision-making power over their own bodies.

These structural factors are key drivers of poor SRHR outcomes among young people and contribute to persistently low levels of SRHR knowledge and constrained access to services, which in turn result in elevated rates of HIV acquisition, early and unintended pregnancies, child marriage, mental health challenges, and school dropout^{3, 4}.

Coupled with a reliance on informal channels for information, such as peers and unverified online content shared on mobile phones, there are concerns about the accuracy, trustworthiness, and accessibility of SRHR information shared amongst young people. In this context, the provision of reliable and relatable SRHR information to guide decision-making for young people, and to strengthen demand generation, is vital.

Addressing these persistent knowledge gaps requires not only effective information delivery but also a strong policy and regulatory environment to ensure that young people have equitable access to comprehensive, accurate, and youth-friendly SRH services and education.

Reliance on informal channels for information, such as peers and unverified online content shared on mobile phones, raises concerns about the accuracy, trustworthiness, and accessibility of SRHR information shared amongst young people.



² UNAIDS, 2025a

³ Watson et al, 2021

⁴ Ninsiima et al, 2021

PROGRESS

and challenges in the SRHR policy environment in Eastern and Southern Africa

Over the past decade, policy advances have been made in recognising and institutionalising young people's SRHR through a combination of regional commitments, national strategies, and rights based frameworks.

A central pillar of regional policy has been the *Eastern and Southern Africa Ministerial Commitment: Fulfilling our promise to education, health and well-being for adolescents and young people* (ESA Commitment), which outlines targets for expanding age appropriate comprehensive sexuality education (CSE), youth-friendly SRH services, multisectoral coordination, and legal protections to support access to information and services across the region⁵.

Complementing this regional platform, the WHO's Global Accelerated Action for the Health of Adolescents (AA HA!) guidance offers a comprehensive policy and programming framework to help countries design, implement and scale integrated adolescent health strategies that include SRHR within broader adolescent well being⁶.

Civil society coalitions have played a critical role in advancing and monitoring these frameworks, and in strengthening collective advocacy and accountability for young people's SRHR⁷. However, this progress remains uneven and is increasingly under threat, due to the pushback against SRHR, and a more constrained fiscal space since 2024^{8, 9, 10}.

Challenges to young people's SRHR



The global backlash against sexual and gender related rights has led to political resistance, restrictive interpretations of existing laws, the blocking of funding, intimidation of organizations and individuals, and disruption to activities.



The decline in donor funding for SRHR which has weakened the implementation of regional commitments, limited the scale-up of youth-responsive services, and constrained civil society engagement.



The dramatic reduction of programmes funding, leading to service disruption, staff retrenchments, and setbacks in SRHR and the HIV response, on which many adolescents and young people depend.

These dynamics underscore the need for sustained political leadership and protection of the civic space to safeguard and advance SRHR gains in the region. As development financing for health contracts and external funding for HIV programmes decline, countries must find cost-effective, scalable ways to generate demand and link young people to services, while ensuring the continued provision of high-quality information and services that empower young people to make informed choices.

Despite these policy advances, persistent risks and widening structural barriers highlight a growing mismatch between traditional demand-generation approaches and the social, economic, and digital realities that young people face today.

⁵ UNESCO, 2025

⁶ WHO, 2023

⁷ PMNCH, 2025

⁸ Khama, 2024

⁹ DSW, 2025

¹⁰ UNAIDS, 2025b

Conventional demand generation is **shifting**



In the context of SRHR and well-being; demand generation refers to strategies and activities designed to increase awareness of, interest in, and use of SRH and other health services and commodities. Historically, this demand generation has included informing, motivating, and empowering individuals and communities to seek out and make use of services and commodities. Strategies such as education to

create awareness, social and behaviour change communication (SBCC) and CSE to influence health seeking behaviours, and mobilisation activities to build acceptance, reduce stigma and support access to services have been well utilised to create demand for SRHR services¹¹. It is clear, however, that demand generation must increasingly operate as a **multi-platform ecosystem**, where digital spaces, peers, schools, families and services reinforce each other.

What do we mean by
“demand generation”
 for young people today?



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Demand generation refers to the strategies and activities that build awareness, knowledge, motivation, confidence, trust, and ability among young people to seek, access, and use SRHR and well-being services when they need them, and in ways that feel safe, relevant, and respectful.

Demand generation goes beyond sharing information. It includes:

Engaging young people as active participants in developing strategies

Ensuring that individuals understand their rights and available services

Building confidence, self-efficacy and agency for young people

Reducing barriers (such as cost, stigma, norms, access challenges)

Strengthening trust through relatable messengers and safe spaces

Connecting young people to youth-friendly services

Encouraging and supporting behaviour change through visible norms change

Ensuring continuity of messaging and supporting healthy behaviours over time

While demand generation can be successful in creating awareness of SRHR, this does not always translate into behaviour change and the uptake of services and commodities. Additionally, where health behaviours are initiated, they are not always sustained. Research has highlighted some of the key lessons in why this happens^{12,13}.

Why demand generation often fails to translate into uptake for young people

➔ Behaviour is influenced by motivation, skills, self-efficacy, agency, trust and environmental facilitators, not just information.

➔ Behaviour change is complex, and strategies are not always based on a strong multi-theory foundation.

➔ Structural, social, economic and cultural factors (such as stigma, gender norms, and lack of access to services) can create barriers that

information alone cannot overcome.

➔ When communication efforts focus mainly on information rather than enabling conditions and supportive environments (such as service availability, and supportive norms), behaviour is unlikely to change.

➔ Top-down programmes that speak at young people rather than engaging them as active participants do not reflect

their experiences, priorities, or concerns and do not resonate with them.

➔ Fragmented demand generation efforts that operate in silos without connecting school-based, community-based, and digital channels, reduce reinforcement and continuity and limit young people's exposure to consistent messaging and their ability to act on information.



To meet the needs of the current and future generations of young people, we must consider the social, digital and behavioural realities that young people find themselves in; where trust, belonging, and service readiness matter as much as information. Demand generation should be understood not as isolated campaigns, but as connected systems which adapt to the lived realities of young people, linking the provision of information, building trust, and facilitating service access.

12 Nancy & Dongre, 2021

13 Kelly & Barker, 2016

Evidence from across the ESA region highlights several consistent lessons that should guide demand generation for young people¹⁴:

- 1. Young people are not homogenous;** reaching them effectively requires segmenting by desires and behaviours, as well as by age, sex and gender, geographic location, socioeconomic status, and disability; recognising that these characteristics intersect in ways that shape both vulnerability and access to services.
- 2. Young people do not exist in a vacuum;** programming must account for the whole ecosystem; considering the services systems of health, education, protection and justice; the social and community environment in which young people live; and the influencers around them.
- 3. Words and reported action cannot be taken at face value;** actual behaviour and measurable outcomes observed through diverse tools is more informative than stated intentions.
- 4. Considering the entire generation pathways:** from awareness to decision-making, initiation, continuation, and advocacy improves programming effectiveness.
- 5. Linkage to youth-responsive services is needed** to address normative challenges, such as judgement, stigma, and adult-centric services.
- 6. Proven youth engagement strategies beyond health can be leveraged** for social impact, behaviour change, and meaningful participation.

These insights have given rise to the implementation considerations outlined in this document.

A new generation, a new context for engagement

Africa is home to the largest generation of young people in its history, which brings both promise and pressure¹⁵. Every year, a million young Africans enter the job market, yet only a quarter find formal employment¹⁶. This economic uncertainty and social inequities fuel frustration, where two-thirds of young people believe their countries are heading in the wrong direction, and many are sceptical of those who lead them¹⁷.

Legitimacy and trust: For young people today, legitimacy comes from authenticity and community, and trust and relevance are vital for effective programmes¹⁸.

Digital connectivity: For young Africans, digital spaces are central, offering critical arenas of identity, activism, and learning, as well as new pathways for entrepreneurship, innovation, and access to services¹⁹. For those who are online, digital platforms are primary sources of information on SRHR, often replacing the traditional channels of elders, schools or clinics.

While connectivity is expanding in ESA, this remains unequal, and a digital divide still exists, with marked gaps in access for girls and women, people living in rural or humanitarian settings, people with disabilities, and young people out of school^{20,21,22}. These young people are disproportionately excluded from digital demand generation, with consequences for their access to SRHR information.



14 Mahiaini, 2025

15 UNFPA, 2024

16 African Development Bank, 2025

17 Afrobarometer, 2024

18 Ouma, 2025

19 World Bank Group, 2019

20 International Telecommunication Union, 2025

21 Conroy-Krutz et al, 2024

22 Afrobarometer, 2025

Digital progress and the digital divide



86%

Of the African population are connected via mobile phone



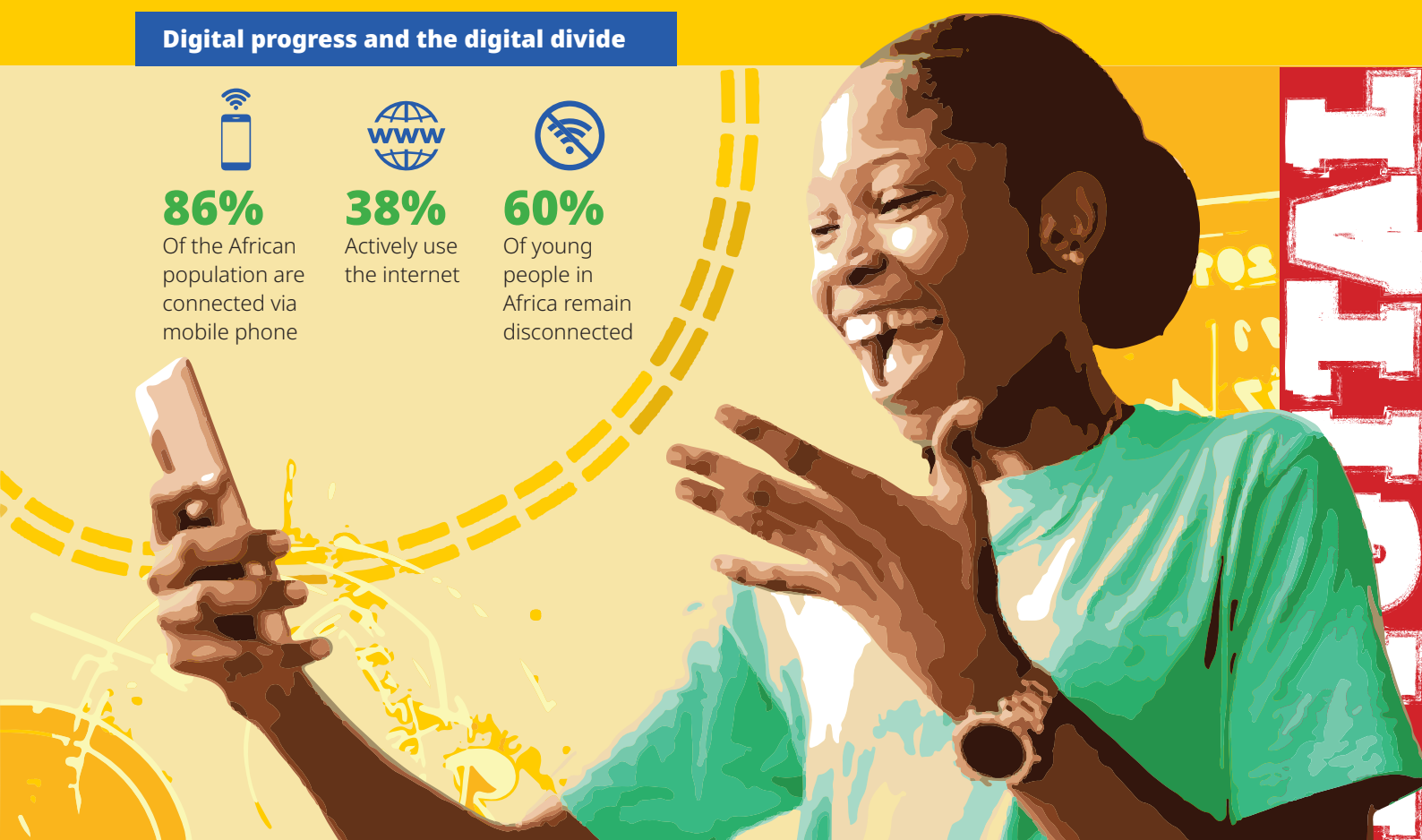
38%

Actively use the internet



60%

Of young people in Africa remain disconnected



Urban residents, more educated and better-off citizens, men, and young people are most likely to use digital media.

Adolescent girls and young women are more likely to be left behind.

Young People living in rural areas, those with disabilities, out-of-school adolescents and those in humanitarian settings are also often excluded from digital access.

Economic realities: The financial cost of accessing SRHR and other health services, including hidden costs such as transport where services are otherwise free, remains a key barrier to the uptake of services and commodities. Where health is not seen as an immediate priority by young people, then financial incentives often determine whether they take up or participate in health services.

Stigma: Fear of judgement continues to deter young people from visiting clinics. Facilities known for offering respectful youth-friendly or key-population-led services both attract and retain more young users. Young people trust peers and relatable online voices as sources of SRHR information, in part to avoid stigma and judgement from adults, and the resultant discomfort²³.

Youth leadership: Young people are not passive beneficiaries of programmes, but are increasingly asserting agency, shaping their own information ecosystems, and mobilising online and in communities, creating opportunities for more responsive, youth-led engagement. Young people are also increasingly involved in service provision, both at formal and informal levels.

These notable shifts in the context require that effective demand generation must adapt to a generation that learns, organises, and speaks differently.

What this means for demand generation today

Effective demand generation for SRH services among young people in ESA must operate within this complex and evolving landscape.

To be successful, shared experiences from the region show that demand generation must be adaptive, participatory, and sustained, embedding young people's leadership and ensuring that services and information are both available and actionable when young people are motivated to engage.



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Demand generation today needs to:



Apply evidence-based, contextually-informed approaches.



Strengthen trust by prioritising authenticity and confidentiality.



Go beyond creating awareness, to build motivation, confidence, self-efficacy and agency.



Engage peers and youth workforce as core delivery agents for SRHR and HIV information, services, support and commodities.



Ensure inclusive co-creation of messaging and programmes.



Integrate traditional and emerging platforms, from digital spaces to schools, health services, and community and peer networks, to reduce siloed programming.



Develop authentic, identity-aligned messaging.



Reduce structural barriers and address exclusion resulting from gender, geography, or socio-economic status.



Integrate structural enablers by addressing social norms and stigma, introducing and aligning incentives, and ensuring service readiness.



Ensure clear linkage pathways so that demand leads to actual service uptake.

Only by meeting young people where they are²⁴, both safe online and offline, in their languages and lived realities, can we ensure that Africa's largest generation realises not only its potential but its right to health and well-being. These realities set the foundation for the platforms, partnerships, and implementation considerations that follow.

2 Evolving traditional platforms for a new generation



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Over the past three decades, demand generation for HIV prevention and SRHR in Africa has evolved from one-size-fits-all, at times moralising mass communication campaigns toward more participatory and emotionally resonant approaches. Early school and clinic-based models provided valuable entry points and improved knowledge and attitudes among young people, and in many cases contributed to early progress in awareness and risk perception²⁵. However, these traditional approaches have often struggled to translate awareness into positive sustained behaviour change.

A newer generation of programmes recognises that the effectiveness of these traditional platforms depends less on the medium itself and more on the quality of facilitation, the inclusiveness of participation, and the extent to which young people are recognised as

active agents in co-creating these programmes rather than being passive recipients, as well as the overall supportive environment in which programmes are delivered.

Mass media platforms such as radio, television, and print remain key components of Africa's demand generation landscape. Radio retains significant reach, particularly in rural and low-connectivity areas, and its impact is strengthened, especially when paired with participatory formats such as phone-ins or radio listening clubs. Television has demonstrated measurable influence in increasing HIV testing and shaping attitudes, especially through edutainment programmes with relatable characters and storylines. Print media plays an awareness-raising role although it is less effective in sustaining behavioural change²⁶.

25 Shawa, 2025

26 Shawa, 2025

Evidence increasingly shows that hybrid strategies, where traditional media are complemented by digital platforms, community mobilisation, and peer engagement, generate the strongest and most durable impact by reinforcing consistent messages across multiple touchpoints²⁷.

Existing disparities in young people's access to media highlights the need to deliver tailored and targeted demand generation across platforms²⁸.

Family and parent-child communication continues to be associated with delayed sexual debut and reduced risk behaviours, but cultural norms of silence around youth sexuality, changing family structures and parental workloads have weakened this protective influence^{29,30}. Community dialogues and awareness events have shown strong potential to reduce risk behaviours when they are participatory, ongoing, and grounded in local realities³¹. Working with peer providers³² is effective when they are well-trained and supported, improving trust and uptake of services³³.

Similarly, School-based CSE is effective when it is linked to youth-responsive services and implemented within supportive policy and community environments that enable adolescents and young people to act on the knowledge they gain³⁴. Evidence shows that CSE delays sexual debut, increases condom and contraceptive use, improves school retention for adolescent girls and young women, and strengthens SRH outcomes when gender and power issues are addressed. It is also cost-effective, averting health system costs while improving educational attainment and long-term prospects for young people.

However, these approaches face well-known challenges, including reach and scalability, cost, inconsistent quality, and cultural and social barriers that restrict open conversations about sexuality, relationships and rights. Renewed support and tools are required to strengthen positive intergenerational dialogue.

The future lies in blending the reach of traditional systems with the immediacy, creativity, and feedback loops of digital platforms, creating an ecosystem where young people's voices drive both design and delivery.

Across the region, several initiatives are demonstrating that effective demand generation models combine traditional school, health, community, and media platforms with emerging platforms, creating multi-layered systems where young people encounter consistent, relatable messages and clear pathways to care that meet their needs across every space they inhabit³⁵.



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²⁷ Stover et al, 2024

²⁸ Okoye & Saewyc, 2024

²⁹ Ngwira et al, 2025

³⁰ Gizaw et al, 2025

³¹ Leite et al, 2025

³² Nyinabo Kahindo, 2024

³³ Toska et al. (2026)

³⁴ UNFPA, 2025

³⁵ Evolving platforms presenters (2025)



Emerging practices

The multi-country 2 gether 4 SRHR programme has strengthened youth-led networks and movements across the region, building inclusive, digitally enabled, youth-centred systems for information, services, and accountability.

➔ In Uganda, the adoption of a whole-school approach in 12 schools led to the creation of safe spaces within schools, while linking out-of-school youth to economic empowerment opportunities and encouraged 41 young people to return to education. Targeted work with young mothers and their partners increased contraceptive uptake and contributed to reductions in GBV.



➔ In Malawi, 90 youth advocates were trained and now lead community dialogues that strengthen youth participation and engagement. Improved collaboration between young people and duty bearers has contributed to the revival of six youth-friendly spaces, expanding access to adolescent-responsive information and services.



➔ In South Africa, 100 youth ambassadors were trained to speak out against gender injustices, amplifying the voices of young people in their communities.



➔ In Ethiopia, digital-driven approaches have expanded adolescents' and young people's access to timely SRHR information, referrals, and services, helping overcome barriers related to distance, stigma, and limited access to trusted information sources.



In Kenya, the Ministry of Health (MoH) has expanded youth-friendly service centres, introduced flexible hours, trained providers in non-judgemental care, and makes use of community health volunteers and mobile and digital tools to link young people to services. Leveraging technology to bypass traditional barriers, the MoH makes use of text messaging and social media for health promotion, providing confidential information and linkage to services through platforms such as LVCT Health's digital 'one2one' platform, and supporting digital tools for young people to do their own risk-assessments and clinic bookings.



By blending traditional platforms with digital and community channels, programmes can create connected, responsive demand generation systems that guide young people from awareness to action, making every touchpoint an opportunity to reinforce healthy behaviours and linkages to services.



Considerations for implementation

- 1 Co-designing demand-generation approaches with young people** both in and out-of-school strengthens relevance, authenticity, and trust across diverse youth segments.
- 2 Behavioural segmentation and user-journey mapping** can effectively shape tailored demand-generation pathways across awareness, decision-making, initiation, continuation, and advocacy.
- 3 Shifting traditional media and community platforms from one-way broadcasting to interactive formats** with clear calls-to-action strengthens engagement and movement toward services.
- 4 Mobilising peer educators, youth clubs, and community networks to reinforce media and digital messaging** builds social trust and normalises demand.
- 5 Youth-friendly facility design**, including confidential client flows, flexible hours, and non-judgmental counselling, is necessary for initiating and sustaining service uptake.
- 6 A whole-school approach to CSE**, linking education and health systems, peer educators, counsellors, and nearby health facilities, strengthens demand flows from information to services.
- 7 Direct linkages from digital, media, and community platforms** to booking systems, facility directories, self-testing, and service pathways are necessary to translate interest into timely service uptake.
- 8 Integrating short-form edutainment and gamified content in local languages** sustains interest and reduces drop-off across demand-generation campaigns.

3 The power of peers: Rethinking the role of youth-driven models in demand generation

Across the region, evidence increasingly confirms that peers have exceptional influence in shaping health decisions, behaviours, and social norms. Neuroscience and developmental research show that during adolescence and early adulthood, when identity formation and social belonging are paramount, young people are particularly responsive to peer influence³⁶. This heightened sensitivity means that peers can significantly shape behaviours, attitudes, and decision-making, both positively and negatively. This highlights the potential of leveraging peer networks to support healthy development and engagement across multiple domains and creates a powerful opportunity to harness that influence for positive change.

Unlike earlier models that relied on adult-led outreach, today's peer providers are recognised as skilled professionals, not volunteers. Their age proximity, shared lived experience and cultural alignment make them trusted messengers for SRHR information, psychosocial support and service provision³⁷. In several countries, these roles are becoming more formalised and integrated within community and clinic systems, contributing to both health delivery and youth employment³⁸. The emerging model treats peer provision as both a service delivery strategy and a pathway for youth employment and leadership.

A recent review across 16 countries, combining literature evidence, surveys, and interviews with current and former peer providers, revealed the transformative impact of well-designed peer programmes. Young people engaged through peer models had improved physical and mental health, greater self-efficacy, stronger social support networks, and more equitable gender norms³⁹.

Across the region, diverse initiatives are demonstrating the reach and adaptability of peer-driven demand generation. These models illustrate that peer-led engagement is a powerful model of empowerment, social belonging, and health-system strengthening. When peers are trained, supported, and recognised as professionals, they can bridge the gap between young people and the formal health system, making services more accessible, relatable, and sustainable⁴⁰.



© Grassroot Soccer/Slingshotmedia/Fraserschneek

³⁶ Telzer et al, 2018

³⁷ Mason-Jones et al, 2023

³⁸ Gender Links, 2024

⁴⁰ Youth-driven models presenters, 2025



Emerging practices

The Men's Boardroom, facilitated by the Network of Zambian People Living with HIV, provides a confidential and structured physical space where trained peers talk with other boys and young men about HIV, SRHR, masculinity, mental health, and sex; without fear of judgment. The programme plugs into the Tiko digital platform which provides private and confidential access to services. It has trained 100 peers as positive agents of change in their communities, and reached over 3700 boys, linking them to SRHR services.



The Zvandiri programme in Zimbabwe provides training and mentoring for peers as Community Adolescent Treatment Supporters and Young Mentor Mothers. The programme provides clinic, community, and peer support, while generating demand for a range of essential health services, including HIV testing and treatment, PrEP, mental health, SRHR services, and tuberculosis preventive treatment. Evidence from the programme shows a 42% increase in viral suppression, reduced mortality, a 60% reduction in depression symptoms, and improved self acceptance, connections, hope, purpose, and agency for young people. It has also increased support from families and communities, reduced stigma, improved the quality of health services, and inspired policies and resource allocation.



Treating peer providers as skilled, trusted partners in SRHR programming and service delivery makes them more effective at changing behaviours, and connecting young people to the services they need, creating a long-lasting foundation for successful peer-led initiatives.



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Considerations for implementation

- 1 Professionalising peer provider roles** through defined competencies, clear training standards, accreditation pathways, and fair compensation strengthens programme quality, credibility, and sustainability at scale.
- 2 Integrating peer provider models into national and sub-national strategies, budgets, and policy frameworks** is necessary for system ownership, resilience, and long-term scale.
- 3 Standardised referral systems,** supported by digital tools linking peer providers, community actors, and service points, strengthen confidentiality, timeliness, and service uptake.
- 4 Expanding referral pathways beyond health services** to include psychosocial support, mental health, education, school re-entry, livelihoods, and justice reduces drop-off and enables holistic support.
- 5 Providing meaningful incentives and growth pathways,** including stipends, recognition, transport support, and career or vocational progression, strengthens peer provider motivation and retention.
- 6 Peer accompaniment across multiple care points,** whether physical or digital, strengthens continuity of care and reduces loss to follow-up during transitions.
- 7 Using mixed engagement modalities,** including one-on-one support, group-based activities, fun youth-led approaches such as sport and entertainment, and privacy-protected digital interactions, increases reach and strengthens overall demand-generation impact.
- 8 Building trauma-informed capacity and providing psychosocial support for peer providers** is vital to managing emotional load, preventing burnout, and sustaining effective engagement.

4 Reframing the role of norm holders

Young people's decisions around SRHR are shaped by the social and relational environments of which they are part, and they rarely make decisions in isolation. Social norms operate through shared expectations and social pressure and shape young people's behaviour, and their choices are influenced by a complex web of parents, peers, community leaders, media figures, and institutional actors who define what is considered acceptable, aspirational, or taboo. These 'norm holders' are the individuals or groups whose opinions, behaviours and expectations matter to young people; and they have the legitimacy, authority⁴¹ and influence to reinforce or change the social norms that young people experience in their communities⁴².

Research across the region shows that social norms influencing adolescent HIV and SRHR generally operate through two types of expectations:



Empirical expectations:

what young people believe others actually do.



Normative expectations:

what they believe others think they should do.

These expectations are often backed by social sanctions, ranging from disapproval and stigma to punishment or exclusion, which make certain behaviours harder for young people to adopt, even when they understand the health benefits.



Norms are also gendered; and girls face stronger expectations around modesty, sexual silence, caregiving, and respectability, while boys encounter norms emphasising toughness, sexual initiation, and risk-taking. These patterns influence everything from communication and help-seeking to contraceptive use and perceptions of HIV risk⁴³.

It is important to recognise that the strength of social norms is not static⁴⁴. The power and credibility of norm holders can shift over time and depends on context, such as age, gender, religion, or authority within communities. During early adolescence, adults such as parents, caregivers, teachers, and faith leaders can have significant influence over young people,⁴⁴ while peers, partners, and digital influencers gain prominence as young people grow older.

Social norms around sexuality, health seeking and violence are shared within families and communities and influence the attitudes of young people from early on. Evidence from regional analyses on violence against children shows that inequitable attitudes among boys are already present by age 13, at similar rates to those held by young men, underscoring the need for early intervention⁴⁵. Because norms evolve over time and through social interaction, shifting them requires early engagement with young people, context-sensitive dialogue, and participatory approaches that reflect the realities of each community.

⁴¹ Session 3 Scene-Setter (2025)

⁴² UNICEF, 2025a

⁴³ Accelerate Research Hub, 2025

⁴⁴ Telzer et al, 2018

⁴⁵ Toska, et al. Forthcoming

Recognising that norms holders can also be positive drivers of change opens opportunities to reframe influence by engaging parents or other caregivers and family members, teachers, faith and community leaders, media figures, online influencers and peers as allies in promoting healthy, equitable SRHR norms. When these voices align around supportive norms, they help to create the enabling environment young people need to confidently seek information, access services, and exercise their SRHR rights.

Several initiatives in the region provide examples of where engagement with norms holders has been successful and highlight the need for reframing the role of norm holders, and moving from resistance to partnership by engaging parents, leaders, and influencers as allies who can help collectively shape positive SRHR expectations and norms⁴⁶.



Emerging practices

In Ethiopia, religious leaders and elders who were trained as facilitators held group dialogues in churches, mosques, and village settings, encouraging empathy for girls and dispelled myths about SRHR, and resulting in decreased rates of child marriage.



Nomonde Ngema of the UNITED! Movement in South Africa uses digital activism and personal storytelling to normalise conversations around HIV, self-acceptance, and treatment adherence, reaching both young people and their parents. By partnering with other youth creators and SRHR advocates, she amplifies authentic voices that help shift stigma and inspire both young people and adults to support one another in their SRHR journeys.



Engaging norm holders as partners transforms influence into a force for positive change and can create environments where healthy behaviours are reinforced and sustained, providing a foundation for effective SRH programme implementation and service delivery.



Considerations for implementation

- 1 Engaging parents and caregivers, faith leaders, teachers, elders, peer educators, digital influencers and community authorities as co-creators of SRHR solutions strengthens** shared ownership, legitimises positive behaviours, and reduces resistance to demand-generation efforts.
- 2 Positioning SRHR within broader social goals** such as wellbeing, education, and economic resilience strengthens alignment with norm holders and reduces moral or ideological resistance.
- 3 Embedding SRHR within existing cultural, religious, and community structures** such as sermons, rites of passage, and theological training, normalises conversations in highly influential spaces.
- 4 Using credible, relatable evidence alongside lived experiences** is effective at shifting narratives, opening dialogue, and supporting community-led norm change and peer support.
- 5 Facilitated intergenerational dialogue** that explicitly acknowledges power dynamics across age, gender, religion, and authority strengthens trust and enables realistic, community-driven solutions.
- 6 Grounding demand-generation strategies in holistic social-norms and behavioural frameworks** strengthens responsiveness to the social, material, institutional, and individual drivers shaping young people's SRHR decisions.
- 7 Explicitly addressing adulthood, heteronormativity, gender norms, and privacy norms** strengthens young people's agency and access within norm-holder-influenced environments.
- 8 Building young people's skills, confidence, and leadership capacities** prepares them to act as future norm holders, sustaining positive SRHR norms across generations.



Integration and diverse entry points for demand generation

Young people are inherently multifaceted, with diverse interests, aspirations, and needs that extend well beyond health alone. Their SRHR needs do not exist in isolation; but are interlinked with aspirations for learning, work, safety, and participation in shaping their futures. Adolescent well-being approaches are increasingly recognising that young people's health outcomes are shaped by interconnected domains including education, livelihoods, safety, participation, and supportive environments; and for many young people, health is not the primary entry point into programmes but is often secondary to other opportunities⁴⁷.

Strengthening demand for SRHR, HIV, and overall well-being among young people therefore requires integration across broader youth development

agendas from education and livelihoods to climate action and the humanitarian response. Multi-component youth development programmes that emphasise skills, agency and supportive environments show promise and reinforce the importance of youth development frameworks⁴⁸.

By embedding SRHR within multisectoral initiatives, youth-focused demand-generation can create meaningful and sustained engagement that aligns with young people's lived realities and ambitions, while also generating shared social and economic benefits. This expands the reach to young people who may otherwise remain disconnected from SRHR information and services, including those out-of-school, young mothers, young men and boys, and those in informal work, rural areas, or displacement settings⁴⁹.



⁴⁷ WHO, 2023

⁴⁸ Catalano et al, 2019

⁴⁹ Integration and diverse entry points panel, 2025

Youth development initiatives may include:



Livelihoods and economic empowerment programmes: Vocational training, entrepreneurship programmes, savings groups, nutrition and agricultural programmes, and social protection or cash-plus models.



Digital skills and innovation spaces: Coding bootcamps, digital literacy training, creative and influencer training hubs, and online learning platforms and youth tech labs.



Education and skills development programmes: Whole-school approaches and CSE, working in TVET colleges and alternative learning pathways, establishing after-school clubs, sports programmes, and mentorship groups.



Climate, environment and resilience platforms: Youth climate movements, green skills and environmental leadership programmes, and community resilience and disaster-preparedness initiatives.



Protection, mental health and psychosocial support (MHPSS) and violence prevention: Safe spaces, GBV prevention programmes, youth-friendly justice and case management systems, and community-based MHPSS and resilience-building sessions.



Civic engagement and youth leadership: Youth parliaments, councils, and volunteer schemes, student unions and national youth service programmes, and youth-led movements and advocacy networks.



Humanitarian and crisis response platforms: Cash transfers, food and nutrition assistance, youth-friendly spaces and mobile outreach and integrated SRHR-protection-livelihoods programming.



Emerging practices

There are several promising examples in the region where programmes have integrated SRHR into broader youth agendas. These include economic empowerment initiatives, where linking SRHR with programmes focussed on income generation, livelihoods and nutrition have shown to improve health outcomes, and those connecting climate justice with reproductive justice, which have built young people's leadership and strengthened peer-to-peer and community resilience mechanisms.



UNICEF's global YOMA digital platform allows young people to develop their skills, find opportunities, and achieve social and environmental impact. YOMA integrates SRHR, financial literacy, and digital skills into youth education and employment pathways, offering young people access to training, credentials, and work opportunities. By linking livelihoods and SRHR, the initiative strengthens agency, creates cost-effective social impact, and helps bridge skills and service gaps across Africa's growing youth workforce.



Engaging young people through holistic programming creates multiple, meaningful entry points, builds trust and agency, and makes SRHR interventions more relevant, acceptable, and effective.



Considerations for implementation

- 1 **Integrating SRHR demand generation into livelihoods, skills, and digital employment programmes** positions SRHR as part of young people's future success, making engagement aspirational rather than transactional.
- 2 **Embedding SRHR within education, life-skills, and resilience programmes** normalises help-seeking and strengthens proactive demand for services among young people.
- 3 **Strengthening youth leadership and paid co-design roles within integrated platforms** amplifies agency and ensures relevance across livelihoods, education, and digital ecosystems.
- 4 **Financing SRHR demand generation across multiple sectors** and embedding it within policy frameworks allows movement beyond project-based delivery toward sustainable, coherent programming that can reach young people at scale.
- 5 **Embedding SRHR demand generation within humanitarian preparedness, climate resilience, and disaster-response frameworks** is necessary to sustain engagement and access for young people during crises.
- 6 **Equipping frontline responders** such as health workers, youth advocates, and climate champions to act as trusted SRHR demand-generation agents strengthens continuity and trust in emergency settings.
- 7 **Positioning SRHR demand generation within broader rights, justice, and equity movements** such as climate justice, gender equality, and social justice leverages youth activism spaces to stimulate engagement and service-seeking.
- 8 **Providing integrated, youth-friendly service points in humanitarian contexts**, and linking SRHR with mental health, social support, and livelihoods makes demand generation holistic and accessible.





Harnessing emerging digital platforms for demand generation

Digital innovations are reshaping how young people learn about, engage with, and access SRH services across the region⁵⁰. Increasingly, these platforms meet young people where they are: online, mobile, and immersed in digital communities that feel safer, more relatable, and more responsive than traditional systems.

A wide range of platforms, including artificial intelligence (AI)-powered chatbots, low-data web applications (apps), WhatsApp companions, serialised social media content, digital accountability tools, and integrated multimedia ecosystems provide confidential, judgement-free pathways for information, advice, and service referrals⁵¹. These are especially powerful for sensitive topics such as contraception, mental health, HIV prevention, healthy relationships and crisis support. By blending behavioural science, generative AI, entertainment content, and human-in-the-loop systems, digital platforms are shifting how young people learn, make decisions, and navigate services⁵².

Lessons learned across the region include:

- ➔ Chat-based platforms are enabling highly personalised conversations, offering empathetic dialogue, tailored advice, and structured referrals.
- ➔ Low-data apps and websites overcome connectivity barriers, ensuring young people in rural and low-income contexts can still access SRHR information anonymously.

- ➔ Multimedia series on YouTube, television and social media bring relatable storytelling that normalises healthy behaviours and increases self-efficacy.
- ➔ Digital accountability platforms allow young people to report service barriers in real time, which strengthens client-provider relationships and prompts tangible changes in health facilities.
- ➔ Various platforms combine SRHR content with additional learning materials, which broadens relevance and drives sustained engagement.

Across all approaches, partnerships with health providers ensure that digital engagement translates into service uptake.

These digital tools are demonstrating impact: reaching large numbers of young people, generating referrals to SRH services, and improving key behavioural indicators such as confidence in using services, understanding of SRHR issues, and autonomy in decision-making. Several initiatives report measurable increases in testing, screening and treatment uptake, and record repeat engagement rates and significant after-hours activity -revealing how digital spaces are filling the gap when physical services are closed or inaccessible. Importantly these platforms have been found to reduce stigma and create safe entry points for young people who are otherwise reluctant to seek services, and build trust through consistency, confidentiality, and relatable content.

⁵⁰ Conroy-Krutz et al, 2024

⁵¹ Alhassan et al, 2025

⁵² Digital platform presenters, 2025

Digital innovation with young people must be grounded in ethical participation, safety-by-design, and rights-based safeguarding, ensuring that digital platforms expand opportunity without introducing new forms of harm or exclusion⁵³.

Minimising risks, and enhancing ethics and safeguards for digital platforms



Informed, age-appropriate consent and assent: Digital engagement must ensure that adolescents understand how they are participating, what data are collected, and how content may be used or shared, with additional protections for younger adolescents and evolving capacities.



Protection from coercion, tokenism, and reputational harm: Youth participation in digital co-creation, storytelling, or influencer partnerships must be voluntary, non-exploitative, and designed to avoid pressure, exposure, or unintended public scrutiny.



Peer boundaries and mentorship ethics: When young people are engaged as peer educators, mentors, or collaborators online, clear boundaries must be established to prevent overstepping authority, inappropriate disclosure, or relational pressures, while promoting supportive peer engagement.



Privacy, confidentiality, and data minimisation: Digital SRHR platforms should collect only the minimum data necessary, avoid unnecessary personal identifiers, and prioritise anonymity-especially for sensitive SRHR queries and interactions.



Safety-by-design in digital tools and platforms: Risks of online harassment, misuse, misinformation, or harmful interactions must be addressed proactively through platform design choices, moderation protocols, and clear escalation pathways.



Safeguarding young people in online-offline linkages: Digital referrals to services must consider physical safety risks, caregiver dynamics, transport barriers, and potential backlash when online engagement leads to real-world interactions.



Protection from digital abuse, grooming, and exploitation: Content creators and programme implementers must actively mitigate risks such as online grooming, doxxing, cyberbullying, and misuse of youth-generated content.



Transparency and explainability of AI-enabled systems: Adolescents should be able to understand when they are interacting with AI (e.g., chatbots), how responses are generated, and what the system can and cannot do.



Bias, accuracy, and harm prevention: AI systems used for SRHR information must be regularly reviewed to prevent biased, inaccurate, or harmful outputs, particularly for marginalised youth populations.



Children's digital rights and "do no harm" principles: Digital initiatives must uphold children's rights to safety, participation, accessibility, and dignity, ensuring that innovation does not expose young people to new or compounded harms.



Accessibility and inclusion across digital divides: Platforms should be designed to accommodate low-data environments, disabilities, language diversity, and unequal access, so that digital engagement does not reinforce exclusion.



Content safety, moderation, and age-appropriate protections: Safeguards should be in place to prevent exposure to harmful content, misinformation, or inappropriate interactions, particularly in social and messaging-based platforms.



Clear accountability and governance mechanisms: Organisations deploying digital youth platforms must define responsibility for data protection, safeguarding responses, content moderation, and redress mechanisms.

53 UNICEF, 2023b; UNICEF 2020a; UNICEF 2025b; UNICEF 2025c; WHO, 2023; Digital Futures for Children, 2021; OECD, 2019

Despite their reach, digital platforms do not benefit all young people equally. Significant digital divides persist across the region, shaped by gender, geography, disability, age, and income. Many young people, especially adolescent girls, poorer households, and rural communities, lack consistent access to smartphones, reliable connectivity, or affordable data. Others share devices with family members or partners, limiting privacy for sensitive SRHR content⁵⁴. Low literacy, limited digital skills, and language barriers further restrict who can meaningfully engage with digital platforms⁵⁵.



Emerging practices

Effective digital demand generation therefore requires deliberate strategies to close these gaps. Low-data and offline options, vernacular language content, audio or visual formats for low literacy groups, and accessible design for young people with disabilities can widen reach. Privacy-protecting features are essential for young people using shared devices or navigating restrictive environments. Above all, digital solutions must be paired with strong offline pathways and in-person support, such as peer providers, community actors, school systems, and youth-friendly services, to ensure that young people who cannot access or complete digital journeys are not left behind.



MobiSafAIDS is a web and Android mobile app for young people to monitor, report and track the quality of SRHR services offered at 34 health facilities in Eswatini. It functions as a digital social accountability tool, with two-way communication between young people and providers, an in-built ticketing system, and mechanisms for tracking service barriers. The platform digitises youth-led accountability processes, replacing paper-based reporting and strengthening real-time evidence use. It has 10 981 users, and has increased uptake of SRHR services, improved provider attitudes, led to the establishment of youth corners and better facility signage, and ensured the inclusion of youth-generated evidence in national MoH reviews.



Aimee, developed by Shout-It-Now in South Africa, is a conversational AI platform integrated into a broader youth-friendly SRHR service programme. It targets adolescent girls and young people needing confidential access to support by integrating AI with real human providers (nurses, counsellors, and call-centre staff) and offers 24/7 anonymous support across high smartphone penetration contexts. Evidence from the 2025 pilot of the platform shows that 23% of users accessed recommended services, 32% returned after 30 days, and 29% used the platform outside clinic hours.

By combining ethical design, youth input, and service integration, digital platforms turn online engagement into real-world SRHR access, creating safe, personalised pathways that expand reach and strengthen trust.

⁵⁴ Afrobarometer, 2025

⁵⁵ Nirmani, 2026



Considerations for implementation



Designing trustworthy and youth-centred digital demand journeys

- 1 **Treating digital platforms as interactive ecosystems**, combining content, conversation, feedback, and service linkages, is effective at building trust and sustaining demand beyond one-off engagement.
- 2 **Designing intentional digital user journeys** that move young people from curiosity to decision-making, service uptake, and continuation is necessary for measurable demand-generation outcomes.
- 3 **Co-creating digital content and campaigns with young people and trusted creators**, using youth language, humour, and cultural references, strengthens authenticity and sustained engagement.
- 4 **Ensuring every digital touchpoint links to a clear next action** such as appointment booking, self-testing, referrals, or follow-up strengthens conversion from awareness to uptake.
- 5 **Segmenting digital strategies** by age, gender, geography, identity, and life context ensures relevance across Generations Z and Alpha and reduces disengagement.
- 6 **Providing personalised, empathetic digital engagement**, including tailored advice and structured referrals through “human-in-the-loop” approaches strengthens confidence, decision-making, and follow-through.



Safeguards, systems, and sustainability for digital demand generation

- 1 **Embedding privacy, consent, data protection, and ethical safeguards** in digital and AI-enabled platforms is vital to protecting young people, building trust, and preventing backlash or harm.
- 2 **Designing for equity through low-data, multilingual, and offline-capable options** ensures digital demand generation reaches young people facing connectivity, cost, geographic, or disability-related barriers.
- 3 **Explicitly addressing digital risks** such as misinformation, online harassment, digital violence, and coercion strengthens the protective function of digital demand-generation platforms.
- 4 **Complementing automation and AI tools with human-in-the-loop support** is necessary to manage complex, sensitive, or high-risk cases safely and ethically.
- 5 **Partnering with telecoms, technology companies, governments, and service providers** reduces costs, enables scale, and expands equitable access to digital SRHR platforms.
- 6 **Offering digital engagement outside standard facility hours**, supported by reminders and nudges aligned with young people's routines, strengthens continuity and adherence across care pathways.
- 7 **Embedding digital demand-generation tools within national systems**, provider workflows, and existing youth platforms strengthens sustainability, continuity, and institutional ownership beyond pilot phases.
- 8 **Tracking behavioural outcomes** such as repeat engagement, confidence, service uptake, and continuation by using real-time analytics and social listening enables adaptive improvement and accountability.



7 Unlocking private sector potential: Insights, influence and innovation

Private sector actors in the region are increasingly using data-driven insights such as trends in online engagement, youth preferences in digital content, social media analytics, and psychographic data to inform their creative strategies and youth-centred design. These insights help businesses understand how young audiences interact with content, what drives their purchasing decisions, and how they form identities in a digital world. By analysing these patterns, companies are shaping the way that young people consume information, form identities, and make decisions through targeted digital marketing, influencer partnerships, and tailored content that resonates with their values, aspirations, and social realities⁵⁶.

These approaches offer important lessons for public health communication, particularly in designing demand-generation strategies that compete effectively for young people's attention while maintaining ethical and evidence-based standards.

The approach by private sector actors is often grounded in understanding culture, behaviour, and aspirations, in real time rather than just focusing on demographics. Using social listening and social media platform metrics, they identify what captures attention, sparks emotion and what drives sustained engagement. Unlike traditional demographic segmentation, private sector approaches focus on lived experience, aspirations, micro-communities, and cultural trends.

Brands appeal to young people by embedding themes of fun, friendship, and lifestyle aspirations into their content, driving not only product interest but also social norms and identity signals among youth audiences. Young people reward authentic, interactive, and socially relevant brand engagement, with data showing preferences for relatable, dynamic content that reflects real life concerns and encourages youth participation and identity expression in digital spaces.

From these insights, brands and creative agencies design content that is rooted in youth culture, is authentic, creator-led, and platform-specific, rather than shared through generic mass messaging. Creator led digital channels meet young consumers in their chosen digital communities, driven by influencer marketing and mobile first engagement strategies⁵⁷.

Fully understanding youth culture ensures that messaging is not just translated into youth language, but is co-created by young people. This authenticity builds trust and resonance, as creators craft unscripted content in their own voices, ensuring that messages feel native to young audiences rather than imposed from outside⁵⁸.

Private sector actors recognise that attention is the key currency online and that engagement must feel participatory. They develop interactive campaigns that invite young people to play, remix, and build on content through polls, games, filters, and social challenges. They recognise that in a competitive environment, successful communication gives something back, either knowledge, entertainment, or tangible benefits, and it evokes emotional connection. These strategies mirror what young people already

⁵⁶ Private sector panel, 2025

⁵⁷ Press Council of South Africa, 2025

⁵⁸ Private sector panel, 2025

enjoy online and can make SRHR content far more appealing than traditional didactic approaches.

Creative strategies used by the private sector also recognise that young people's attention is drawn in different directions, is non-linear and is across multiple platforms. Brands increasingly use 'content constellations' of short, varied pieces delivered across platforms and contexts to create consistent messaging without repetition or fatigue. This approach is particularly relevant for SRHR, where messages need to be reinforced across digital, community, and peer ecosystems.

For communicating about SRHR, these lessons highlight the need to move beyond didactic messaging, to ensure messages are rooted in youth culture and aligned with young people's aspirations for love, fun, success, and belonging, using creative, emotionally resonant formats. Partnering with trusted creators and communities can help normalise conversations around SRHR and make them engaging, participatory, and empowering.

The emerging opportunity lies in mutual value exchange. Private sector actors bring creativity, cultural fluency, technical expertise, youth insights, and rapid iterative design; while public and development partners bring legitimacy, evidence, safeguards, and access to health and education systems. When these strengths are brought together, SRHR messages can reach scale with relevance, accuracy, and ethical grounding.



Emerging practices

For example, a youth-focused banking campaign used a TikTok game and character-based storytelling to engage young audiences and incentivise participation. Such interactive formats illustrate how participatory digital engagement can sustain attention and motivate behaviour, offering valuable lessons for designing youth-centred communication strategies for SRHR.

At the same time, collaborations must safeguard privacy, avoid reinforcing harmful norms, and ensure that content remains rights-based, inclusive, and evidence-aligned. This requires clear guardrails, joint accountability, and meaningful participation of young people in every stage of the process, from insight generation to design, testing, delivery, and evaluation.

Engagency Africa works with youth-led digital campaigns using the 'RAVE' framework, which ensures that all communications are Rooted in youth culture, Alive by inviting participation, provide something Valuable for their audiences, and are Evocative and tap into their audience's emotions. This approach results in campaigns that have lasting resonance with their audiences.



For a sanitary pad brand, The Red Bunny agency in Kenya commissioned a pink styled 'matatu' taxi for one month to provide free rides across Nairobi for young women, carrying 1826 passengers and engaging them in conversations about progress. The exercise resulted in the creation of 60 individual content videos which were shared and amplified, reaching over 4 million on Meta platforms, with more than 6 million views of a one-minute video on YouTube, surpassing expectations by creating a campaign that brought together online and on-the-ground elements appealing to young people.



By tapping into youth culture, data-driven insights, and creative partnerships, the private sector shows how authentic, participatory approaches can make SRHR messaging engaging, relatable, and capable of shaping behaviours and norms at scale.





Considerations for implementation

- 1 **Exploring how SRHR demand generation can align with private sector interests** such as youth engagement and consumer trust can support more sustained collaboration beyond short-term corporate social responsibility activities.
- 2 **Leveraging private sector strengths** in marketing, technology, data analytics, logistics, and distribution expands reach and improves the effectiveness of youth-focused demand-generation pathways.
- 3 **Framing SRHR engagement as a shared-value opportunity**, where public health outcomes and business value align, encourages longer-term investment in platforms, products, and delivery models.
- 4 **Co-creating campaigns and delivery models with youth, micro-influencers, and private sector** creatives strengthens authenticity, cultural resonance, and conversion from engagement to action.
- 5 **Meeting young people on platforms they already use**, such as social media, messaging apps, and creator spaces, reduces friction and amplifies demand-generation reach.
- 6 **Co-designing private sector-enabled delivery models** such as e-commerce bundles, pharmacy pick-up, retail distribution, or rider delivery reduces logistical barriers and strengthens follow-through on SRH services.
- 7 **Using aspirational, lifestyle-oriented messaging** that speaks to healthy relationships, confidence, and self-care reframes SRHR as relevant to young people's lives and reduces stigma.
- 8 **Ensuring every digital or media activation links** to a clear service action such as appointment booking, self-test ordering, or clinic navigation, is necessary to convert awareness into measurable uptake.
- 9 **Embedding shared measurement frameworks** and integrating successful private sector-enabled tools and referral pathways within government systems strengthens accountability and sustainability beyond project cycles.
- 10 **Supporting equity through zero-rated platforms**, low-data tools, vouchers, and rural delivery mechanisms enables inclusive demand generation and reduces cost-related barriers to access.

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8

Connecting the dots: Cross-cutting principles for effective demand generation



Drawing on the Think Tank discussions, case studies, and Delphi-derived implementation considerations, six cross-cutting principles emerged that can guide more strategic, sustainable, and youth-responsive demand generation for collective action. These principles provide a foundation for designing programmes that reflect the lived realities of young people and translate engagement into meaningful SRHR outcomes.

1) Youth leadership and meaningful participation

Demand generation is most effective when young people are not just participants but leaders and co-creators. When young people are given decision-making power, such as designing strategies, approving content, or overseeing referral pathways; the resulting messages become more authentic and aligned with their needs. This builds trust, strengthens their agency, and encourages them to lead demand efforts for themselves and their peers.



Empowering young people with skills in digital literacy, service navigation, and advocacy ensures they have the tools to become effective demand drivers.

2) Linkages to youth-responsive SRH services

For demand-generation efforts to succeed, they must be connected to accessible, non-judgmental services that are well-adapted to young people's needs. Efforts to stimulate demand must therefore go hand-in-hand with strengthening service quality and responsiveness. This means having clear referral pathways, supportive peers, and youth-friendly environments that allow young people to translate their curiosity into action.



Service readiness is crucial, with sufficient capacity, trained staff, and youth-centred delivery available when young people need it. Mechanisms such as chatbots, helplines, and flexible scheduling can also provide continuity beyond service hours, ensuring young people can access support at their convenience.

3) Multiplatform, ecosystem-based approaches

Young people engage with information across a network of digital, peer, school, family, and community spaces. Demand is most powerful when messages are consistent across these different touchpoints, creating a unified experience. Crafting platform-specific messages that guide young people toward services ensures the right information reaches them through the right channels. It's also essential to embed privacy and ethical safeguards across all platforms to build trust and protect young people's data as programmes scale.



4) Equity and inclusion

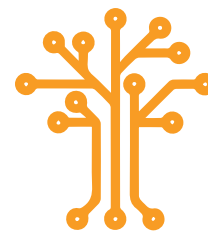
Demand-generation must be designed to reach young people facing the greatest barriers, such as those affected by poverty, disability, rural isolation, displacement and gender inequality. Approaches that are not explicitly responsive to these often-intersecting barriers will fail to reach those who need SRH services most. Furthermore, many young people still lack reliable access to digital platforms, creating a major barrier to universal access. Hybrid approaches that combine digital tools with strong offline programming can bridge this gap. Tailoring strategies to the diverse realities of different youth segments ensures that those most in need can safely access information, support, and services. Low-data tools, multilingual content, and disability-inclusive formats are key to ensuring more equitable access.



5) Scale and sustainability

For demand generation to have lasting impact, efforts must be designed for continuity and growth.

This involves integrating strategies into existing government systems and community platforms, ensuring they can evolve alongside youth needs. Embedding demand generation into policies and budgets from the outset strengthens its sustainability beyond donor funding. Aligning financing across ministries and partners, as well as strengthening workforce systems with clear roles, certifications, and career pathways for youth workers, supports both quality and scale.



6) Measurement, insight generation, and adaptive learning

Demand generation benefits from continuous feedback and real-time adjustments.

Using tools like social listening, user analytics, quality-focused monitoring, and community feedback helps refine messaging, targeting, and service delivery. By tracking behavioural outcomes such as referral completion and service uptake, programmes can move beyond reach and focus on what truly drives demand. This adaptive approach ensures programmes remain responsive and evidence-driven, with successful models shared for replication and scale.



Applying these cross-cutting principles alongside the implementation considerations outlined in this brief offers a strong foundation for strengthening demand generation for SRH services among young people across the region. By applying them intentionally, programmes can increase both the relevance and the uptake of SRHR information, services, and commodities; supporting healthier, more empowered transitions to adulthood.

9 Conclusion: From insight to action

Transforming insights into actionable strategies for demand generation requires a practical, contextual approach that reflects the realities of young people and integrates with broader health and social systems. To make a difference in the region, we must approach this work with intention, ensuring that our efforts are responsive, sustainable, and adaptable.

The first step is to truly understand the local context. Listening to the lived experiences of young people, identifying barriers to access, and shaping demand-generation activities around their needs ensures that these efforts are relevant and trustworthy. Engaging young people in leadership roles places their voices at the centre, guiding solutions that feel authentic and meaningful.

Collaboration is essential to create a connected ecosystem that supports young people. Partnerships should span youth and peer networks, service providers, community leaders, government actors, private enterprises, and technical or funding partners, working together to ensure that demand-generation efforts are youth-led, linked to accessible services, and reinforced by supportive social and policy environments.

It is also imperative to integrate demand-generation efforts into national and local health systems to strengthen sustainability and resilience. This alignment also allows for the pooling of resources, cross-sector coordination, and joint problem-solving, ensuring that no young person is left behind.

Finally, turning insights into action requires ongoing learning and adaptation. By tracking engagement, monitoring service uptake, responding to feedback, and sharing insight, programmes can continuously refine their approach, to ensure that demand generation remains effective, relevant, and able to achieve lasting impact.

We hope that the shared experiences and implementation considerations contained in this document will help to strengthen your programmes so that you are able to design and deliver demand-generation efforts that truly meet the needs of young people, connect them to accessible services, and support them in making informed, empowered choices about their health and their futures.



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Resources

Recordings and materials from the Think Tank are available [\[here\]](#)

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