

Advancing Adolescent and Youth SRHR in Africa: What Works



Empower
Youth



Protect
Rights



Improve
Health



Build
Futures



Key Messages



Integration of AYSRHR programmes within government systems and strengthening multi-sectoral coordination is essential for achieving scale, sustainability, and policy coherence.



Positioning adolescents at the centre of programme design, while addressing harmful social and gender norms, is critical to improving uptake and community impact.



Innovation and context-responsive approaches are key to expanding equitable access to AYSRHR services.



Consistent use of data strengthens accountability, supports adaptive programming, and ensures resources are directed toward high-impact interventions.

Executive Summary

Despite a growing recognition of adolescent and youth sexual and reproductive health and rights across Africa, issues ranging from high rates of early pregnancy, adolescent and youth HIV infection, and limited access to youth-friendly health services are visibly undermining efforts towards achieving universal access to SRHR services in this region. This brief synthesises findings from programme evaluations, systematic and scoping reviews, and organizational documents to identify what works in advancing AYSRHR outcomes across the continent. Across the reviewed evidence, the following best practices consistently stand out:

1. Institutionalizing AYSRHR within government systems and strengthening multi-sectoral coordination

2. Placing adolescents and young people at the centre of programme design while addressing harmful social and gender norms;
3. Using innovation and context-responsive delivery models to expand equitable access; and

- Strengthening monitoring, evaluation, and learning systems to improve accountability and guide investment directed towards AYSRHR.

managers, and partners strengthen programme design, implementation, and investment decisions to improve health outcomes for adolescents and young people.

Background

Adolescent and youth sexual and reproductive health and rights (AYSRHR) in Africa remain a critical public health and development concern, characterised by high prevalence of early and unintended pregnancies and HIV infections and related adverse outcomes. One in five girls gives birth before the age of 18 [1]. More than 100 births per 1000 are recorded among adolescents aged 15-19 in Sub-Saharan Africa (SSA) - the highest globally [2]. With adolescent girls and young women aged 15-24 contributing nearly 63% of new HIV infections, the epidemic reflects deep-rooted gender inequalities and unmet SRHR needs [3, 4].

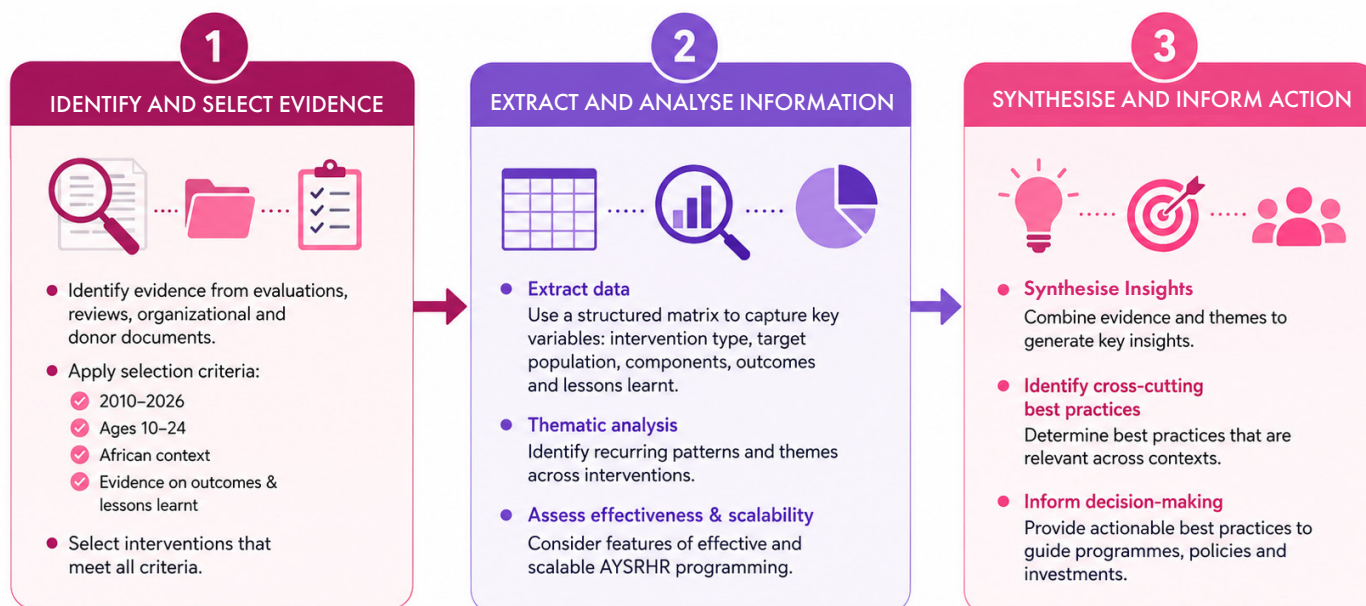
Although numerous AYSRHR interventions have been implemented across Africa, decision makers continue to face limited clarity on which approaches are most effective, scalable, and context responsive. This evidence brief addresses that gap by distilling existing research into concise, actionable insights on best practices, helping policymakers, programme

Methodology

This brief is based on a desk-based evidence synthesis of AYSRHR interventions implemented across Africa. The synthesis drew on programme evaluation reports, systematic and scoping reviews, organizational and donor documents. Selected interventions were prioritised based on their year of implementation (2010 - 2026), focus on adolescents and young people (aged 10-24), geographical coverage (African context) and the availability of evidence on outcomes and lessons learnt from the evaluation.

Data were extracted into a structured matrix capturing key variables including intervention type, target population, core intervention components, outcomes and lessons learnt. A thematic analysis was conducted to identify recurring patterns across interventions. Considering features of effectiveness and scalable AYSRHR programming, this systematic process led to the identification of cross-cutting best practices.

Evidence Synthesis Process



Findings

Institutionalization and multi-sectoral coordination

Embedding AYSRHR interventions within national

government systems, particularly health, education, gender, disaster management and social protection sectors ensures alignment with policy frameworks, integration into routine service delivery, and sustainable financing beyond donor cycles. This collaboration improves programme coherence and reduces fragmentation by enabling joint planning and

resource optimization for AYSRHR [5-7]. For example, Geração Biz in Mozambique successfully institutionalised adolescent SRHR through coordinated action between the ministries of health, education, and youth, enabling nationwide scale-up of youth-friendly services and school-based education [5]. Similarly, the Safeguard Young People (SYP) programme across Southern Africa linked health, education, labour, and youth sectors to address HIV prevention, unintended pregnancy, and economic vulnerability among young people [6].

Co-design approaches and social norm transformation

Evidence indicates that programmes co-designed with adolescents and young people are more relevant, acceptable, and effective, as they enhance ownership and improve uptake of SRHR information and services. Interventions that combine meaningful adolescent and youth engagement with deliberate efforts to shift social norms through community dialogue and gender-transformative approaches demonstrate stronger and more sustained impacts on SRHR outcomes [6, 8-10]. The A360 initiative in Ethiopia, Nigeria, and Tanzania used human-centred design methods that directly engaged adolescent girls in shaping contraceptive demand and service models [10]. In Zambia, World Vision's IMPACT+ clubs have played a vital role in promoting the well-being of adolescents and fostering community development. The project integrates adolescent participation with community mobilization by engaging parents, faith leaders and local gatekeepers to address barriers limiting young people's access to SRHR information and services [9].

Innovation and context-responsive programming

Self-care interventions, digital platforms, and tailored

approaches such as community-based service delivery systems have demonstrated strong potential to expand access to SRHR services, particularly among adolescents in hard-to-reach and marginalised settings by enabling discreet and flexible access to services and information outside formal health facilities [6, 7, 10, 11]. Reviewed self-care interventions in East and Southern Africa found high acceptability of HIV self-testing and self-injectable contraception among young people, particularly where stigma or distance limited clinic access [11]. In SSA, digital platforms and mobile messaging programmes have shown great potential in improving confidential access to SRHR information and services [12]. Under SYP, digital platforms such as the TuneMe application successfully delivered SRHR information and counselling outside formal health facilities [6]. Community outreach models in pastoralist regions of Ethiopia also demonstrate the value of flexible service delivery for mobile and underserved populations [13].

Strengthening evidence generation through monitoring and learning systems

Continuous use of data enables adaptation in programmes and policies; and ensures that investments are directed towards AYSRHR interventions with the greatest health impact [7, 10, 14]. For instance, investments in routine health information systems, standardised indicators and knowledge translation have been shown to enhance decision-making within AYSRHR policies and programmes in Africa. AFIDEP's ASHER and FP Exemplars work illustrates how evidence synthesis and policy translation can guide governments toward interventions with proven impact [15].

Programmes such as O3 Plus used monitoring systems across participating countries to track progress on school health, gender equality and adolescent wellbeing, enabling course correction and stronger accountability [7].

Recommendations

Based on the best practices above, the following recommendations to advance Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) programming in Africa are presented:

Institutionalize and coordinate AYSRHR within national systems

Government ministries and implementing partners should embed AYSRHR interventions within health, education,

gender and social protection systems to ensure sustainability and scale. Strengthened multi-sectoral coordination mechanisms are essential to align policies, reduce fragmentation, and improve implementation efficiency.

Enhance community engagement

AYSRHR programmes must prioritize meaningful adolescent and youth participation by embracing co-design elements. At the same time, governments and implementing partners must strengthen community engagement by investing in community-driven and gender-transformative approaches to

address harmful cultural norms that limit adolescent and youth participation and access to SRHR information and services.

Invest in equitable access to AYSRHR through innovation and tailored delivery systems

Digital platforms and self-care interventions for AYSRHR should be coupled with context-specific approaches such as mobile outreach and community-based services

to expand reach for marginalized adolescents and youth in rural and fragile communities.

Strengthen data systems for evidence informed programming and policies

Government ministries, regional bodies and implementing partners must invest in monitoring, evaluation, and knowledge translation systems to improve accountability, programme and policy adaptation and cross-country learning.

Conclusion

Evidence pushes for systems that are coordinated, responsive, and capable of reaching adolescents and youth in their environment. To sustain progress, governments, regional bodies, and implementing partners must invest in integrated delivery models, strengthen accountability through better data and learning systems, and ensure that adolescents and young people remain central to both design and implementation of AYSRHR policies and programmes. These insights provide a basis for effective improvement of AYSRHR across African nations.

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