

# **Integration of Mental Health and Psychosocial Support and Sexual and Reproductive Health and Rights in Youth policies in East and Southern Africa**

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*Transforming lives in Africa through research.*

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# Abbreviations and Acronyms

<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>APHRC</b>	African Population and Health Research Center
<b>CSO</b>	Civil Society Organizations
<b>DRMNCAH</b>	Division of Reproductive, Maternal, Newborn, Child, and Adolescent Health
<b>EAC</b>	East African Community
<b>ESA</b>	East and Southern Africa
<b>FBO</b>	Faith-Based Organizations
<b>FGM</b>	Female Genital Mutilation
<b>GBV</b>	Gender-Based Violence
<b>HIV</b>	Human Immunodeficiency Virus
<b>HTPs</b>	Harmful Traditional Practices
<b>MCH</b>	Maternal and Child Health
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MNTRH</b>	Mathari National Teaching and Referral Hospital
<b>NGO</b>	Non-Governmental Organization
<b>PFA</b>	Psychological First Aid
<b>PHC</b>	Primary Health Care
<b>PLHIV</b>	People Living with HIV
<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>SADC</b>	Southern African Development Community
<b>SDGs</b>	Sustainable Development Goals
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>SSA</b>	Sub-Saharan Africa
<b>UN</b>	United Nations
<b>VIH</b>	Virus de l'Immunodéficience Humaine (French for HIV)
<b>WHO</b>	World Health Organization

# Executive Summary

## Background

The adolescent phase is significant as it marks the beginning of many mental health disorders, with half of all such conditions commencing before the age of 15 years. Globally, one in seven adolescents between the ages of 10 and 19 years suffers from a mental disorder, with depression, anxiety, and behavioral disorders being the primary causes of illness and disability in this age group. Adolescence also marks the onset of transitions like sexual initiation that have implications for sexual and reproductive health outcomes. Sexual, reproductive and mental health concerns are major threats to a secure and healthy progression into adulthood. The relationship between mental health and sexual and reproductive health is bi-directional. Early and unintended pregnancies can negatively impact young people's physical, mental, and socioeconomic well-being. Likewise, poor mental health can influence young people's sexual and reproductive health outcomes.

Considering the connections between sexual and reproductive health and rights (SRHR) outcomes and mental health, integrating both can broaden service access and enhance young people's well-being. Integration implies capitalizing on opportunities within SRHR services to provide mental health and psychosocial support (MHPSS) and potentially incorporating SRHR into MHPSS interventions. Policy guidance is crucial for ensuring the successful integration of MHPSS into SRHR and vice versa. Nevertheless, policy reviews to determine the extent and manner of SRHR and MHPSS integration in Eastern and Southern Africa (ESA) are limited, despite their value in providing direction for advocacy efforts. The purpose of this review is to analyze existing and relevant SRHR, and MHPSS policies in the ESA region, both at regional and national levels, to determine the extent to which these policies address the integration of services targeting adolescents and young people.

## Methods

We conducted a systematic review of recent policy documents, guidelines, and strategies related to MHPSS and SRHR at both regional and national levels in the ESA region. We searched Google, websites of regional bodies and national health ministries, and the WHO National Policies Repository. We also reached out to partners in ministries and civil society organizations (CSOs) in Anglophone, Francophone, and Lusophone regions of East and Southern Africa (provide full list appendix ref). We targeted policies concerning sexual and reproductive health, adolescent health, HIV/AIDS, gender-based violence (GBV), and mental health.

Our inclusion criteria required that documents focusing on SRHR and MHPSS, be published by regional or national authorities, be available in English, French, or Portuguese, and represent the most recent policy, strategy, framework, or guideline. Documents not meeting these criteria were excluded. Using a structured data extraction tool, we examined the selected policy documents regarding MHPSS and SRHR service integration, evaluated youth involvement in policy development, and identified gaps and opportunities for strengthening services integration. This information was then synthesized and analyzed thematically.

**Globally,  
one in  
seven  
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with  
depression,  
anxiety, and  
behavioral  
disorders  
being the  
primary  
causes of  
illness and  
disability  
in this age  
group.**

## Summary findings

- 1 In contrast to the robust presence of SRHR policies and strategies in all countries, mental health policy documents were only available in 12 countries.
- 2 About half of the countries with standalone adolescent health policies mentioned that young people were involved in their development. However, most countries in the ESA region did not involve young people in the development of mental health, HIV, family planning, GBV, and reproductive health policies. Thirteen countries mentioned young people's involvement in policy development, predominantly in adolescent SRHR policies. Young people were involved in consultative processes to ensure their views and input were considered. They participated through youth-led organizations and youth councils or as community members.
- 3 Involvement of both SRHR and mental health experts in policy development processes was not clearly specified. Only 2 countries, Kenya and Seychelles, mentioned the involvement of mental health experts in their HIV/AIDS strategy development. In Kenya, a mental health expert affiliated with the Mathari National Teaching and Referral Hospital (MNTRH), a national mental health hospital, was mentioned in the list of contributors, while in Seychelles, mental health experts were involved in reviewing reports and stakeholder consultative processes.
- 4 While almost all ESA countries mentioned policy direction for services integration, only a few countries set clear targets relating to SRHR/MHPSS services integration in the implementation frameworks. Targets were only highlighted in Djibouti, Malawi, Namibia, Somalia, Seychelles and South Africa.
- 5 Integrated services were recommended for adolescents living with HIV, children who are survivors of sexual and GBV, adolescents suffering from harmful traditional practices, orphans and child headed households, and adolescents who are disabled.
- 6 Service integration was most strongly prioritized in policies and strategies addressing GBV and HIV, while receiving comparatively limited attention in frameworks for reproductive health, adolescent sexual and reproductive health (ASRH), family planning, and mental health.
- 7 Community-based approaches, capacity strengthening for non-MHPSS health providers, and strengthening referral systems were recommended to bolster services integration.



## Conclusion

We examined existing SRHR and MHPSS policies in the ESA region at both regional and national levels, focusing on provisions for services integration. Our findings show a few operational policies, implementation frameworks, and guideline publications. While most publications indicated policy direction for services integration, only a few countries have specific targets for this. However, many recommend additional strategies to strengthen service integration. The policy direction emphasized integrating MHPSS into other health services, including HIV treatment, GBV response, and perinatal care. The policy direction for service integration was more evident in HIV and GBV policy documents compared to family planning and mental health policy documents. To enhance the integration and delivery of MHPSS services, several recommendations were made, including community engagement, capacity strengthening for non-MHPSS health providers, and strengthening referral systems.

## Recommendations

The review findings point to the following recommendations:

- 1 Advocate for the development of mental health policies:** It is important for CSOs to advocate for the development of mental health policies, strategies, and guidelines in the East African Community (EAC), Southern African Development Community (SADC) and the 13 ESA countries where none currently exist.
- 2 Promote the consistent review and revision of policies once their duration has expired:** Numerous policy documents featured in this study are no longer current and require review. It is essential to review and update policy documents to integrate new evidence, strategies, and realities.
- 3 Advocate for the involvement of adolescents and young people in policy processes:** To ensure policies address the needs and priorities of adolescents and young people, there is need to build their capacity and involve them in the policy development process. This is critical to ensure that policies are holistically responsive to their needs and aspirations.
- 4 Promote the involvement of MHPSS experts in SRHR policy development processes and SRHR experts in MHPSS policy development:** Due to the interlinkages between MHPSS and SRHR, experts from both sides must be involved in policy development processes. Their specialized knowledge will extensively inform decision-making processes and policy directions, ensuring that these issues are adequately addressed. Mental health policy drafters should involve SRHR technical experts in the policy development process to craft how SRHR can be integrated with mental health services and how to leverage SRH services to expand access to MHPSS services and vice versa.
- 5 Set measurable targets for service integration:** Countries should not only provide policy directions but also set specific, measurable, and actionable service integration targets to ensure rapid progress in expanding access to MHPSS and improving the mental health and wellbeing of young people.

# 01

## Background and Context

Adolescence is a crucial period in human development when individuals undergo physical, cognitive, social, and emotional growth<sup>1</sup>. It is a period vital for the development of sexual and reproductive capacities, characterized by rapid growth of reproductive organs, onset of menstruation, and beginning of sexual activity. Although adolescence is often seen as the healthiest stage of life, it is also a time when behaviors that can jeopardize both immediate and future health and well-being are established. During this phase, many individuals engage in sexual activity with limited knowledge of preventing pregnancy and sexually transmitted infections, leading to a significant number becoming pregnant or contracting diseases<sup>2 3 4</sup>. Additionally, the adolescent phase is additionally significant as studies<sup>5</sup> show the commencement of half of mental health disorders during this phase of development. Globally, one in seven adolescents between the ages of 10 and 19 years suffer from a mental disorder, with depression, anxiety, and behavioral disorders being the primary causes of illness and disability in this age group<sup>6</sup>. Both sexual and reproductive health challenges and mental health concerns are major threats to a secure and healthy progression into adulthood.

**Adolescents and young people in sub-Saharan Africa (SSA) experience a compounded burden of poor sexual and reproductive health in addition to mental health challenges.**

Adolescents and young people in sub-Saharan Africa (SSA) experience a compounded burden of poor SRH in addition to mental health challenges. Research has shown that pregnancy-related complications and HIV/AIDS are the leading causes of death among adolescents in SSA<sup>7</sup>. Adolescents and young people in Africa bear the highest burden of HIV, with three out of five new infections occurring among this age cohort<sup>8</sup>. Although there have been recent initiatives to eradicate gender-based violence, data indicates that girls in SSA are still disproportionately affected by violence<sup>10 11</sup>. Exposure to violence and HIV infection are both recognized as significant risk factors for mental health disorders<sup>12 13</sup>.

The relationship between mental health and sexual and reproductive health is bi-directional<sup>14</sup>. Early and unintended pregnancies can negatively impact young people's physical, mental, and socioeconomic well-being. Likewise, poor mental health can influence young people's sexual and reproductive health outcomes<sup>15</sup>. Research indicates that those with serious mental health issues may have a greater number of lifetime partners, reduced use of contraception, a higher incidence of unintended pregnancies, and an increased risk of sexually transmitted infections<sup>16 17</sup>. Some of the disadvantages that render adolescent girls susceptible to early and unintended pregnancies also increase their risk of poor mental health<sup>18 19</sup>. For example, studies

<sup>1</sup> Sawyer SM, Azzopardi PS, Wickremaratne D, Patton GC. The age of adolescence. *The Lancet Child & Adolescent Health*. 2018 Mar;2(3):223–8.

<sup>2</sup> Seff I, Steiner JJ, Stark L. Early sexual debut: A multi-country, sex-stratified analysis in sub-Saharan Africa. *Global Public Health*. 2021 Jul 3;16(7):1046–56.

<sup>3</sup> Mabaso M, Maseko G, Sewpaul R, Naidoo I, Jooste S, Takatshana S, et al. Trends and correlates of HIV prevalence among adolescents in South Africa: evidence from the 2008, 2012 and 2017 South African National HIV Prevalence, Incidence and Behaviour surveys. *AIDS Research and Therapy*. 2021 Dec 14;18(1):97.

<sup>4</sup> Motherhood in Childhood The Untold Story\_EN.pdf [Internet]. [cited 2024 Dec 5]. Available from: [https://www.unfpa.org/sites/default/files/pub-pdf/Motherhood%20in%20Childhood%20The%20Untold%20Story\\_EN.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Motherhood%20in%20Childhood%20The%20Untold%20Story_EN.pdf)

have linked young people's exposure to sexual violence to their vulnerability to early unintended pregnancy, HIV, and poor mental health<sup>20</sup>. Adverse childhood exposures including childhood abuse, family, school, and neighborhood violence, poverty, loss and grief, social exclusion, early unintended pregnancy, and chronic diseases are among the risk factors for poor mental health outcomes among adolescents<sup>21</sup>. Vulnerable adolescents, including those pregnant, living with HIV or disability, orphaned, trafficked, and forced into sex work, are disproportionately susceptible to poor mental health, including depression, anxiety, suicide ideation, self-harm, and traumatic stress. Pregnant and parenting adolescent girls are disproportionately exposed to physical abuse, more stressful life events, and postpartum depressive symptoms than adult women<sup>22</sup>. Elevated levels of mental health challenges among pregnant and parenting girls are a function of their age and other social disadvantages and adversities that precede pregnancy<sup>23</sup>. Young people living with HIV, those who identify as sexual and gender minorities, and those who abuse substances are disproportionately vulnerable to poor mental health outcomes.

Considering the connections between sexual and reproductive health and rights (SRHR) outcomes and mental health, addressing both areas including strategies such as integrating services has been suggested as a means to broaden service access and enhance young people's well-being. Integration implies capitalizing on opportunities within SRHR services to provide mental health and psychosocial support (MHPSS) and incorporating SRHR into MHPSS interventions. Policy guidance is crucial for ensuring the successful integration of MHPSS into SRHR and vice versa. Nevertheless, policy reviews to determine the extent and manner of SRHR and MHPSS integration in Eastern and Southern Africa (ESA) are limited, despite their value in providing direction for advocacy efforts.

As of 2023, there were more than 1.8 billion adolescents and young adults aged 10 - 24 worldwide, making up approximately 23% of the global population<sup>24</sup>. The SSA region is one where adolescents aged 10 - 24 comprise the largest demographic, representing 31.3% of the population. Moreover, 60.8% of the population across the continent is younger than 25 years. A healthy adolescent and young adult population is crucial for achieving the Sustainable Development Goals (SDGs) and Africa's Transformation Agenda 2063. It is therefore crucial to address this population's SRHR and mental health needs.



**60.8%**  
of the population across  
the continent is aged 25  
years and below.

A healthy adolescent  
and young adult  
population is crucial  
for achieving  
the Sustainable  
Development Goals  
(SDGs) and Africa's  
Transformation  
Agenda 2063. It is  
therefore crucial  
to address this  
population's SRHR  
and mental health  
needs.

<sup>5</sup> Liu L, Villavicencio F, Yeung D, Perin J, Lopez G, Strong KL, et al. National, regional, and global causes of mortality in 5–19-year-olds from 2000 to 2019: a systematic analysis. *Lancet Glob Health*. 2022 Feb 15;10(3):e337–47.

<sup>6</sup> Liu L, Villavicencio F, Yeung D, Perin J, Lopez G, Strong KL, et al. National, regional, and global causes of mortality in 5–19-year-olds from 2000 to 2019: a systematic analysis. *Lancet Glob Health*. 2022 Feb 15;10(3):e337–47.

<sup>7</sup> Erskine HE, Maravilla JC, Wado YD, Wahdi AE, Loi VM, Fine SL, et al. Prevalence of adolescent mental disorders in Kenya, Indonesia, and Viet Nam measured by the National Adolescent Mental Health Surveys (NAMHS): a multi-national cross-sectional study. *The Lancet*. 2024 Apr 27;403(10437):1671–80.

<sup>8</sup> Patwardhan V, Gil GF, Arrieta A, Cagney J, DeGraw E, Herbert ME, et al. Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Public Health*. 2024 May;9(5):e282–94.

<sup>9</sup> Dellar RC, Dlamini S, Karim QA. Adolescent girls and young women: key populations for HIV epidemic control. *J Int AIDS Soc*. 2015 Feb 26;18(2Suppl 1):19408.

A review of policies and guidelines is an important first step to understanding the status of SRHR and MHPSS services integration and identifying opportunities and priorities for the future. Limited evidence attempts to examine the integration of SRHR and MHPSS. One study examined existing literature to determine if interventions addressing SRHR and HIV needs of adolescent mothers in SSA included mental health components<sup>25</sup>. The study found that limited attention is paid to the mental health concerns of adolescent mothers in interventions targeting them, although some delivered psychoeducation and cognitive behavioral strategies such as improved communication, assertiveness training, and informational support.

This scoping review will highlight SRHR, and MHPSS policies and guidelines in the ESA region to assess cases/scenarios of their integration, identify gaps and opportunities for integration, and suggest advocacy priorities and opportunities to improve young people's SRHR and mental well-being.

## Purpose and objectives of the review

The purpose of this review is to analyze existing and relevant SRHR and MHPSS policies in the ESA region, both at regional and national levels, as they relate to their integration of services targeting adolescents and young people.

**The specific objectives are to:**

- 1 Assess levels of integration in the current policies and guidelines on SRHR and MHPSS for young people in the ESA region.
- 2 Assess the responsiveness of existing SRHR and MHPSS policies in the ESA region to the needs of adolescents and young people.
- 3 Identify gaps and opportunities for improvement with respect to the development of policies on integration of MHPSS and SRHR services targeting adolescents.
- 4 Identify challenges impeding adolescents from enjoying good mental health and how integrating MHPSS will help solve this challenge; procedures and standards to be used to solve the problem; resources, both human and material needed to address the problem and the benefits to be derived from implementing the proposed policy options/alternatives.

<sup>10</sup> Wado YD, Mutua MK, Mohiddin A, Ijadunola MY, Faye C, Coll CVN, et al. Intimate partner violence against adolescents and young women in sub-Saharan Africa: who is most vulnerable? *Reproductive Health*. 2021 Jun 17;18(1):119.

<sup>11</sup> Sardinha L, Yüksel-Kaptanoğlu I, Maheu-Giroux M, García-Moreno C. Intimate partner violence against adolescent girls: regional and national prevalence estimates and associated country-level factors. *The Lancet Child & Adolescent Health*. 2024 Sep 1;8(9):636–46.

<sup>12</sup> Remien RH, Stirratt MJ, Nguyen N, Robbins RN, Pala AN, Mellins CA. Mental health and HIV/AIDS: the need for an integrated response. *AIDS*. 2019 Jul 15;33(9):1411.

<sup>13</sup> El-Khodary B, Samara M. The relationship between multiple exposures to violence and war trauma, and mental health and behavioural problems among Palestinian children and adolescents. *Eur Child Adolesc Psychiatry*. 2020 May 1;29(5):719–31.

<sup>14</sup> Myers B, Browne FA, Carney T, Kline T, Bonner CP, Wechsberg WM. The Association of Recurrent and Multiple Types of Abuse with Adverse Mental Health, Substance Use, and Sexual Health Outcomes among Out-of-School Adolescent Girls and Young Women in Cape Town, South Africa. *Int J Environ Res Public Health*. 2021 Jan;18(21):11403.

<sup>15</sup> Stevens M, Ratheesh A, Watson A, Filia K, Donoghue BO, Cotton SM. Rates, types and associations of sexual risk behaviours and sexually transmitted infections in those with severe mental illness: a scoping review. *Psychiatry Res*. 2020 Aug 1;290:112946.

# Challenges preventing adolescents from achieving optimal mental health in East and Southern Africa

Young people in the ESA region face daily stressors that make them vulnerable to mental ill-health. These stressors include poverty, challenging living conditions, lack of job opportunities, adolescent childbearing, HIV and other chronic illnesses, gender-based violence, harmful gender norms, and unequal access to resources, including limited or no access to mental health services<sup>26</sup>. Additionally, peer pressure, societal expectations and impacts of climate change include extreme weather events like floods and droughts, and disruptions in education further exacerbate mental health challenges among young people<sup>27 28 29</sup>.

Despite the high prevalence of mental disorders among this demographic, access to mental health services remains limited and is hindered by both individual, societal and policy/system level factors. These factors are discussed below.



## Individual level factors

At the individual level, lack of knowledge, misconceptions and misunderstanding of mental health conditions and their symptoms is pervasive among young people, hindering access to care<sup>30 31</sup>. A systematic review aimed at understanding why young people did not seek care for their mental health problems revealed that limited mental health knowledge and broader perceptions of help-seeking was a major barrier<sup>32</sup>. The review reports that young people lacked information about common mental disorders and their risk factors and as a result, they were unlikely to seek treatment when dealing with mental health symptoms. Another study conducted among secondary school students in Zimbabwe<sup>33</sup> shows that although they were aware of mental health services, they had distorted information about them.

Reliance on traditional alternatives is another individual level factor hindering access to MHPSS. A recently published scoping review identified traditional, alternative and complementary treatments as the most frequently encountered barrier to mental health access for a third of young people in Africa<sup>34</sup>.

Inability to afford the high cost of MHPSS is another individual level barrier to seeking professional care among young people. The high cost of MHPSS makes it unaffordable for most young people in ESA. As a result, they often seek alternative sources of care when they need mental health support.

<sup>16</sup> Matevosyan NR. Reproductive Health in Women with Serious Mental Illnesses: A Review | Request PDF. ResearchGate [Internet]. 2024 Oct 22 [cited 2024 Dec 5]; Available from: [https://www.researchgate.net/publication/339936190\\_Reproductive\\_Health\\_in\\_Women\\_with\\_Serious\\_Mental\\_Illnesses\\_A\\_Review](https://www.researchgate.net/publication/339936190_Reproductive_Health_in_Women_with_Serious_Mental_Illnesses_A_Review)

<sup>17</sup> Musindo O, Jafry S, Nyamiobo J, Becker KD, Gellatly R, Maloy C, et al. Mental health and psychosocial interventions integrating sexual and reproductive rights and health, and HIV care and prevention for adolescents and young people (10–24 years) in sub-Saharan Africa: a systematic scoping review. *eClinicalMedicine* [Internet]. 2023 Mar 1 [cited 2024 Dec 5];57. Available from: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00012-3/Fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00012-3/Fulltext)

<sup>18</sup> Hodgkinson S, Beers L, Southammakosane C, Lewin A. Addressing the Mental Health Needs of Pregnant and Parenting Adolescents. *Pediatrics*. 2014 Jan;133(1):114–22

<sup>19</sup> Recto P, Champion JD. Psychosocial risk factors for perinatal depression among female adolescents: a systematic review. *Issues in mental health nursing*. 2017;38(8):633–42.

<sup>20</sup> Ajayi AI, Ezegbe HC. Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. *BMC public health*. 2020;20(1):1–10.





## Societal level factors

Stigma significantly hinders access to mental health treatment among young people in the ESA region and is the second most frequently encountered barrier to access to treatment for mental health problems<sup>35</sup>. Mental illness is often perceived as a sign of weakness, spiritual possession, or a curse<sup>36</sup>. Ignorance about mental illness leads to discrimination and exclusion of individuals with mental health conditions. Individuals with mental illness may face exclusion from and ostracization by their communities and delaying their access to care<sup>37,38</sup>. Culture influences how young people perceive mental illness and their causes. This was particularly evident in South Africa, where prayer was highly valued<sup>39</sup>. Other studies report radical religious beliefs and negative beliefs as barriers to seeking mental health services<sup>40,41</sup>. Many young people resort to “formal” mental health services after “informal” mental health treatments fail to yield positive results<sup>42</sup>. In many regions in ESA, traditional healers are the most accessible care providers for help-seeking adolescents<sup>43</sup>, promoted by strong beliefs and convictions about spiritual origins and causes of mental disorders.



Many young people resort to “formal” mental health services only after “informal” mental health treatments fail to yield positive results.



<sup>21</sup> Recto P, Champion JD. Psychosocial risk factors for perinatal depression among female adolescents: a systematic review. *Issues in mental health nursing*. 2017;38(8):633–42.

<sup>22</sup> Dahmen B, Konrad K, Jahnke L, Herpertz-Dahlmann B, Firk C. [Mental health of teenage mothers: impact on the next generation]. *Nervenarzt*. 2019 Mar;90(3):243–50

<sup>23</sup> SmithBattle L, Freed P. Teen Mothers' Mental Health. *MCN: The American Journal of Maternal/Child Nursing*. 2016 Feb;41(1):31.

<sup>24</sup> PopulationPyramid.net [Internet]. [cited 2024 Dec 5]. Population Pyramids of the World from 1950 to 2100. Available from: <https://www.populationpyramid.net/world/2024/>

<sup>25</sup> Musindo O, Jafry S, Nyamiobo J, Becker KD, Gellatly R, Maloy C, et al. Mental health and psychosocial interventions integrating sexual and reproductive rights and health, and HIV care and prevention for adolescents and young people (10–24 years) in sub-Saharan Africa: a systematic scoping review. *eClinicalMedicine* [Internet]. 2023 Mar 1 [cited 2024 Dec 5];57. Available from: [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(23\)00012-3/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(23)00012-3/fulltext)

<sup>26</sup> Being Initiative. Empowering Futures: The Role of Youth Mental Health in Advancing the Sustainable Development Goals. 2024; Available from: <https://being-initiative.org/wp-content/uploads/2024/09/Empowering-Futures-The-Role-of-Youth-Mental-Health-in-Advancing-the-Sustainable-Development-Goals.pdf>

<sup>27</sup> Nalah AB, Aja EO, Paramjit SJS. Influence of Peer Pressure and Cigarettes use on Mental Health of Secondary School Students in Makurdi Metropolis, Nigeria. *African Journal for the Psychological Studies of Social Issues* [Internet]. 2024 May 13 [cited 2025 Jan 27];27(2). Available from: <https://ajpssi.org/index.php/ajpssi/article/view/644>

<sup>28</sup> Yadav M. Understanding and Addressing Youth Mental Health: Challenges and Strategies. *Edumania*. 2023 Oct 5;01(03):232–43.

<sup>29</sup> Cianconi P, Betrò S, Janiri L. The Impact of Climate Change on Mental Health: A Systematic Descriptive Review. *Front Psychiatry* [Internet]. 2020 Mar 6 [cited 2025 Jan 27];11. Available from: <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2020.00074/full>

<sup>30</sup> Bhagavathi P, Vitone T. Analysis of Adolescent Barriers in Seeking Help for Mental Health Issues. *J Stud Res* [Internet]. 2022 Aug 31;11(3). Available from: <https://www.jsr.org/hs/index.php/path/article/view/2670>

<sup>31</sup> McCann TV, Mugavin J, Renzaho A, Lubman DI. Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. *BMC Psychiatry*. 2016 Aug 2;16(1):275.



### Structural and systemic barriers

Adolescents often face significant structural and systemic barriers that prevent them from seeking or accessing professional help for their mental health issues. These barriers include the financial costs of mental health services, logistical challenges, and the limited availability of professional assistance<sup>44 45</sup>. Investment in adolescent mental health is inadequate<sup>46</sup>. There is a critical lack of funding and resources allocated to mental health services, resulting in limited access to care and a shortage of mental health facilities and professionals<sup>47 48</sup>.

Lack of mental health policies in most countries in the region also constitute barriers to accessing care. Moreover, many countries in the ESA region lack national mental health policies, strategies and guidelines<sup>49</sup>. There is poor integration of MHPSS into primary health care, and a lack of a coordinated inter-sectoral collaboration<sup>50 51</sup>. In countries where suicide attempts are criminalized, access to treatment may be jeopardized due to fear of prosecution.

Untreated mental illnesses have disabling effects on young people's physical health and socioeconomic well-being. Research indicates that poor mental health can impede young people's participation in schooling and consequently their academic performance, social relationships, HIV/AIDS treatment, and future opportunities. On the other hand, there is substantial evidence supporting the integration of mental health services with other healthcare services<sup>52</sup>.



**Untreated mental illnesses have disabling effects on young people's physical health and socioeconomic well-being. Research indicates that poor mental health can impede young people's participation in schooling and consequently their academic performance, social relationships, HIV/AIDS treatment, and future opportunities.**



<sup>32</sup> Radez J, Reardon T, Creswell C, Lawrence PJ, Evdoka-Burton G, Waite P. Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *Eur Child Adolesc Psychiatry*. 2021 Feb 1;30(2):183–211.

<sup>33</sup> Khombo S, Khombo K, Stoddart RS, Sifelani I, Sibanda T. Knowledge, attitudes, and uptake of mental health services by secondary school students in Gweru, Zimbabwe. *Front Psychol* [Internet]. 2023 Feb 1 [cited 2025 Jan 24];14. Available from: <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1002948/full>

<sup>34</sup> Saade S, Parent-Lamarche A, Khalaf T, Makke S, Legg A. What barriers could impede access to mental health services for children and adolescents in Africa? A scoping review. *BMC Health Serv Res*. 2023 Apr 6;23(1):348.

<sup>35</sup> Saade S, Parent-Lamarche A, Khalaf T, Makke S, Legg A. What barriers could impede access to mental health services for children and adolescents in Africa? A scoping review. *BMC Health Serv Res*. 2023 Apr 6;23(1):348.

<sup>36</sup> Sheikh A, Payne-Cook C, Lisk S, Carter B, Brown JSL. Why do young men not seek help for affective mental health issues? A systematic review of perceived barriers and facilitators among adolescent boys and young men. *Eur Child Adolesc Psychiatry* [Internet]. 2024 Jul 14 [cited 2025 Jan 24]; Available from: <https://doi.org/10.1007/s00787-024-02520-9>

<sup>37</sup> Mokitimi S, Jonas K, Schneider M, de Vries PJ. Child and adolescent mental health services in the Western Cape Province of South Africa: the perspectives of service providers. *Child Adolesc Psychiatry Ment Health*. 2022 Jul 14;16(1):57.

<sup>38</sup> Nabunya P. Social Support Networks for Adolescents Orphaned by HIV: Definitions, Barriers, Challenges and Lessons from Uganda. *Vulnerable Children and Youth Studies*. 2023 Jan 2;18(1):87–99

<sup>39</sup> Goodwin J, Savage E, Horgan A. Adolescents' and young Adults' beliefs about mental health services and care: a systematic review. *Archives of Psychiatric Nursing*. 2016;30(5):636–44.

<sup>40</sup> Muswerakuenda FF, Mundagowa PT, Madziwa C, Mukora-Mutseyekwa F. Access to psychosocial support for church-going young people recovering from drug and substance abuse in Zimbabwe: a qualitative study. *BMC Public Health*. 2023 Apr 20;23(1):723.

For example, treating depression has been shown to improve health outcomes for young people living with HIV<sup>53</sup>.

Addressing young people's mental health requires a holistic, multi-sectoral approach that prioritizes service integration in health facilities, communities, and schools.



<sup>41</sup> Aguirre Velasco A, Cruz ISS, Billings J, Jimenez M, Rowe S. What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*. 2020 Jun 11;20(1):293.

<sup>42</sup> Khombo S, Khombo K, Stoddart RS, Sifelani I, Sibanda T. Knowledge, attitudes, and uptake of mental health services by secondary school students in Gweru, Zimbabwe. *Front Psychol* [Internet]. 2023 Feb 1 [cited 2025 Jan 24];14. Available from: <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1002948/full>

<sup>43</sup> Sequeira M, Singh S, Fernandes L, Gaikwad L, Gupta D, Chibanda D, et al. Adolescent Health Series: The status of adolescent mental health research, practice and policy in sub-Saharan Africa: A narrative review. *Tropical Medicine & International Health*. 2022;27(9):758–66.

<sup>44</sup> Bella-Awusah T, Ani C, Ajuwon A, Omigbodun O. Should Mental Health Be Addressed in Schools? Preliminary Views of In-School Adolescents in Ibadan, Nigeria. *International Journal of School Health*. 2019 Apr 1;6(2):1–6.

<sup>45</sup> Umubyeyi A, Mogren I, Ntaganira J, Krantz G. Help-seeking behaviours, barriers to care and self-efficacy for seeking mental health care: a population-based study in Rwanda. *Soc Psychiatry Psychiatr Epidemiol*. 2016 Jan 1;51(1):81–92.

<sup>46</sup> Turner J, Pigott H, Tomlinson M, Jordans MJ. Developmental assistance for child and adolescent mental health in low- and middle-income countries (2007–2014): Annual trends and allocation by sector, project type, donors and recipients. *J Glob Health*. 7(2):020901.

<sup>47</sup> Bhagavathi P, Vitone T. Analysis of Adolescent Barriers in Seeking Help for Mental Health Issues. *J Stud Res* [Internet]. 2022 Aug 31;11(3). Available from: <https://www.jsr.org/hs/index.php/path/article/view/2670>

<sup>48</sup> Sequeira M, Singh S, Fernandes L, Gaikwad L, Gupta D, Chibanda D, et al. Adolescent Health Series: The status of adolescent mental health research, practice and policy in sub-Saharan Africa: A narrative review. *Tropical Medicine & International Health*. 2022;27(9):758–66.

<sup>49</sup> Galagali PM, Brooks MJ. Psychological care in low-resource settings for adolescents. *Clin Child Psychol Psychiatry*. 2020 Jul;25(3):698–711.

<sup>50</sup> Sequeira M, Singh S, Fernandes L, Gaikwad L, Gupta D, Chibanda D, et al. Adolescent Health Series: The status of adolescent mental health research, practice and policy in sub-Saharan Africa: A narrative review. *Tropical Medicine & International Health*. 2022;27(9):758–66.

<sup>51</sup> Mokitimi S, Jonas K, Schneider M, de Vries PJ. Child and adolescent mental health services in the Western Cape Province of South Africa: the perspectives of service providers. *Child Adolesc Psychiatry Ment Health*. 2022 Jul 14;16(1):57.

<sup>52</sup> Funk M, Saraceno B, Drew N, Faydi E. Integrating mental health into primary healthcare. *Ment Health Fam Med*. 2008 Mar;5(1):5–8.

## 02 Methods

Our approach to the study was comprehensive, encompassing the following steps in Figure 1

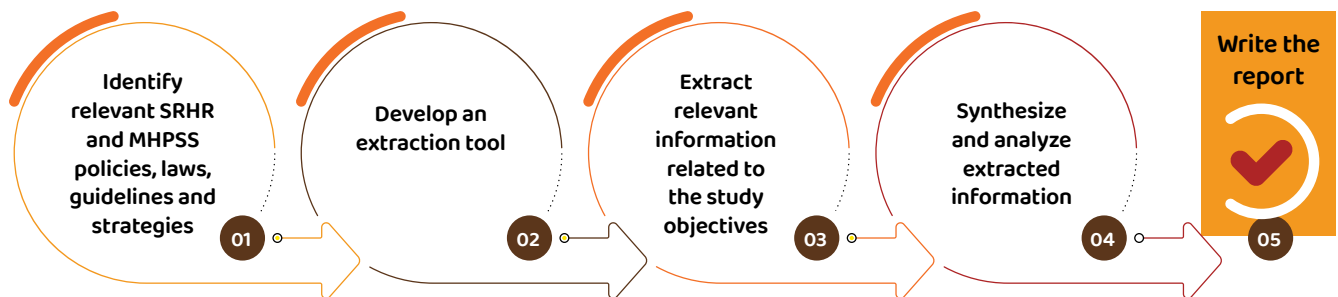


Figure 1: Overview of our approach to this policy review

### A Search and review of policy documents

We identified, collected, and systematically reviewed relevant and recent policy documents, laws, guidelines, and strategies related to MHPSS and SRHR at regional and national levels in the ESA region. The search was conducted between September 9, 2024, and September 27, 2024. Using the Google search engine, the search targeted specific regions and countries within the ESA, without any date restrictions. For Anglophone countries in the ESA region, the search terms included "sexual and reproductive health and rights policies", "adolescent sexual and reproductive health policies", "HIV/AIDS policies", "gender-based violence (GBV) policies", "mental health policies", and "psychosocial support policies". For Francophone countries in the ESA region, the search terms included "directives nationales au santé sexuelle et reproductif", "directives nationales au santé sexuelle et reproductif de l'adolescence", "directives nationales au Virus de l'Immunodéficience Humaine (VIH)", "directives nationales au violence sexuelle", and "directives nationales au santé mentale". For Lusophone countries in the ESA region, search terms included, "politica nacionais para saúde sexual e reprodutiva", "politica nacionais para a saúde sexual e reprodutiva do adolescente", "política nacional sobre o vírus da imunodeficiência humana (VIH)", "política nacional contra a VBG", "política nacional de saúde mental".

We also searched the websites of regional bodies and national health ministries for the ESA countries. Table 1 lists the ESA regions and countries, along with the websites where relevant SRHR and MHPSS policies were found.

ESA region highlighted map



**Table 1:** Data Sources on SRHR and MHPSS policies

Country/Region	Website
Southern African Development Community (SADC)	<a href="https://www.sadc.int/">https://www.sadc.int/</a>
East African Community (EAC)	<a href="https://health.eac.int/">https://health.eac.int/</a>
Botswana	<a href="https://www.moh.gov.bw/">https://www.moh.gov.bw/</a>
Democratic Republic of Congo	<a href="https://bv-assk.org/">https://bv-assk.org/</a>
Eswatini	<a href="http://swaziidsprogram.org">http://swaziidsprogram.org</a>
Ethiopia	<a href="https://www.moh.gov.et/">https://www.moh.gov.et/</a>
Kenya	<a href="https://www.health.go.ke/">https://www.health.go.ke/</a> ; <a href="https://nsdcc.go.ke/">https://nsdcc.go.ke/</a>
Madagascar	<a href="http://www.sante.gov.mg/ministere-sante-publique/">http://www.sante.gov.mg/ministere-sante-publique/</a>
Mauritius	<a href="https://www.health.govmu.org/">https://www.health.govmu.org/</a>
Rwanda	<a href="https://rbc.gov.rw/">https://rbc.gov.rw/</a>
Somalia	<a href="https://moh.gov.so/so/">https://moh.gov.so/so/</a>
South Africa	<a href="https://www.health.gov.za/">https://www.health.gov.za/</a>
Uganda	<a href="https://uac.go.ug/">https://uac.go.ug/</a>
Zambia	<a href="https://www.moh.gov.zm/">https://www.moh.gov.zm/</a>
Zimbabwe	<a href="https://nac.org.zw/">https://nac.org.zw/</a>
WHO repository	<a href="https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=National+policy+document+repository">https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=National+policy+document+repository</a>

A total of 120 SRHR and 14 MHPSS policy documents were identified through a search on Google, the websites of regional bodies and national health ministries, WHO policy repositories and through reaching out to ministries and CSO partners in countries where those documents were offline. We found 100 documents through web searches. From the WHO repository, 30 documents were identified. We identified 4 policy documents through our consultation. In cases where policy documents were not found, both the African Population and Health Research Center (APHRC) and Regional Psychosocial Support Initiative (REPSSI) consulted partners from ministries and civil society organizations (CSOs) within the ESA region. Stakeholders affiliated with these organizations were reached via email, requesting them to share relevant policy documents missing from our searches. The stakeholder consultation process, while beneficial in enabling access to offline documents, also presented challenges. These included delays in document acquisition and the receipt of materials that fell outside our predefined inclusion criteria.

Of the 134 documents/publications across 25 countries in the ESA region, the majority were on HIV/AIDS (37), SRHR (31), and GBV (21) (See Appendix 1). We found at least one SRHR policy in all countries and the two sub-regions. However, we only found mental health policies in 12 out of the 25 countries in the ESA region. Most policy documents on mental health, family planning, and adolescent sexual and reproductive health (ASRH) thematic areas were not found (Table 2).



**Table 2:** List of ESA countries with(out) specific policy documents

	<b>Sexual and Reproductive Health and Rights (SRHR)</b>	<b>Adolescent Sexual and Reproductive Health (ASRH)</b>	<b>HIV/AIDS</b>	<b>Gender-Based Violence (GBV)</b>	<b>Family Planning</b>	<b>Mental Health</b>
Angola						
Botswana						
Burundi						
Comoros						
Democratic Republic of Congo						
Djibouti						
Eritrea						
Eswatini						
Ethiopia						
Kenya						
Lesotho						
Madagascar						
Malawi						
Mauritius						
Mozambique						
Namibia						
Rwanda						
Seychelles						
Somalia						
South Africa						
South Sudan						
Tanzania						
Uganda						
Zambia						
Zimbabwe						

**Note:** Yellow indicates countries where specific policy documents are available, while brown indicates countries where specific policy documents are unavailable.

## Inclusion criteria

The inclusion criteria were that the document:

- 1 focuses on sexual and reproductive health and rights, and mental health and psychosocial support.
- 2 is a publication from a country or region in Eastern and Southern Africa.
- 3 is published by the regional body or national government.
- 4 is published in English, French or Portuguese.
- 5 is the most recent publication.
- 6 is a policy, implementation framework, or guideline.

We examined the documents for coherence and alignment, analyzing the extent to which they provide for MHPSS and SRHR service integration.

An extraction tool was created to extract relevant information critical to the analysis, including country, type of documents, year published, policy lifespan, involvement of young people, involvement of MHPSS experts, the context in which MHPSS was mentioned, and policy direction for integration. This information was synthesized and analyzed thematically. Findings were synthesized into themes and presented to reflect the study objectives and illustrated using tables and charts. Additionally, we discussed the findings and formulated recommendations for advocacy to facilitate the integration of MHPSS and SRHR services at both regional and national levels. See Figure 1 for our approach to conducting the review.

### **B** Stakeholder Consultations

To complement the desk review findings, we convened key stakeholders virtually to review and validate the findings. In attendance were stakeholders from 12 organizations, or legislative assemblies across 10 countries in the ESA region. The key stakeholders included technical persons from the national ministries of health focusing on mental health and adolescent sexual and reproductive health (n=2), CSOs / non-governmental organizations working on SRHR and mental health (n=22), researchers working on mental health and SRHR (n=14), and members of legislative assemblies interested in mental health and SRHR (n=4). Key stakeholders had the opportunity to assess the findings for completeness and indicate the extent to which the provision in laws, policies, and strategies align with practice. Stakeholders also indicated opportunities for policy review and advocacy. The stakeholder consultation was key to pinpointing the obstacles preventing adolescents from achieving optimal mental health and identifying how incorporating MHPSS can address these issues. It also established the procedures and standards necessary to tackle the problem, identify the human and material resources required, and outline the advantages of enacting the suggested policy options or alternatives. We then conducted a thematic analysis of the consultation deliberations and incorporated the results into the report to address the second objective of this study.

## 03 Findings

### Availability of SRHR and MHPSS policy, strategy, guideline documents in ESA

While the two sub-regions of East and Southern Africa have policies on sexual and reproductive health, HIV/AIDS, and gender-based violence, they lack standalone policies on ASRH and family planning. Also, both sub-regions lack mental health policies or strategies. As shown in Table 3, the majority of the 25 countries in Eastern and Southern Africa have policies or guidelines on HIV/AIDS, SRHR, and GBV. Only 12 of these countries have mental health related policies, guidelines, or strategies. Countries like Angola, Comoros, and Mozambique had missing policy and guideline documents in four or more of the six areas considered.

**Table 3:** Availability of SRHR and MHPSS policy, strategy, guideline, action plan, and legal framework publications in the ESA region

	Sexual and Reproductive Health and Rights (SRHR)	Adolescent Sexual and Reproductive Health (ASRH)	HIV/AIDS	Gender-Based Violence (GBV)	Family Planning	Mental Health
East African Community (EAC)	✓		✓	✓		
Southern Africa Development Community (SADC)	✓		✓	✓		
Angola	✓					
Botswana	✓	✓	✓	✓		✓
Burundi	✓	✓	✓	✓		✓
Comoros			✓			
Democratic Republic of Congo	✓	✓	✓	✓	✓	
Djibouti	✓		✓			
Eritrea	✓		✓			
Eswatini	✓	✓	✓	✓	✓	
Ethiopia	✓	✓	✓		✓	✓
Kenya	✓	✓	✓	✓	✓	
Lesotho			✓	✓	✓	✓

	Sexual and Reproductive Health and Rights (SRHR)	Adolescent Sexual and Reproductive Health (ASRH)	HIV/AIDS	Gender-Based Violence (GBV)	Family Planning	Mental Health
Madagascar	✓	✓	✓	✓	✓	
Malawi	✓	✓	✓	✓		✓
Mauritius	✓		✓	✓		
Mozambique		✓	✓			
Namibia	✓		✓	✓	✓	✓
Rwanda	✓	✓	✓	✓	✓	✓
Seychelles	✓		✓	✓		
Somalia	✓		✓	✓		✓
South Africa	✓	✓	✓	✓	✓	✓
South Sudan	✓		✓		✓	
Tanzania	✓	✓	✓	✓	✓	✓
Uganda	✓		✓	✓	✓	✓
Zambia	✓	✓	✓	✓	✓	
Zimbabwe		✓	✓	✓	✓	

## Operational status of the extant policy, strategies, and guidelines

The lifespans of the documents reviewed ranged from three to 15 years. Out of the 31 SRHR documents, only eight are currently in effect (Table 4). The lifespan was not specified for eight others, and 15 documents are outdated. Most policy documents were due for review.

Only three out of the 16 ASRH policies and guidelines were operational, the timeline was not specified in five, while eight are now outdated and need revision. These include ASRHR policies and guidelines in Kenya, Madagascar, South Africa, Tanzania, Zimbabwe and Zambia. Most of the mental health documents did not indicate a lifespan, one of them is now dated and four were still in effect.

**Table 4:** Operational status of policy documents

Thematic area	Is policy document still operational?		
	Not specified		
	Yes n (%)	No n (%)	No n (%)
Sexual and Reproductive Health and Rights (SRHR)	8(25.8)	8(25.8)	15(48.4)
Adolescent Sexual and Reproductive Health (ASRH)	3(18.7)	5(31.3)	8(50.0)
HIV/AIDS	9(24.3)	13(35.1)	15(40.5)
Gender-Based Violence (GBV)	7(33.3)	4(19.1)	10(47.6)
Family Planning	3(20.0)	10(66.7)	2(13.3)
Mental Health	4(28.6)	9(64.3)	1(7.1)

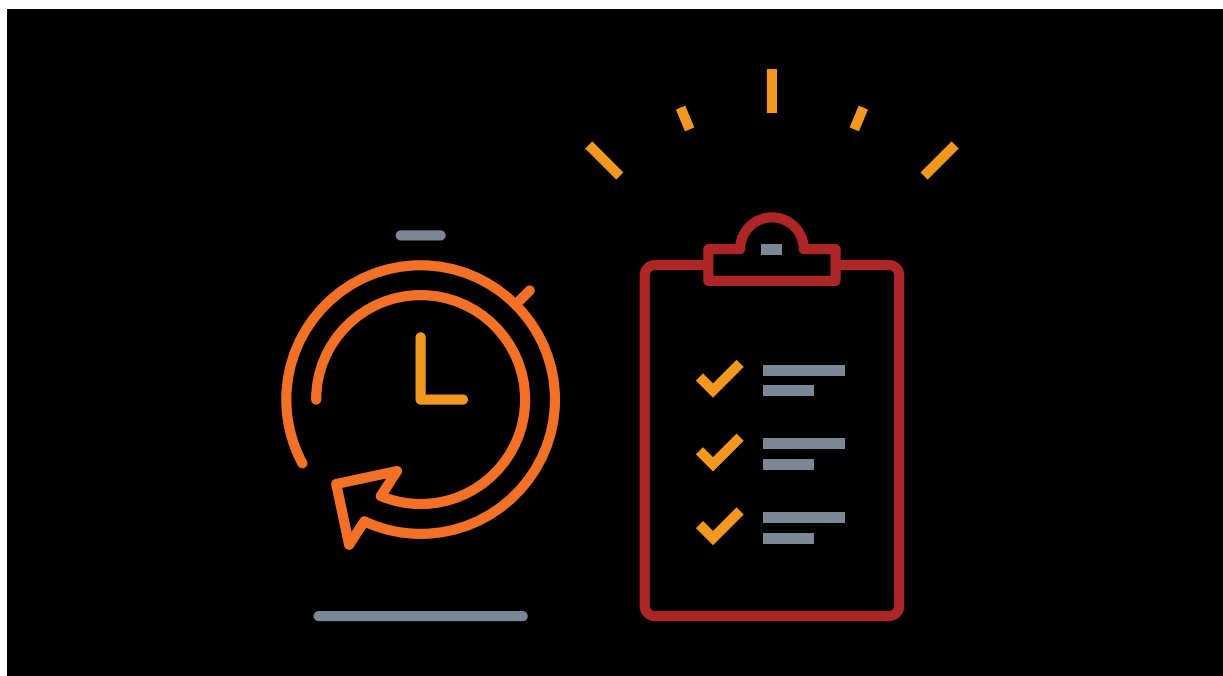
## Inclusion of implementation frameworks

Most of the policy and strategy documents reviewed included implementation frameworks. All ASRH and GBV policies and strategies had implementation frameworks. Additionally, 83.3% of SRHR policies and strategies and 88.5% of family planning (FP) policies and strategies also included implementation frameworks (Table 5). However, only 55.6% of the mental health policies and strategies had implementation frameworks.

**Table 5:** Implementation guideline per thematic area

Thematic area	Does the policy document have an implementation guideline?	
	Yes n (%)	No n (%)
<b>Policy documents</b>		
Sexual and Reproductive Health and Rights (SRHR)	23(88.5)	3(11.5)
Adolescent Sexual and Reproductive Health (ASRH)	12(100.0)	0
HIV/AIDS	1(4.2)	23(95.8)
Gender-Based Violence (GBV)	16(100.0)	0
Family Planning	5(83.3)	1(16.7)
Mental Health	5(55.6)	4(44.4)





## Involvement of young people in policy development

Involving young people is crucial for ensuring policies address their needs. We examined whether young people were involved in developing SRHR and MHPSS policies, strategies, and guidelines. Across the 25 ESA countries, very few countries indicated involving young people in policy development processes. While young people were involved in developing the SADC SRHR strategy, this was not the case in the EAC. Only Rwanda, Mauritius, Seychelles, and Eswatini indicated involving young people in their SRHR policy and strategy development. In the ASRH thematic area, the involvement of young people was more pronounced, with 56.3% of countries with standalone policy and strategy documents indicating their involvement. None of the mental health and family planning documents were developed with direct input from young people (Table 6).

**Table 6:** Young people's involvement in policy development

Thematic area	Are young people involved in document/ publication development?		
	Not specified		
	Yes n (%)	No n (%)	No n (%)
Sexual and Reproductive Health and Rights (SRHR)	5(16.1)	26(83.9)	0(0.0)
Adolescent Sexual and Reproductive Health (ASRH)	9(56.3)	7(43.7)	0(0.0)
HIV/AIDS	3(8.1)	34(91.9)	0(0.0)
Gender-Based Violence (GBV)	4(19.0)	17(81.0)	0(0.0)
Family Planning	0(0.0)	15(100.0)	0(0.0)
Mental Health	0(0.0)	14(100.0)	0(0.0)

## Involvement of MHPSS experts in SRHR policy, strategy, and guideline development

Most countries did not specify if mental health experts were included in the policy development process even though involving them could be key to services integration. Except for two policy documents on HIV/AIDS that included mental health experts, none of the remaining documents indicated the involvement of mental health experts. Also, SRHR experts were not cited as contributors in mental health policy development in the 14 countries with mental health policies (Table 7).

**Table 7:** MHPSS/SRHR experts' involvement in document/publication development

Thematic area	MHPSS/SRHR experts' involvement in document/publication development	
	Not specified	
	Yes n (%)	No n (%)
Sexual and Reproductive Health and Rights (SRHR)	0(0.0)	31(100)
Adolescent Sexual and Reproductive Health (ASRH)	0(0.0)	16(100)
HIV/AIDS	2(5.4)	35(94.6)
Gender-Based Violence (GBV)	0(0.0)	21(100.0)
Family Planning	0(0.0)	15(100.0)
Mental Health	0(0.0)	14(100.0)

## Context in which MHPSS was mentioned in SRHR policies, strategies, and guidelines

We examined if mental health and psychosocial support (MHPSS) were mentioned in regional and national SRHR policies, guidelines, strategies, implementation frameworks, and action plans in the ESA regions. The findings, presented in Table 8, indicate that MHPSS was mentioned in most SRHR (74.2%), ASRH (75%), GBV (90.5%), and HIV/AIDS (86.1%) policy and strategy documents. However, MHPSS was rarely mentioned in the background or situational analysis sections. This lack of establishing the connection between SRHR and mental health in situational analyses can limit service integration.

Notably, MHPSS was absent in SRHR policies of the EAC, Uganda, Ethiopia, Djibouti, and Eswatini. Similarly, it was not mentioned in the adolescent SRHR policies of Rwanda, the Democratic Republic of Congo (DRC), South Africa, and Mozambique. The HIV/AIDS policies of the EAC, Tanzania, Burundi, DRC, and Lesotho also did not mention MHPSS. Additionally, the GBV policies of the EAC and Zambia did not include MHPSS.

Mental health was often highlighted in SRHR documents' situational analysis as an effect of gender-based violence, especially among survivors and child abuse victims. In ASRH documents, MHPSS was considered essential for adolescents' psychological well-being. HIV/AIDS documents emphasized MHPSS as critical care for people living with HIV (PLHIV) and caregivers, noting gaps for vulnerable groups and integration issues in counseling and testing. GBV documents identified MHPSS as crucial for survivors and stressed the need for more mental health services,

such as counseling. Family planning documents referenced MHPSS as vital for victims of sexual and gender-based violence.

However, SRHR was mentioned in only six of the 14 mental health policies. There was no mention of SRHR in the MHPSS policies of Burundi, Botswana, Kenya, Malawi, Namibia, Rwanda, Tanzania and Uganda. Mental health documents connected SRHR with poor mental health outcomes and emphasized its role in essential public health services, including HIV/AIDS, postnatal care, and family planning.

**Table 8:** Context in which MHPSS was mention in SRHR policies and strategic and vice versa.

Thematic area	Context in which MHPSS was mentioned in the document/publication						All
	Situational analysis	Policy goal, objectives, and direction	Action plan	Target	Outcome	Intervention	
Sexual and Reproductive Health and Rights (SRHR) (n=31)	4 (12.9)	12 (38.7)	3 (9.7)		2 (6.5)	8 (25.8)	23 (74.2)
Adolescent Sexual and Reproductive Health (ASRH) (n=16)	3 (18.8)	4 (25.0)	3 (18.8)			7 (43.8)	12 (75.0)
HIV/AIDS (n=37)	8 (21.6)	13 (35.1)	2 (5.4)	1 (2.7)		15 (40.5)	31 (86.1)
Gender-Based Violence (GBV) (n=21)	6 (28.6)	7 (33.3)	7 (33.3)			4 (19.0)	19 (90.5)
Family Planning (n=15)	1 (6.7)	4 (26.7)				2 (13.3)	9(60.0)
Mental Health (n=14)	4 (28.6)					2 (14.3)	6 (42%)

## Policy directions for MHPSS and SRHR services integration

We assessed if there were specific policy directions regarding services integration and found that provision for services integration was made in 31 of the 37 HIV/AIDS policies, strategies, and guidelines (Table 9). Provision for integration was also generally high in GVB policy documents (76%), ASRH (69%), and SRHR (65%). But low in FP (50%) and mental health policy 4 (29%) documents.

**Table 9:** Policy direction for services integration

Thematic area	Was there policy direction for services integration?	
	Yes n (%)	No n (%)
Sexual and Reproductive Health and Rights (SRHR)	20(64.5)	11(35.5)
Adolescent Sexual and Reproductive Health (ASRH)	11(68.8)	5(31.2)
HIV/AIDS	31(83.8)	6(16.2)
Gender-Based Violence (GBV)	16(76.2)	5(23.8)
Family Planning	7(50.0)	7(50.0)
Mental Health	4(28.6)	10(73.4)

There was a clear policy direction for integrating MHPSS with SRH services in 24 out of the 25. The integration aspects included providing counseling and support for survivors of GBV, female genital mutilation (FGM), and individuals at risk. Additionally, it addressed mental health issues such as depression, anxiety, and trauma in adolescents, young people, and PLHIV. There was policy direction to provide MHPSS in maternal care, particularly for women during pregnancy, postpartum, and those suffering from obstetric fistula.

## Integration of MHPSS in Sexual and Reproductive Health and Rights Policy

About two-thirds (20 of 31) of the SRHR publications highlighted policy directions for integrating MHPSS with SRHR services (See Figure 2). Clear provision for services integration of MHPSS into SRHR was made in 15 of the 25 countries studied and in the SADC region but not in the EAC region. Specific policy directions per country are presented in Figure 2.

<b>SADC</b>	The strategy of Southern African Development Community (SADC) recommended the integration of SRH interventions with mental health services
<b>Angola</b>	Training healthcare providers in providing integrated healthcare services for holistic care
<b>Botswana</b>	Integration of health services, including mental health, with SRH through a client-centered approach
<b>DRC</b>	Integration of psychosocial support targeting survivors of sexual violence
<b>Eritrea</b>	Integration of psychosocial support into antenatal, postnatal, HIV care, and gender-based violence response
<b>Kenya</b>	Integration of maternal mental health into maternal and newborn health services
<b>Madagascar</b>	Integration of maternal, neonatal, and child health services with psychosocial support services.
<b>Mauritius</b>	Integration of psychosocial support in cancer treatment and maternal/neonatal health services
<b>Malawi</b>	Integration of counseling support services into SRH for victims of harmful practices and domestic/sexual violence, and obstetric fistula treatment
<b>Namibia</b>	Integration of psychosocial services into sexual, reproductive, child health, and gender-based violence response
<b>Seychelles</b>	Integration of psychosocial and counseling services in adolescent and maternal health services
<b>Somalia</b>	Integration of psychosocial support into postnatal care, gender-based violence response, and adolescent health services
<b>South Sudan</b>	Integration of counseling services into gender-based violence response
<b>South Africa</b>	Integration of psychosocial support in infertility treatment, gender minority services, antenatal, and HIV care
<b>Tanzania</b>	Integration of psychosocial support into HIV care and gender-based violence services
<b>Zambia</b>	Integration of psychosocial support into gender-based violence response and adolescent health services

Figure 2: Policy direction for services integration in SRHR policies



## Integration of MHPSS in Adolescent Sexual and Reproductive Health Policy

The ASRH policies emphasized integrating MHPSS with SRHR services. For instance, Kenya's implementation framework focused on integrating psychosocial support in sexual and gender-based interventions for adolescents, while Burundi's guidelines included mental health support for people living with HIV and survivors of gender-based violence. Ethiopia's strategy also incorporated psychosocial support in adolescent health services to improve access to mental health care for vulnerable groups. Eswatini called for strengthening psychosocial services within adolescent care, and Botswana emphasized integrating counseling into adolescent health services. Zimbabwe's approach aimed at integrating counseling and psychosocial support for more accessible youth services. Malawi's strategy sought to expand psychosocial support within youth health services and included psychosocial counseling in schools. Zambia's strategic plan included integrating psychosocial counseling into adolescent health service packages, and Madagascar's policy focused on combining mental health with SRHR services to promote responsible behavior among youth and improve service accessibility through capacity strengthening for healthcare providers.

## Integration of MHPSS with HIV/AIDS services

Eighty-six percent (31 of 37) of HIV/AIDS publications outlined policy directions for integrating MHPSS with HIV care. The Southern African Development Community (SADC) strategic framework emphasized the inclusion of counseling in care and treatment for people living with and affected by HIV. Kenya's strategic framework highlighted the integration of HIV treatment with sexual and reproductive health services, maternal and newborn health, mental health, and the management of non-communicable diseases. Similarly, Uganda's strategic plan included managing comorbidities such as mental illness within HIV care, along with integrating psychosocial support for PLHIV, violence prevention, and post-violence care for adolescent girls and young women survivors of GBV.

Tanzania's guideline stressed the integration of psychosocial support in HIV care for people living with HIV, adolescent health, and HIV prevention, particularly for key and vulnerable populations such as rape survivors, to reduce immediate trauma and prevent long-term post-traumatic stress disorder. Rwanda's guideline recommended integrating mental healthcare with HIV care services. Ethiopia's strategic plan and guidelines focused on incorporating psychosocial support within HIV care for key populations and recommended its inclusion in HIV prevention, care, and treatment.

Several other countries, including Eritrea, Djibouti, Somalia, and South Sudan, also highlighted the integration of psychosocial support in HIV care for people living with HIV. Mauritius' action plan further emphasized psychosocial support for HIV patients. Seychelles' strategic plan outlined the integration of psychosocial support for people living with HIV and key populations who experience violence. South Africa's strategic plan mentioned expanding mental health services as part of HIV care and integrating these services into primary healthcare settings. Lesotho's plans included psychosocial support integration in HIV care, sexual and gender-based violence response mechanisms, and for orphaned or child-headed households.

Eswatini's framework and guidelines also emphasized the integration of psychosocial support in HIV care, particularly for children and adolescents. Namibia, Botswana, Zimbabwe, Malawi, and Zambia all highlighted the integration of psychosocial support in HIV care and treatment, with a particular focus on addressing sexual and gender-based violence in Botswana. Mozambique and Madagascar's strategic plans underscored the importance of integrating psychosocial support into HIV care, particularly for people living with HIV and key populations at higher risk of HIV infection.

**Table 10:** Policy direction for the integration of MHPSS with HIV/AIDS services

Countries and region	Policy direction
<b>SADC</b>	Counseling in care and treatment for people living with and affected by HIV
<b>Botswana</b>	Psychosocial support in HIV care and treatment with a specific focus on Sexual and gender-based violence
<b>Djibouti</b>	Psychosocial support in HIV care for people living with HIV
<b>Ethiopia</b>	Psychosocial support within HIV care for key populations, Inclusion in HIV prevention, care, and treatment
<b>Eritrea</b>	Psychosocial support in HIV care for people living with HIV
<b>Eswatini</b>	Integrate psychosocial support in HIV care, especially for children and adolescents.
<b>Kenya</b>	Integrate HIV treatment with SRHR services.
<b>Lesotho</b>	Integrate psychosocial support in HIV care, SGBV response mechanisms, and support for orphan and child-headed households.
<b>Mauritius</b>	Provide psychosocial support to HIV patients.
<b>Mozambique</b>	Psychosocial support in HIV care and treatment
<b>Madagascar</b>	Integrate psychosocial support in HIV care, particularly for key populations at higher risk of HIV infection
<b>Namibia</b>	Psychosocial support in HIV care and treatment
<b>Rwanda</b>	Integration of mental healthcare with HIV care services
<b>Seychelles</b>	Integrate psychosocial support for people living with HIV and key populations.
<b>Somalia</b>	Psychosocial support in HIV care for people living with HIV
<b>South Sudan</b>	Psychosocial support in HIV care for people living with HIV
<b>South Africa</b>	Expansion of mental health services as part of HIV care and integration into primary healthcare settings
<b>Tanzania</b>	Psychosocial support in HIV care for people living with HIV Adolescent health and HIV prevention, Key and vulnerable populations (rape survivors) to reduce trauma and PTSD
<b>Uganda</b>	Managing comorbidities like mental illness within HIV care, Psychosocial support for people living with HIV, Violence prevention and post-violence care for adolescent girls and young women survivors of sexual and gender-based violence"

## Integration of MHPSS with Gender-Based Violence Services

Three-quarters (16 of 21) of gender-based violence (GBV) publications outlined policy directions for integrating MHPSS with sexual and reproductive health and rights (SRHR) services. Kenya's policy emphasized integrating psychosocial support into GBV response mechanisms for survivors. Uganda's policy focused on strengthening psychosocial services for GBV survivors, including capacity strengthening for teachers and lecturers to ensure proper handling of survivors, along with counseling. Uganda's action plan outlined provisions for psychosocial support, including psychological care, referrals, and other necessary support. Rwanda's policy highlighted the provision of psychosocial support and improved referral mechanisms for GBV victims. Burundi's strategic plan focused on ensuring access to psychosocial support for GBV survivors, providing psychological care in authorized structures and communities, and establishing long-term medical and psychological follow-up for victims of sexual and gender-based violence.

The Democratic Republic of Congo (DRC) and Mauritius included psychosocial support in their GBV response strategies. Seychelles' action plan provided for the psychological rehabilitation of GBV perpetrators and the capacity strengthening of service providers, such as social workers, psychiatrists, and clinical psychologists. South Africa's strategic plan called for victim-friendly support services, including psychosocial support, to be provided by police officers and civil society organizations. Lesotho's policy emphasized the inclusion of comprehensive counseling and support services for GBV management, especially for key populations. Eswatini's strategy included incorporating psychological and psychosocial support for GBV survivors and training healthcare providers to offer such support.

Namibia's action plan addressed psychosocial support for vulnerable witnesses, therapeutic programs for potential abusers, counseling, and rehabilitation for convicted perpetrators, regular counseling for service providers working with GBV victims, and training teachers and school counselors on recognizing violence and ensuring proper referrals. Zimbabwe's strategy underscored the importance of timely psychosocial support, particularly for children and survivors of GBV. Botswana's strategy focused on integrating psychosocial support into GBV response mechanisms for survivors. Malawi's action plan included training teachers in guidance and counseling and providing psychosocial services for convicted perpetrators. Finally, Madagascar's strategy highlighted psychosocial support services as part of the response to both GBV survivors and perpetrators.



### — South Africa

Called for victim-friendly support services, to be provided by police officers and civil society organizations.

### — Namibia

Called for psychosocial support for vulnerable witnesses, and regular counseling for service providers

### — Zimbabwe

Strategy underscored the importance of timely psychosocial support, particularly for children and survivors of GBV.

### — Botswana

Strategy focused on integrating psychosocial support into GBV response mechanisms for survivors.

### — Malawi

Called for training teachers in guidance and counseling and providing psychosocial services for convicted perpetrators.

### — Madagascar

Strategy highlighted psychosocial support services as part of the response to both GBV survivors and perpetrators.

## Integration of MHPSS with Family Planning

Half (7 of 15) of the family planning publications outlined policy directions for MHPSS with SRHR services. Tanzania's guideline emphasized integrating psychosocial support into family planning services, focusing on adolescent-friendly reproductive health services that address the physical, social, and psychological health needs of adolescents. Rwanda's guideline highlighted the integration of psychological health into sexual and reproductive health services. South Africa's guidelines stressed the importance of accessible sexual and reproductive health services that also consider the psychosocial needs of young people.

Lesotho's guideline included psychosocial support as part of family planning services, while Eswatini's guideline focused on increasing access to healthcare services for victims and survivors of gender-based violence, including psychosocial support. Finally, Namibia's guidelines specify that health workers should assess client needs and tailor counseling and services accordingly. Zambia's guidelines emphasized providing psychological support and counseling to individuals living with HIV and those with mental retardation or psychiatric disorders, delivered by peer educators and medical doctors.

## Policy integration of SRHR with MHPSS

Only 4 of 14 mental health publications outlined policy directions for integrating mental health and psychosocial support (MHPSS) with sexual and reproductive health and rights (SRHR) services. Ethiopia's strategy highlighted the integration of mental health into antenatal and postnatal care, as well as sexual and reproductive health services. Somalia's strategy focused on incorporating mental health into primary healthcare and other priority health programs, including the detection and management of postnatal depression in antenatal and postnatal care. It also outlined the development of multidisciplinary community outreach teams to provide mental health care and support for female health workers, primary healthcare (PHC), and maternal and child health (MCH) professionals. Additionally, the strategy emphasized the provision of essential psychotropic medications in general healthcare settings and the establishment of a toll-free hotline staffed by trained personnel for crisis interventions.

South Africa's policy and strategic framework proposed the routine assessment and management of common mental disorders, such as depression and anxiety, in priority programs like HIV/AIDS, postnatal care, and family planning. Finally, Lesotho's policy and strategic plan called for screening for postnatal mental disorders in new mothers and targeted screening for vulnerable groups, such as adolescent mothers.



### — Seychelles

Called for the psychological rehabilitation of GBV perpetrators and the capacity strengthening of service providers.

### — Kenya

Policy emphasized integrating psychosocial support into GBV response mechanisms for survivors.

### — Uganda

Called for provisions for psychosocial support, including psychological care, referrals, and other necessary support.

### — Rwanda

Policy highlighted the provision of psychosocial support and improved referral mechanisms for GBV victims.

### — Burundi

Strategic plan focused on ensuring access to psychosocial support for GBV survivors, providing psychological care in authorized structures and communities.

## Recommendations to strengthen SRHR and MHPSS service integration

### 1 Community-based approaches

Community engagement was a key strategy highlighted in policy documents for promoting MHPSS in 13 countries: Kenya, Ethiopia, Somalia, Rwanda, Namibia, Botswana, Malawi, Zambia, Zimbabwe, Angola, Madagascar, Uganda, and Djibouti. This strategy involves leveraging community structures such as village health committees, faith-based organizations (FBOs), and community groups to improve access to MHPSS and mental health literacy. The community-based approaches mentioned included establishing child protective services and creating safe spaces for psychosocial support at both health facilities and community levels. In ASHR policies, there was an emphasis on providing education, counseling, and peer education to enhance adolescents' health knowledge and mental well-being. Additionally, there were recommendations to empower families, peers, and community leaders to improve early detection and prevent negative outcomes, particularly related to drug and substance abuse. HIV policies also highlighted integrated community-based psychosocial support, peer groups, and education on coping with stigma and disclosure into the treatment for people living with HIV. Overall, the community-based approach aims to strengthen psychosocial support for at-risk adolescents, promote family-based interventions, connect rape survivors to ongoing support, and reduce the stigma associated with seeking mental health support.

### 2 Capacity strengthening on MHPSS

Capacity strengthening is a crucial strategy recommended for enhancing the skills of health workers to deliver integrated MHPSS services, as outlined in SRHR policy documents in Kenya, Tanzania, Eritrea, Namibia, Botswana, Malawi, Zambia, Zimbabwe, Angola, Madagascar, and Lesotho. This strategy involves training community health workers, healthcare professionals, and counselors to provide effective mental health screening, treatment, and follow-up care, particularly for survivors of harmful traditional practices (HTPs) and domestic violence. Training also aims to equip health workers with the skills to understand the psychosocial needs of diverse groups, including adolescent survivors of sexual and gender-based violence, and individuals dealing with substance abuse issues. Additionally, specialized training for peer educators, teachers, and school counselors is emphasized to provide peer support, recognize signs of violence, and deliver effective care to survivors. Scaling up training across all health provider cadres is also highlighted to ensure MHPSS is integrated into SRH services. Moreover, ongoing training of healthcare workers, including psychological first aid, is considered to be essential to maintaining high standards of care and support for vulnerable populations.

### 3 Providing referrals mechanisms for MHPSS

Referral pathways are essential for ensuring clients receive comprehensive care, particularly for mental health and psychosocial support. Our review shows that policy drafters in countries such as Kenya, Ethiopia, Somalia, Rwanda, Namibia, Botswana, Zambia, Zimbabwe, Madagascar, Uganda, and Djibouti have recommended that SRH health providers be skilled in screening for mental health disorders and referring patients for specialized care as needed. This approach involves organizing case referrals for pregnant, postpartum, and lactating women, linking GBV survivors to necessary services, and providing follow-up care for people living with HIV. Referrals to specialized professionals, such as psychologists or psychiatrists, are to be made for clients identified with mental health challenges like depression or critical issues. Providers offering HIV care and GBV services should connect patients with community-based organizations and other support groups for additional assistance.

## Targets set related to service integration

Few countries across the ESA region set targets related to service integration. Malawi's SRHR policy aimed to train healthcare workers between 2017 and 2022 and introduce child protective services and safe spaces at health facilities and communities for psychosocial services within five years. Djibouti's HIV strategy set targets around integrating psychological and social care by 2017 and increased access (80% to 90%) to comprehensive care and support for people living with HIV (PLHIV) by 2022. Somalia's HIV strategy targeted reducing HIV-related mortality by integrating psychosocial support for PLHIV and their families by 2023. Meanwhile, Seychelles' HIV strategy aimed to increase the number and percentage of PLHIV receiving psychosocial support by 30% in 2021 and 60% in 2023. Additionally, South Africa's HIV strategy targeted annual tracking of clients treated for mental health disorders, while its GBV strategy aimed to train mental health workers from 2021 to 2024 and to introduce psychosocial support services in Victim Empowerment Bills and workplace support from April 2020 to March 2024. Lastly, Namibia's GBV strategy targeted developing prison rehabilitation programs by 2016, providing 24-hour support contacts by 2012, offering therapeutic programs for abusers in all regions by 2014, and counseling rape survivors by 2015.



## 04 Discussion and implications

The policy review study analyzed the integration of mental health and psychosocial support (MHPSS) and sexual and reproductive health (SRH) within youth-focused policies across Eastern and Southern Africa (ESA). Findings revealed a notable absence of dedicated mental health policies in multiple ESA nations, including the Democratic Republic of the Congo, Eritrea, Djibouti, South Sudan, Mauritius, Seychelles, Comoros, Eswatini, Zimbabwe, Zambia, Angola, Mozambique, and Madagascar. Lack of mental health policies poses risks to critical areas such as workforce development and resource allocation for mental health services. To address these challenges, countries lacking such frameworks must prioritize the development and implementation of comprehensive mental health policies, with a specific focus on safeguarding the wellbeing of youth populations. Civil society organizations active in mental health advocacy should champion policy development in these nations to ensure equitable access to mental health support systems.

A key finding of the study underscored that many national policy documents across several countries are outdated, with only 25% of those reviewed remaining actively implemented. Notable examples include Burundi's gender-based violence (GBV) strategic plan, Eritrea's HIV/AIDS strategy, Djibouti's reproductive health policy, Namibia's sexual and reproductive health (SRH) framework, Zimbabwe's adolescent sexual and reproductive health (ASRH) strategy, and Somalia's mental health strategy. Expiration of the lifespan of a policy both presents opportunities and challenges. On one hand, it offers an opportunity to critically reassess the policy's relevance, effectiveness, and alignment with current priorities. Outdated frameworks can be reimagined to integrate new evidence, address emerging societal challenges (e.g., technological advancements, climate change, or shifting demographics), and incorporate lessons learned from past implementation gaps. It also allows stakeholders to engage in inclusive dialogue, amplify marginalized voices—such as youth or vulnerable populations—and embed principles like equity, sustainability, or human rights into revised strategies. Conversely, policy expiration poses challenges, particularly during transitional gaps. Without a clear, updated framework, institutions may face ambiguity in decision-making, service delivery, or funding allocation. To ensure relevance and effectiveness, these outdated policies urgently require revision. Such updates should address evolving societal challenges, integrate the latest evidence and global best practices, amplify diverse stakeholder perspectives—particularly those of young people—and establish cohesive frameworks that seamlessly integrate mental health and psychosocial support (MHPSS) with sexual and reproductive health and rights (SRHR). Proactive review processes are critical to building adaptive, inclusive policies that safeguard population health, particularly for youth, in a rapidly changing context.

The study revealed minimal youth participation in policy formulation processes across the region. With only a few exceptions, policy documents did not explicitly reflect youth involvement in their development processes. While young people may have contributed insights during consultations in some contexts, their input often went unacknowledged in finalized policies. The findings underscore two critical priorities: In instances where youth were engaged, the study emphasizes the necessity of formal acknowledgment of their contributions within policy documents to validate their role in shaping outcomes. Conversely, for countries lacking such engagement, the study urges policymakers to prioritize meaningful, structured inclusion of young people—particularly during future policy reviews or updates. This intentional integration would ensure policies align with youth perspectives, address their unique needs, and leverage their insights to create responsive, inclusive frameworks. Strengthening participatory mechanisms not only enhances policy relevance but also fosters intergenerational equity and accountability in governance.

The study identified a notable absence of documented participation by SRHR in mental health policy development or mental health experts in the formulation of SRHR policies across the region. Bridging this gap by actively engaging SRHR experts in mental health policy design—and conversely, integrating mental health expertise into SRHR



policy development—represents a crucial step toward a more comprehensive and integrated policy. Such cross-sectoral involvement would not only enhance the depth and relevance of policies but also ensure opportunities for integrated service delivery models are actively explored and systematically incorporated. This collaborative approach could yield more holistic frameworks that address interconnected health and social needs, ultimately aligning policy interventions with the complex, overlapping realities of young people's health needs.

The study identified a growing emphasis across most countries in the region on integrating MHPSS with SRHR services as a strategic priority to advance youth health and wellbeing. While existing policy frameworks outline actionable roadmaps for this integration, including specific interventions and service delivery models, their potential to improve outcomes for young people and broader populations hinges on effective implementation. Establishing these policy provisions represents a foundational step, but their impact remains theoretical until translated into practice. To bridge this gap, CSOs must systematically monitor implementation progress, identify systemic bottlenecks, and advocate for targeted resource allocation to operationalize these commitments. By holding governments accountable and demanding tangible action, CSOs can ensure these integrative policies evolve from aspirational frameworks into transformative, youth-centered health systems.

## Study limitations

The desk review has some limitations. Despite our attempts to reach out to country partners for policy documents and online searches, there is still a chance that we may have missed some existing policy documents in our search. The finding that only 12 countries have mental health policies should not be interpreted as a lack of progress in improving mental health in countries without policies. While thirteen countries in the region may not have established mental health policies, several of them have enacted Mental Health Acts recently, which represents significant progress in improving access to mental health services in these countries. For example, Zambia reviewed its Mental Health Act in 2018, an important development. But lack of policy may hinder the implementation of the Act and limit funding and recruitment of mental health experts. The next step in these countries is the development of policies to implement those Acts. Lastly, the findings regarding the limited involvement of young people and mental health experts warrant careful interpretation. It is essential to recognize that while some countries may have engaged with these groups in the development of their policies, such consultations might not be explicitly documented in the policy documents. This lack of mention could lead to an underestimation of the actual engagement and input from these critical stakeholders, thereby affecting the overall understanding of the policy's inclusivity and effectiveness. Future studies should investigate the participation of youth and mental health professionals in the development of SRHR policies through qualitative research methodologies.

## 05 Recommendations

The review findings point to the following recommendations:

- 1 Advocate for the development of mental health policies:** It is important for CSOs to advocate for the development of mental health policies, strategies, and guidelines in the EAC, SADC and the 13 ESA countries where none currently exist.
- 2 Promote the consistent review and revision of policies once their duration has expired:** Numerous policy documents featured in this study are no longer current and require review. It is essential to review and update policy documents to integrate new evidence, strategies, and realities.
- 3 Advocate for the involvement of adolescents and young people in policy processes:** To ensure policies address the needs and priorities of adolescents and young people, there is need to build their capacity and involve them in the policy development process. This is critical to ensure that policies are holistically responsive to their needs and aspirations.
- 4 Promote the involvement of MHPSS experts in SRHR policy development processes and SRHR experts in MHPSS policy development:** Due to the interlinkages between MHPSS and SRHR, experts from both sides must be involved in policy development processes. Their specialized knowledge will extensively inform decision-making processes and policy directions, ensuring that these issues are adequately addressed. Mental health policy drafters should involve SRHR technical experts in the policy development process to craft how SRHR can be integrated with mental health services and how to leverage SRH services to expand access to MHPSS services and vice versa.
- 5 Set measurable targets for service integration:** Countries should not only provide policy directions but also set specific, measurable, and actionable service integration targets to ensure rapid progress in expanding access to MHPSS and improving the mental health and wellbeing of young people.

## 06 Conclusion

We reviewed existing and pertinent SRHR and MHPSS policy, guidelines and strategy documents in the ESA region (covering the EAC and SADC sub-regions), to assess service integration. We found that only a few policies, implementation frameworks, and guidelines were operational, with most giving recommendations for services integration. However, only a few countries have set timelines, and coverage targets for service integration, although many recommended additional strategies to enhance it.

Policy recommendations on service integration largely emphasize incorporating MHPSS into other health services, such as HIV treatment, gender-based violence responses, and antenatal/postnatal care. This direction was more pronounced in HIV and GBV policy documents than in family planning and mental health policy documents. To enhance the integration and delivery of MHPSS services, several policy recommendations were proposed, including promoting MHPSS through community engagement strategies involving village health committees, faith-based organizations, and community groups. Additionally, training and capacity strengthening for healthcare providers are recommended to ensure they can offer effective mental health services, peer support, violence recognition, and survivor care in addition to regular services provided. Finally, establishing referral pathways for pregnant, postpartum, and lactating women, GBV survivors, people living with HIV, individuals facing mental health challenges, and school-going children experiencing gender-based violence is considered crucial for enhancing services integration.

**Appendix 1:** Number of policy documents available in ESA countries

Availability of Publication per Country/Region									
Country/ Region	Policy	Strategy	Strategic plan	Strategic frame- work	Guideline	Imple- men- tation frame- work	Imple- menta- tion plan	Action plan	Total
East African Community (EAC)	2		1		1				3
Southern Africa Development Community (SADC)		2		1					3
Angola			1						1
Botswana	1	2	1		2				6
Burundi			2		3				5
Comoros			1						1
Democratic Republic of Congo (DRC)		1	4		1				6
Djibouti	1		1						2
Ethiopia		3	1		2				6
Eritrea			2						2
Eswatini	2	1	1	1	3				8
Kenya	4			1	2	1	1		9
Lesotho	3		1		2				6
Madagascar		1	3		1				6
Malawi	3	2						1	6
Mauritius	1	1					1	1	4
Mozambique		1	1						2
Namibia	2	2			2			1	7
Rwanda	2		2		2				7
Seychelles	1		1					1	3

Availability of Publication per Country/Region									
Country/ Region	Policy	Strategy	Strategic plan	Strategic frame- work	Guideline	Imple- men- tation frame- work	Imple- menta- tion plan	Action plan	Total
Somalia		3	1						4
South Sudan	1		2						3
South Africa	2		2	1	4				9
Tanzania		1	1	1	3			1	7
Uganda	1	1	2		2			1	7
Zimbabwe		2	1		1				4
Zambia	1	1	1	1	2				6
<b>Total</b>	<b>28</b>	<b>24</b>	<b>34</b>	<b>6</b>	<b>33</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>134</b>

**Appendix 2:** List of operational and policies requiring updating per thematic area

Operational policies		
Sexual and Reproductive Health and Rights (SRHR)		
1	East African Community Integrated Reproductive Maternal Newborn Child and Adolescent Health Guideline 2016-2030	<a href="https://health.eac.int/resources/publications/eac-rmncah-policy-guidelines-2016-2030">https://health.eac.int/resources/publications/eac-rmncah-policy-guidelines-2016-2030</a>
2	Strategy for Sexual and Reproductive Health and Rights in the SADC Region 2019 - 2030	<a href="https://www.sadc.int/sites/default/files/2024-06/Final_SADC_SRHR%20Strategy.pdf">https://www.sadc.int/sites/default/files/2024-06/Final_SADC_SRHR%20Strategy.pdf</a>
3	The National Reproductive Health Policy 2022-2032 [Kenya]	<a href="http://guidelines.health.go.ke:8000/media/The_National_Reproductive_Health_Policy_2022_-_2032.pdf">http://guidelines.health.go.ke:8000/media/The_National_Reproductive_Health_Policy_2022_-_2032.pdf</a>
4	National Sexual and Reproductive Health Implementation Plan 2022 – 2027 [Mauritius]	<a href="https://health.govmu.org/health/wp-content/uploads/2023/03/National-Sexual-and-Reproductive-Health-Implementation-Plan-2022-2027.pdf">https://health.govmu.org/health/wp-content/uploads/2023/03/National-Sexual-and-Reproductive-Health-Implementation-Plan-2022-2027.pdf</a>
5	National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition 2021/2022 - 2025/2026 [Tanzania]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/tza/tza-one-plan-iii-v4-ccx9-fu-uei55ej562kz4h8.pdf?Status=Master&amp;sfvrsn=f2ff688f_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/tza/tza-one-plan-iii-v4-ccx9-fu-uei55ej562kz4h8.pdf?Status=Master&amp;sfvrsn=f2ff688f_2</a>
6	National Sexual and Reproductive Health and Rights Strategy 2021 – 2025 [Malawi]	<a href="https://malawi.unfpa.org/sites/default/files/resource-pdf/Malawi_National_SRHR_Policy_2017-2022_16Nov17.pdf">https://malawi.unfpa.org/sites/default/files/resource-pdf/Malawi_National_SRHR_Policy_2017-2022_16Nov17.pdf</a>
7	Reproductive, Maternal, Newborn, Child, Adolescent and Healthy Aging Sharpened Plan for Uganda 2020/21 – 2025/26 [Uganda]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/uga/uga-final-draft-rmncah-sharpened-1st-march-2022-ccx9-fu-eakrmn49jmrng3.pdf?Status=Master&amp;sfvrsn=3cb2b394_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/uga/uga-final-draft-rmncah-sharpened-1st-march-2022-ccx9-fu-eakrmn49jmrng3.pdf?Status=Master&amp;sfvrsn=3cb2b394_2</a>
Adolescent Sexual and Reproductive Health (ASRH)		
8	Strategic Plan for the Implementation of Reproductive, Maternal, Newborn, Child and Adolescent Health and Healthy Ageing Programmes in Eritrea 2022 – 2026	<a href="https://reliefweb.int/report/eritrea/strategic-plan-implementation-reproductive-maternal-newborn-child-and-adolescent-health-and-healthy-ageing-programmes-eritrea-2022-2026">https://reliefweb.int/report/eritrea/strategic-plan-implementation-reproductive-maternal-newborn-child-and-adolescent-health-and-healthy-ageing-programmes-eritrea-2022-2026</a>
9	National Adolescents and Youth Health Strategy 2021 – 2025 [Ethiopia]	<a href="https://www.moh.gov.et/sites/default/files/2024-04/NATIONAL%20ADOLESCENTS%20AND%20YOUTH%20HEALTH%20STRATEGY%282021-2025%29%29.pdf">https://www.moh.gov.et/sites/default/files/2024-04/NATIONAL%20ADOLESCENTS%20AND%20YOUTH%20HEALTH%20STRATEGY%282021-2025%29%29.pdf</a>
10	National Youth Friendly Health Services Strategy 2022 – 2030 [Malawi]	<a href="https://www.aidsmalawi.org.mw/wp-content/uploads/2024/06/YFHS-Strategy-2022-2030-Final.pdf">https://www.aidsmalawi.org.mw/wp-content/uploads/2024/06/YFHS-Strategy-2022-2030-Final.pdf</a>
11	Strategic Plan for the Health and Well-Being of Adolescents and Youth 2021-2025 [Democratic Republic of Congo]	<a href="https://cod-psn-pnsa-version-23-novembre-2020-1--adx14-fu-jm2ihh8rtmi2nrm.pdf">cod-psn-pnsa-version-23-novembre-2020-1--adx14-fu-jm2ihh8rtmi2nrm.pdf</a>

HIV/AIDS		
12	Kenya AIDS Strategic Framework II 2020/21-2024/25	<a href="https://nsdcc.go.ke/wp-content/uploads/2021/01/KASFII_Web22.pdf">https://nsdcc.go.ke/wp-content/uploads/2021/01/KASFII_Web22.pdf</a>
13	National HIV and AIDS Strategic Plan 2020/21 – 2024/25 [Uganda]	<a href="https://uac.go.ug/index.php?option=com_content&amp;view=article&amp;id=24:hiv-prevention-1123&amp;catid=8&amp;Itemid=101">https://uac.go.ug/index.php?option=com_content&amp;view=article&amp;id=24:hiv-prevention-1123&amp;catid=8&amp;Itemid=101</a>
14	Mauritius National HIV Action Plan 2023 – 2027	<a href="https://health.govmu.org/health/wp-content/uploads/2023/10/NAP-Final-2023-2027.pdf">https://health.govmu.org/health/wp-content/uploads/2023/10/NAP-Final-2023-2027.pdf</a>
15	National HIV and AIDS Policy 2022 – 2027 [Malawi]	<a href="https://www.aidsmalawi.org.mw/wp-content/uploads/2024/06/National-HIV-AIDS-Policy-2022-2027.pdf">https://www.aidsmalawi.org.mw/wp-content/uploads/2024/06/National-HIV-AIDS-Policy-2022-2027.pdf</a>
16	Malawi National Strategic Plan for HIV and AIDS 2020 – 2025	<a href="https://www.prepwatch.org/wp-content/uploads/2022/07/National-Strategic-Plan-for-HIV-and-AIDS-2020-25-Final.pdf">https://www.prepwatch.org/wp-content/uploads/2022/07/National-Strategic-Plan-for-HIV-and-AIDS-2020-25-Final.pdf</a>
17	National Strategic Plan of Response to HIV and AIDS 2021 – 2025 [Mozambique]	<a href="https://www.prepwatch.org/wp-content/uploads/2022/07/National-Strategic-Plan-of-Response-to-HIV-and-AIDS-NSP-V-2021-25.pdf">https://www.prepwatch.org/wp-content/uploads/2022/07/National-Strategic-Plan-of-Response-to-HIV-and-AIDS-NSP-V-2021-25.pdf</a>
18	National Strategic Plan for HIV TB STIs 2023-2028 [South Africa]	<a href="https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/NSP-HIV-TB-STIs-2023-2028-MARCH20_23-PRINT2.pdf">https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/NSP-HIV-TB-STIs-2023-2028-MARCH20_23-PRINT2.pdf</a>
19	National Strategic Plan to Reduce Human Rights – Related Barriers to HIV and TB Services 2020 – 2025 [Botswana]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/nsp_reduce_hr_barriers_to_hiv_tb_services.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/nsp_reduce_hr_barriers_to_hiv_tb_services.pdf</a>
20	Zimbabwe National HIV and AIDS Strategic Plan 2021 – 2025	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/zimbabwe_national_hiv_strategic_plan_2021-2025.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/zimbabwe_national_hiv_strategic_plan_2021-2025.pdf</a>
21	HIV National Strategic Plan 2023/24 – 2026/27 [Ethiopia]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/ethiopia_hiv_nsp_2023_2024-2026_2027.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/ethiopia_hiv_nsp_2023_2024-2026_2027.pdf</a>
Gender-Based Violence (GBV)		
22	SADC Regional Strategy and Framework of Action for Addressing Gender-Based Violence (2018-2030)	<a href="https://www.sadc.int/document/sadc-regional-strategy-and-framework-action-addressing-gender-based-violence-2018-2030">https://www.sadc.int/document/sadc-regional-strategy-and-framework-action-addressing-gender-based-violence-2018-2030</a>
23	National Strategic Plan on Gender-Based Violence & Femicide 2020-2030 [South Africa]	<a href="https://www.justice.gov.za/vg/gbv/NSP-GBVF-FINAL-DOC-04-05.pdf">https://www.justice.gov.za/vg/gbv/NSP-GBVF-FINAL-DOC-04-05.pdf</a>
24	Gender and Development Policy 2018 – 2030 [Lesotho]	<a href="https://www.genderlinks.org.za/wp-content/uploads/2020/03/Gender-and-Development-Policy-2018-2030.pdf">https://www.genderlinks.org.za/wp-content/uploads/2020/03/Gender-and-Development-Policy-2018-2030.pdf</a>
25	National Plan of Action for Sexual and Gender Based Violence and Violence Against Children 2019 – 2030 [Uganda]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/uga/uga-national-plan-of-action-for-sgbv-vac-vawx13-fu-9fmedp4nkw4wq9t.pdf?Status=Master&amp;sfvrsn=8e27de01_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/uga/uga-national-plan-of-action-for-sgbv-vac-vawx13-fu-9fmedp4nkw4wq9t.pdf?Status=Master&amp;sfvrsn=8e27de01_2</a>



26	The National Strategy to End Violence in Eswatini and Costed Action Plan 2023 – 2027	<a href="https://liphimbolabomake.org/wp-content/uploads/2023/10/NATIONAL-STRATEGY-TO-END-VIOLENCE-IN-ESWATINI-2023-2027-Final.pdf">https://liphimbolabomake.org/wp-content/uploads/2023/10/NATIONAL-STRATEGY-TO-END-VIOLENCE-IN-ESWATINI-2023-2027-Final.pdf</a>
<b>Family Planning</b>		
27	The Zimbabwe National Family Planning Strategy 2022-2026	<a href="https://wordpress.fp2030.org/wp-content/uploads/2023/08/FP-Strategy-2022-2026_Final-Version-CTP-1.pdf">https://wordpress.fp2030.org/wp-content/uploads/2023/08/FP-Strategy-2022-2026_Final-Version-CTP-1.pdf</a>
28	National Strategic Plan with Multisectoral Vision for Family Planning 2021-2025 with a view of 2030 [Democratic Republic of Congo]	<a href="cod-psn-a-vision-multisectorielle-de-la-planification-familliale-2021-2025--002--rhx17-fu-ssdy32av39hmn63.pdf">cod-psn-a-vision-multisectorielle-de-la-planification-familliale-2021-2025--002--rhx17-fu-ssdy32av39hmn63.pdf</a>
29	National Family Planning Advocacy Strategy & Costed Implementation Plan 2020/21 – 2024/25 [Uganda]	<a href="uga-national-fp-advocacy-strategy---costed-implementation-plan-2020-21-2024-25-rhx17-fu-buhjci88nz5688g.pdf">uga-national-fp-advocacy-strategy---costed-implementation-plan-2020-21-2024-25-rhx17-fu-buhjci88nz5688g.pdf</a>
<b>Mental Health</b>		
30	Kenya Mental Health Policy 2015 – 2030	<a href="https://mental.health.go.ke/download/kenya-mental-health-policy-2015-2030/">https://mental.health.go.ke/download/kenya-mental-health-policy-2015-2030/</a>
31	National Mental Health Policy Framework and Strategic Plan 2023 – 2030 [South Africa]	<a href="https://www.health.gov.za/wp-content/uploads/2024/02/National-Mental-Health-Policy-framework-and-strategic-Plan-2023-2030.pdf">https://www.health.gov.za/wp-content/uploads/2024/02/National-Mental-Health-Policy-framework-and-strategic-Plan-2023-2030.pdf</a>
32	National Mental Health Strategy 2020 – 2025 [Ethiopia]	<a href="http://repository.iphce.org/bitstream/handle/123456789/1423/MENTAL-HEALTH%20strategy.pdf?sequence=1&amp;isAllowed=y">http://repository.iphce.org/bitstream/handle/123456789/1423/MENTAL-HEALTH%20strategy.pdf?sequence=1&amp;isAllowed=y</a>
33	National Mental Health Policy and Strategic Plan 2023-2027 [Lesotho]	From contact
<b>Outdated policies</b>		
<b>Sexual and Reproductive Health and Rights (SRHR)</b>		
34	Botswana Integrated Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition (RMNCAH & N) Strategy 2018 – 2022	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-rmncah--n-strategy--ccx9-fu-aq7af7apbeqrwmj.pdf?Status=Master&amp;sfvrsn=2842c8cf_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-rmncah--n-strategy--ccx9-fu-aq7af7apbeqrwmj.pdf?Status=Master&amp;sfvrsn=2842c8cf_2</a>
35	National Guidelines on Health Services Integration (RMNCAH) 2021 [Botswana]	<a href="https://esaro.unfpa.org/sites/default/files/pub-pdf/botswana_national_guidelines_report_v2_for_printing_18.05.22_1.pdf">https://esaro.unfpa.org/sites/default/files/pub-pdf/botswana_national_guidelines_report_v2_for_printing_18.05.22_1.pdf</a>
36	National Policy on Sexual, Reproductive and Child Health 2012 – 2022 [Namibia]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/NAM-CC-10-04-POLICY-2012-eng-SRH-and-Child-Health-Policy.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/NAM-CC-10-04-POLICY-2012-eng-SRH-and-Child-Health-Policy.pdf</a>
37	Namibia National Strategy for Women, Children Adolescents' - Health and Nutrition 2018 – 2022	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam--12885-who-strategy-for-women-and-costing--6---3--rhx39-fu-pee83fjxfmsyqp6.pdf?Status=Master&amp;sfvrsn=1204b907_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam--12885-who-strategy-for-women-and-costing--6---3--rhx39-fu-pee83fjxfmsyqp6.pdf?Status=Master&amp;sfvrsn=1204b907_2</a>

38	National Sexual and Reproductive Health Policy 2022 [Mauritius]	<a href="https://health.govmu.org/health/wp-content/uploads/2023/03/National-Sexual-and-Reproductive-Health-Policy-2022.pdf">https://health.govmu.org/health/wp-content/uploads/2023/03/National-Sexual-and-Reproductive-Health-Policy-2022.pdf</a>
39	National Strategic Plan for Sexual and Reproductive Health 2008 – 2015 [Angola]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/AGO-CC-10-PLAN-STRATEGY-2008-por-National-Strategic-Plan-Sexual-Reproductive-Health-2008-2015.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/AGO-CC-10-PLAN-STRATEGY-2008-por-National-Strategic-Plan-Sexual-Reproductive-Health-2008-2015.pdf</a>
40	Guidelines for the Provision of Reproductive, Maternal and Newborn Health Services and Care in the COVID-19 Pandemic Situation in the Democratic Republic of Congo 2020	<a href="https://bv-assk.org/wp-content/uploads/2024/03/Directives-pour-loffre-des-services-et-des-soins-en-SMNE-en-situation-de-la-pandemie-a-COVID-19-en-RDC-PNSR-2020.pdf">https://bv-assk.org/wp-content/uploads/2024/03/Directives-pour-loffre-des-services-et-des-soins-en-SMNE-en-situation-de-la-pandemie-a-COVID-19-en-RDC-PNSR-2020.pdf</a>
41	Integrated Strategic Plan for Reproductive, Maternal, Newborn, Child, Adolescent and Nutrition Health 2019 - 2022 [Democratic Republic of Congo]	<a href="https://www.pdss.cd/wp-content/uploads/2021/10/PSI-SRMNEA-NUT-2019-2022-VERSION-FINALE-28-juillet-2019.pdf">https://www.pdss.cd/wp-content/uploads/2021/10/PSI-SRMNEA-NUT-2019-2022-VERSION-FINALE-28-juillet-2019.pdf</a>
42	Reproductive Health Policy 2010 [Djibouti]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/DJI-CC-10-04-POLICY-2010-fra-Reproductive-Health-Policy.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/DJI-CC-10-04-POLICY-2010-fra-Reproductive-Health-Policy.pdf</a>
43	Sexual, Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (SRMNAH & N) Strategic Plan 2019-2023 [Eswatini]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/swz/swz-srmncah-n-strategic-plan-2019-to-2023-final--1---1--ccx9-fu-mjix57iek4mctn8.pdf?Status=Master&amp;sfvrsn=ffeb2d0a_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/swz/swz-srmncah-n-strategic-plan-2019-to-2023-final--1---1--ccx9-fu-mjix57iek4mctn8.pdf?Status=Master&amp;sfvrsn=ffeb2d0a_2</a>
44	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH and N) Strategic Plan 2020 to 2024 [South Sudan]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/ssd/ssd-final-rss-rmncah--n-plan-march-2020--002--ccx9-fu-zwn9sznegf6xy6w.pdf?Status=Master&amp;sfvrsn=984c006_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/ssd/ssd-final-rss-rmncah--n-plan-march-2020--002--ccx9-fu-zwn9sznegf6xy6w.pdf?Status=Master&amp;sfvrsn=984c006_2</a>
45	Maternal Newborn and Child Health Strategic Plan 2018 – 2024 [Rwanda]	<a href="https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Strategic_Plan/Rwanda_MNCH_StrategicPlan_June_costed_v2Draft.pdf">https://www.moh.gov.rw/fileadmin/user_upload/Moh/Publications/Strategic_Plan/Rwanda_MNCH_StrategicPlan_June_costed_v2Draft.pdf</a>
46	National Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) Policy 2018 [Rwanda]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/rwa/rwa-rwanda-rmncah--policy-ccx9-fu-a7dm2cv76csuxnr.pdf?Status=Master&amp;sfvrsn=d76734e_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/rwa/rwa-rwanda-rmncah--policy-ccx9-fu-a7dm2cv76csuxnr.pdf?Status=Master&amp;sfvrsn=d76734e_2</a>
47	Reproductive Health Policy for Seychelles 2012 [Seychelles]	<a href="https://www.health.gov.sc/wp-content/uploads/Reproductive-Health-Policy-2012.pdf">https://www.health.gov.sc/wp-content/uploads/Reproductive-Health-Policy-2012.pdf</a>
48	National Policy on Sexual and Reproductive Health 2013 [Eswatini]	<a href="https://genderlinks.org.za/wp-content/uploads/2021/09/Eswatini-NationalSRHPolicy.pdf">https://genderlinks.org.za/wp-content/uploads/2021/09/Eswatini-NationalSRHPolicy.pdf</a>
49	National Strategic Plan for Reproductive, Maternal, Neonatal, Child and Adolescent Health 2019 – 2023 [Burundi]	<a href="https://prb.org/wp-content/uploads/2020/06/Burundi-Plan-Strat%C3%A9gique-Nationa-de-la-Sant%C3%A9-de-la-RMNIA-2019-2023.pdf">https://prb.org/wp-content/uploads/2020/06/Burundi-Plan-Strat%C3%A9gique-Nationa-de-la-Sant%C3%A9-de-la-RMNIA-2019-2023.pdf</a>

50	Madagascar Standards and Procedures in Reproductive Health 2017	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/guideline/mdg-ad-25-01-guideline-2017-fra-normes-et-procedures-de-sante-de-la-reproduction.pdf?Status=Master&amp;sfvrsn=69ab1189_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/guideline/mdg-ad-25-01-guideline-2017-fra-normes-et-procedures-de-sante-de-la-reproduction.pdf?Status=Master&amp;sfvrsn=69ab1189_2</a>
51	National Integrated Sexual and Reproductive Health and Rights Policy 2019 [South Africa]	<a href="https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/National%2520Integrated%2520SRHR%2520Policy_Final_2021.pdf">https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/National%2520Integrated%2520SRHR%2520Policy_Final_2021.pdf</a>
52	National Integrated Maternal & Perinatal Care Guidelines for South Africa 2024	<a href="https://knowledgehub.health.gov.za/system/files/elibdownloads/2024-10/Integrated%20Maternal%20and%20Perinatal%20Care%20Guideline_23_10_2024_0.pdf">https://knowledgehub.health.gov.za/system/files/elibdownloads/2024-10/Integrated%20Maternal%20and%20Perinatal%20Care%20Guideline_23_10_2024_0.pdf</a>
53	National Reproductive Health Strategy 2016 – 2020 [Ethiopia]	<a href="https://docslib.org/doc/1242029/national-reproductive-health-strategy-2016-2020">https://docslib.org/doc/1242029/national-reproductive-health-strategy-2016-2020</a>
54	Reproductive, Maternal, Neonatal, Child and Adolescent Health Strategy 2019 – 2023 [Somalia]	<a href="https://moh.gov.so/en/wp-content/uploads/2020/07/Reproductive-Maternal-Neonatal-Child-And-Adolescent-Health-Strategy-2019-2023.pdf">https://moh.gov.so/en/wp-content/uploads/2020/07/Reproductive-Maternal-Neonatal-Child-And-Adolescent-Health-Strategy-2019-2023.pdf</a>
55	National Sexual and Reproductive Health and Rights (SRHR) Policy 2017 – 2022 [Malawi]	<a href="https://malawi.unfpa.org/sites/default/files/resource-pdf/Malawi_National_SRHR_Policy_2017-2022_16Nov17.pdf">https://malawi.unfpa.org/sites/default/files/resource-pdf/Malawi_National_SRHR_Policy_2017-2022_16Nov17.pdf</a>
<b>Adolescent Sexual and Reproductive Health (ASRH)</b>		
56	National Adolescent Sexual and Reproductive Health Policy 2015 [Kenya]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/ken-ad-17-02-policy-2015-eng-national-adolescent-srh-policy.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/ken-ad-17-02-policy-2015-eng-national-adolescent-srh-policy.pdf</a>
57	National Adolescent Sexual Reproductive Health Policy Implementation Framework 2017-2021 [Kenya]	<a href="https://scorecard.prb.org/wp-content/uploads/2019/06/NATIONAL-ADOLESCENT-SEXUAL-REPRODUCTIVE-HEALTH-POLICY-IMPLEMENTATION-FRAMEWORK-2-1.pdf">https://scorecard.prb.org/wp-content/uploads/2019/06/NATIONAL-ADOLESCENT-SEXUAL-REPRODUCTIVE-HEALTH-POLICY-IMPLEMENTATION-FRAMEWORK-2-1.pdf</a>
58	National Adolescent Health and Development Strategy 2018 - 2022 [Tanzania]	<a href="https://tciurbanhealth.org/wp-content/uploads/2017/12/020518_Adolescent-and-Development-Strategy-Tanzania_vF.pdf">https://tciurbanhealth.org/wp-content/uploads/2017/12/020518_Adolescent-and-Development-Strategy-Tanzania_vF.pdf</a>
59	National Adolescent and Youth Sexual and Reproductive Health Strategy (ASRH) II 2016-2020 [Zimbabwe]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/ZWE-AD-25-01-PLAN-STRATEGY-2016-eng-Final-ASRH-Strategy-M-E-Framework-2016-2020.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/ZWE-AD-25-01-PLAN-STRATEGY-2016-eng-Final-ASRH-Strategy-M-E-Framework-2016-2020.pdf</a>
60	Madagascar National Health Policy for Adolescents and Youth 2019	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/mdg/mdg-politique-nationale-sante-ado-et-jeunes-adx14-fu-dpreasbpce26mvj.pdf?Status=Master&amp;sfvrsn=648c46fa_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/mdg/mdg-politique-nationale-sante-ado-et-jeunes-adx14-fu-dpreasbpce26mvj.pdf?Status=Master&amp;sfvrsn=648c46fa_2</a>

61	Mozambique Adolescent Sexual Reproductive Health Policy and Strategy 2001	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/moz/moz-politica-de-ssr-adolescente-rhx12-fu-bux9exyiw67rk38.pdf?Status=Master&amp;sfvrsn=ab4ca0bd_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/moz/moz-politica-de-ssr-adolescente-rhx12-fu-bux9exyiw67rk38.pdf?Status=Master&amp;sfvrsn=ab4ca0bd_2</a>
62	Adolescent Health Strategic Plan 2011 to 2015 [Zambia]	<a href="https://bettercarenetwork.org/sites/default/files/Zambia%20-%20Adolescent%20Health%20Strategic%20Plan%202011-2015.pdf">https://bettercarenetwork.org/sites/default/files/Zambia%20-%20Adolescent%20Health%20Strategic%20Plan%202011-2015.pdf</a>
63	Burundi Standards and Protocols on Sexual and Reproductive Health of Adolescents and Youth 2022 [Burundi]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bdi/bdi-normes-et-protocoles-ssraj-burundi-final-adx14-fu-fwtzzxtj8gftpdx.pdf?Status=Master&amp;sfvrsn=8de1777c_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bdi/bdi-normes-et-protocoles-ssraj-burundi-final-adx14-fu-fwtzzxtj8gftpdx.pdf?Status=Master&amp;sfvrsn=8de1777c_2</a>
64	National Strategic Plan for Adolescent and Youth Reproductive Health 2018 – 2020 [Madagascar]	<a href="https://prb.org/wp-content/uploads/2020/06/Madagascar-Plan-Strat%C3%A9gique-National-en-Sant%C3%A9-de-la-Reproduction-des-Adolescents-et-des-Jeunes-2018-2020.pdf">https://prb.org/wp-content/uploads/2020/06/Madagascar-Plan-Strat%C3%A9gique-National-en-Sant%C3%A9-de-la-Reproduction-des-Adolescents-et-des-Jeunes-2018-2020.pdf</a>
65	National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan 2018 – 2024 [Rwanda]	<a href="https://moh.prod.risa.rw/Fileadmin/user_upload/Moh/Publications/Strategic_Plan/Rwanda_Adolescent_Strategic_Plan_Final.pdf">https://moh.prod.risa.rw/Fileadmin/user_upload/Moh/Publications/Strategic_Plan/Rwanda_Adolescent_Strategic_Plan_Final.pdf</a>
66	National Adolescent Sexual and Reproductive Health and Rights Framework Strategy 2014 – 2019 [South Africa]	<a href="https://www.srjc.org.za/wp-content/uploads/2019/10/02-National-Adolescent-Sexual-and-Reproductive-Health-and-Rights-Framework-Strategy-pdf-003.pdf">https://www.srjc.org.za/wp-content/uploads/2019/10/02-National-Adolescent-Sexual-and-Reproductive-Health-and-Rights-Framework-Strategy-pdf-003.pdf</a>
67	Adolescent Sexual and Reproductive Health Sector National Guidelines 2013 [Eswatini]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/guideline/swz-ad-17-01-guideline-2013-eng-adolescent-sexual-and-reproductive-health---health-sector-na.pdf?Status=Master&amp;sfvrsn=9ca356b8_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/guideline/swz-ad-17-01-guideline-2013-eng-adolescent-sexual-and-reproductive-health---health-sector-na.pdf?Status=Master&amp;sfvrsn=9ca356b8_2</a>
68	Adolescent Sexual and Reproductive Health Programme, National Standards for Delivering Quality Health-care Services for Adolescents 2018 [Botswana]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-ayfhs-standards-2018-adx19-fu-rhumwrtgnjnfvj.pdf?Status=Master&amp;sfvrsn=72ccf5c0_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-ayfhs-standards-2018-adx19-fu-rhumwrtgnjnfvj.pdf?Status=Master&amp;sfvrsn=72ccf5c0_2</a>
<b>HIV/AIDS</b>		
69	East African Community HIV & AIDS/STI and TB Multisectoral Strategic Plan and Implementation Framework 2015 – 2020	<a href="https://health.eac.int/resources/publications/eac-hiv-aids-strategic-plan-2015-2020">https://health.eac.int/resources/publications/eac-hiv-aids-strategic-plan-2015-2020</a>
70	SADC HIV and AIDS Strategic Framework 2010 – 2015	<a href="https://sadc-eu.sardc.net/resources/Health-AIDS/SADC_HIV_AIDS_Strategic_Framework_2010-2015_Final_Draft_October.pdf">https://sadc-eu.sardc.net/resources/Health-AIDS/SADC_HIV_AIDS_Strategic_Framework_2010-2015_Final_Draft_October.pdf</a>
71	HIV Prevention and Treatment Guidelines 2022 [Kenya]	<a href="https://www.differentiatedservicedelivery.org/wp-content/uploads/Kenya-ARV-Guidelines-2022-Final-1.pdf">https://www.differentiatedservicedelivery.org/wp-content/uploads/Kenya-ARV-Guidelines-2022-Final-1.pdf</a>

72	Consolidated Guidelines for the Prevention and Treatment of HIV/AIDS in Uganda 2022	<a href="https://www.scribd.com/document/658012129/FINAL-CONSOLIDATED-HIV-AIDS-GUIDELINES-2022">https://www.scribd.com/document/658012129/FINAL-CONSOLIDATED-HIV-AIDS-GUIDELINES-2022</a>
73	Somali HIV National Strategic Plan and M&E Framework 2021 – 2023	<a href="https://moh.gov.so/en/wp-content/uploads/2020/07/HIV-NSP-2021-2023-FINAL-.pdf">https://moh.gov.so/en/wp-content/uploads/2020/07/HIV-NSP-2021-2023-FINAL-.pdf</a>
74	Eswatini HIV Integrated Management Guidelines 2022	<a href="https://www.prepwatch.org/resources/eswatini-hiv-integrated-management-guidelines-2022/">https://www.prepwatch.org/resources/eswatini-hiv-integrated-management-guidelines-2022/</a>
75	Guidelines for HIV Prevention, Testing, and Treatment of HIV in Zimbabwe 2022	<a href="https://www.prepwatch.org/resources/guidelines-for-hiv-prevention-testing-and-treatment-of-hiv-in-zimbabwe/">https://www.prepwatch.org/resources/guidelines-for-hiv-prevention-testing-and-treatment-of-hiv-in-zimbabwe/</a>
76	Namibia Paediatric and Adolescent HIV Care and Treatment Strategy 2019 – 2023	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam-paediatric-strategy---final-revised-ed-edits--3--ccx9-fu-qdpaxtk67sb4kj9.pdf?Status=Master&amp;sfvrsn=7474ecf4_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam-paediatric-strategy---final-revised-ed-edits--3--ccx9-fu-qdpaxtk67sb4kj9.pdf?Status=Master&amp;sfvrsn=7474ecf4_2</a>
77	National Guidelines for Comprehensive HIV Prevention, Care and Treatment 2022 [Ethiopia]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/national_guidelines_for_comprehensive_hiv_prevention_care_and_treatment_-_february_2022_pocket_guide.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/national_guidelines_for_comprehensive_hiv_prevention_care_and_treatment_-_february_2022_pocket_guide.pdf</a>
78	The Fifth Eritrea National HIV/AIDS/STI Strategic Plan (ENASP V) 2017 – 2021	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/ERI-RH-43-01-PLAN-STRATEGY-2016-eng-National-HIV-Strategic-Plan-2017-2021.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/ERI-RH-43-01-PLAN-STRATEGY-2016-eng-National-HIV-Strategic-Plan-2017-2021.pdf</a>
79	Guidelines for Management of Advanced HIV Disease in Zambia 2021	<a href="https://www.differentiatedservicedelivery.org/wp-content/uploads/Zambia_Guidelines-for-Management-of-Advanced-HIV-Disease.pdf">https://www.differentiatedservicedelivery.org/wp-content/uploads/Zambia_Guidelines-for-Management-of-Advanced-HIV-Disease.pdf</a>
80	National Guidelines for the Prevention and Treatment of HIV in Burundi 2020	<a href="https://www.differentiatedservicedelivery.org/wp-content/uploads/Burundi-2020.10-DIRECTIVES_NATIONALES_TARV-2020-VF-PREFACEE_-09-Octobre-2020.pdf">https://www.differentiatedservicedelivery.org/wp-content/uploads/Burundi-2020.10-DIRECTIVES_NATIONALES_TARV-2020-VF-PREFACEE_-09-Octobre-2020.pdf</a>
81	National HIV & AIDS Policy 2019 [Lesotho]	<a href="http://nac.org.ls/wp-content/uploads/2020/09/National-HIV-AIDS-Policy.pdf">http://nac.org.ls/wp-content/uploads/2020/09/National-HIV-AIDS-Policy.pdf</a>
82	National HIV & AIDS Strategic Plan 2018/19 – 2022/23 [Lesotho]	<a href="https://www.prepwatch.org/wp-content/uploads/2023/04/National-HIV-Strategic-Plan-2018-2023-Aug-30.18.pdf">https://www.prepwatch.org/wp-content/uploads/2023/04/National-HIV-Strategic-Plan-2018-2023-Aug-30.18.pdf</a>
83	National Strategic Plan for the Fight against HIV/AIDS 2011 – 2015 [Comoros]	<a href="https://www.childrenandaids.org/sites/default/files/2018-05/Comoros_Nat%20Strat%20Plan%20HIV_2011-2015%20fr.pdf">https://www.childrenandaids.org/sites/default/files/2018-05/Comoros_Nat%20Strat%20Plan%20HIV_2011-2015%20fr.pdf</a>
84	National Strategic Plan to Fight Against HIV/AIDS 2018 – 2022 [Djibouti]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/DJI-AD-17-02-PLAN-STRATEGY-2018-fra-National-Strategic-Plan-Against-HIV-AIDS-2018-2022.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/DJI-AD-17-02-PLAN-STRATEGY-2018-fra-National-Strategic-Plan-Against-HIV-AIDS-2018-2022.pdf</a>

85	Revised National HIV and AIDS Strategic Framework 2020 – 2023 [Zambia]	<a href="https://www.nac.org.zm/ccmzambia/download/revised-national-hiv-and-aids-strategic-framework-2020-2023/">https://www.nac.org.zm/ccmzambia/download/revised-national-hiv-and-aids-strategic-framework-2020-2023/</a> , <a href="https://www.nac.org.zm/ccmzambia/download/revised-national-hiv-and-aids-strategic-framework-2020-2023/">https://www.nac.org.zm/ccmzambia/download/revised-national-hiv-and-aids-strategic-framework-2020-2023/</a>
86	Tanzania National Multisectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23	<a href="https://www.tacaids.go.tz/uploads/documents/en-1623587159-NMSF_IV2018.pdf">https://www.tacaids.go.tz/uploads/documents/en-1623587159-NMSF_IV2018.pdf</a>
87	National Guidelines for Antiretroviral Therapy 2021 [Namibia]	<a href="https://mhss.gov.na/">https://mhss.gov.na/</a>
88	National Strategic Plan for Responding to STIs and AIDS in Madagascar 2013 – 2017	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/madagascar_nat_strat_plan_for_stis_and_aids_2013-2017_fr_1.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/madagascar_nat_strat_plan_for_stis_and_aids_2013-2017_fr_1.pdf</a>
89	National Guidelines for the Management of HIV and AIDS 2019 [Tanzania]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/national_guidelines_for_the_management_of_hiv_and_aids_2019.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/national_guidelines_for_the_management_of_hiv_and_aids_2019.pdf</a>
90	Guidelines for HIV Prevention, Treatment and Care in Rwanda 2022 [Rwanda]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/final_guidelines_for_hiv_prevention_treatment_and_care_in_rwanda_2022_c.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/final_guidelines_for_hiv_prevention_treatment_and_care_in_rwanda_2022_c.pdf</a>
91	National Strategic Plan to Combat HIV and AIDS 2014 – 2017 [Democratic Republic of Congo]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/drc-national-strategic-plan-against-hiv-2014-2017.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/drc-national-strategic-plan-against-hiv-2014-2017.pdf</a>
92	National Strategic Plan to Fight Against HIV/AIDS 2018 – 2022 [Djibouti]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/DJI-AD-17-02-PLAN-STRATEGY-2018-fra-National-Strategic-Plan-Against-HIV-AIDS-2018-2022.pdf">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/DJI-AD-17-02-PLAN-STRATEGY-2018-fra-National-Strategic-Plan-Against-HIV-AIDS-2018-2022.pdf</a>
93	South Sudan Revised National HIV and AIDS Strategic Plan 2021 – 2023	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/ssd_nsp_hiv_2020-2023.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/ssd_nsp_hiv_2020-2023.pdf</a>
94	2019–2023 National Strategic Plan for HIV, AIDS and Viral Hepatitis [Seychelles]	<a href="https://nationalaidsCouncil.sc/?mdocs-file=1667">https://nationalaidsCouncil.sc/?mdocs-file=1667</a>
95	National Guidelines on the Use of Antiretroviral Therapy for HIV Prevention and Treatment 2022 [Lesotho]	<a href="https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/final_interactive_lesotho_hiv_prevention_treatment_care_guidelines_2022.pdf">https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/final_interactive_lesotho_hiv_prevention_treatment_care_guidelines_2022.pdf</a>
96	National HIV Policy 2019 [Eswatini]	<a href="https://infoCenter.nercha.org.sz/sites/default/files/2021-11/national_hiv_prevention_policy_2019.pdf">https://infoCenter.nercha.org.sz/sites/default/files/2021-11/national_hiv_prevention_policy_2019.pdf</a>
97	National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018–2023 [Eswatini]	<a href="https://www.prepwatch.org/wp-content/uploads/2022/03/Eswatini-National-HIVAIDS-Guidelines-2018-2023.pdf">https://www.prepwatch.org/wp-content/uploads/2022/03/Eswatini-National-HIVAIDS-Guidelines-2018-2023.pdf</a>



## Gender-Based Violence (GBV)

98	East African Community Gender Policy 2018	<a href="http://repository.eac.int/bitstream/handle/11671/24328/EAC%20GENDER%20POLICY-2.PDF?sequence=1">http://repository.eac.int/bitstream/handle/11671/24328/EAC%20GENDER%20POLICY-2.PDF?sequence=1</a>
99	National Policy for Prevention and Response to Gender-Based Violence 2014 [Kenya]	<a href="https://psyg.go.ke/docs/National%20Policy%20on%20prevention%20and%20Response%20to%20Gender%20Based%20Violence.pdf">https://psyg.go.ke/docs/National%20Policy%20on%20prevention%20and%20Response%20to%20Gender%20Based%20Violence.pdf</a>
100	The National Policy on Elimination of Gender-Based Violence in Uganda 2016	<a href="https://data.unhcr.org/en/documents/details/92617">https://data.unhcr.org/en/documents/details/92617</a>
101	Revised National Gender Policy 2021 [Rwanda]	<a href="https://www.migeprof.gov.rw/Fileadmin/user_upload/Migeprof/Publications/Guidelines/Revised_National_Gender_Policy-2021.pdf">https://www.migeprof.gov.rw/Fileadmin/user_upload/Migeprof/Publications/Guidelines/Revised_National_Gender_Policy-2021.pdf</a>
102	National Plan of Action on Gender-Based Violence 2012 – 2016 [Namibia]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/nam-gbv-19-01-plan-strategy-2012-eng-national-plan-of-action-on-gbv-2012-2016.pdf?Status=Master&amp;sfvrsn=1a2a3580_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/nam-gbv-19-01-plan-strategy-2012-eng-national-plan-of-action-on-gbv-2012-2016.pdf?Status=Master&amp;sfvrsn=1a2a3580_2</a>
103	National Plan of Action to Combat Gender-Based Violence in Malawi 2014 – 2020	<a href="https://genderlinks.org.za/wp-content/uploads/2019/04/GBV_Malawi_GBVNationalPlanofAction_2014-2020.pdf">https://genderlinks.org.za/wp-content/uploads/2019/04/GBV_Malawi_GBVNationalPlanofAction_2014-2020.pdf</a>
104	National Strategy to Fight against Gender-Based Violence Revised 2019 [Democratic Republic of Congo]	<a href="https://divisiongenre-nk.org/wp-content/uploads/2023/11/STRATEGIE-NATIONALE-VBG-REVISEE- SNVBG-revisee-31-12-2019.pdf">https://divisiongenre-nk.org/wp-content/uploads/2023/11/STRATEGIE-NATIONALE-VBG-REVISEE- SNVBG-revisee-31-12-2019.pdf</a>
105	National Action Plan for Gender Based Violence for the Republic of Seychelles 2010 - 2011	<a href="https://clr.africanchildforum.org/policy%20per%20country/seychelles/seychelles_violence_2010-2011_en.pdf">https://clr.africanchildforum.org/policy%20per%20country/seychelles/seychelles_violence_2010-2011_en.pdf</a>
106	National Plan of Action to End Violence against Women and Children in Tanzania 2017/18 – 2021/22	<a href="https://www.unicef.org/tanzania/media/496/file/tanzania-2016-NPA-VAWC.pdf">https://www.unicef.org/tanzania/media/496/file/tanzania-2016-NPA-VAWC.pdf</a>
107	National Strategic Plan to Combat Sexual and Gender-Based Violence 2018 – 2022 [Burundi]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bdi/bdi-plan-strat-national-lutte-contre-les-vsbg-03-7-2018-vawx13-fu-dx9m4v35urigein.pdf?Status=Master&amp;sfvrsn=bc3444e_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bdi/bdi-plan-strat-national-lutte-contre-les-vsbg-03-7-2018-vawx13-fu-dx9m4v35urigein.pdf?Status=Master&amp;sfvrsn=bc3444e_2</a>
108	National Strategy towards Ending GBV in Botswana 2016 – 2020 [Botswana]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-national-strategy-towards-ending-gbv-in-botswana-2016-2020-vawx13-fu-ewp2a68y7yqrfnt.pdf?Status=Master&amp;sfvrsn=2c9c5637_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/bwa/bwa-national-strategy-towards-ending-gbv-in-botswana-2016-2020-vawx13-fu-ewp2a68y7yqrfnt.pdf?Status=Master&amp;sfvrsn=2c9c5637_2</a>



109	Madagascar National Strategy to Combat Gender-Based Violence 2017 - 2021	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/mdg-gbv-19-01-plan-strategy-2016-fra-strat%C3%A9gie-nationale-de-la-lutte-contre-les-violences-bas%C3%A9es-sur-le-genre.pdf?Status=Master&amp;sfvrsn=e80da684_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/plan-strategy/mdg-gbv-19-01-plan-strategy-2016-fra-strat%C3%A9gie-nationale-de-la-lutte-contre-les-violences-bas%C3%A9es-sur-le-genre.pdf?Status=Master&amp;sfvrsn=e80da684_2</a>
110	National Strategy and Action Plan of the High-Level Committee on the Elimination of Gender Based Violence in the Republic of Mauritius 2020 - 2024	<a href="https://pmo.govmu.org/Communique/PMO%20-%20National%20Strategy%20TP%20FINAL%20WEB.pdf">https://pmo.govmu.org/Communique/PMO%20-%20National%20Strategy%20TP%20FINAL%20WEB.pdf</a>
111	Somalia National GBV Strategy 2018 - 2020	<a href="https://nwm.unescwa.org/sites/default/files/2023-06/Somalia%20-%20National%20GBV%20strategy%202018-2020.pdf">https://nwm.unescwa.org/sites/default/files/2023-06/Somalia%20-%20National%20GBV%20strategy%202018-2020.pdf</a>
112	National Gender Policy 2023 [Zambia]	<a href="https://www.gender.gov.zm/wp-content/uploads/2023/12/GD-NGP-23.11.23.pdf">https://www.gender.gov.zm/wp-content/uploads/2023/12/GD-NGP-23.11.23.pdf</a>
<b>Family Planning</b>		
113	Integrated Strategic Plan for Family Planning and Securing Reproductive Health Products 2016 – 2020 [Madagascar]	<a href="http://www.sante.gov.mg/organigrammes/assets/uploads/Files/documents_officiels/40216-plan-strategique-integre-pf_spsr-avril-16_dsfa.pdf">http://www.sante.gov.mg/organigrammes/assets/uploads/Files/documents_officiels/40216-plan-strategique-integre-pf_spsr-avril-16_dsfa.pdf</a>
114	National Family Planning Costed Implementation Plan 2017-2020 [Kenya]	<a href="https://www.familyhealth.go.ke/wp-content/uploads/2018/02/National-FP-Costed-Implementation-Plan-2017-2020.pdf">https://www.familyhealth.go.ke/wp-content/uploads/2018/02/National-FP-Costed-Implementation-Plan-2017-2020.pdf</a>
115	Family Planning Policy 2013 [South Sudan]	<a href="https://pdf.usaid.gov/pdf_docs/PA00JVB1.pdf">https://pdf.usaid.gov/pdf_docs/PA00JVB1.pdf</a>
116	National Contraception Clinical Guidelines 2019 [South Africa]	<a href="https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/">https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/</a>
117	National Contraception and Fertility Planning Policy and Service Delivery Guidelines 2012 [South Africa]	<a href="https://partners-popdev.org/wp-content/uploads/2015/08/National-contraception-family-planning-policy.pdf">https://partners-popdev.org/wp-content/uploads/2015/08/National-contraception-family-planning-policy.pdf</a>
118	National Family Planning Guidelines and Standards 2020 [Rwanda]	<a href="#">NATIONAL FAMILY PLANNING .indd</a>
119	National Family Planning Guidelines and Standards 2013 [Tanzania]	<a href="tza-rh-32-01-guideline-2013-fra-tz-fp-standard-and-guidelines.pdf">tza-rh-32-01-guideline-2013-fra-tz-fp-standard-and-guidelines.pdf</a>
120	National Guideline for Family Planning Services in Ethiopia 2020	<a href="eth-national-guideline-for-family-planning-services-in-ethiopia-august-25-2020-rhx17-fu-mysifkbpj5a29z7.pdf">eth-national-guideline-for-family-planning-services-in-ethiopia-august-25-2020-rhx17-fu-mysifkbpj5a29z7.pdf</a>
121	Lesotho National Family Planning Guidelines 2021	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/Iso/Iso-lesotho-national-family-planning-guidelines-2021--1--rhx12-fu-ajuftnp3r74wgp.pdf?Status=Master&amp;sfvrsn=18f76fc4_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/Iso/Iso-lesotho-national-family-planning-guidelines-2021--1--rhx12-fu-ajuftnp3r74wgp.pdf?Status=Master&amp;sfvrsn=18f76fc4_2</a>

122	Eswatini National Family Planning Services Guidelines 2021	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/swz/swz-eswatini-fp-services-guidelines-2021-3rd-edition--1--rhx12-fu-ije725gwgad8ahg.pdf?Status=Master&amp;sfvrsn=b26b9f4a_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/swz/swz-eswatini-fp-services-guidelines-2021-3rd-edition--1--rhx12-fu-ije725gwgad8ahg.pdf?Status=Master&amp;sfvrsn=b26b9f4a_2</a>
123	National Guidelines on Family Planning 2019 [Namibia]	<a href="https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam-namibia-national-family-planning-guidelines-25jun2019-v6-fnl-printready-29august--2--rhx17-fu-hvvvv98de6hdn83.pdf?Status=Master&amp;sfvrsn=7e180bb9_2">https://platform.who.int/docs/default-source/mca-documents/policy-documents/by-country/nam/nam-namibia-national-family-planning-guidelines-25jun2019-v6-fnl-printready-29august--2--rhx17-fu-hvvvv98de6hdn83.pdf?Status=Master&amp;sfvrsn=7e180bb9_2</a>
124	Zambia Family Planning Guidelines and Protocols 2017	<a href="zmb-rh-32-01-guideline-2017-eng-zambia-fp-guidelines-and-protocols.pdf">zmb-rh-32-01-guideline-2017-eng-zambia-fp-guidelines-and-protocols.pdf</a>
<b>Mental Health</b>		
125	Somali Mental Health Strategy 2019 – 2022	<a href="https://moh.gov.so/en/wp-content/uploads/2020/07/Somali-Mental-Health-Strategy-2019-2022.pdf">https://moh.gov.so/en/wp-content/uploads/2020/07/Somali-Mental-Health-Strategy-2019-2022.pdf</a>
126	National Guidelines on Workplace Mental Wellness 2023 [Kenya]	<a href="http://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf">http://publications.universalhealth2030.org/uploads/Kenya-Mental-Health-Policy.pdf</a>
127	Child and Adolescent Mental Health Policy Guidelines 2017 [Uganda]	<a href="https://health.go.ug/sites/default/files/CAMH%20POLICY%20-%20%20Final%201%20%281%29_0.pdf#:~:text=The%20Child%20and%20Adolescent%20Mental%20Health%20Policy%20Guidelines,and%20Substance%20use%20disorders%20among%20children%20and%20adolescents..">https://health.go.ug/sites/default/files/CAMH%20POLICY%20-%20%20Final%201%20%281%29_0.pdf#:~:text=The%20Child%20and%20Adolescent%20Mental%20Health%20Policy%20Guidelines,and%20Substance%20use%20disorders%20among%20children%20and%20adolescents..</a>
128	National Guidelines for the Provision of Psychosocial Care and Support Services 2020 [Tanzania]	<a href="https://www.jamii.go.tz/uploads/publications/en1650360358-NATIONAL%20PSS%20GUIDELINES%202020%20Final.pdf">https://www.jamii.go.tz/uploads/publications/en1650360358-NATIONAL%20PSS%20GUIDELINES%202020%20Final.pdf</a>
129	National Mental Health Policy 2020 [Malawi]	<a href="https://digipixmw.github.io/ncda-mw/files/MENTAL%20HEALTH%20POLICY%20MARCH%202020%20revised_final_signed.pdf">https://digipixmw.github.io/ncda-mw/files/MENTAL%20HEALTH%20POLICY%20MARCH%202020%20revised_final_signed.pdf</a>
130	National Mental Health Policy 2011 [Rwanda]	<a href="https://www.rbc.gov.rw/fileadmin/user_upload/mental/National-Mental-health-Policy.pdf">https://www.rbc.gov.rw/fileadmin/user_upload/mental/National-Mental-health-Policy.pdf</a>
131	National Guidelines for the Integration of Mental Health Care into the Health System of Burundi 2019 [Burundi]	<a href="https://afahobckpstorageaccount.blob.core.windows.net/afahobckpcontainer/production/files/Directives_nat_pr_lint%C3%A9gration_des_soins_de_sant%C3%A9_mentale_dans_le_syst%C3%A8_MR7hPqk.pdf">https://afahobckpstorageaccount.blob.core.windows.net/afahobckpcontainer/production/files/Directives_nat_pr_lint%C3%A9gration_des_soins_de_sant%C3%A9_mentale_dans_le_syst%C3%A8_MR7hPqk.pdf</a>
132	National Policy for Mental Health 2005 [Namibia]	<a href="https://www.medbox.org/pdf/5e148832db60a2044c2d3f7d">https://www.medbox.org/pdf/5e148832db60a2044c2d3f7d</a>
133	National Policy on Mental Health 2003 [Botswana]	<a href="https://medbox.org/pdf/5e148832db60a2044c2d3e58">https://medbox.org/pdf/5e148832db60a2044c2d3e58</a>
134	Policy Guidelines on Child and Adolescent Mental Health 2014 [South Africa]	<a href="https://www.gov.za/sites/default/files/gcis_document/201409/childmentalhealth0.pdf">https://www.gov.za/sites/default/files/gcis_document/201409/childmentalhealth0.pdf</a>

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