

Policy Barriers to Provision HIV Biomedical Prevention Services in sub-Saharan Africa

**HIV Prevention
Market Manager**

Accelerating Product Introduction
Informing Product Development
Reducing Time to Impact



Supported by the Bill & Melinda Gates Foundation

Supportive policies are critical to successful and rapid product introduction

- Policies governing HIV prevention product access are **key guardrails that influence product uptake**, including provider willingness and ability to offer oral PrEP
- **Policies dictate who can access an HIV prevention product**, where they can access it, and from whom
- If not addressed, these **policies could also limit access to next generation products**
- Understanding and **improving the enabling environment can increase the reach and impact** of future biomedical HIV prevention products

Methodology

Policies Reviewed:

- All policies and guidelines related to provision of PrEP and family planning (clinical guidelines, National Strategic Plans, Implementation plans, etc.)
- Other policies examined include the Global Gag Rule (ie. the Mexico City Policy) and legislation on the criminality of same-sex relationships

Other Sources:

- In-depth interviews were conducted with partners based in South Africa, Kenya, Zimbabwe, Malawi, Zambia, Nigeria, Uganda, and Namibia¹ to gather details related to provider training requirements not available in the public literature

¹ Additional information available in Annex, slide 25

Limitations: Data on trainings were collected from outreach MoH partners and implementers, and not all contacts submitted complete information.

Age of consent may limit PrEP access & will need to be addressed in order to maximize uptake

- Laws and policies related to age of consent for PrEP are often absent and not aligned with age of consent policies for sexual intercourse, HTS & contraceptives (which typically have more lenient policies).
- Legal age of sexual consent is often set at a higher age than the age at which adolescents become sexually active – SSA also has high levels of underage, child & forced marriage
 - In Zimbabwe, 1 in 3 girls under the age of 18 are married; 4% are married before the age of 15. In Malawi, 42% of girls are married before the age of 18; 9% are married before turning 15¹
- Lack of clarity and alignment around age of consent policies for PrEP and SRH can prevent providers from offering comprehensive SRH services, and can reduce the number of adolescents accessing services²

¹ Plan International (n 18). See also UNICEF 'State of the world's children, 2016'; Zimbabwe - Child marriage around the world. Girls Not Brides, <https://www.girlsnotbrides.org/child-marriage/zimbabwe/> (accessed 8 April 2018).

² Mckinnon B. & Vandermorris A. 2018. National age-of-consent laws and adolescent HIV testing in sub-Saharan Africa: a propensity-score matched study. World Health Organization Bulletin

Alignment of age of consent policies for FP & PrEP may facilitate increased access and integrated service delivery

Country	Age of Consent: PrEP	Age of Consent: Contraceptives	Age of consent: HTS	Age of Sexual Consent
South Africa	15, Tanner stage 3	12	12	16
Kenya	15	No age limit	15	18
Nigeria	N/A	No age limit	18	18
Zimbabwe	N/A	No age limit	16	16
Zambia	N/A	No age limit	16	16
Uganda	N/A	No age limit	12	18
Namibia	15, Tanner stage 3	No age limit	16	16
Malawi	N/A	No age limit	13	14

- WHO recommends countries set the minimum legal age of consent for HTS to 12 or remove age limits⁴, because lower legal age of consent can increase testing & PrEP uptake, and lower HIV incidence.⁵
- Most African countries set the age of consent for HTS at 16 or 18 years; while countries like South Africa & Uganda permit access to HTS & counselling at age 12.³
- Many countries do not have clear guidelines around PrEP for adolescents & age of consent
- Average age of consent for PrEP is 15 years which is higher than what is set for access to contraceptives.
- PrEP uptake could benefit from clear age of consent specifications in the guidelines & lowering or aligning age of consent with FP.

³ Mckinnon B. & Vander Morris A. 2018. National age-of-consent laws and adolescent HIV testing in sub-Saharan Africa: a propensity-score matched study. WHO Bulletin.

⁴ WHO. 2013. HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV. Annex 15.

⁵ Rosenberg N., et al. 2013. Assessing the effect of HIV counselling and testing on HIV acquisition among South African youth.

The Global Gag Rule has significantly reduced access to HIV Px services

- Global gag rule has resulted in **widespread funding cuts for IPPF Member Associations** across SSA (some losing up to 70% of their annual income) as well as a **loss of nearly \$30 million per year for Marie Stopes International** ⁶
- Many organizations providing access, referral and counselling to abortion services **are the same organizations providing HIV prevention.**
 - A recent survey by amfAR found 1/3 of PEPFAR implementing partners reported altering operations in response to the expanded policy & specifically reducing HIV services ⁷
- **Reductions in funding and program capacity are barrier to accessing HIV Px services** from providers, especially in rural areas where many clinics rely on foreign aid to stay open. **Many clinics have laid off staff, while others have been shuttered completely,** and individuals are being turned away from care⁶

⁶ CHANGE. 2018. *Prescribing Chaos in Global Health: The Global Gag Rule from 1984-2018.*

⁷ amfAR. 2019. The Effect of the Expanded Mexico City Policy on HIV/AIDS Programming: Evidence from the PEPFAR Implementing Partners Survey. Accessed at https://www.amfar.org/uploadedFiles/amfarorg/Articles/On_The_Hill/2019/IB-1-31-19a.pdf

Alignment of provider training and task shifting for FP and PrEP may support integration and uptake

- Family planning policies include **clear provisions for task-shifting** family planning counseling and prescription duties across cadres
- **Contraceptives can be prescribed by lower cadres of providers** than clinicians and nurses, with lay providers authorized to administer OCPs & injectables
- Many countries (including South Africa, Namibia, and Zambia) still **require that doctors ART/PrEP certified nurses prescribe PrEP** – a barrier to effective service delivery in many settings
 - Some countries, including Kenya, Zimbabwe, Uganda, and Namibia only require providers to complete a 3-day PrEP specific curriculum⁸

Task-shifting has proven to be safe, efficient and cost-effective for ART, HTS, and VMMC, but has been slower for oral PrEP

- For ART, HTS & VMMC delivery, task-shifting has improved clinic efficiency (and thus improved cost-effectiveness)
- Although task-shifting for PrEP prescription typically only happens between ART certified doctors & nurses, Zambia & Kenya also allow ART certified clinical officers to prescribe PrEP⁹
- Task-shifting to lay providers has been more widely implemented for the purposes of **PrEP counselling**¹⁰

	Doctors	Nurses	Clinical Associates/Officers	Pharmacists	Lay Providers (ex. CHW, HSAs)
PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/> **
VMMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*Requirements vary by country

**These cadres can dispense not prescribe

⁹ IDIs with Daniel Were, Definate Nhamo, Gena Barnabee, Idel Billah and Charles Brown

¹⁰ Bemelmans M., et al. Sustaining the future of HIV counselling to reach 90-90-90: a regional country analysis. 2016. JIAS

Creating an Enabling Policy Environment for Provision of Services to LGBTQ+ Clients

	Decriminalization of same-sex relations	Accurate population size estimates	
South Africa	✓	✗	<ul style="list-style-type: none"> Discriminatory policies lead to a reduction in healthcare options due to a lack of political will to fund programs & reduced effectiveness of healthcare programming Criminalization leads to lower rates of patient disclosure – this can reduce size estimates of LGBTQ+ populations Stigma and discrimination from healthcare providers is also a challenge exacerbated in settings where same-sex relations are illegal Lack of national mandates on sensitization trainings for providers means that trainings are fragmented and left up to IPs
Kenya	✗	✗	
Zimbabwe	✗	✗	
Malawi	✗	✗	
Botswana	✓	✗	
Uganda	✗	✗	
Nigeria	✗	✗	
Zambia	✗	✗	
Namibia	✗	✗	
Lesotho	✓	✓	
Eswatini	✗	✗	



Decriminalization can reduce discrimination & stigma from providers, as well as improve funding for LGBTQ+ health programs & technical trainings/support for HCWs on provision of rights-based services for HIV prevention

¹¹ amfAR. 2013. *Tackling HIV/AIDS Among Key Populations: Essential to Achieving an AIDS-free Generation.*
¹² PEPFAR. 2018 COP Strategic Direction Summaries. <https://www.pepfar.gov/countries/cop/fy2018/c80143.htm>.
¹³ UN Office of the High Commissioner for Human Rights. 2018. Criminalization Fact Sheet.

Key population led services may help to surmount obstacles to PrEP access

- Key populations, including MSM & transgender people are disproportionately affected by HIV and access HIV testing and treatment services at low rates¹⁴
- Implementing effective task-shifting for PrEP to increase availability of community-led services can improve health outcomes for key populations, by reducing stigma, improving service acceptability, quality & adherence¹⁵
- Examples of community-engaged models include Thailand's Princess PrEP Program for MSM & transgender women and Vietnam's Prepped 4 PrEP program, both of which offer comprehensive services and observed high retention (At 3 mo. 64% TGW & MSM¹⁶; 78% for MSM & 91% TGW¹⁷)



¹⁴ Joint United Nations Program on HIV/AIDS (UNAIDS). Key populations atlas. Available from: <http://www.aidsinfoonline.org/kpatlas/#/home>

¹⁵ Reisner S., et al. Global Health Burden and needs of transgender populations. 2016. Lancet.

¹⁶ Phanuphak N., et al. Princess PrEP program: the first key population-led model to deliver pre-exposure prophylaxis to key populations by key populations in Thailand. 2018. Sexual Health.



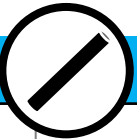
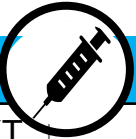
¹⁷ UNITAID, UNAIDS, WHO. Building Capacity for the Roll-Out of PrEP and HIV Testing Innovations in Asia and Pacific. Bangkok, Thailand; Oct. 2018. Accessed on:

<https://unitaid.org/assets/HIVST-PrEP-Report-2019.pdf>

Country Snapshots

Country Snapshots

- To better understand provider training requirements and barriers to PrEP provision 8 countries (with a focus on countries with high HIV incidence in SSA with PrEP policies in place) to understand:
 - Who is authorized to counsel on PrEP
 - Who is authorized to prescribe PrEP
 - What training requirements exist (training duration, type, location)
- Compared these requirements with those applied to family planning in similar contexts

	PrEP	Contraception
Products	 <p>TDF/FTC</p>	 <ul style="list-style-type: none"> • POPs • COCs  <ul style="list-style-type: none"> • Implanon NXT • Jadelle • Sino-plant  <ul style="list-style-type: none"> • DMPA • NET-EN
Age of consent	15 years of age, tanner stage 3	Women of reproductive age (12 years)
Who counsels	<p>Counselors</p> <p>Specific requirements</p> <ul style="list-style-type: none"> • Completion of PrEP counselling training (1-2 days) • Refresher courses required on an as needed basis • Training in central locations (ie. Jo'burg), in provinces as needed. IPs pay for transport, per diem & lodging 	<p>Clinicians/doctors, nurses, counselors, pharmacists, CHWs, clinical associates</p> <p>*No specific requirements noted in policy</p>
Who prescribes	<p>Counselors</p> <p>Specific requirements</p> <ul style="list-style-type: none"> • Licensed in NIMART (5 days), 6 mo. mentorship, portfolio submission & application • PrEP training (1-2 days), dispensing license (3-5 days & application) • Refresher courses are required on as needed basis • Training in central locations (ie. Johannesburg), in provinces as needed. IPs pay for transport, per diem & lodging 	<p>*No specific requirements noted in policy</p>



Kenya

PrE

P

Contraceptive

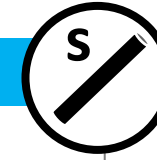
Products



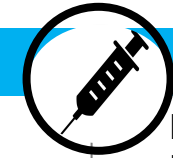
TDF & TDF/XTC



- POPs
- COCs



- Implanon NXT
- Jadelle
 - Sino-plant



- DMPA
- DMPA-SC
 - NET-EN

Age of consent

15 years of age

Women of reproductive age

Who counsels

- Cl**
- Specific requirements**
- Completion of NASCOP PrEP training (1x training, off-site 2.5 days)
 - Modular trainings held weekly until curriculum is complete
 - Training is followed by ongoing mentorship in facilities
 - 20% of trainings are off-site, 80% are modular & in-facility
 - IPs pay for staff accommodations, per diem & transport.

Clinicians/doctors, nurses, clinical officer, pharmacist, CHWs

Clinicians/doctors, nurses, HTC counselors, clinical officer

***No specific requirements noted in policy**

Who prescribes

- C**
- Specific requirements**
- Completion of NASCOP PrEP training (1x training, off-site 2.5 days)
 - Modular trainings held weekly until curriculum is complete
 - Training is followed by ongoing mentorship in facilities
 - 20% of trainings are off-site, 80% are modular & in-facility
 - IPs pay for staff accommodations, per diem & transport.

Clinicians/doctors, nurses, CHWs, pharmacists, officers

Clinicians/doctors, nurses, clinical officers

***No specific requirements noted in policy**

Nigeria

PrEP

Contraceptive

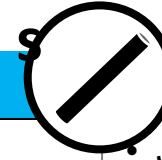
Products



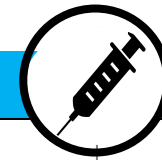
TDF & TDF/XTC



- POPs
- COCs



- Jadelle
- Implanon/Implanon NXT
- Sino-Implant II



- DMPA
- DMPA-SC
- NET-EN

Age of consent

N/A (18 for ART & HCT)

Women of reproductive age

Who counsels

***There are currently no guidelines/training on PrEP in Nigeria**

Specific requirements

- Completion of 1x Family Planning Certification or Family Planning Counselling Course
- 5-day training for CHEWs, 3-day training for pharmacists

Who prescribes





***There are currently no guidelines/training on PrEP in Nigeria**

Specific requirements

- Certificate in Family Planning, 4 weeks
- 5-day refresher training, every 3 years
- On-the-job training every 2 months
- 4 week initial certification course is available in 4 major cities



Zimbabwe

	PrE P	Contraceptive S
Products	 TDF/XTC	 <ul style="list-style-type: none"> • POPs • COCs  <ul style="list-style-type: none"> • Jadelle • Implanon/Implano n NXT • Sino-Implant II  <ul style="list-style-type: none"> • DMPA • Sayana press • NET –EN • MPA/estradiol
Age of consent	N/A	Women of reproductive age
Who counsels	Clinicians/doctors, nurses, counselors, CHWs, pharmacist, clinical ass <div style="border: 1px dashed black; padding: 5px;"> <p>Specific requirements</p> <ul style="list-style-type: none"> • Peer educator training & PrEP training (2-days), re-training 1x each year & ongoing mentorship in facility • Regional trainings held off-site. IPs fund trainings. </div>	<p>*No specific requirements noted in policy</p>
Who prescribes	<div style="border: 1px dashed black; padding: 5px;"> <p>Specific requirements</p> <ul style="list-style-type: none"> • Training in forensics & HIV rapid testing, 2-day national PrEP training, yearly refresher course & mentorship in facility • Regional trainings held off-site. IPs fund training, lodging, travel, per diem </div>	<p>*No specific requirements noted in policy</p>



Zambia



Products

Age of consent

Who counsels

Who prescribes

TDF/XTC

N/A (16 for ART & HCT)

Women of reproductive age

Clinicians/doctors, nurses, counselors, CHWs, clinical officers, social workers

- Specific requirements**
- Psychosocial counseling training, 2 weeks
 - PrEP training, 2 days, refresher trainings at 6-mo. intervals
 - Psychosocial & PrEP trainings are conducted at district level, with refresher training in facility
 - Implementing partners pay per diem, transport & lodging

Clinicians/doctors, nurses, counselors, CHWs, pharmacists, clinical officers

Clinicians/doctors, nurses, clinical officers

***No specific requirements noted in policy**

Clinicians/doctors, nurses, counselors, CHWs, clinical officers

- Specific requirements**
- ART certified, 5 days
 - Completed PrEP training (3 days) quarterly refresher trainings (1/2 day). Ongoing mentorship in facilities
 - ART & PrEP trainings centralized at district level, refreshers in-facility
 - Implementing partners pay per diem, transport & lodging.

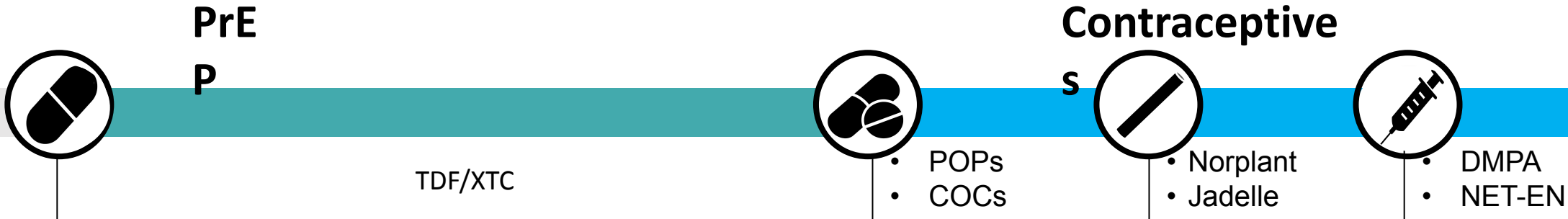
Clinicians/doctors, nurses, counselors, CHWs, pharmacists, clinical officers

Clinicians/doctors, nurses, clinical officers

***No specific requirements noted in policy**



Uganda



Products

Age of consent

Who counsels

Who prescribes

N/A (12 for ART & HCT)

Women of reproductive age

~~Clinicians/Doctors, nurses, counsellors~~

Specific requirements

- PrEP training, 3 days
- Trainings held off-site, at regional hotels or conference centers
- Implementing partners pays per diem, transport, and lodging. Facilities give time off.

***No specific requirements noted in policy**

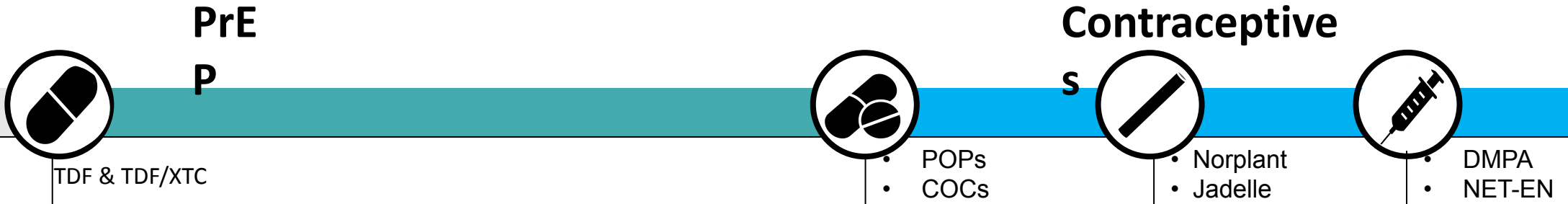
Specific requirements

- PrEP training, 3 days
- Trainings held off-site, at regional hotels or conference centers
- Implementing partners pays per diem, transport, and lodging. Facilities give time off.

***No specific requirements noted in policy**



Namibia



Products

Age of consent

Who counsels

Who prescribes

15 years, Tanner stage 3 or greater

Women of reproductive age

Clinicians/doctors, nurses, counselors, CHWs, pharmacists, clinical assistants

Specific requirements

- PrEP training (1 day), no set schedule for re-training. HCWs get CME points for attending Project ECHO sessions & on-site training
- National TOTs conducted and then regional/provincial trainings, followed by in-service mentorship
- All trainings funded by MOH. Facilities provide transport

***No specific requirements noted in policy**

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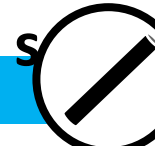

Specific requirements

- NIMART training (5 days) or PrEP (3 days), in-service mentorship
- National TOTs conducted and then regional/provincial trainings
- Trainings funded by MOH. Facilities provide transport
- Presentations and discussion on Project ECHO

***No specific requirements noted in policy**



Malawi

	PrEP	Contraceptive						
Products	 TDF/LAM	 <ul style="list-style-type: none"> • POPs • COCs  <ul style="list-style-type: none"> • Norplant • Jadelle  <ul style="list-style-type: none"> • DMPA • NET-EN • Sayana Press 						
Age of consent	N/A (13 for HTS)	Women of reproductive age						
Who counsels	<p>*There are currently no training/service provision specifications on PrEP in Malawi</p>	<table border="1"> <tr> <td>Clinicians/doctors, nurses, HSAs, clinical officers</td> <td>N/A</td> <td>Clinicians/doctors, nurses, HSAs, clinical officers</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div> </td> </tr> </table>	Clinicians/doctors, nurses, HSAs, clinical officers	N/A	Clinicians/doctors, nurses, HSAs, clinical officers	<div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div>		
Clinicians/doctors, nurses, HSAs, clinical officers	N/A	Clinicians/doctors, nurses, HSAs, clinical officers						
<div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div>								
Who prescribes	<p>*There are currently no training/service provision specifications on PrEP in Malawi</p>	<table border="1"> <tr> <td>Clinicians/doctors, nurses, clinical officers</td> <td>N/A</td> <td>Clinicians/doctors, nurses, HSAs, clinical officers</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div> </td> </tr> </table>	Clinicians/doctors, nurses, clinical officers	N/A	Clinicians/doctors, nurses, HSAs, clinical officers	<div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div>		
Clinicians/doctors, nurses, clinical officers	N/A	Clinicians/doctors, nurses, HSAs, clinical officers						
<div style="border: 1px dashed black; padding: 5px;"> *No specific requirements noted in policy </div>								

How can we address barriers to provision of HIV prevention services?

- Align age of consent policies to remove barriers comprehensive SRH and HIV services
- More flexible, enduring and innovative training approaches:
 - Include PrEP fundamentals in pre-service training for providers
 - Modular training options for on-site refresher trainings to reduce costs and avoid taking providers out of the clinic for days at a time
- Promote task-shifting for PrEP using the examples from Kenya and Zambia (and historical experience of ART & FP)
- Increase the number of providers adequately trained to offer PrEP
- Advocate for pilot implementation and scale-up of KP-led services as task shifting/peer led approaches especially important for vulnerable populations

Annex

Partners Interviewed:

- **South Africa**
 - Natsai Shoko, CHAI
- **Kenya**
 - Daniel Were, Jilinde
 - Patricia Ongwen, Jilinde
- **Zimbabwe**
 - Definate Nhamo, PZAT
- **Malawi**
 - Maureen Luba, AVAC
 - Dezio Macheso, Palladium
- **Zambia**
 - Linah Mwango, University of Maryland
- **Nigeria**
 - Morenike Ukpong, Independent
- **Uganda**
 - Lillian Mworeko, ICWEA
 - Charles Brown, Preventive Care International
- **Namibia**
 - Gena Barnabee, ITECH
 - Idel Billah, ITECH

Annex

Country Policies Related to Pre-exposure Prophylaxis

Policy	Country
Handbook of the Botswana 2016 Integrated HIV Clinical Care Guidelines	Botswana
Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection (2018)	Kenya
Framework for the Implementation of Pre-exposure Prophylaxis of HIV in Kenya	Kenya
National Guidelines on the Use of Antiretroviral Therapy For HIV Prevention and Treatment (2016)	Lesotho
National HIV and AIDS Strategic Plan 2011/12 – 2015/16.	Lesotho
Policy for Oral Pre-exposure Prophylaxis for HIV (PrEP) in Malawi (2018)	Malawi
National HIV Prevention Strategy 2015-2020	Malawi
Malawi Guidelines for Clinical Management of HIV	Malawi
National Guidelines For Antiretroviral Therapy (2016)	Namibia
National Strategic Framework for HIV and AIDS Response in Namibia	Namibia
National Guidelines For HIV Prevention, Treatment and Care	Nigeria
Nigeria National HIV/AIDS Strategic Framework 2017-2021	Nigeria
South African Guidelines on the Safe Use of Pre-exposure Prophylaxis in Persons at Risk of Acquiring HIV-1 Infection (2016)	South Africa
Consolidated Guidelines for Prevention and Treatment of HIV in Uganda (2018)	Uganda
National HIV AND AIDS Strategic Plan 2015/2016 – 2019/2020	Uganda
Consolidated Guidelines for Treatment & Prevention of HIV Infection (2018)	Zambia
National HIV and AIDS Strategic Framework 2017-2021	Zambia
Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe (2016)	Zimbabwe
Implementation Plan for HIV Pre-Exposure Prophylaxis in Zimbabwe 2018-2020	Zimbabwe
Botswana National Strategic Framework, 2010 - 2016	Botswana
NATIONAL HIV PREVENTION STRATEGY FOR A MULTI-SECTORAL RESPONSE TO THE HIV EPIDEMIC IN LESOTHO (2011/12-2015/16)	Lesotho

Country Policies Related to Contraception and Family Planning

Policy	Country
Policy Guidelines and Service Standards: Sexual and Reproductive Health (2009)	Botswana
MDG Acceleration Compact	Botswana
Sexual And Reproductive Health Rights (SRHR) And Hiv & Aids Linkages Integration Strategy And Implementation Plan	Botswana
National Family Planning Guidelines for Service Providers	Kenya
National Family Planning Guidelines for Service Providers	Kenya
National Reproductive Health Policy	Kenya
National Adolescent Sexual And Reproductive Health Policy	Kenya
National Health and Social Welfare Policy	Lesotho
Malawi National Reproductive Health Service Delivery Guidelines	Malawi
Road Map for Accelerating the reduction of Maternal and Neonatal Morbidity and Mortality in Malawi	Malawi
National Sexual And Reproductive Health And Rights (SRHR) Policy	Malawi
National Reproductive Health Strategy	Malawi
Guidelines for Reproductive Health Community Initiatives	Malawi
DMPA Guidelines	Malawi
National Health Policy Framework 2010-2020	Namibia
National Policy on Sexual and Reproductive Health (SRH) AND Family Planning	Namibia
Namibia National Gender Policy 2010-2020	Namibia
National Reproductive Health Policy	Nigeria
Nigeria Family Planning Blueprint	Nigeria
National Family planning/Reproductive Health Service Protocols	Nigeria
Contraception Policy & Service Delivery Guidelines	South Africa
National Contraception Clinical Guidelines	South Africa
Uganda Family Planning Costed Implementation Plan 2015-2020	Uganda
Zambia: Integrated Family Planning Scale-up Plan 2013-2020	Zambia
Zambia Family Planning Guidelines and Protocols	Zambia
Family Planning Guidelines for Zimbabwe	Zimbabwe
Zimbabwe National Family Planning Strategy 2016-2020	Zimbabwe