

# Alarming fall in access to SRH supplies in Kenya

New research from the *Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) Project* has revealed a troubling drop in the availability of essential sexual and reproductive health (SRH) commodities in rural Kenya.

While modest improvements were recorded in a few areas, the overall findings point to significant deterioration, particularly in the public sector, which serves the most vulnerable communities. Chronic stockouts of potentially life-saving medicines, in some cases lasting several months, have become increasingly common.

The research, funded by the European Union, was conducted in two phases (2022 and 2025) by Health Action International and in-country partner, [Access to Medicines Platform Kenya](#). It assessed the availability, affordability, and frequency of stockouts for 50 SRH commodities across [Isiolo](#), [Marsabit](#), and [Mandera](#) counties. These commodities included family planning products, maternal health medicines, sexually transmitted infections (STIs) and HIV/AIDS treatments, diagnostic test kits, and menstrual health products.

The worsening situation between 2022 and 2025 appears linked to the shockwaves caused by the dismantling of USAID, which has left a vacuum in the supply and budget for commodities that the public sector in Kenya has been unable to fill.

## Sharp Declines in Kenyan Counties

In Isiolo County, the availability of male condoms and select oral contraceptives in public health facilities dropped sharply from over 80% in 2022 to just 38.5% in 2025. Similarly, availability of magnesium sulphate, essential for the management of (pre-)eclampsia, fell from 35.7% to an alarming 15.4%. While the availability of STI medicines showed general improvement, persistent and prolonged stockouts of benzathine benzylpenicillin and ceftriaxone in public facilities (lasting up to 218 days) continue to undermine effective treatment and prevention efforts.

Availability of HIV/AIDS commodities in the public sector in Mandera County in 2025 was almost non-existent. Overall availability of PrEP, for example, increased slightly but only from 3.7% to 5.7%, which remains disturbingly low. Meanwhile, most of the other commodities surveyed were completely unavailable.

In Marsabit County, there was dramatic decline in availability of the life-saving maternal health commodities. For example, the availability of oxytocin, the gold standard for preventing haemorrhage, dropped from 51.9% 2022 to just 14.3% in 2025.

## **A Regionally Uneven Picture**

In contrast, [parallel research](#) conducted with [Medicines Access and Research Platform](#) (MedRAP) across public, private, and faith-based facilities in Zambia showed modest improvements in certain areas, particularly maternal health. More essential medicines met the World Health Organization's (WHO) recommended threshold of 80% availability, and fewer stockouts were recorded overall.

However, here too challenges remain. Even where small gains were made, persistent stockouts continued to plague access to STI treatments, and availability of the vast majority of HIV/AIDS commodities was well below the WHO target, in many cases falling between 2022 and 2025.

While changes in donor funding have also affected Zambia, a 30% increase in domestic financing for medicines and medical supplies has helped cushion the impact of reduced external support, particularly from the United States.

## **Urgent Action Needed**

The findings of these reports highlight the fragility of access to essential SRH commodities and underscore the urgent need for sustainable domestic financing in the long term. But without the support of donor countries and other stakeholders, vulnerable communities, especially women and adolescents, risk losing access to potentially life-saving health services.

**Read the reports here:** [Zambia](#) / [Kenya \(Isiolo\)](#) / [Kenya \(Mandera\)](#) / [Kenya \(Marsabit\)](#)