

Sexual and Reproductive Health Commodities in Tanzania

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Access to medicines and medical commodities in Tanzania forms a crucial building block of the health system, and sexual and reproductive health (SRH) is a field of care which lies at the basis of a healthy society.

Unfortunately, Tanzania, with a maternal mortality rate of 556 per 100,000 live births and a low modern contraceptive use rate, experiences challenges with the adequate provision of SRH services and commodities. Therefore, this study was conducted to measure the availability, stockouts and affordability of 50 SRH commodities in 144 health facilities from the public, private and faith-based sectors across three provinces (Dodoma rural, Manyara and Morogoro).

Summary

Availability: Family planning commodities had an extremely low availability in the private and faith-based sector, and a better, but still inadequate availability in the public sector. Availability of maternal health commodities, overall, was better compared to family planning commodities. Despite this, only oxytocin and magnesium sulphate made the 80% availability threshold as set by the World Health Organisation in the public sector. None made this threshold in the private and faith-based sectors. Commodities for the treatment of STIs overall had the best availability, with four out of nine making the 80% availability threshold. Availability of HIV/AIDS commodities was generally poor: in total only one commodity in the private sector (Atazanavir/ritonavir) and one in the faith-based sector (Lopinavir/ritonavir) were available in at least 80% of health facilities.

Stockouts: Every family planning commodity had experienced a stock out in at least some health facilities in the public sector. Stockouts generally lasted long, up to 106 days for ethinylestradiol + levonorgestrel. Regarding maternal health commodities, misoprostol and folic acid tablets had high numbers of lengthy stockouts in the public sector. None of the commodities had a stockout in the private and faith-based sectors, except for folic acid tablets at one health facility. Stockouts of STI commodities were relatively common in the public and faith-based sectors, and less common in the private sector. Stockouts for HIV/AIDS commodities occurred sometimes in the public sector and weren't recorded for the private and faith-based sector. However, especially in the private sector, availability of stock cards was low.

Affordability: Affordability of family planning commodities was good as they were generally

offered for free across the sectors. One maternal health commodity was unaffordable in the public sector, compared to four in the private and faith-based sectors. Methyldopa was the most expensive maternal health commodity across sectors. Affordability of STI commodities was especially problematic in the public and private sectors, with 3 STI commodities being considered unaffordable in both of these sectors. HIV commodities were all offered for free to patients.

Recommendations

A multitude of recommendations are made to improve access to SRH commodities, including: setting minimum requirements (including FP Services) for the establishment of a health facility; establishment of a joint committee to ensure availability, affordability and accessibility of SRH commodities; setting a standard cost to all SRH commodities to ensure equal affordability and; installing a digital commodity tracking system.