

Sexual and Reproductive Health Commodities in the DRC

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Access to medicines and medical commodities in the DRC 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, the DRC, with a maternal mortality rate of 846 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 49 SRH commodities in 121 health facilities from the public, private and faith-based sectors across three provinces (Congo-Central, Kwilu and Kinshasa).

Summary

Availability: The availability of family planning commodities in the DRC was low in all sectors: none of these products reached the 80% availability threshold set by the WHO: levonorgestrel implants (68%) and the copper intrauterine device (60%) were the most available products. Only 26% of health centers had the ethinylestradiol + levonorgestrel combination (the general contraceptive pill) and 24% had the levonorgestrel emergency contraceptive. Among maternal health products, again, none of them reached the 80% availability target in any of the sectors. Oxytocin was the only product whose availability was relatively high across all sectors (74% in total). Availability of STI treatment products was higher than other services, but still suboptimal. One product (ceftriaxone) was available at 80% or more in the public sector, and three products (azithromycin, ceftriaxone, and cefixime) reached this threshold in the private sector.

Stockouts: In the public sector, stock-outs of FP products were common for norethisterone enanthate and male condoms. In the private sector, significant stock shortages were noted for medroxyprogesterone acetate, the levonorgestrel implant and female condoms. In the faith-based sector, male and female condoms and norethisterone enanthate experienced significant stock-outs. Stockouts could last a long time, sometimes more than 100 days. For maternal health products, stock-outs were a little less frequent, but still occurred regularly. Oxytocin and misoprostol in particular have experienced significant stockouts, and the faith sector has also experienced stock-outs of dexamethasone.

Affordability: All family planning products were accessible in all three sectors; none of them cost more than a day's income for a person receiving remuneration calculated in

relation to the international poverty line (SIP/IPL). Regarding maternal health products, magnesium sulfate and methyldopa were inaccessible in all three sectors. All other maternal health products were accessible to a person receiving remuneration calculated in relation to the international poverty line (SIP/IPL). STI treatment products were also accessible, with only acyclovir and azithromycin inaccessible in the public sector, but also acyclovir in the private sector. All HIV/AIDS prevention or treatment products were freely available in all sectors. Finally, sanitary napkins were inaccessible in all sectors, with prices particularly high in the faith sector.

Recommendations

This study revealed significant gaps in the availability of sexual and reproductive health products in the DRC, as well as problems with stock shortages, while the financial accessibility of the products is relatively good. The following actions are recommended to improve the situation:

- The availability of contraceptive pills and emergency contraceptives should be improved, given that this is a widely used method of contraception in the DRC.
- Availability of all maternal health commodities should be improved to reduce the high rate of maternal mortality in the country. The government should pay special attention to improving the availability of magnesium sulfate.
- The government should allow health centers to stock acyclovir, azithromycin, ceftriaxone and cefixime. Currently, these products intended for the treatment of STIs can only be stored in higher level health centers.
- In the health centers surveyed, the availability of products to fight HIV/AIDS was worrying. Although there are health centers specialized only in the treatment of HIV/AIDS, the government should ensure that the necessary products for the treatment of HIV/AIDS are available in all health centers to facilitate their treatment access.
- Inventory management and supply procedures for health centers must be revised and strengthened to ensure regular supply of products.