

Sexual and Reproductive Health Commodities in Zambia

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Access to medicines and medical commodities in Zambia 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, Zambia, with a maternal mortality rate of 252 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 52 SRH commodities in 133 health facilities from the public, private and faith-based sectors across Luapula and Southern provinces.

Summary

Availability: Availability of family planning commodities in the public sector was suboptimal: only male condoms were available at more than 80% of health facilities. In the private and faith-based sectors none of the FP commodities reached the 80% availability benchmark set by the World Health Organization.

Stockouts: Across the public, private and faith-based sectors, stockouts of all types of commodities were very common. For instance, eight of 12 family planning commodities in the public sector and seven of 10 family planning commodities in the private sector experienced stockouts at more than one-third of facilities. Stockouts of maternal health commodities in the public sector were even worse: nine of 11 commodities experienced stockouts at more than 50% of facilities. Similar stockout patterns were found in the private sector. Regarding STI treatment commodities, in the public sector seven of nine commodities were stocked out at more than 80% of facilities. HIV/AIDS commodities were less commonly stocked out than other commodities across the sectors.

Affordability: In the public sector, all commodities were free to the patient. In the other sectors patients had to pay for most of the commodities. In the private sector, two family planning commodities, six maternal health commodities, one STI treatment commodity, one HIV/AIDS medication, and all menstrual hygiene products and kits were unaffordable.

Recommendations

- The government, through the Ministry of Health, should devise policies that will enhance and promote wider private sector investment in the provision of quality and affordable health services, especially in the rural areas. This could be done through

reductions and waiving of statutory fees and taxes for businesses being established in rural areas, and facilitation of reimbursements through the national health insurance management authority scheme.

- The Ministry of Health should work with stakeholders to call for a review of restrictive policies and legal frameworks to ensure commodities and adolescent sexual and reproductive health and rights are prioritised at all levels of interventions, including schools, health facilities and in communities at large.
- A more robust and responsive system should be worked out to efficiently deliver commodities to rural health facilities. The Ministry of Health should conduct an in-depth review of the Health Sector Supply Chain Strategy and Implementation Plan 2019-2021 in order to identify and address problems with the availability of essential medicines at the health facility level.
- Availability of injectables and oral contraceptives was suboptimal, even though they are the preferred family planning commodities in Zambia. The government should ensure the availability of these commodities. A tool to do that is to increase the Government's and cooperating partners' allocations towards family planning commodities.
- Availability of STI commodities was low, and stockouts were common. Commodities for the treatment of STIs are the primary responsibility of the Government and procured from the national drug fund. An increase in the national budget for commodities through creation of adequate and sustainable financing by establishment of a seed fund to Zambia Medicines and Medical Supplies Agency (ZAMMSA) will ultimately lead to increased availability of essential medicines, especially for STI treatment, and enhanced commodity security at both central and facility level.
- Antiretroviral commodities used for HIV/AIDS treatment did not reach an 80% or higher availability in the public sector. Antiretroviral commodities are largely supported by the US government agencies. The Government and cooperating partners should increase support towards HIV/AIDS treatment to help people avoid HIV infection and increase access to life-saving HIV services.
- There is a need for affirmative action to work with adolescents and youths and ensure they meaningfully participate in policy decision-making of the review of laws and policies for improved availability and access for adolescents to reproductive health care and related services.