

SRH Commodities in Tanzania, 2022-2025

Access to quality SRH commodities in Tanzania remains a major public health challenge. In 2020, the maternal mortality ratio was 238 per 100,000 live births, far above the national target of 100 by 2025. The main causes of maternal deaths are postpartum haemorrhage (31%), pre-eclampsia (14%) and anaemia (5%).^[iii]^[iii] Modern contraceptive use is low, particularly among adolescents. Use stands at 31% among married women and 36% among sexually active unmarried women, while unmet family planning needs are high (21% and 32%, respectively). Among adolescents, only 15% of married and 25% of sexually active unmarried girls use modern contraception, with unmet need reaching 55% among unmarried adolescents. By age 19, 46% of girls have been pregnant, often unintentionally. Unmet family planning needs contribute to unintended pregnancies, unsafe abortions, higher maternal risks, and school dropout, perpetuating poverty. Significant progress is needed to achieve the Sustainable Development Goals on maternal mortality of less than 70 per 100,000 live births and universal access to SRH services.^[iv]

Tanzania's health system faces major constraints, including a 52% shortage of healthcare workers, with only 5.5 nurses and midwives and 1.1 physicians per 10,000 people.^[v]^[vi] Although SRH commodities are free in public facilities and supply chain performance has improved, with 96% of clinics reporting continuous availability of essential medicines in 2019, access remains uneven, especially in rural areas.^[vii] Stockouts persist, supervision is weak, and adolescent-friendly SRH services are limited.^[viii]^[ix] Finally, limited public health financing (27% of total health expenditure) and high out-of-pocket payments (26%) continue to burden households.^[x]^[xi]

Underlying causes for poor SRH status vary. However, it is clear that stronger health systems, including adequate numbers of qualified health workers and access to essential sexual and reproductive health commodities (SRHC), are urgently needed to address the unmet needs. It is well-documented that availability and adequate access to proven low-cost SRHC have the potential to save many lives and contribute to the fundamental human right of access to healthcare without adverse economic effect on the individual, family, and society.^[xii]

This research was therefore conducted to study the availability, affordability and stockouts of 51 SRH commodities in Tanzania used for family planning, maternal healthcare, treatment of STIs, treatment of HIV/AIDS, in addition to several test kits and menstrual products, in Dodoma Rural, Manyara and Morogoro in Tanzania. This research is essential as it creates a clear overview of the availability and affordability of a comprehensive package of essential SRH commodities in Tanzania,

which will contribute to the development of evidence-based policies to improve the SRH of women and adolescents.

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