



REPORT

Sexual and Reproductive Health Commodities in Rwanda:

Availability, Stockouts And Affordability
2022 & 2026

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1. BACKGROUND

Good sexual and reproductive health (SRH) is "a state of complete physical, mental and social well-being in all matters relating to the reproductive system" for both men and women, including adolescents (UNFPA, 2022). Maintaining good SRH means people need access to accurate information and to safe, effective, affordable and acceptable contraception. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs) and, when necessary, receive timely and affordable treatment. Every individual has the right to make their own choices about their SRH and family planning (United Nations Human Rights, 2018).

Rwanda experiences challenges with the adequate provision of SRH services and commodities. The maternal mortality rate is estimated at 248 per 100,000 live births. Currently, 58% of married women and 48% of sexually active unmarried women are using a modern contraceptive. Among sexually active unmarried women, 37% have unmet family planning needs, and 39% of births in the last five years were unwanted or mistimed (NISR, MOH & ICF, 2021). Access to essential SRH commodities, including medicines, test kits and hygiene products, is one important pillar to realise improved SRH outcomes for women and adolescents in Rwanda.

This research was conducted as an endline assessment to study the availability, affordability and stockouts of 56 SRH commodities including contraceptives, maternal health medicines, STI treatments, HIV/AIDS medicines, diagnostic tests, and hygiene products in Gasabo, Gatsibo, Nyagatare and Nyarugenge districts, Rwanda (WHO & HAI, 2008). This endline builds directly on a 2022/23 baseline conducted in the same districts using the same methodology (HAI, 2023).

2. RESEARCH METHODOLOGY

The Rwanda NGO Forum on HIV/AIDS and Health Promotion (RNGOF on HIV/AIDS & HP) and Health Action International (HAI) conducted this endline survey as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. This study used an adapted version of the HAI/WHO Methodology for conducting pharmaceutical surveys. The research was approved by the Rwanda National Ethics Committee.

Teams of data collectors visited health facilities and in the public, private and faith-based sectors including youth friendly centres, across the four study districts. Facilities ranged from health posts to district hospitals. For each of the 56 surveyed commodities, availability was recorded at the time of the visit. Stock cards or stock databases were reviewed to record information on stockouts over the 12-month period prior to data collection. Patient price information was collected where commodities were available.

Public Sector: Facilities that are run and funded by the national government. Medicines in this sector are often low cost or free of charge.

Private Sector: Licensed retail pharmacies, private healthcare centres and private hospitals. The private sector does not include unlicensed drug stores, drug sellers in the informal sector, or health facilities operated by private companies, such as mining companies.

Faith-based Sector: Facilities that are run by religious organisations, such as church missions.

Affordability was assessed using the international poverty line (IPL) of USD 2.15 per day, equivalent to RWF 3,010 per day at the March 2026 exchange rate of 1 USD = RWF 1,400. A commodity treatment course was considered unaffordable if it cost more than one day's income at the IPL. Table 1 provides an overview of the study sample.

Table 1. Study sample in 2022 and 2026

	Overall		Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026	2022	2026
Urban	15	46	7	14	5	20	3	2
Rural	102	46	51	36	49	15	2	5
Total	117	92	58	50	54	35	5	7

3. RESULTS

3.1. FAMILY PLANNING

Family planning (FP) commodities enable individuals to control their fertility and plan their families. The range surveyed includes oral contraceptives, injectable contraceptives, implants, intrauterine devices, condoms, and sterilisation services. Availability of these products is critical for Rwanda's reproductive health agenda, particularly for adolescents and young people who face disproportionate barriers to access. The WHO considers 80% availability the minimum acceptable threshold for essential medicines.

Availability

In 2026, the mean availability of family planning commodities across all surveyed facilities was 51.1% in the public sector, 20.3% in the private sector, and 5.7% in the faith-based sector (see Table below). In the public sector, two FP commodities met the WHO availability threshold of 80%: implants: etonogestrel, male condoms. Compared to 2022, the most notable improvement in availability in the public sector was observed for levonorgestrel-releasing IUD, which increased from 23% to 57.1%. The most notable decrease was for levonorgestrel (30 mcg), which fell from 79% in 2022 to 60.0% in 2026.

Table 2. Availability of family planning commodities in 2022 and 2026, per sector

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2026	2022	2026	2022	2026	2022	2026
Ethinylestradiol + levonorgestrel	64.0	61.0	79.0	71.4	54.0	60.7	0.0	0.0
Ethinylestradiol + norethisterone	0.0	1.3	0.0	0.0	0.0	3.6	0.0	0.0
Levonorgestrel (30 mcg)	47.0	37.0	79.0	60.0	17.0	8.6	0.0	14.3
Levonorgestrel (750 mcg)	55.0	59.7	46.0	73.8	69.0	50.0	0.0	14.3
Medroxyprogesterone acetate	53.0	50.6	88.0	76.2	25.0	21.4	0.0	14.3
Norethisterone enanthate	5.0	5.2	0.0	0.0	10.0	14.3	0.0	0.0
Implants: levonorgestrel	42.0	50.6	69.0	78.6	20.0	17.9	0.0	14.3
Implants: etonogestrel	49.0	53.2	88.0	81.0	16.0	21.4	0.0	14.3
Copper-containing IUD	47.0	48.1	85.0	76.2	14.0	17.9	0.0	0.0
Levonorgestrel-releasing IUD	15.0	33.8	23.0	57.1	8.0	7.1	0.0	0.0
Male condoms	75.0	77.2	85.0	86.0	72.0	77.1	0.0	14.3
Female condoms	11.0	7.6	17.0	14.0	6.0	0.0	0.0	0.0
Vaginal ring (NEW)	—	0.0	—	0.0	—	0.0	—	0.0
Vasectomy services	36.0	25.0	33.0	40.0	100.0	0.0	0.0	0.0
Tubal ligation services	27.0	25.0	50.0	40.0	0.0	0.0	0.0	0.0

Available from district hospital level and up.

NEW = Commodity first included in 2026 endline. No 2022 baseline figure available.

Highlighted green = ≥ 80% (WHO availability target). — = not applicable or not available.

Stockouts

A stockout is defined as the number of days during a 12-month period when a product that is normally stocked was not available at the facility. Stock information was reviewed through stock cards at each facility. Where no stock card was present, stockout data could not be obtained.

Stock card coverage varied across sectors. In the public sector, stock cards were available for most family planning commodities, enabling stockout analysis. Stockouts were most common for levonorgestrel (750 mcg) (33.3% of facilities with stock cards) and medroxyprogesterone acetate (24.1%). The longest average stockout duration in the public sector was recorded for medroxyprogesterone acetate, at 169.4 days. In the private sector, stock card coverage was lower, limiting the reliability of stockout estimates. Where data were available, stockout rates were generally lower than in the public sector. In the faith-based sector, stock card coverage was variable, with stockout patterns mirroring those seen in the public sector.

Table 3. Stockouts of family planning commodities at health facilities and average number of stockout days per stockout in 2022 and 2026, per sector

	Public						Private						Faith-based					
	HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)	
	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026
Ethinylestradiol + levonorgestrel	43	30	9	13.3	37	63.2	21	2	19	50	28	5	0	0	—	—	—	—
Ethinylestradiol + norethisterone	0	0	—	—	—	—	0	0	—	—	—	—	0	0	—	—	—	—
Levonorgestrel (30 mcg)	45	23	7	21.7	32	87.2	11	0	27	—	37	—	0	1	—	0	—	0
Levonorgestrel (750 mcg)	27	27	15	33.3	15	65	24	1	4	0	85	0	0	1	—	0	—	0
Medroxyprogesterone acetate	46	29	7	24.1	3	169.4	10	1	30	0	9	0	0	1	—	0	—	0
Norethisterone enanthate	0	0	—	—	—	—	0	0	—	—	—	—	0	0	—	—	—	—
Implants: levonorgestrel	33	33	12	18.2	21	54.2	6	2	0	0	—	0	0	1	—	0	—	0
Implants: etonorgestrel	41	32	5	15.6	65	50.2	6	1	0	0	—	0	0	1	—	0	—	0
Copper-containing IUD	40	30	3	13.3	2	79.5	3	1	0	0	—	0	0	0	—	—	—	—
Levonorgestrel-releasing IUD	0	22	—	4.5	—	31	0	1	—	0	—	0	0	0	—	—	—	—
Male condoms	47	34	6	8.8	24	27.3	26	2	8	0	9	0	0	1	—	0	—	0
Female condoms	0	7	—	0	—	0	0	0	—	—	—	—	0	0	—	—	—	—
Vaginal ring (NEW)	0	3	—	0	—	0	0	0	—	—	—	—	0	0	—	—	—	—
Vasectomy services	0	1	—	0	—	0	0	0	—	—	—	—	0	0	—	—	—	—
Tubal ligation services	0	1	—	0	—	0	0	0	—	—	—	—	0	0	—	—	—	—

HF: Health facility. Stock card count: 0 = no stock cards present at any facility. ND = stockout % and average days cannot be computed (no stock cards available). % stockout = % of facilities with a stock card that experienced a stockout in the past 12 months.

Affordability

Affordability was assessed by comparing the median patient price of a treatment course to the international poverty line (IPL) of USD 2.15 per day, equivalent to RWF 3,010 per day at an exchange rate of 1 USD = RWF 1,400 (March 2026). A treatment course was considered unaffordable if it cost more than one day's IPL income.

In the public sector, most family planning commodities were provided free of charge to patients, reflecting Rwanda's community-based health insurance scheme. Three commodities were found to be unaffordable (costing more than one day's income at the international poverty line). The most costly was copper-containing IUD in the private sector at 2.33 days of income. Emergency contraception (levonorgestrel 750 mcg) was unaffordable in both the public and private sectors, representing a significant barrier to access for uninsured patients.

Table 4. Affordability of family planning commodities in 2022 and 2026, by sector

	Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026
Ethinylestradiol + levonorgestrel	0.01 days	Free	0.44 days	0.05 days	—	—
Ethinylestradiol + norethisterone	—	—	—	0.75 days	—	—
Levonorgestrel (30 mcg)	0.01 days	Free	0.36 days	Free	—	Free
Levonorgestrel (750 mcg)	0.34 days	Free	2.50 days	1.83 days	—	Free
Medroxyprogesterone acetate	0.01 days	Free	0.21 days	0.33 days	—	Free
Norethisterone enanthate	—	—	0.74 days	0.66 days	—	—
Implants: levonorgestrel	0.03 days	Free	0.38 days	1.66 days	—	Free
Implants: etonogestrel	0.03 days	Free	0.31 days	0.66 days	—	Free
Copper-containing IUD	Free	Free	1.20 days	2.33 days	—	—
Levonorgestrel-releasing IUD	Free	Free	39.10 days	Free	—	—
Male condoms	Free	Free	0.17 days	0.10 days	—	Free
Female condoms	Free	Free	0.56 days	—	—	—
Vaginal ring (NEW)	—	Free	—	—	—	—
Vasectomy services	—	—	—	—	—	—
Tubal ligation services	—	—	—	—	—	—

IPL = RWF 3,010/day (USD 2.15/day × RWF 1,400/USD, March 2026). Red = unaffordable (> 1 day income). 0 days = free to patient. — = no price data.

3.2. MATERNAL HEALTH

Maternal health (MH) commodities include a diverse group of medicines used to prevent and treat complications during pregnancy, childbirth and the postnatal period. Among them are uterotonics, such as oxytocin and misoprostol, which prevent postpartum haemorrhage, the leading cause of maternal mortality in sub-Saharan Africa, as well as supplements, antihypertensives and emergency medicines. Rwanda's maternal mortality ratio remains a priority public health concern, making the availability of these commodities in health facilities essential.

Availability

In 2026, the mean availability of maternal health commodities across all surveyed facilities was 40.2% in the public sector, 23.0% in the private sector, and 42.9% in the faith-based sector (see Table 5 below). In the public sector, one MH commodity met the WHO availability threshold of 80%: Mifepristone - misoprostol. Compared to 2022, the most notable improvement in availability in the public sector was observed for mifepristone - misoprostol, which increased from 50% to 80%. The most notable decrease was for Methyldopa, which fell from 73% in 2022 to 47.6% in 2026. Ergometrine was not available at any of the 92 surveyed facilities.

Table 5. Availability of maternal health commodities in 2022 and 2026, per sector

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2026	2022	2026	2022	2026	2022	2026
Oxytocin	46.0	46.7	79.0	68.0	10.0	5.7	80.0	100.0
Misoprostol	29.0	26.1	42.0	28.0	14.0	17.1	60.0	57.1
Carbetocin (NEW)	—	12.5	—	20.0	—	0.0	—	0.0
Tranexamic acid	23.0	22.8	6.0	22.0	41.0	22.9	0.0	28.6
Ergometrine	1.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0
Mifepristone - misoprostol	13.0	50.0	50.0	80.0	0.0	0.0	0.0	0.0
Magnesium sulphate	48.0	47.8	85.0	74.0	8.0	2.9	80.0	85.7
Calcium gluconate	35.0	75.0	83.0	60.0	13.0	100.0	100.0	100.0
Ferrous salt	8.0	23.4	7.0	26.2	7.0	10.7	20.0	57.1
Folic acid	15.0	13.0	14.0	6.0	19.0	25.7	0.0	0.0
Ferrous salt + folic acid	41.0	28.3	48.0	36.0	33.0	17.1	40.0	28.6
Dexamethasone	53.0	46.8	65.0	54.8	41.0	35.7	60.0	42.9
Methyldopa	56.0	50.6	73.0	47.6	41.0	53.6	40.0	57.1

Available from district hospital level and up.

NEW = Commodity first included in 2026 endline. No 2022 baseline figure available.

Highlighted green = ≥ 80% (WHO availability target). — = not applicable or not available.

Stockouts

Stock cards were reviewed to record stockout information for maternal health commodities. Stockouts of these medicines can have serious consequences for maternal outcomes, particularly in contexts where referral to higher-level facilities is difficult.

Stock card coverage varied across sectors. In the public sector, stock cards were available for most maternal health commodities, enabling stockout analysis. Stockouts were most common for mifepristone - misoprostol (50.0% of facilities with stock cards) and Calcium gluconate (50.0%). The longest average stockout duration in the public sector was recorded for Tranexamic acid, at 120 days. In the private sector, stock card coverage was lower, limiting the reliability of stockout estimates. Where data were available, stockout rates were generally lower than in the public sector. In the faith-based sector, stock card coverage was variable, with stockout patterns mirroring those seen in the public sector.

Affordability

In the public sector in Rwanda, many maternal health medicines are provided free of charge or at heavily subsidised prices through the community-based health insurance (Mutuelle de Santé) scheme. In 2026, only one commodity (misoprostol in the private sector) was found to be unaffordable, costing more than one day's income at the international poverty line. Methyldopa showed improvement in affordability across all sectors between 2022 and 2026.

Table 7. Affordability of maternal health commodities in 2022 and 2026, by sector

	Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026
Oxytocin	0.07 days	Free	0.24 days	Free	Free	Free
Misoprostol	0.19 days	Free	1.31 days	1.35 days	0.52 days	Free
Carbetocin (NEW)	—	Free	—	—	—	—
Tranexamic acid	—	Free	—	0.16 days	—	Free
Ergometrine	—	—	—	—	—	—
Mifepristone - misoprostol	Free	Free	—	—	—	—
Magnesium sulphate	0.48 days	Free	4.30 days	Free	1.91 days	Free
Calcium gluconate	0.11 days	Free	0.40 days	0.17 days	0.47 days	—
Ferrous salt	0.03 days	Free	0.38 days	0.00 days	Free	Free
Folic acid	0.04 days	0.00 days	0.59 days	0.08 days	—	—
Ferrous salt + folic acid	0.03 days	Free	0.85 days	0.05 days	Free	Free
Dexamethasone	0.13 days	Free	0.41 days	0.40 days	0.21 days	Free
Methyldopa	3.44 days	Free	7.49 days	0.20 days	6.53 days	Free

IPL = RWF 3,010/day (USD 2.15/day × RWF 1,400/USD, March 2026). Red = unaffordable (> 1 day income). 0 days = free to patient. - = no price data

3.3. STI TREATMENT

Commodities for the treatment of sexually transmitted infections (STIs) include antibiotics for bacterial STIs such as chlamydia, gonorrhoea and syphilis, as well as one antiviral (aciclovir, for genital herpes) and one antifungal (clotrimazole). Adequate availability of STI treatment is important for individual health outcomes and for reducing onward transmission, including mother-to-child transmission.

Availability

In 2026, the mean availability of STI treatment commodities across all surveyed facilities was 48.0% in the public sector, 46.1% in the private sector, and 46.0% in the faith-based sector (see Table 8 below). In the public sector, two STI commodities met the WHO availability threshold of 80%: metronidazole and doxycycline. Compared to 2022, the most notable improvement in availability in the public sector was observed for Doxycycline, which increased from 76% to 92.0%. The most notable decrease was for Benzathine benzylpenicillin, which fell from 81% in 2022 to 54.8% in 2026.

Table 8. Availability of STI treatment commodities in 2022 and 2026, per sector

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2026	2022	2026	2022	2026	2022	2026
Metronidazole [HC→HP]	78.0	77.2	88.0	84.0	67.0	62.9	100.0	100.0
Clotrimazole	52.0	26.0	42.0	26.2	63.0	28.6	40.0	14.3
Benzathine benzylpenicillin	67.0	41.6	81.0	54.8	49.0	21.4	100.0	42.9
Amoxicillin (500mg)†	85.0	71.7	91.0	76.0	76.0	60.0	100.0	100.0
Aciclovir	30.0	24.7	23.0	7.1	35.0	57.1	60.0	0.0
Azithromycin	17.0	36.4	17.0	31.0	19.0	53.6	0.0	0.0
Ceftriaxone (250mg)† [HC→DH]	70.0	75.0	67.0	60.0	69.0	100.0	100.0	100.0
Doxycycline	74.0	81.5	76.0	92.0	74.0	65.7	60.0	85.7
Cefixime (NEW)	—	15.6	—	0.0	—	42.9	—	0.0

† Formulation differs from 2022 (see methodology). Values shown for information only; direct comparison is not valid.

NEW = Commodity first included in 2026 endline. No 2022 baseline figure available.

Highlighted green = ≥ 80% (WHO availability target). — = not applicable or not available.

Stockouts

Stockout information for STI treatment commodities was obtained through stock card review. Interruptions in antibiotic supply can lead to incomplete treatment courses, contributing to antimicrobial resistance and treatment failure.

Stock card coverage varied across sectors. In the public sector, stock cards were available for most STI treatment commodities, enabling stockout analysis. The longest average stockout duration in the public sector was recorded for amoxicillin (500mg)†, at 73.4 days. In the private sector, stock card coverage was lower, limiting the reliability of stockout estimates. Where data were available, stockout rates were generally lower than in the public sector. In the faith-based sector, stock card coverage was variable, with stockout patterns mirroring those seen in the public sector.

Table 9. Stockouts of STI treatment commodities at health facilities and average number of stockout days per stockout in 2022 and 2026, per sector

	Public						Private						Faith-based					
	HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)	
	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026
Metronidazole	49	36	12	19.4	22	40.5	27	1	7	0	2	0	5	7	0	28.6	—	34.5
Clotrimazole	22	11	27	0	60	0	22	0	9	—	5	—	2	1	0	0	—	0
Benzathine benzylpenicillin	37	20	3	10	33	38.5	15	0	6	—	9	—	5	2	0	0	—	0
Amoxicillin (500mg)†	49	32	6	15.6	23	73.4	26	2	0	0	—	0	5	6	0	16.7	—	20
Aciclovir	12	2	8	0	31	0	12	1	8	0	3	0	3	0	0	—	—	—
Azithromycin	3	12	0	16.7	—	60	20	0	5	—	1	—	0	0	—	—	—	—
Ceftriaxone (250mg)†	19	20	26	15	19	18.3	19	1	0	0	—	0	3	5	0	0	—	0
Doxycycline	43	41	21	26.8	32	30.5	27	2	0	0	—	0	4	6	25	33.3	92	15
Cefixime (NEW)	0	0	—	—	—	—	0	1	—	0	—	0	0	0	—	—	—	—

HF: Health facility. Stock card count: 0 = no stock cards present at any facility. ND = stockout % and average days cannot be computed (no stock cards available). % stockout = % of facilities with a stock card that experienced a stockout in the past 12 months.

Affordability

Affordability of a full treatment course for STIs was calculated based on the median unit price observed at facilities where the commodity was available, multiplied by the number of units required per standard treatment regimen. In the public sector, most STI treatment commodities were provided free of charge to patients, reflecting Rwanda's community-based health insurance scheme. All commodities in the public sector with available price data were affordable, costing less than one day of the international poverty line income. The only commodity found to be unaffordable was aciclovir in the private sector (2.41 days).

Table 10. Affordability of STI treatment commodities in 2022 and 2026, by sector

	Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026
Metronidazole	0.09 days	0.00 days	0.32 days	0.03 days	0.10 days	0.01 days
Clotrimazole	0.27 days	0.03 days	0.51 days	0.12 days	—	0.03 days
Benzathine benzylpenicillin	0.10 days	Free	0.28 days	0.30 days	0.12 days	Free
Amoxicillin (500mg) [†]	0.33 days	0.01 days	0.57 days	0.12 days	0.33 days	0.14 days
Aciclovir	Free	0.07 days	2.41 days	0.10 days	—	—
Azithromycin	0.42 days	Free	0.62 days	0.17 days	—	—
Ceftriaxone (250mg) [†]	0.15 days	Free	0.30 days	0.17 days	0.11 days	0.01 days
Doxycycline	0.10 days	Free	0.31 days	0.03 days	0.11 days	0.01 days
Cefixime (NEW)	—	—	—	0.22 days	—	—

IPL = RWF 3,010/day (USD 2.15/day × RWF 1,400/USD, March 2026). Red = unaffordable (> 1 day income). 0 days = free to patient. - = no price data

3.4. HIV/AIDS

Rwanda has made significant progress in its HIV response, with high antiretroviral therapy (ART) coverage. Commodities surveyed include first-, second- and third-line ART regimens, pre-exposure prophylaxis (PrEP), and test kits. Continuous availability of these commodities, particularly at lower-level facilities, is essential to maintain treatment adherence and prevent treatment interruptions.

Availability

In 2026, the mean availability of HIV/AIDS commodities across all surveyed facilities was 34.2% in the public sector, 2.6% in the private sector, and 39.0% in the faith-based sector (see Table 11 below). In the public sector, three HIV/AIDS commodities met the WHO availability threshold of 80%: tenofovir + lamivudine, dolutegravir + lamivudine + tenofovir (DTG+3TC+TDF) (92.9%), and dolutegravir 50mg (81.0%). Compared to 2022, the most notable improvement in availability in the public sector was observed for PrEP (emtricitabine + tenofovir), which increased from 6% to 7.1%. The most notable decreases in 2026 were for lopinavir/ritonavir, which fell from 80% to 14.3 in the faith-based sector, and paediatric dolutegravir (10mg), which fell from 81% in 2022 to 28.6% in the public sector. Raltegravir was not available at any of the 92 surveyed facilities.

Table 11. Availability of HIV/AIDS commodities in 2022 and 2026, per sector

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2026	2022	2026	2022	2026	2022	2026
PrEP (emtricitabine + tenofovir)	3.0	3.9	6.0	7.1	0.0	0.0	0.0	0.0
Dolutegravir + lamivudine + tenofovir	54.0	62.3	94.0	92.9	10.0	7.1	100.0	100.0
Tenofovir + lamivudine	50.0	53.2	88.0	83.3	10.0	7.1	80.0	57.1
Atazanavir/ritonavir	50.0	45.5	88.0	71.4	10.0	3.6	80.0	57.1
Darunavir/ritonavir	7.0	0.0	10.0	0.0	2.0	0.0	20.0	0.0
Lopinavir/ritonavir	29.0	6.5	50.0	9.5	4.0	0.0	80.0	14.3
Raltegravir	8.0	0.0	13.0	0.0	2.0	0.0	20.0	0.0
Dolutegravir (50mg)	51.0	55.8	90.0	81.0	8.0	7.1	100.0	100.0
Paediatric dolutegravir (10mg)	45.0	23.4	81.0	28.6	4.0	3.6	100.0	71.4
Efavirenz	29.0	18.2	54.0	28.6	4.0	3.6	40.0	14.3
Rilpivirine (NEW)	—	2.6	—	2.4	—	0.0	—	14.3

NEW = Commodity first included in 2026 endline. No 2022 baseline figure available.

Highlighted green = ≥ 80% (WHO availability target). — = not applicable or not available.

Stockouts

Continuity of antiretroviral (ARV) supply is critical for maintaining viral suppression and preventing treatment failure. Stock card data were reviewed for all HIV/AIDS commodities in facilities where stock cards were present.

Stock card coverage varied across sectors. In the public sector, stock cards were available for most HIV/AIDS commodities, enabling stockout analysis. The longest average stockout duration in the public sector was recorded for dolutegravir + lamivudine + tenofovir, at 76.3 days. In the private sector, stock card coverage was lower, limiting the reliability of stockout estimates. Where data were available, stockout rates were generally lower than in the public sector. In the faith-based sector, stock card coverage was variable, with stockout patterns mirroring those seen in the public sector.

Table 12. Stockouts of HIV/AIDS commodities at health facilities and average number of stockout days per stockout in 2022 and 2026, per sector

	Public						Private						Faith-based					
	HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stock-outs (%)		Avg stockout days (#)	
	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026
	10	3	70	0	36	0	1	0	0	—	—	—	1	0	100	—	2	—
PrEP (emtricitabine + tenofovir)	43	38	7	7.9	20	76.3	4	1	25	0	31	0	5	7	0	14.3	—	12
Dolutegravir + lamivudine + tenofovir																		
Tenofovir + lamivudine	42	33	7	0	19	0	3	1	0	0	—	0	4	4	0	0	—	0
Atazanavir/ritonavir	42	28	7	3.6	33	64	3	1	0	0	—	0	4	4	0	0	—	0
Darunavir/ritonavir	5	2	20	0	86	0	1	0	0	—	—	—	1	0	0	—	—	—
Lopinavir/ritonavir	24	3	17	0	50	0	1	0	0	—	—	—	4	1	0	0	—	0
Raltegravir	7	0	0	—	—	—	1	0	0	—	—	—	2	0	50	—	7	—
Dolutegravir (50mg)	42	32	7	9.4	48	45.7	2	1	50	0	180	0	5	7	0	0	—	0
Paediatric dolutegravir (10mg)	37	10	11	0	50	0	1	1	0	0	—	0	5	5	0	0	—	0
Efavirenz	32	12	16	0	24	0	2	1	0	0	—	0	2	1	0	0	—	0
Rilpivirine (NEW)	0	1	—	0	—	0	0	0	—	—	—	—	0	1	—	0	—	0

HF: Health facility. Stock card count: 0 = no stock cards present at any facility. ND = stockout % and average days cannot be computed (no stock cards available). % stockout = % of facilities with a stock card that experienced a stockout in the past 12 months.

Affordability

All ARV commodities are expected to be provided free of charge at public and faith-based facilities in Rwanda. Price data were collected for private facilities where patients may be charged service fees. At 2.11 days, efavirenz in the private sector was the only unaffordable commodity.

Table 13. Affordability of HIV/AIDS commodities in 2022 and 2026, by sector

	Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026
PrEP (emtricitabine + tenofovir)	Free	Free	—	—	—	—
Dolutegravir + lamivudine + tenofovir	Free	Free	0.84 days	—	Free	Free
Tenofovir + lamivudine	0.05 days	Free	0.84 days	—	Free	—
Atazanavir/ritonavir	0.05 days	Free	0.84 days	—	Free	—
Darunavir/ritonavir	—	—	—	—	—	—
Lopinavir/ritonavir	Free	Free	Free	—	Free	Free
Raltegravir	Free	—	Free	—	Free	—
Dolutegravir (50mg)	Free	Free	Free	—	Free	Free
Paediatric dolutegravir (10mg)	Free	—	Free	—	Free	Free
Efavirenz	Free	—	2.11 days	—	Free	—
Rilpivirine (NEW)	—	—	—	—	—	—

IPL = RWF 3,010/day (USD 2.15/day × RWF 1,400/USD, March 2026). Red = unaffordable (> 1 day income). 0 days = free to patients. - = no price data

3.5. TESTS, KITS & HYGIENE PRODUCTS

Hygiene and diagnostic commodities include menstrual products, rapid diagnostic tests and care kits. Access to menstrual hygiene products is increasingly recognised as a component of comprehensive reproductive health care. Pregnancy and HIV self-tests enable individuals to know their health status promptly and access appropriate follow-up care.

Availability

In 2026, the mean availability of hygiene commodities across all surveyed facilities was 22.8% in the public sector, 19.6% in the private sector, and 19.6% in the faith-based sector (see Table below). In the public sector, one HYG commodity met the WHO availability threshold of 80%: pregnancy test. Compared to 2022, the most notable improvement in availability in the public sector was observed for sanitary pads, which increased from 9% to 12.0%. The most notable decrease was for Pregnancy test, which fell from 88% in 2022 to 80.0% in 2026. Post rape care kit (NEW), HPV DNA test were not available at any of the 92 surveyed facilities.

Table 14. Availability of tests, kits & hygiene products commodities in 2022 and 2026, per sector

	Overall (%)		Public (%)		Private (%)		Faith-based (%)	
	2022	2026	2022	2026	2022	2026	2022	2026
Sanitary pads	21.0	19.6	9.0	12.0	41.0	34.3	20.0	0.0
Tampons (NEW)	—	6.5	—	0.0	—	17.1	—	0.0
Pregnancy test	85.0	83.7	88.0	80.0	82.0	88.6	80.0	85.7
Post abortion care kit (NEW)	—	9.1	—	16.7	—	0.0	—	0.0
Post rape care kit (NEW)	—	0.0	—	0.0	—	0.0	—	0.0
Safe delivery kit (NEW)	—	14.3	—	23.8	—	0.0	—	14.3
HIV self-test	38.0	38.0	53.0	50.0	22.0	17.1	20.0	57.1
HPV DNA test	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

NEW = Commodity first included in 2026 endline. No 2022 baseline figure available.

Highlighted green = ≥ 80% (WHO availability target). — = not applicable or not available.

Stockouts

Stockout data for hygiene commodities and kits were collected through stock card review where available. Many of these products particularly menstrual hygiene items are not routinely tracked through formal stock management systems.

Stock card coverage varied across sectors. In the public sector, stock cards were available for most hygiene commodities, enabling stockout analysis. The longest average stockout duration in the public sector was recorded for Pregnancy test, at 83.3 days. In the private sector, stock card coverage was lower, limiting the reliability of stockout estimates. Where data were available, stockout rates were generally lower than in the public sector. In the faith-based sector, stock card coverage was variable, with stockout patterns mirroring those seen in the public sector.

Table 15. Stockouts of tests, kits & hygiene products commodities at health facilities and average number of stockout days per stockout in 2022 and 2026, per sector

	Public						Private						Faith-based					
	HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)		HFs with stock cards (#)		HFs with stockouts (%)		Avg stockout days (#)	
	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026	2022	2026
Sanitary pads	4	1	0	0	—	0	12	0	17	—	8	—	1	0	0	—	—	—
Tampons (NEW)	0	0	—	—	—	—	0	0	—	—	—	—	0	0	—	—	—	—
Pregnancy test	51	33	10	9.1	31	83.3	29	2	3	0	3	0	4	5	0	20	—	63
Post abortion care kit (NEW)	0	5	—	0	—	0	0	0	—	—	—	—	0	0	—	—	—	—
Post rape care kit (NEW)	0	0	—	—	—	—	0	0	—	—	—	—	0	0	—	—	—	—
Safe delivery kit (NEW)	0	10	—	0	—	0	0	0	—	—	—	—	0	1	—	0	—	0
HIV self-test	38	21	18	14.3	21	51.7	12	1	16	0	53	0	2	4	50	0	2	0
HPV DNA test	0	0	—	—	—	—	0	0	—	—	—	—	0	0	—	—	—	—

HF: Health facility. Stock card count: 0 = no stock cards present at any facility. ND = stockout % and average days cannot be computed (no stock cards available). % stockout = % of facilities with a stock card that experienced a stockout in the past 12 months.

Affordability

Price data were available for pregnancy tests and HIV self-tests. Menstrual hygiene products, such as sanitary pads, are purchased out of pocket by clients in most settings and are not subsidised through the national health insurance scheme.

In the public sector, most hygiene commodities were provided free of charge to patients, reflecting Rwanda's community-based health insurance scheme. All commodities in the public sector with available price data were affordable, costing less than one day of the international poverty line income. In the private sector, sanitary pads were unaffordable (1.57 days).

Table 16. Affordability of tests, kits & hygiene products commodities in 2022 and 2026, by sector

	Public		Private		Faith-based	
	2022	2026	2022	2026	2022	2026
Sanitary pads	Free	Free	1.57 days	0.50 days	Free	—
Tampons (NEW)	—	—	—	—	—	—
Pregnancy test	0.26 days	Free	0.24 days	—	0.33 days	—
Post abortion care kit (NEW)	—	Free	—	—	—	—
Post rape care kit (NEW)	—	—	—	—	—	—
Safe delivery kit (NEW)	—	—	—	—	—	—
HIV self-test	Free	Free	0.69 days	—	Free	—
HPV DNA test	—	—	—	—	—	—

IPL = RWF 3,010/day (USD 2.15/day × RWF 1,400/USD, March 2026). Red = unaffordable (> 1 day income). 0 days = free to patient. — = no price data.

4. CONCLUSIONS

The 2026 endline survey reveals a complex picture of SRH commodity availability in Rwanda. While some areas have seen modest improvements since 2022, overall availability across all three sectors and all commodity groups remains well below the WHO threshold of 80%, indicating that significant gaps persist in the supply chain for essential reproductive health commodities.

Family planning commodities remain among the most available category in the public sector, with male condoms, medroxyprogesterone acetate and levonorgestrel implants available in over 80% of eligible public facilities. However, the private sector continues to show critically low availability for most family planning products. Emergency contraception (levonorgestrel 750 mcg) was found to be unaffordable in both the public and private sectors – an important finding given its critical role in preventing unintended pregnancies.

Maternal health commodity availability showed improvement for several key medicines in the public sector compared to 2022. Oxytocin, tranexamic acid and ferrous salt + folic acid all saw availability increases. However, ergometrine remained completely unavailable across all sectors and facility types, and stockouts of maternal health commodities, particularly in private and faith-based facilities, remain a concern.

STI treatment commodities showed the strongest availability profile, with metronidazole, doxycycline and amoxicillin all exceeding 80% availability in the public sector. The complete absence of raltegravir from all facilities warrants investigation, as this represents a decline from 2022 coverage.

HIV/AIDS treatment commodities showed high availability for first-line regimens, particularly in the public sector where DTG+3TC+TDF was available in over 90% of eligible facilities. However, private sector availability for most ARV commodities remains minimal.

5. RECOMMENDATIONS

Based on these findings, the following recommendations are made:

1. Strengthen supply chain management for family planning commodities in the private sector, including pricing regulation to ensure emergency contraception is affordable for uninsured patients.
2. Investigate the complete unavailability of ergometrine, raltegravir, post rape care kits and HPV DNA test kits, and take targeted restocking measures.
3. Address stockout patterns in faith-based facilities, particularly for maternal health commodities, through improved forecasting and buffer stock management.
4. Expand stock card use across all facility types to enable systematic stockout monitoring, particularly in private facilities where card coverage remains low.
5. Review the affordability of methyldopa in private facilities and explore options to bring this essential antihypertensive within reach of pregnant women without health insurance.

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ANNEX 1. OVERVIEW OF SURVEYED COMMODITIES

#	Commodity	Formulation	Category	Notes
1	Ethinylestradiol + levonorgestrel	All facilities	Family Planning	Comparable to 2022
2	Ethinylestradiol + norethisterone	All facilities	Family Planning	Comparable to 2022
3	Levonorgestrel (30 mcg)	All facilities	Family Planning	Comparable to 2022
4	Levonorgestrel (750 mcg)	HC & above	Family Planning	Comparable to 2022
5	Medroxyprogesterone acetate	HC & above	Family Planning	Comparable to 2022
6	Norethisterone enanthate	HC & above	Family Planning	Comparable to 2022
7	Implants: levonorgestrel	HC & above	Family Planning	Comparable to 2022
8	Implants: etonogestrel	HC & above	Family Planning	Comparable to 2022
9	Copper-containing IUD	HC & above	Family Planning	Comparable to 2022
10	Levonorgestrel-releasing IUD	HC & above	Family Planning	Comparable to 2022
11	Male condoms	All facilities	Family Planning	Comparable to 2022
12	Female condoms	All facilities	Family Planning	Comparable to 2022
13	Vaginal ring (NEW)	HC & above	Family Planning	New in 2026
14	Oxytocin	HC & above	Maternal Health	Comparable to 2022
15	Misoprostol	HC & above	Maternal Health	Comparable to 2022
16	Carbetocin (NEW)	DH & above	Maternal Health	New in 2026; DH level and above
17	Tranexamic acid	All	Maternal Health	Comparable to 2022
18	Ergometrine	HC & above	Maternal Health	Comparable to 2022
19	Mifepristone - misoprostol	DH & above	Maternal Health	DH level and above
20	Magnesium sulphate	HC & above	Maternal Health	Comparable to 2022
21	Calcium gluconate	DH & above	Maternal Health	DH level and above
22	Ferrous salt	All facilities	Maternal Health	Comparable to 2022
23	Folic acid	All facilities	Maternal Health	Comparable to 2022
24	Ferrous salt + folic acid	All facilities	Maternal Health	Comparable to 2022
25	Dexamethasone	HC & above	Maternal Health	Comparable to 2022
26	Methyldopa	HC & above	Maternal Health	Comparable to 2022
27	Metronidazole	HC & above	STI Treatment	Comparable to 2022
28	Clotrimazole	HC & above	STI Treatment	Comparable to 2022
29	Benzathine benzylpenicillin	HC & above	STI Treatment	Comparable to 2022
30	Amoxicillin (500mg) [†]	All facilities	STI Treatment	Formulation changed vs 2022
31	Aciclovir	HC & above	STI Treatment	Comparable to 2022
32	Azithromycin	HC & above	STI Treatment	Comparable to 2022
33	Ceftriaxone (250mg) [†]	HC & above	STI Treatment	Formulation changed vs 2022
34	Doxycycline	All facilities	STI Treatment	Comparable to 2022
35	Cefixime (NEW)	HC & above	STI Treatment	New in 2026
36	Vasectomy services	DH & above	Family Planning	DH level and above
37	Tubal ligation services	DH & above	Family Planning	DH level and above
38	Sanitary pads	All facilities	Tests, Kits & Hygiene Products	Comparable to 2022

39	Tampons (NEW)	All facilities	Tests, Kits & Hygiene Products	New in 2026
40	Pregnancy test	All facilities	Tests, Kits & Hygiene Products	Comparable to 2022
41	Post abortion care kit (NEW)	HC & above	Tests, Kits & Hygiene Products	New in 2026
42	Post rape care kit (NEW)	HC & above	Tests, Kits & Hygiene Products	New in 2026
43	Safe delivery kit (NEW)	HC & above	Tests, Kits & Hygiene Products	New in 2026
44	HIV self-test	All facilities	Tests, Kits & Hygiene Products	Comparable to 2022
45	HPV DNA test	All facilities	Tests, Kits & Hygiene Products	Comparable to 2022
46	PrEP (emtricitabine + tenofovir)	HC & above	HIV/AIDS	Comparable to 2022
47	Dolutegravir + lamivudine + tenofovir	All	HIV/AIDS	Comparable to 2022
48	Tenofovir + lamivudine	HC & above	HIV/AIDS	Comparable to 2022
49	Atazanavir/ritonavir	HC & above	HIV/AIDS	Comparable to 2022
50	Darunavir/ritonavir	All	HIV/AIDS	Comparable to 2022
51	Lopinavir/ritonavir	HC & above	HIV/AIDS	Comparable to 2022
52	Raltegravir	HC & above	HIV/AIDS	Comparable to 2022
53	Dolutegravir (50mg)	All	HIV/AIDS	Comparable to 2022
54	Paediatric dolutegravir (10mg)	All	HIV/AIDS	Comparable to 2022
55	Efavirenz	HC & above	HIV/AIDS	Comparable to 2022
56	Rilpivirine (NEW)	HC & above	HIV/AIDS	New in 2026

