REPORT

Sexual and Reproductive Health Commodities in Zambia:

Availability, Stockouts And Affordability
2022 & 2025

sharp
Solutions for Supporting Healthy Adolescents

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Availability, Stockouts And Affordability 2022 & 2025

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CONTENTS

1. INTRODUCTION

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, 2025). Maintaining good SRH means people need access to accurate information and to safe, effective, affordable and acceptable contraception methods of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs) and, when necessary, receive timely and affordable treatment. And when they decide to have children, women must have access to services that ensure they have a smooth pregnancy, safe delivery and healthy baby. Every individual has the right to make their own choices about their SRH and family planning.

Despite all efforts, worldwide, almost 800 women a day die due to complications related to pregnancy and childbirth, and annually an estimated five million children do not reach the age of five, with half of these deaths occurring in sub-Saharan Africa (WHO, 2023; UN IGME, 2022). In sub-Saharan Africa, the maternal mortality rate (MMR) is estimated at 545 maternal deaths per 100,000 live births; 136 times higher than the MMR in Australia and New Zealand (four maternal deaths per 100,000 live births) (WHO, 2023). Research has estimated that the lives of four million women, newborns and children in sub-Saharan Africa could be saved per year if coverage of interventions such as emergency obstetric care, breastfeeding counselling, and treatment for infections such as diarrhoea and pneumonia increased to 90% of families (Friberg et al., 2010). In 2020 alone, an estimated 374 million new cases of STIs occurred (WHO, 2021). For some of these STIs, such as syphilis, sub-Saharan Africa again suffers the highest burden globally. Access to essential commodities and services for sexual and reproductive health (SRH) can prevent a significant proportion of these deaths and disabilities. However, about 4.3 billion people will not have access to at least one essential reproductive health intervention over the course of their lives (WHO, 2022).

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 (Pronyk et al, 2016).

This research was therefore conducted to study the availability, affordability and stockouts of 52 SRH commodities used for family planning, maternal healthcare, treatment of STIs, treatment of HIV/AIDS, in addition to several test kits and menstrual products, in Luapula and Southern provinces in Zambia. This research is essential as it creates a clear overview of the availability and affordability of a comprehensive package of essential SRH commodities in Zambia, which will contribute to the development of evidence-based policies to improve the SRH of women and adolescents.

What we found

Between 2022 and 2025, availability of family planning commodities in the public sector improved only slightly, with male condoms remaining the only method consistently available. The other methods continued to be limitedly available and experienced long stockouts. Private sector availability declined for most family planning commodities, making it an unreliable alternative. Limited insurance coverage through gaps in the implementation of the National Health Insurance Management Authority (NHIMA) mean that stockouts in public facilities still lead to high out-of-pocket costs. Maternal health commodity availability improved in both public and private sectors, with more essential medicines meeting recommended thresholds and fewer stockouts. However, critical commodities for managing postpartum haemorrhage and pre-eclampsia remain largely unavailable. Availability of STI treatment commodities improved substantially,

largely due to increased national drug funding. On top of that, private facilities seemed to provide a more reliable alternative for STI treatment commodities in 2025, although some stockouts persist. In contrast, availability of antiretroviral medicines for HIV/AIDS became more unstable, likely due to shifts in donor support and changes in treatment protocols, raising concerns about continuity of care. Meanwhile, availability of menstrual and reproductive health supplies worsened in the public sector, with sanitary pads and tampons no longer available, and although availability in the private sector improved slightly, costs remain high.

2. RESEARCH METHODOLOGY

This study was conducted by Medicines Research and Access Platform (MedRAP) and Health Action International (HAI) as part of the Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme, funded by the European Union. The research was approved by ERES IRB and the National Health Research Authority (reference numbers NHRA0000007/19/10/2022 and NHRA-2403/01/07/2025) and was supported by the Zambia Ministry of Health. This study used an adapted version of the HAI/WHO Methodology (WHO & HAI, 2008).

Teams of data collectors visited 133 health facilities in 2022 and 105 in 2025 from the public, private and faith-based sectors to survey the availability, stockouts and patient prices of 52 medicines, test kits, and menstrual hygiene products. An overview of all surveyed commodities can be found in Annex 1.

Public Sector: Facilities that are run and funded by the Government of the Republic of Zambia. 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.

The study sample included health facilities from urban as well as rural areas, ranging from pharmacies to teaching hospitals. Availability of most commodities was measured from health post/clinic level and up in the public sector, and from pharmacy level and up in the private and faith-based sector. In addition, stock cards or stock databases were reviewed to record information on stockouts of the surveyed products over a 12-month period prior to data collection. Finally, price information, in combination with the international poverty line of 2.15 USD, was used to calculate affordability of commodities. If a commodity cost more than the daily poverty line of 2.15 USD, it was considered unaffordable. Table 1 provides an overview of the study sample.

Table 1. Study sample in 2022 and 2025

	Overall		Public		Private		Faith-based	
	2022	2025	2022	2025	2022	2025	2022	2025
Urban	64	55	25	38	37	16	2	1
Rural	69	50	55	46	9	3	5	1
Total	133	105	80	84	46	19	7	2

3. RESULTS

Family Planning

Family planning (FP) products are means by which individuals can control and organise their fertility. Autonomy in reproductive decision-making is a fundamental right that supports the exercise of several human rights and contributes to improving public health indicators (Cook, 1983; WHO, 2014). These products vary in terms of how they are administered and how long they remain effective: for example, the contraceptive pill must be taken daily, injectable contraceptives require a quarterly injection, while implants and intrauterine devices (IUDs) provide prolonged protection for up to five years. Condoms remain the only contraceptive method that offers dual protection against unwanted pregnancy, HIV/AIDS, and other sexually transmitted infections (WHO, 2020). In addition, vasectomy and tubal ligation are permanent surgical procedures that allow individuals to make an informed choice about permanently ending their ability to have children.

Availability

In 2022, male condoms were the only FP commodity in Zambia with availability above 80% (see table 2). This remained the case in 2025, with all other FP commodities still falling short of the 80% threshold as set by the WHO. However, the availability of most FP commodities did improve over this period. In 2022, eight of the 14 FP commodities had availability below 50%, by 2025 this had decreased to six.

Several commodities saw increases in overall availability between 2022 and 2025. These included the levonorgestrel emergency contraceptive pill (1.5mg) (from 52.6% to 53.3%), medroxyprogesterone acetate (from 62.4% to 67.6%), and the combined ethinylestradiol + levonorgestrel pill (from 69.9% to 71.4%), which remained the second most widely available family planning method, alongside vasectomy services (though these services are only offered at specialised centres). The copper IUD also increased from 33.3% to 42.2%, whilst availability of levonorgestrel and etonogestrel implants also rose, from 40% to 58.9% and from 54.3% to 54.4% respectively, with levonorgestrel implants showing the largest overall increase in all of the FP commodities. A few commodities, however, saw declines in availability between 2022 and 2025. Female condoms dropped sharply from 34.6% to 17.1%, and norethisterone enanthate decreased from 55.6% to 29.5%.

In the public sector, like in 2022 only male condoms had an 80% or higher availability. However, unlike 2022, where four of 14 FP commodities in the public sector were available at 75% or more of the facilities, in 2025 this was only one of 14 FP commodities. The availability of most family planning products was down compared to 2022, except for levonorgestrel (30mcg), a type of birth control pill (from 57.5% to 58.3%), levonorgestrel implant (from 48.8% to 59.8%), copper containing IUD (from 38.8% to 43.9%), male condoms (91.3% to 96.4%) and vasectomy services (25% to 73.8%) which was the greatest rise in FP commodities in the public sector. Norethisterone enanthate dropped sharply from 75.0% to 32.1%, as did tubal ligation services from 41.7% to 0%, the most significant decline among all public-sector FP commodities.

Table 2. Availability of family planning commodities in 2022 and 2025, per sector

	Overall (%)*		Public (%)		Private (%)	
	2022	2025	2022	2025	2022	2025
Ethinylestradiol + levonorgestrel	69.9	71.4	77.5	73.8	63.0	57.9
Ethinylestradiol + norethisterone	0.0	0.0	0.0	0.0	0.0	0.0
Levonorgestrel (30 mcg)	45.9	51.4	57.5	58.3	30.4	15.8
Levonorgestrel (1.5 mg)	52.6	53.3	56.3	53.6	52.2	52.6
Medroxyprogesterone acetate	62.4	67.6	75.0	73.8	47.8	42.1
Norethisterone enanthate	55.6	29.5	75.0	32.1	23.9	10.5
Implants: levonorgestrel	40.0	58.9	48.8	59.8	10.5	50.0
Implants: etonogestrel	54.3	54.4	62.5	57.3	26.3	16.7
Copper-containing IUD	33.3	42.2	38.8	43.9	21.1	16.7
Levonorgestrel-releasing IUD	1.9	2.2	2.5	2.4	0.0	0.0
Male condoms	84.2	88.6	91.3	96.4	78.3	52.6
Female condoms	34.6	17.1	50.0	19.0	10.9	5.3
Vasectomy services[a]	69.9	71.4	25.0	73.8	63.0	57.9
Tubal ligation services[a]	0.0	0.0	41.7	0.0	0.0	0.0

*Includes seven faith-based facilities in the 2022 cycle, and two faith-based facilities in the 2025 cycle.

[a]Available from clinics and Level 1 facilities and higher.

As in 2022, in 2025 none of the commodities had an 80% or higher availability in the private sector. The private sector experienced even larger declines in the availability of family planning commodities compared to the public sector between 2022 and 2025. Nine out of the 14 FP commodities surveyed saw decreases in availability in the private sector. In particular, male condoms fell from 78.3% to 52.6%, female condoms from 10.9% to 5.3%, levonorgestrel (30 mcg) from 30.4% to 15.8% and norethisterone enanthate from 23.9% to 10.5%. Only two FP commodities increased in availability in the private sector, levonorgestrel emergency contraceptive marginally increased by 0.4%, and levonorgestrel implant increased from 10.5% to 50%.

Stockouts

A stockout is defined as the number of days during a 12-month period when a product that is normally available and in stock was not available at the health centre. Stock information was recorded in 78.2% of all surveyed facilities in 2022, and 90.5% of facilities in 2025. Broken down into the surveyed sectors, the percentages are 98.8% (2022) and 97.6% (2025) for public, 39.1% (2022) and 57.9% (2025) for private, and 100.0% (2022 and 2025) for faith-based facilities.

As in 2022, stockouts of FP commodities were very common (see table 3). The average number of stockout days in the public sector increased between 2022 and 2025. In 2022, stockouts in the public sector typically lasted two to four months; in 2025, stockouts lasted even longer for several commodities. Ethinylestradiol + norethisterone (birth control pill) was stocked out at all health facilities, and these stockouts lasted on average much longer than in 2025 (365 days) than in 2022 (51 days). There was some improvement in average number of stockout days in the public sector, with levenorgestrel (1.5mg), levonorgestrel-releasing IUD and male condoms seeing fewer stockout days than in 2022 in the public sector.

In the private sector, there was an improvement in the percentage of health facilities with a stockout for the copper-containing IUD, medroxyprogesterone acetate, male condoms and ethinylestradiol + levonorgestrel. Many of which saw a sharp decrease to no health facilities with a stockout. Compared to 2022, many FP commodities also saw a decrease in the average number of stockout days. Only medroxyprogesterone acetate (77 days in 2022 to 120 in 2025) and norethisterone enanthate (22 days in 2022 to 365 in 2025) saw increases.

Table 3. Stockouts of family planning commodities at health facilities, and average number of stockout days per stockout in 2022 and 2025, per sector

	Public						Private					
	HFs with stock card 2022/ 2025 (#)		HFs with a stockout (%)		Average # of stockout days		HFs with stock card 2022/ 2025 (#)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Ethinylestradiol + levonorgestrel	63	68	49.2	41.2	68	79	7	4	42.9	0.0	50	0
Ethinylestradiol + norethisterone	4	3	100.0	33.3	51	365	0	0	ND	ND	ND	ND
Levonorgestrel (30 mcg)	52	46	28.8	21.7	76	76	9	0	11.1	ND	63	ND
Levonorgestrel (1.5 mg)	45	42	68.9	28.6	99	63	3	2	33.3	0.0	89	0
Medroxyprogesterone acetate	64	72	59.4	58.3	105	105	11	3	45.5	33.3	77	120
Norethisterone enanthate	61	50	32.8	58.0	66	140	7	3	28.6	33.3	22	365
Implants: levonorgestrel	56	62	42.9	37.1	119	120	3	2	33.3	0.0	123	0
Implants: etonogestrel	53	57	35.8	43.9	69	89	6	1	16.7	0.0	25	0
Copper-containing IUD	38	45	36.8	22.2	56	92	5	1	60.0	0.0	79	0
Levonorgestrel-releasing IUD	5	5	60.0	40.0	125	52	0	0	ND	ND	ND	ND
Male condoms	74	73	21.6	38.4	70	58	7	5	42.9	40.0	28	19
Female condoms	40	24	15.0	33.3	89	189	3	1	33.3	0.0	12	ND

HF: Health facility ND: No data available

Affordability

As in 2022, all family planning products were accessible in the public sector, none of them cost more than the daily poverty line (see table 4). However, there was a slight increase in the price of most products in the private sector. Unlike in 2022 where only two FP commodities out of the 10 surveyed cost more than a day's wage, in 2025 this rose to five FP commodities.

Some FP commodities with the most notable increases were etonogestrel implant (equivalent to 7.19 days of work compared to 0.97 days in 2022) and norethisterone enanthate (equivalent to 2.05 days of work compared to 0.50 days in 2022). The largest price increase was for copper-containing IUDs (equivalent to 10.27 days of work compared to 2.88 days in 2022). Only one FP commodity decreased in price in the private sector, which was levonorgestrel (1.5mg) (equivalent to 0.53 days of work compared to 0.55 in 2022).

Table 4. Affordability of family planning commodities in 2022 and 2025, by sector

	Public		Private	
	2022	2025	2022	2025
Ethinylestradiol + levonorgestrel	0 days	0 days	0.27 days	0.35 days
Levonorgestrel (30 mcg)	0 days	0 days	0.25 days	0.41 days
Levonorgestrel (1.5 mg)	0 days	0 days	0.55 days	0.53 days
Medroxyprogesterone acetate	0 days	0 days	0.96 days	1.52 days
Norethisterone enanthate	0 days	0 days	0.50 days	2.05 days
Implants: levonorgestrel	0 days	0 days	2.31 days	4.11 days
Implants: etonogestrel	0 days	0 days	0.97 days	7.19 days
Copper-containing IUD	0 days	0 days	2.88 days	10.27 days
Levonorgestrel-releasing IUD	0 days	0 days	-	-
Male condoms	0 days	0 days	0.03 days	0.16 days
Female condoms	0 days	0 days	0 days	0 days

No price data available for ethinylestradiol + norethisterone across all sectors.

-: no data.

Maternal Health

Maternal health commodities represent a diverse group of products used to treat health conditions that affect women during pregnancy, childbearing, and postnatally. In many contexts, during this period women are at an increased risk of negative health outcomes that can be avoided with the right treatment and care (WHO, 2023). Under maternal health commodities fall diverse medicines with different uses; examples are supplements used to prevent iron and folic acid deficiencies, conditions associated with adverse pregnancy outcomes to the mother and foetus (WHO, 2012); medicines such as oxytocin and misoprostol, used to prevent post-partum haemorrhage, the leading cause of maternal deaths in the Sub-Saharan Africa region (Say, 2014); and medicines to treat pregnancy-related hypertension, also called (pre)-eclampsia, including methyldopa and magnesium sulphate.

Availability

In 2022, none of the maternal health commodities reached an overall 80% availability (see Table 5). In 2025, the overall availability of magnesium sulphate and and folic acid increased from 59.0% to 82.2% and from 79.7% to 84.8%, respectively, between 2022 and 2025 to reach the 80% threshold. On top of that, six other maternal health commodities saw their overall availability increase.

In the public sector, the availability of many maternal health commodities increased in 2025 compared to 2022. Oxytocin increased from 71.3% to 79.3%, while the increases in availability of magnesium sulphate (67.5% to 85.4%) and ferrous salt (25.0% to 81.0%) mean they now meet the WHO threshold of 80%. Folic acid also still meets this threshold, increasing to 86.9%. Availability of misoprostol decreased, while carbetocin and ergometrine remained unavailable, and tranexamic acid and mifepristone – misoprostol remained limitedly available.

Availability in the private sector generally increased between 2022 and 2025. The availability of oxytocin, for example, increased from 15.8% to 66.7%, the availability of tranexamic acid from 21.7% to 57.9%, and of magnesium sulphate from 21.1% to 66.7%. Slight decreases were seen for mifepristone – misoprostol and dexamethasone, with availabilities remaining low.

Table 5. Availability of maternal health commodities in 2022 and 2025, per sector

	Overall* (%)		Public (%)		Private (%)	
	2022	2025	2022	2025	2022	2025
Oxytocin	61.9	76.7	71.3	79.3	15.8	66.7
Misoprostol	14.3	10.0	13.8	8.5	4.3	21.1
Carbetocin	0.0	0.0	0.0	0.0	0.0	0.0
Tranexamic acid	15.8	21.0	8.8	13.1	21.7	57.9
(methyl)ergometrine[a]	0.0	0.0	0.0	0.0	-	-
Mifepristone - misoprostol	15.8	17.1	15.0	17.9	17.4	10.5
Magnesium sulphate	59.0	82.2	67.5	85.4	21.1	66.7
Calcium gluconate[b]	52.6	21.4	58.3	25.0	0.0	0.0
Ferrous salt	42.9	79.0	25.0	81.0	71.7	73.7
Folic acid	79.7	84.8	80.0	86.9	78.3	73.7
Ferrous salt and folic acid	18.0	25.7	15.0	26.2	26.1	26.3
Dexamethasone	45.1	35.2	47.5	36.9	34.8	31.6
Methyldopa	37.6	45.7	32.5	39.3	41.3	78.9

*Includes seven faith-based facilities in 2022, and two faith-based facilities in 2025

-: No data available. No health facilities were surveyed that ought to supply this commodity

[a]Available from Level 2 facilities and higher

[b]Available from Level 1 facilities and higher

Stockouts

Compared to 2022, stockouts in the public sector declined (see Table 6). Nevertheless, stockouts were still common. For example, misoprostol was stocked out at 66.7% of health facilities, with these stockouts still lasting on average 94 days. While stockouts of mifepristone – misoprostol decreased from 88.9% in 2022 to 58.8% in 2025, still almost six out of 10 health facilities experienced stockouts for this commodity. On top of that, the length of the stockouts increased, from 71 days to 98 days. Oxytocin and magnesium sulphate were the least stocked out in 2025, with 11.3% and 11.1% of health facilities experiencing stockouts, respectively, which lasted on average 43 days and 18 days, respectively.

In the private sector stockouts also seemed to decrease, though the number of health facilities with stock cards for each of the commodities was low, ranging from one to seven, so findings should be interpreted with caution.

Table 6. Stockouts of maternal health commodities at health facilities and average number of stockout days per stockout in 2022 and 2025, per sector

	Public						Private					
	HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days		HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Oxytocin	53	62	28.3	11.3	37	43	2	3	100.0	0.0	17	0
Misoprostol	23	12	73.9	66.7	111	94	0	2	ND	0.0	ND	0
Tranexamic acid	11	11	72.7	36.4	82	65	1	3	100.0	33.3	33	122
Mifepristone - misoprostol	9	17	88.9	58.8	71	98	1	1	0.0	0.0	0	0

	Public						Private					
	HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days		HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Magnesium sulphate	51	63	31.4	11.1	70	18	5	3	40.0	33.3	34	40
Calcium gluconate	15	9	60.0	22.2	61	75	1	1	100.0	100.0	12	58
Ferrous salt	49	69	89.8	52.2	146	94	12	6	41.7	0.0	48	0
Folic acid tablet	71	80	60.6	45.0	77	56	12	7	33.3	14.3	44	60
Ferrous salt and folic acid	29	17	89.7	41.2	127	159	8	1	50.0	0.0	40	0
Dexamethasone	54	43	57.4	58.1	101	98	10	5	60.0	40.0	18	26
Methyldopa	39	37	71.8	45.9	168	68	8	4	50.0	0.0	45	0

NB: Stock information for carbetocin and (methyl)ergometrine was unavailable in all three sectors and is therefore not shown.

HF: Health facility. ND: No data available.

Affordability

As in 2022, in 2025 all maternal health commodities were free in the public sector (see Table 7). In the private sector, however, affordability remained an issue. A treatment with misoprostol (1.95 days) , tranexamic acid (2.36 days), mifepristone – misoprostol (11.81 days), magnesium sulphate (9.43 days), dexamethasone (4.47 days) and methyldopa (12.47 days) were all unaffordable.

Table 7. Affordability of maternal health commodities in 2022 and 2025, per sector

	Public		Private	
	2022	2025	2022	2025
Oxytocin	0 days	0 days	0.14 days	0.67 days
Misoprostol	0 days	0 days	1.77 days	1.95 days
Tranexamic acid	0 days	0 days	1.49 days	2.36 days
Mifepristone - misoprostol	0 days	0 days	8.69 days	11.81 days
Magnesium sulphate	0 days	0 days	38.32 days	9.43 days
Calcium gluconate	0 days	0 days	0.85 days	0.92 days
Ferrous salt	0 days	0 days	0.72 days	0.43 days
Folic acid tablet	0 days	0 days	0.41 days	0.46 days
Ferrous salt and folic acid	0 days	0 days	0.57 days	0.31 days
Dexamethasone	0 days	0 days	2.43 days	4.47 days
Methyldopa	0 days	0 days	10.25 days	12.47 days

No price data available for carbetocin and ergometrine across all sectors

- : No price data available.

STI Treatment

Commodities for the treatment of STIs represent a basket of medicines to treat common STIs, such as chlamydia, gonorrhoea and syphilis. Since many STIs are caused by bacteria, the majority of surveyed medicines are antibiotics (WHO, 2022). Often, multiple types of antibiotics can be used to treat a certain STI.

In addition, one antiviral and one antifungal medicine were surveyed, which can be used to treat genital herpes and Candida albicans (yeast infection), respectively.

Availability

Overall availability of many of the STI treatment commodities increased from 2022 to 2025 (see Table 8). In 2022 only doxycycline reached the 80% availability threshold; in 2025 metronidazole, clotrimazole, benzathine benzylpenicillin and amoxicillin also surpassed this benchmark.

Similarly, in the public sector increases in availability were seen for six of nine STI treatment commodities. Clotrimazole saw the biggest increase, with the availability rising from 12.5% to 83.3%. Benzathine benzylpenicillin and amoxicillin also saw large changes, increasing from 47.5% and 33.8% in 2022 to 94.0% and 89.3% in 2025, respectively. Availability of acyclovir (2.4%) and cefixime (1.2%) remained low.

In the private sector, similar trends in increases were seen, with three maternal health commodities reaching the 80% benchmark, and four being in close range (clotrimazole, amoxicillin, acyclovir and azithromycin).

Table 8. Availability of STI treatment commodities in 2022 and 2025, per sector

	Overall* (%)		Public (%)		Private (%)	
	2022	2025	2022	2025	2022	2025
Metronidazole	68.4	81.9	60.0	78.6	80.4	94.7
Clotrimazole	33.1	81.9	12.5	83.3	65.2	73.7
Benzathine benzylpenicillin	60.9	92.4	47.5	94.0	80.4	84.2
Amoxicillin	51.9	85.7	33.8	89.3	78.3	73.7
Acyclovir	32.3	16.2	12.5	2.4	65.2	78.9
Azithromycin	32.3	52.4	10.0	45.2	65.2	78.9
Ceftriaxone	63.2	51.4	65.0	50.0	60.9	57.9
Doxycycline	85.7	89.5	82.5	91.7	89.1	84.2
Cefixime	20.3	10.5	1.3	1.2	56.5	52.6

*Includes seven faith-based facilities in the 2022 cycle, and two faith-based facilities in the 2025 cycle

Stockouts

In the public sector, stockouts of STI treatment commodities decreased from 2022 to 2025 (see Table 9). However, stockouts were still very common: the least stockouts occurred for clotrimazole, which still saw stockouts at 22.9% of health facilities. Half or more of health facilities experienced stockouts for cefixime (50%), metronidazole (64.9%) and acyclovir (66.7%), with stockouts for acyclovir and cefixime lasting especially long (184 to 246 days).

Stockouts in the private sector were less likely in 2025. Five commodities did not experience any stockouts, while the most commonly stocked out commodity, clotrimazole, experienced stockouts at one-third of facilities, only lasting eight days on average.

Table 9. Stockouts of STI treatment commodities at health facilities and average number of stockout days per stockout in 2022 and 2025, per sector

	Public						Private					
	HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days		HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Metronidazole	69	74	88.4	64.9	121	63	14	6	21.4	0.0	46	0
Clotrimazole	31	70	90.3	22.9	196	58	9	3	11.1	33.3	147	8
Benzathine benzylpenicillin	64	79	82.8	41.8	122	55	10	5	30.0	0.0	30	0
Amoxicillin	61	67	95.1	44.8	131	74	11	4	9.1	0.0	82	0
Acyclovir	26	6	92.3	66.7	133	184	10	4	60.0	0.0	29	0
Azithromycin	19	39	89.5	46.2	163	151	12	5	50.0	20.0	22	7
Ceftriaxone	58	49	43.1	40.8	84	47	13	6	23.1	16.7	61	1
Doxycycline	68	76	64.7	34.2	144	64	11	5	18.2	20.0	71	180
Cefixime	5	2	100.0	50.0	116	246	6	2	33.3	0.0	13	0

Affordability

As in 2022, in 2025 all STI treatment commodities were free in the public sector (see Table 10). In the private sector, while some commodities increased in price, such as clotrimazole, benzathine benzylpenicillin and doxycycline, they remained affordable. Treatment with two commodities were equivalent to more than the daily poverty line: acyclovir (3.52 days) and cefixime (1.42 days).

Table 10. Affordability of STI treatment commodities in 2022 and 2025, per sector

	Public		Private	
	2022	2025	2022	2025
Metronidazole	0 days	0 days	0.80 days	0.64 days
Clotrimazole	0 days	0 days	0.33 days	0.68 days
Benzathine benzylpenicillin	0 days	0 days	0.66 days	0.79 days
Amoxicillin	0 days	0 days	0.21 days	0 days
Acyclovir	-	0 days	8.06 days	3.52 days
Azithromycin	0 days	0 days	1.01 days	0.59 days
Ceftriaxone	0 days	0 days	0.80 days	0.80 days
Doxycycline	0 days	0 days	0.63 days	0.68 days
Cefixime	0 days	0 days	-	1.42 days

- : No data available

HIV/AIDS

Unfortunately, sub-Saharan Africa still faces the highest burden of HIV/AIDS globally. The condition, which is caused by a virus, is incurable to date. Luckily, highly effective antiretroviral therapies are on the market, which can minimise symptoms for an extensive time period, and can prevent pregnant women living with HIV from transmitting the disease to their children. With proper disease management and treatment, people living with HIV/AIDS are able to live a normal life.

Availability

Overall, availability of some HIV/AIDS commodities increased, and some were unavailable across all sectors in 2025 while they were available in 2022 (see Table 11).

In the public sector, especially for PrEP and dolutegravir + lamivudine + tenofovir, large increases in the availability from 2022 to 2025 could be seen. PrEP increased from 61.3% to 76.8%, while dolutegravir + lamivudine + tenofovir was available in almost all (92.7%) public health facilities in 2025. While atazanavir/ritonavir and lopinavir/ritonavir were available in 2022 in about one-third to half of health facilities, in 2025 they were no longer available at all. Availability of paediatric dolutegravir also decreased significantly, from 60.0% to 28.0%.

The public sector provides few HIV/AIDS medicines, even less so in 2025 than in 2022.

Table 11. Availability of HIV/AIDS commodities in 2022 and 2025, per sector

	Overall* (%)		Public (%)		Private (%)	
	2022	2022	2022	2025	2022	2025
PrEP (emtricitabine + tenofovir)	55.2	73.3	61.3	76.8	21.1	16.7
Dolutegravir + lamivudine + tenofovir	71.4	86.7	77.5	92.7	36.8	0.0
Tenofovir + lamivudine	2.9	1.1	0.0	1.2	0.0	0.0
Atazanavir/ritonavir	27.6	0.0	30.0	0.0	15.8	0.0
Darunavir/ritonavir	1.9	5.6	2.5	6.1	0.0	0.0
Lopinavir/ritonavir	45.7	0.0	51.3	0.0	21.1	0.0
Raltegravir	0.0	0.0	0.0	0.0	0.0	0.0
Dolutegravir (50mg)	49.5	55.6	53.8	58.5	15.8	16.7
pediatric dolutegravir (10mg)	50.5	25.6	60.0	28.0	5.3	0.0
Efavirenz	0.0	0.0	0.0	0.0	0.0	0.0
Nevirapine	40.0	36.7	45.0	39.0	15.8	16.7

*Includes seven faith-based facilities in the 2022 cycle, and two faith-based facilities in the 2025 cycle

Stockouts

In 2025 stockouts of HIV/AIDS commodities occurred more often than in 2022 (see Table 12). An increase in stockouts was particularly noticeable for dolutegravir 10mg and 50mg. In 2022, stockouts of both types of dolutegravir occurred at about 20% of health facilities. In 2025, dolutegravir 10mg was stockout at 69.2% of facilities, and dolutegravir 50mg at 57.4% of facilities. On top of that, the stockouts also increased in average length, from 43 days to 74 days (10mg) and from 79 days to 107 days (50mg).

In the private sector, due to the fact that so few stock HIV/AIDS commodities, only one to two health facilities had stock cards. The findings should therefore be interpreted with caution. However, in the facilities that did experience a stockout, stockouts lasted for a long time (150 to 250 days on average).

Table 12. Stockouts of HIV/AIDS commodities at health facilities and average number of stockout days per stockout in 2022 and 2025, per sector

	Public						Private					
	HFs with stock card 2022 2025 (#)		HFs with a stockout (%)		Average # of stockout days		HFs with stock card 2022/2025 (#)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
PrEP (emtricitabine + tenofovir)	49	60	24.5	30.0	41	31	3	1	0.0	0.0	0	0
Dolutegravir + lamivudine + tenofovir	61	73	16.4	16.4	46	44	6	0	0.0	ND	0	ND
Tenofovir + lamivudine	4	2	75.0	50.0	264	3	1	1	100.0	100.0	30	250
Atazanavir/ritonavir	23	1	4.3	100.0	5	86	2	1	0.0	0.0	0	0
Darunavir/ritonavir	2	4	0.0	25.0	0	120	0	0	ND	ND	ND	ND
Lopinavir/ritonavir	39	1	5.1	100.0	4	30	4	0	0.0	ND	0	ND
Dolutegravir (50mg)	42	54	19.0	57.4	79	107	3	2	0.0	50.0	0	150
Pediatric dolutegravir (10mg)	47	39	21.3	69.2	43	74	1	1	0.0	100.0	0	150
Efavirenz	1	1	100.0	100.0	360	51	0	0	ND	ND	ND	ND
Nevirapine	30	29	16.7	17.2	113	18	2	1	0.0	0.0	0	0

NB: Stock information for raltegravir was unavailable in all three sectors and is therefore not shown

HF: Health facility ND: No data available

Affordability

In 2025, all HIV/AIDS commodities were free in both the public and private sector (see Table 13). Compared to 2022, this is an improvement in the private sector, where dolutegravir + lamivudine + tenofovir and darunavir/ritonavir were unaffordable at the time.

Table 13. Affordability of HIV/AIDS commodities in 2022 and 2025, per sector

	Public		Private	
	2022	2025	2022	2025
PrEP (emtricitabine + tenofovir)	0 days	0 days	0 days	0 days
Dolutegravir + lamivudine + tenofovir	0 days	0 days	2.45 days	0 days
Tenofovir + lamivudine	0 days	-	0 days	-
Atazanavir/ritonavir	0 days	0 days	-	-
Darunavir/ritonavir	0 days	0 days	0.33 days	-
Lopinavir/ritonavir	0 days	0 days	0 days	0 days
Dolutegravir (50mg)	0 days	0 days	0 days	-
Pediatric dolutegravir (10mg)	-	0 days	-	-

NB: Pricing information for tenofovir + lamivudine, raltegravir and efavirenz was unavailable in all three sectors and are therefore not shown.

-: No price data available

MENSTRUAL PRODUCTS AND TESTS

Access to appropriate menstrual hygiene commodities enables women and girls to continue their daily life activities undisturbed during their menstruation, for example, to go to work and school, and therefore might contribute to higher school attendance or participation in class (McMahon et al. 2011; Miiro et al. 2018;). Pregnancy tests and HIV self-tests enable people to know about their health status and in line with that, receive the appropriate care or treatment for their condition.

Availability

In 2025, sanitary pads and tampons were no longer available in the public sector (see Table 14). In the private sector, availability of sanitary pads increased (47.8% to 57.9%), while availability of tampons remained about the same at 21%. Pregnancy tests increased in both the public and private sectors, with the increase in the public sector especially noticeable (from 8.8% to 79.8%). Availability of the HIV self-test decreased significantly in the public sector, and became fully unavailable in the private sector. The HPV DNA test increased slightly in availability in the public sector, from 1.3% to 6.1%.

Table 14. Availability of menstrual products and tests in 2022 and 2025, per sector

	Overall* (%)		Public (%)		Private (%)	
	2022	2025	2022	2025	2022	2025
Sanitary pads	18.8	10.5	2.5	0.0	47.8	57.9
Tampons	7.5	3.8	0.0	0.0	21.7	21.1
Pregnancy test	26.3	81.0	8.8	79.8	58.7	84.2
HIV self-test	37.6	15.2	42.5	19.0	30.4	0.0
HPV DNA test	1.0	5.6	1.3	6.1	0.0	0.0

*Includes seven faith-based facilities in the 2022 cycle, and two faith-based facilities in the 2025 cycle

Stockouts

In 2025, stockouts of all three tests decreased compared to 2022 (see Table 15). While the pregnancy test was stocked out at almost all facilities in 2022, in 2025 stock-outs occurred at 38.8% of facilities. While still high, it shows a decreasing trend, also in the average length of stockouts (101 days in 2022 compared to 59 days in 2025). Similar trends were seen for the HIV self-test.

In the private sector, stockouts also decreased in frequency for the pregnancy test and HIV self-test, though again the number of health facilities was low in this sample.

Table 15. Stockouts of menstrual products and tests at health facilities and average number of stockout days per stockout in 2022 and 2025, per sector

	Public						Private					
	HFs with stock card 2022/ 2025 (#)		HFs with a stock-out (%)		Average # of stockout days		HFs with stock card 2022/ 2025 #)		HFs with a stockout (%)		Average # of stockout days	
	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025	2022	2025
Pregnancy test	26	67	96.2	38.8	101	59	6	6	33.3	0.0	33	0
HIV self-test	1	60	54.1	40.0	100	71	0	3	100.0	33.3	12	40
HPV DNA test	1	3	100.0	66.7	64	39	0	0	ND	ND	ND	ND

NB: Stock information for sanitary pads and tampons was unavailable in all three sectors and is therefore not shown

HFs: health facilities; ND: No data available

Affordability

In the public sector, the tests remained free for the patients (see Table 16). In the private sector, both the sanitary pads and tampons, as well as the pregnancy test, were unaffordable. Tampons and sanitary pads were particularly expensive (9.08 days and 4.42 days, respectively).

Table 16. Affordability of menstrual products and tests in 2022 and 2025, per sector

	Public		Private	
	2022	2025	2022	2025
Sanitary pads	0 days	-	1.71 days	4.42 days
Tampons	-	-	1.97 days	9.08 days
Pregnancy test kit	0 days	0 days	1.61 days	1.26 days
HIV self-test kit	0 days	0 days	1.41 days	-
HPV DNA test kit	0 days	0 days	-	-

-: No price data available

4. SUMMARY AND RECOMMENDATIONS

The Government of Zambia is committed to achieving universal health coverage (UHC) through its National Vision 2030, which envisions a prosperous country where all Zambians have access to quality health services, including medicines. The Ministry of Health (MoH) has outlined its strategy in the 2022-2026 National Health Sector Strategic Plan (NHSP), which provides guidance on all health interventions, including access to medicines in the health sector, thereby supported by its Cooperating Partners (CP).

Significant investments have been made to upgrade Zambia Medicines and Medical Supplies Agency (ZAMMSA) infrastructure, establishment of regional hubs, and building capacity of the Zambia Medicine Regulatory Authority (ZAMRA). However, system failures and insufficient resources have led to continuing medicines shortages in the public sector.

Family Planning

Availability of family planning commodities in the public sector improved slightly between 2022 and 2025, but only male condoms consistently had high availability, while most other methods remained limited. Some products, such as pills, injectables, IUDs, implants, and vasectomy services, showed improvement. However, others, including female condoms and certain injectables, declined. Despite modest gains, stockouts in public facilities lasted longer, pointing to weaknesses in supply chain and last-mile distribution systems. In the private sector, availability declined for most commodities, making it an unreliable alternative source of family planning services, while unmet need remains high among adolescents and young women. Limited health insurance coverage and poor affordability in the private sector increase out-of-pocket costs when public facilities experience stockouts, and the potential of the National Health Insurance Management Authority (NHIMA) to reduce these barriers is not yet fully realised due to funding and implementation gaps.

Recommendations:

- Increase government and partner funding for family planning commodities.
- Prioritise availability of FP services for adolescents and young women, given their high unmet need.
- Strengthen supply chain responsiveness and last-mile distribution, especially through ZAMMSA, to reduce prolonged stockouts.
- Address declining availability of key commodities, such as female condoms and injectable contraceptives.
- Reposition the private sector as a complementary provider through stronger financing mechanisms rather than out-of-pocket payment.
- Urgently revisit and reform the NHIMA scheme in 2026 to expand effective coverage.
- Provide budgetary support from the National Treasury to NHIMA during the transition phase.
- Use NHIMA to reduce catastrophic health expenditures and improve equitable access to FP and other health services.

Maternal Health

Availability of maternal health commodities improved between 2022 and 2025 in both public and private sectors, with several essential medicines now meeting recommended availability thresholds, unlike in 2022 when none did. Stockouts also declined over the period, suggesting better supply performance. However, some critical commodities, such as carbetocin, tranexamic acid, and mifepristone-ergometrine, remain largely unavailable, posing continued risks to maternal and foetal health, particularly from conditions like postpartum haemorrhage and pre-eclampsia, which are the leading cause of maternal deaths in sub-Saharan Africa (Say, 2014). The improvement in commodity availability corresponds with a reduction in maternal mortality (from 252 per 100,000 live births in 2022 to 195 in 2025), indicating that better supply of essential medicines is likely contributing to improved maternal outcomes, although overall availability and stock reliability remain insufficient.

Recommendations:

- The Government should increase both financial and commodity support to the Ministry of Health to ensure adequate supplies for maternal health services. Raising the national health budget to 15% of the total budget would significantly improve the availability of essential commodities across the public health system.
- Sustain and strengthen efforts to improve availability of essential maternal health commodities, especially those critical for managing obstetric emergencies.
- Reduce dependence on inconsistent supply by ensuring more reliable and predictable funding for maternal health commodities to further lower maternal mortality.

STI Treatment

Availability of STI treatment commodities improved substantially between 2022 and 2025, with several essential medicines now widely available. This is an observable change from, 2022 when very few met recommended availability levels. Although stockouts remain common in public facilities, they declined from 2022 to 2025. However, some medicines still experienced long stockout durations, indicating ongoing supply chain challenges. The improvement in availability may be largely attributed to increased funding through the national health budget for the national drug fund. In the private sector, availability of several STI medicines also increased, and stockouts were less frequent and shorter, making private facilities a reliable alternative source for STI treatment commodities, particularly where facilities are accredited under NHIMA.

Recommendations:

- Increase national health financing to meet the Abuja Declaration target of allocating 15% of the national budget to health.
- Make greater government investment in STI commodities through diversified and sustainable health financing mechanisms.
- Strengthen and expand NHIMA accreditation of private facilities so the private sector can effectively complement public services.
- Continue improving supply chain systems to reduce the duration and frequency of stockouts in public facilities.

HIV/AIDS

Availability of antiretroviral medicines for HIV treatment showed wide variability in 2025 compared to 2022, with some products experiencing suboptimal availability and stockouts. This is likely linked to reduced or changing support from major external donors, particularly USAID, as well as recent changes in national HIV treatment protocols that may have affected supply planning and procurement. These factors together have contributed to instability in the availability of some antiretroviral commodities, raising concerns about continuity of care for people living with HIV/AIDS.

Recommendations:

- Government and cooperating partners should increase financial and programmatic support for HIV/AIDS treatment services.
- Increase domestic financing for health to compensate for reduced donor funding and ensure continuity of HIV services.
- Strengthen planning and procurement systems to align commodity supply with updated HIV treatment guidelines.
- Protect and prioritise funding for life-saving HIV prevention and treatment services within the national health budget.

Menstrual Products and Tests

In 2025, sanitary pads and tampons were no longer available in the public sector, while the private sector recorded modest improvements in sanitary pad availability, though both remained largely unaffordable. Pregnancy tests became widely available in the public sector, but HIV self-tests declined, and availability of HPV DNA testing remained very limited. Limited access and high costs of menstrual and reproductive health commodities are likely to negatively affect adolescent girls' school attendance, potentially increasing school dropouts, adolescent pregnancies, and child marriages, especially in poor rural communities.

Recommendations:

- Amend Constituency Development Fund (CDF) disbursement and allocation mechanisms to ensure timely and full release of funds for free distribution of sanitary pads and tampons to adolescent girls in schools, particularly in poor rural communities.
- Use CDF provisions to support community-led programmes aimed at ending child marriages and reducing adolescent pregnancies in Zambia.
- Allocate CDF resources toward the construction of adolescent-friendly health spaces alongside maternity annexes in all health facilities nationwide.

5. CONCLUSION

In conclusion, the Government's continued commitment to essential drugs and medical supplies, including SRH commodities, is commendable, particularly in the context of declining official development assistance. This commitment is reflected in the K6.4 billion allocated for the procurement of drugs and medical supplies, representing a 30% increase from 2025, aimed at mitigating potential reductions in support from the United States Embassy in Zambia.

However, there remains a need for the Government, through the National Budget, to demonstrate even greater ambition in prioritising health as a cornerstone of socio-economic development. Efforts should focus on achieving UHC by improving the availability and affordability of SRH commodities, alongside strengthening the quality and reach of preventive and primary healthcare services for all Zambian citizens.

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Annex 1

	Commodity	Use
FAMILY PLANNING		
1	Ethinylestradiol + levonorgestrel	Birth control pill; contraceptive
2	Ethinylestradiol + norethisterone	Birth control pill; contraceptive
3	Levonorgestrel (30 mcg)	Birth control pill; contraceptive
4	Levonorgestrel (1.5 mg)	Emergency contraceptive
5	Medroxyprogesterone acetate	Injectable contraceptive
6	Implants: levonorgestrel	Long-acting contraceptive
7	Implants: etonogestrel	Long-acting contraceptive
8	Copper-containing IUD	Long-acting contraceptive
9	Levonorgestrel-releasing IUD	Long-acting contraceptive
10	Male condoms	Contraceptive; STI protection
11	Female condoms	Contraceptive; STI protection
MATERNAL HEALTH		
12	Oxytocin	Prevention of post-partum haemorrhage
13	Misoprostol	Prevention of post-partum haemorrhage; induce labour; induce medical abortion
14	Carbetocin	Prevention of post-partum haemorrhage; induce labour
15	Tranexamic acid	Prevention of post-partum haemorrhage
16	(methyl)ergometrine	Prevention of post-partum haemorrhage
17	Mifepristone - misoprostol	Medical abortion
18	Magnesium sulphate	Treatment of pre-eclampsia and eclampsia
19	Calcium gluconate	Antidote for magnesium toxicity (used in combination with magnesium sulphate)
20	Ferrous salt	Supplement, prevent iron deficiency
21	Folic acid	Supplement, prevent folic acid deficiency
22	Ferrous salt + folic acid	Supplement, prevent iron and folic acid deficiency
23	Dexamethasone	Accelerating lung maturation in preterm babies
24	Methyldopa	Management of pregnancy-induced hypertension
SEXUALLY TRANSMITTED INFECTIONS		
25	Metronidazole	Antibiotic, STI treatment
26	Clotrimazole	Antifungal, STI treatment
27	Benzathine benzylpenicillin	Antibiotic, STI treatment
28	Amoxicillin	Antibiotic, STI treatment
29	Acyclovir	Antiviral, STI treatment
30	Azithromycin	Antibiotic, STI treatment
31	Ceftriaxone	Antibiotic, STI treatment
32	Doxycycline	Antibiotic, STI treatment
33	Cefixime	Antibiotic, STI treatment
HIV/AIDS		
34	Pre-Exposure Prophylaxis: (emtricitabine (FTC) + tenofovir (TDF))	Prevention of HIV infection
35	Dolutegravir + lamivudine + tenofovir (DTG + 3TC + TDF)	Antiretroviral, management of HIV/AIDS

36	Tenofovir + lamivudine (TDF + 3TC)	Antiretroviral, management of HIV/AIDS
37	Atazanavir/ritonavir (ATV/r)	Antiretroviral, management of HIV/AIDS
38	Darunavir/ritonavir (DRV/r)	Antiretroviral, management of HIV/AIDS
39	Lopinavir/ritonavir (LPV/r)	Antiretroviral, management of HIV/AIDS
40	Raltegravir (RAL)	Antiretroviral, management of HIV/AIDS
41	Dolutegravir (DTG)	Antiretroviral, management of HIV/AIDS
42	Paediatric dolutegravir (DTG)	Antiretroviral, management of HIV/AIDS
43	Efavirenz (EFV)	Antiretroviral, management of HIV/AIDS
44	Nevirapine	Antiretroviral, management of HIV/AIDS
PERSONAL HYGIENE & KITS		
45	Sanitary pads	Management of menstruation
46	Tampons	Management of menstruation
47	Vasectomy services	Male sterilisation
48	Tubal ligation services	Female sterilisation
49	Pregnancy test	-
50	HIV self-test	-
51	HPV DNA test	-

ANNEX 2

	Commodity	Treatment Regimen used to calculate affordability
FAMILY PLANNING		
1	Ethinylestradiol + levonorgestrel	1 strip
2	Ethinylestradiol + norethisterone	1 strip
3	Levonorgestrel (30 mcg)	1 strip
4	Levonorgestrel (1.5 mg)	1 tablet
5	Medroxyprogesterone acetate	1 injection
6	Implants: levonorgestrel	1 implant
7	Implants: etonogestrel	1 implant
8	Copper-containing IUD	1 IUD
9	Levonorgestrel-releasing IUD	1 IUD
10	Male condoms	1 condom
11	Female condoms	1 condom
MATERNAL HEALTH		
12	Oxytocin	1 vial
13	Misoprostol	5 tablets
14	Carbetocin	1 vial
15	Tranexamic acid	2 vials
16	(methyl)ergometrine	3 vials
17	Mifepristone - misoprostol	1 strip of 5 pills
18	Magnesium sulphate	9 vials
19	Calcium gluconate	1 vial
20	Ferrous salt	30 tablets
21	Folic acid	30 tablets
22	Ferrous salt + folic acid	30 tablets
23	Dexamethasone	3 vials
24	Methyldopa	6 tablets per day, 30 days
SEXUALLY TRANSMITTED INFECTIONS		
25	Metronidazole	2 tablets per day, 7 days
26	Clotrimazole	1 tablet
27	Benzathine benzylpenicillin	2 vials
28	Amoxicillin	3 tablets per day, 7 days
29	Acyclovir	3 tablets per day, 10 days
30	Azithromycin	1 tablet per day, 3 days
31	Ceftriaxone	1 vial
32	Doxycycline	2 tablets per day 7 days
33	Cefixime	1 tablet
HIV/AIDS		
34	Pre-Exposure Prophylaxis: (emtricitabine (FTC) + tenofovir (TDF))	30 tablets
35	Dolutegravir + lamivudine + tenofovir (DTG + 3TC + TDF)	30 tablets
36	Tenofovir + lamivudine (TDF + 3TC)	30 tablets
37	Atazanavir/ritonavir (ATV/r)	30 tablets

38	Darunavir/ritonavir (DRV/r)	30 tablets
39	Lopinavir/ritonavir (LPV/r)	4 tablets per day, 30 days
40	Raltegravir (RAL)	30 tablets
41	Dolutegravir (DTG)	30 tablets
42	Paediatric dolutegravir (DTG)	30 tablets
43	Efavirenz (EFV)	2 tablets per day, 30 days
44	Nevirapine	30 tablets
PERSONAL HYGIENE & TEST KITS		
45	Sanitary pads	3 pads per day, 7 days
46	Tampons	21 tampons
47	Pregnancy test	1 test
48	HIV self-test	1 test
49	HPV DNA test	1 test