**New report sheds light on the causes of contraceptive shortages**

*29 August 2024, Johannesburg -* As Women’s Month 2024 draws to a close, the Stop Stockouts Project (SSP) in partnership with Ritshize releases its most recent report titled *‘*[*Contraceptive Supply Chain: Stockouts and their Causes*](https://section27.org.za/downloads/Stop%20Stockouts%20V4.pdf)*’* on the availability and accessibility of medicines at public health facilities in South Africa. Previous findings from the SSP revealed that contraceptives were the most prevalent stockouts in the country. This report sought to investigate the relationship between supply chain and contraceptive stockouts. Whilst medicines stockouts are widespread across South Africa, this report focuses on the Eastern Cape, KwaZulu-Natal and the North West provinces between April 2022 and June 2023.

The report details the experiences of healthcare users in accessing contraceptives and includes interviews with public health facility managers to establish the causes of poor access and the mitigation measures in place. Between April 2022 and June 2023, SSP together with the [Ritshidze](https://ritshidze.org.za/) project surveyed public health users to assess their experiences with accessing contraceptives. In the Eastern Cape and KwaZulu-Natal provinces, almost all women and girls who were surveyed did not receive the contraceptives they requested. The survey also examined the availability of various types of contraceptives. Throughout the monitoring period, injectable contraception was reported as the least accessible followed by external condoms and the implant.

Facility managers were interviewed about the measures implemented to address stockouts. Whilst most managers in the Eastern Cape and KwaZulu-Natal reported having received guidance on how to respond to stock outs, managers in the North-West Province said they had not received such guidance. However, the survey showed that healthcare providers made efforts to ensure that healthcare users did not leave facilities without medicines. Healthcare providers either offered healthcare users alternative medicines or referred them to facilities that had stock. The survey also highlighted the unavailability of termination of pregnancy services. In all three provinces, most of the surveyed facility managers reported that they referred healthcare users seeking these services to other facilities.

Our findings are that poor national procurement planning continues to be the main driver of contraceptive shortages and stockouts. At the provincial level, causes of stockouts included budgetary limitations, dependence on manual paper-based systems and poor management of stock controls. The report recommends that the national and provincial departments of health urgently address the use of manual data systems for payment and stock management.

Access to contraceptives is a crucial component of the enjoyment of the right to sexual and reproductive health rights as well as the right to bodily autonomy. Contraceptives enable women and adolescent girls to exercise their right to decide whether to be pregnant, the number and spacing of their children and to have pleasurable and safe sexual experiences without the risk of unintended pregnancies. Moreover, contraception enhances socioeconomic opportunities for women and open up more educational opportunities for adolescent girls. Failure to ensure access to contraceptives therefore violates various constitutionally guaranteed rights.

Click [here](https://section27.org.za/downloads/Stop%20Stockouts%20V4.pdf) to access the report

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***More about Stop Stockouts Project***

*Established in 2013, the Stop Stockouts Project is a consortium of five civil society organisations Doctors Without Borders (MSF), Rural Doctors Association of South Africa (RuDASA), Rural Health Advocacy Project (RHAP), SECTION27, and the Treatment Action Campaign (TAC) that aims to monitor and report on medicine and vaccine shortages and stockouts at primary healthcare facilities.*

***\*\* More about the Ritshidze project***

*Ritshidze is a project being implemented by organisations representing people living with HIV—including the Treatment Action Campaign (TAC), the National Association of People Living with HIV (NAPWA), Positive Action Campaign, Positive Women’s Network (PWN) and the South African Network of Religious Leaders Living with and affected by HIV/AIDS (SANERELA+)—in alliance with Health Global Access Project (Health GAP), the Foundation for AIDS Research (amfAR), and Georgetown University’s O’Neill Institute for National and Global Health Law. Ritshidze works towards improving the quality of HIV and TB services provided in the public health sector through a community-led clinic monitoring system which is being rolled out in hundreds of primary healthcare facilities across the country.*