COUNTING WHAT COUNTS: TRACKING ACCESS TO EMERGENCY CONTRACEPTION IN RWANDA

Emergency contraceptive (EC) pills are included in Rwanda’s Essential Drug List and EC can be purchased through the public, private, and NGO sectors. However, knowledge and use of EC are low, and national family planning policies do not consistently include EC.

ABOUT RWANDA
Rwanda is the most densely populated nation in Africa, with a total population of 12,012,589. After many years of civil war culminating in the 1994 genocide, Rwanda is currently stable and rebuilding its economy. It is largely rural, with only 19.1% of its population living in cities. Only 2.8% of all women have completed secondary education.

CONTRACEPTIVE AND EC KNOWLEDGE & USE

- **Total fertility rate:** 4.6 births per woman (3.4 urban, 4.8 rural)
- **Unmet need for contraception among currently married women:** 19%
- **Among married women, the use of modern contraceptives rose from 10% to 45.1% between 2005 and 2010**

Source: Demographic and Health Survey, Rwanda 2010 unless otherwise noted.

POLICIES

**Essential Drug List:** The 2010 EDL includes levonorgestrel in the proper dose for EC.

**National norms and guidelines:** Rwanda’s National Family Planning Policy does not include specific directives regarding EC; however, Rwanda’s National Training Module for Family Planning (March 2008) includes a chapter on EC. EC was not mentioned in Rwanda’s Health Sector Strategic Plan for 2009-2012.

**Prescription status:** It appears that EC can be purchased without a prescription.

**Post-rape care:** A 2012 report states that EC information is currently included in the police protocol for survivors of sexual violence/rape. A baseline assessment conducted in 2009, however, showed that only 13% of clinics surveyed had guidelines available for the clinical management of sexual violence. All of the surveyed facilities had dedicated rooms for sexual violence services but EC was not available in the rooms. However, the Yuzpe method of EC (higher doses of certain regular oral contraceptives) was available in 62% of the facilities.

PRODUCT AVAILABILITY

**Registered Products:** The Ministry of Health Pharmacy Task Force oversees pharmaceutical drug licensing and registration. NorLevo and Postinor – both levonorgestrel-alone dedicated EC products – are available in

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![Knowledge and Ever Use of Modern Contraception and EC](source.png)

Source: Demographic and Health Survey, Rwanda 2010.
Rwanda via import licensing rather than through in-county registration.  

Locally manufactured products: None available. 

Poor quality or counterfeit EC products: While not specific to EC, a February 2012 article on counterfeit drugs in East Africa mentioned that Rwanda is particularly at risk for having counterfeit drugs on the market because it has no quality control laboratory for drugs. 

WHERE WOMEN CAN ACCESS EC 

EC in the commercial sector: EC can be purchased at pharmacies and through private providers. 

EC in the public sector: Rwanda’s Essential Medicines List stipulates that EC should be available in the public sector, but the Service Provision Assessment (SPA) Survey of 2007 found that only 16% of facilities surveyed had ever offered EC, and on the day of the assessment, only 5% had EC available. 

EC in the NGO, social marketing and social franchising sectors: IPPF’s Rwandan member association, the Association Rwandaise pour le Bien-Etre Familial (ARBEF), stocks ECPs. Rwanda’s listing in DKT’s 2012 Social Marketing Statistics does not include EC. 

Community-based distribution of EC: EC is not distributed at the community level in Rwanda. 

MEDIA COVERAGE OF EC 

Approximately 70% of women are exposed to one type of mass media communication (radio, TV, or newspaper) at least once per week. Our search revealed little media coverage of EC in Rwanda. 

PROVIDERS 

A 2012 study published by the Rwanda Ministry of Health, the National University of Rwanda School of Public Health, and IntraHealth International reported on interviews with 368 health care professionals, including providers and decision-makers, that surveyed their knowledge, attitudes, and behavior regarding family planning, and EC in particular. Approximately 37% of providers said they had ever provided ECPs; of these providers, 85.7% had provided it in the previous year (2010-11). Among government-supported facility employees, 34% have ever provided ECPs, while 25% of private facility employees have ever provided ECPs. The majority of providers who said they have ever provided ECPs are from Western Province and Kigali City. Across all participants, only 5% said that they regularly include ECPs as part of family planning discussions. Almost 40% of providers said that they “never” include ECPs in the family planning discussion. Most of the respondents (86%) said that they did not have any guidelines for use of ECPs. Pharmacy employees are least likely to have any information, while government-supported facility employees are most likely to have information available for clients. The study finds that EC information is currently included in family planning in-service training for Rwandan health workers, but that most providers received training over 5 years ago. 93% of providers expressed interest in further EC training. They expressed particular interest in the mechanism of action and how EC differs from abortion. 

DONOR SUPPORT 

RHInterchange reported that IPPF shipped a small number of units of EC in 2004 and 2010. We are not aware of any other substantial donor support.
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