



Accelerating Commercial Engagement in Sub-Saharan Africa

Report of the Third 20 by 20 Workshop

A UNFPA and USAID initiative to increase the access, usage, and availability of 20 billion condoms in low- and middle-income countries by 2020. In collaboration with AIDSFree, PEPFAR & the Reproductive Health Supplies Coalition

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Thanks to the 100+ participants who travelled from over 23 countries to attend this productive multi-sector meeting. Many were meeting for the first time and others were returning members of the original 20 by 20 coalition formed in Bangkok in 2015. We appreciate everyone's commitment to exploring new public-private partnerships and outlining concrete actions plans to dramatically increase the supply and uptake of male and female condoms in Sub-Saharan Africa by 2020.

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Contents

Executive Summary	4
Introduction	6
Setting the Stage	8
<i>Efforts to Grow Condom Markets in Sub-Saharan Africa</i>	8
Africa's Changing Condom Landscape	10
<i>Trends in Donor Support for Condoms</i>	10
<i>The Current State of Condom Programming in Sub-Saharan Africa</i>	12
Building Healthy Condom Markets	16
<i>Moving Beyond a Total Market Approach</i>	16
<i>Interventions to Create Healthier, More Sustainable Condom Markets: The Experiences of India, Vietnam & Tanzania</i>	18
<i>The Role of Social Marketing Organizations in Supporting Equitable and Sustainable Condom Markets in Africa</i>	23
Opportunities and Challenges in 20 by 20 Target Markets	24
<i>Regulatory Pathways for Condoms in Sub-Saharan Africa</i>	24
<i>Are There Really Consumers for My Product?</i>	26
<i>What is the Investment Case for Condoms in Sub-Saharan Africa?</i>	29
<i>Attractive Business Opportunities for Market Entry</i>	32
Meeting Outcomes & Recommendations	35
<i>Appendix 1: Sector Takeaways & Recommendations</i>	39
<i>Appendix 2: Country Work Plans: Kenya, Nigeria, South Africa, Uganda, Zambia & Zimbabwe</i>	41
<i>Appendix 3: Investability Scorecards for Kenya, Nigeria, South Africa, Uganda, Zambia & Zimbabwe</i>	44
<i>Appendix 4: Meeting Participants</i>	50

Executive Summary

In January 2015, the 20 by 20 Condom Initiative came together for the first time in Bangkok. Spearheaded by the United Nations Population Fund (UNFPA) in collaboration with USAID and other global partners, this coalition of condom manufacturers, international donors, national governments, social marketing organizations, and NGOs committed to a bold target: to **increase the number of condoms in low- and middle-income countries to 20 billion by 2020**.

The 20 by 20 initiative is expected to significantly lower new HIV and STI infections and unintended pregnancies, and make universal access to male and female condoms a reality. The initial focus of the initiative is six countries in Sub-Saharan Africa where the need for condom use or supply is most acute and the potential to accelerate commercial engagement is strong: Botswana, Kenya, Namibia, South Africa, Zambia, and Zimbabwe.

In September 2018, the coalition returned to Bangkok to review the progress of the initiative and to hear the findings of market research commissioned by UNFPA and USAID over the last two years. Hosted by UNFPA and USAID in partnership with PEPFAR, AIDSFree and the Reproductive Health Supplies Coalition, the third 20 by 20 meeting brought together over 100 representatives of male and female condom manufacturers, importers and distributors, international donors, social marketing organizations, Ministries of Health and Finance, regulatory authorities, and regional economic communities.

Researchers presented findings on the regulatory pathways and investment climate for condoms in Sub-Saharan Africa, consumer willingness to pay, and the barriers and opportunities to market entry and expansion in the six priority countries. The research confirmed what many in the 20 by 20 coalition suspected: that free public sector condoms are not necessarily reaching those who need them most, that many free condom users are willing to pay for condoms, and that space is opening for commercial brands as donor funding contracts and social marketing sales of subsidized condoms decline or plateau.

However, the research also revealed some unexpected findings: 1) that **many users are willing to pay for condoms** (in some cases much more); 2) that **the condom gap is a demand gap** — increasing supplies of free condoms does not necessarily increase condom use; and 3) in some areas, **targeting the distribution of free condoms may not reduce condom use**. Participants explored these findings in discussions that also focused on trends in donor support for condoms, the state of condom programming, and the changing role of social marketing organizations.

The meeting helped to clarify how all 20 by 20 partners can contribute to building healthy and sustainable condom markets and what needs to happen next. For example:

- **Segmenting markets properly** to ensure free condoms are available for those unable to pay, that subsidized condoms target those who need help paying, and commercial condoms are the first choice of those who can afford them.
- **Using a total market approach (TMA)** and a more holistic **market development approach (MDA)** to better understand the roles different sectors play in condom markets, pinpoint why the needs of priority populations are not being met, and what interventions to make.

- **Improving donor coordination** at high levels to streamline impactful investments in condom programming.
- **Synthesizing and clearly communicating data** to show governments compelling evidence of the economic and public health benefits of condoms, and better understand the performance of condom programs, which includes tracking use behaviors, access, and market indicators.
- **Harmonizing regulations** via high-level engagement with the African Union and regional economic communities.

Armed with a better understanding of condom access, use and willingness to pay in the 20 by 20 target markets, the meeting participants worked together to develop recommendations, explore opportunities for cross-sector collaboration, and draft SMART (Specific, Measurable, Achievable, Realistic, Time-bound) country action plans to increase public-private sector engagement, tackle regulatory and other barriers to market entry and expansion, and increase condom use, especially among youth.

These plans will be taken back to national governments to be refined and endorsed. Continued engagement with national governments and other high-level decision makers, including the African Union, will be part of the 20 by 20 coalition's efforts to dramatically increase the supply and uptake of male and female condoms.

Introduction

The condom landscape in Sub-Saharan Africa is changing. As more and more countries reach higher income status,¹ major donors are beginning to pull back from providing free and subsidized condoms, and governments are feeling the pressure to finance their own condom programming and reproductive health commodity needs.

However, dwindling donor financing does not mean the need for condoms is any less. As the only form of contraception to offer triple protection against unintended pregnancy, HIV, and other sexually transmitted infections (STIs), condoms are still a vital part of the contraceptive mix. Across all regions, condoms are the primary form of contraception for unmarried sexually active adolescent girls, and in 13 Sub-Saharan African countries, condom use among men and women has increased steadily, if slowly, over the last 20 years.² Condoms have had an enormous impact on preventing HIV infection: 45 million infections were averted through increased condom use between 1990 and 2015, and condoms account for a big part of the impact on new or future HIV infections.

We know that funding for male and female condoms is a smart investment. Research shows that an additional investment of \$27.5 billion in male condoms in 81 high-burden countries would meet all unmet needs for family planning by 2030 as part of a package of contraceptives. It would also meet 90 percent of the condom needs for HIV and STI prevention among high-risk groups, and could prevent 700 million STIs, 17 million HIV infections, and 420 million unintended pregnancies.³

However, worldwide it is estimated that 214 million women do not have access to the contraception they need and over 40 percent of pregnancies may be unintended.⁴ For adolescent girls, fewer available condoms could mean higher rates of unintended pregnancy as condoms are their preferred method of birth control. In some populations and countries in Sub-Saharan Africa, condom use is actually declining as donor funding has shifted from HIV prevention to treatment, and a generation of youth has grown up not hearing public health messages about condom use. However, declining donor support for condom procurement and programming has spurred interest in building healthier and more sustainable condom markets characterized by greater condom use, less subsidies and donor funding, and greater opportunities for the commercial sector to meet condom needs.

Decades of public investment in condom markets have created more favorable conditions for the commercial sector, but it still represents a very small proportion of the total market in most Sub-Saharan African countries. For the members of the 20 by 20 coalition, the question is, in markets where condom users are accustomed to receiving condoms for free, is there space for commercial condom brands to thrive? Are free condom users willing to pay for lower priced subsidized condoms, and are higher income customers willing to pay full price

¹ Lower-middle income, middle income, and higher-middle income

² Self-reported condom use among men in non-marital non-cohabitating (NMNC) partnerships in 13 countries: Burkina Faso, Cameroon, Côte d'Ivoire, Kenya, Malawi, Mozambique, Namibia, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. In all but one country (Uganda), condom use has increased among women. Source: DHS Stat Compiler, most recent DHS for each country.

³ J. Stover, J. Rosen, M.N. Carvalho, E. Korenromp, H. Friedman, M. Cogan and B. Deperthes (2017) "The case for investing in the male condom." *PLoS ONE* 12(5): e0177108, <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0177108>

⁴ Between 2010 and 2014, an estimated 44 percent of pregnancies worldwide were unintended. Source: Guttmacher Institute (2017) "Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017", <https://www.guttmacher.org/factsheet/adding-it-up-contraception-mnh-2017>

for commercial brands? Where are the market opportunities and how can commercial players capitalize on them while governments shift resources to those unable to pay for condoms?

The 20 by 20 coalition has been working to answer these questions since the first consultation, and now market research studies commissioned by UNFPA and USAID have provided valuable insights into condom use and access, consumer willingness to pay, and barriers and opportunities to market entry and expansion in the six priority countries.

This report captures the research findings, discussions and outcomes of the third 20 by 20 meeting in Bangkok. It highlights trends in donor support for condoms, the state of condom programming in Sub-Saharan Africa, success stories of healthy and sustainable condom markets in Africa and beyond, and the regulatory pathways, investment case, and business opportunities for condom manufacturers. The country action plans, which translated these discussions into practical actions, can be found at the end of the report in Appendix 2.

“A lot of people talk about the potential of the African health market and the African condom space. One of the challenges is that this potential is locked in 55 different countries with populations ranging from less than 100,000 to close to 200 million. To have one integrated market, we need to find ways to cooperate and coordinate.”

- Demola Olajide, UNFPA, Kenya

Setting the Stage

Efforts to Grow Condom Markets in Sub-Saharan Africa

At the second 20 by 20 meeting in Namibia in late 2015, commitments were made to lower barriers to market entry and create space for the commercial sector in markets traditionally dominated by free and subsidized condoms. In a panel discussion, government representatives from Nigeria, Kenya, South Africa, and the regional economic community, COMESA, reported on what they have been doing to increase engagement with the commercial sector and enhance regulatory harmonization. Meanwhile, representatives from the international development community and condom manufacturers identified the market challenges and opportunities they see in Sub-Saharan Africa.

Nigeria: Building a national coordination structure



In Nigeria, the condom market has traditionally been dominated by social marketing organizations (SMO), with free or subsidized condoms contributing an estimated 79 percent of condoms distributed. However, USAID's recent willingness-to-pay study found that many users are beginning to buy commercial condoms, and the government has adopted a total market approach (TMA) to create more space for the private sector.

Uduak Daniel, Head of the Community Prevention Division at the National Agency for the Control of AIDS (NACA), reported that recent efforts have included strengthening the supply chain with a harmonized logistics management information system (LMIS) for commodities, and developing new standard operating procedures (SOP) for warehouses serving the health sector. These activities are coordinated through the National Prevention Technical Working Group, an advisory body for the national response, and a TMA Sub-Committee, which oversees everything related to condoms and lubricants.

"This is a key strategy and ensures all stakeholders are at the table, including the private sector... For us, it is important that we've put together the coordination structure — everything else will cascade."

- Uduak Daniel, NACA

Kenya: Mapping condom access



In Kenya, the condom market has long been dominated by free public sector condoms, which today account for 88 percent of the market. Free condoms are mainly distributed in hospitals, clinics and other health facilities, but this has created barriers to access and use in rural areas where health centers can be far apart and supplies often run out, and for youth, who mainly use condoms for contraception and do not tend to feel comfortable getting them from a local health clinic.

To improve condom access and use, the National AIDS Control Council conducted a cross-country mapping exercise to determine where to locate dispensers for free, subsidized, and commercial condoms. With high demand and frequent stock-outs, support is being sought from the private sector to install more dispensers in rural areas and expand into non-traditional outlets like beer halls and lodgings. Dispensers are one opportunity for the commercial sector to expand in Kenya, but data shows that customers who can afford to buy condoms are generally willing to pay, particularly in urban areas where the market for commercial condoms is growing.

"We are convinced dispensers are the way to go... we will catch many users who are not willing to go to health facilities."

*- Dr. Peter Kamau,
UNAIDS*

South Africa: Open to commercial engagement



In South Africa, over 80 percent of domestic procurement of condoms is done by the National Treasury, which procures a billion condoms a year and distributes just over 700 million.⁵ Behavioural studies and data show that 65 percent of young people (aged 15 to 24) in South Africa use condoms. However, condom promotion, rebranding and marketing are all challenges. As in Kenya, condom dispensers are located mainly in public health facilities where young people do not access them, so the government is looking for private sector support to procure these dispensers and expand into non-traditional outlets, such as transit stations.

“We have just started to approach the private sector to help with these challenges and are very open to it.”

*– Thato Chidarikire,
National Department of
Health, South Africa*

COMESA

COMESA is an intergovernmental entity made up of 21 member states and represents a population of more than 600 million. COMESA focuses on regional economic integration, which includes social integration and health issues and policies.

Member states have approved policy frameworks on HIV/AIDS, and COMESA’s industrialization strategy addresses the local production of health commodities and coordination of member states to address health epidemics and develop guidelines for them. Member states have agreed to report annually on their response to HIV/AIDS and the local production of commodities. The COMESA Youth Program looks at issues affecting youth and how member states can address the challenges they face with HIV/AIDS.



⁵ Most recent figures

Africa's Changing Condom Landscape

Current and Future Trends in Donor Support for Condoms

In a panel discussion, representatives from UNFPA and USAID country offices reported on the state of donor funding for reproductive health commodities in Kenya, South Africa, Uganda and Zimbabwe, and what needs to be done to boost domestic support for condoms, sustain free condom supplies for poor and vulnerable populations, and engage with the commercial sector to build healthier and more equitable condom markets.

The state of donor funding in Kenya, South Africa, Uganda and Zimbabwe

“We have a looming crisis in reproductive health commodities across the board,” said Demola Olajide of UNFPA, Kenya. Over the last five years, responsibility for health and other services has devolved from Kenya’s central government to the country’s 47 counties, significantly reducing the volume of reproductive health commodities the national government supplies. This, Mr. Olajide said, will have an enormous public health cost in a country where over 10 percent of pregnancies are unintended: **“Spending is misdirected when reproductive health commodities are not secure, such as dealing with the effects of unsafe abortion.”**

In South Africa, free condoms are widely available as 80 percent of condoms are procured by the National Treasury. However, Kanyanta Sunkutu of UNFPA reported that funding for condom procurement is “finite and contracting” and must now be restricted to those who cannot afford to pay. This would not necessarily mean fewer condoms would be available, however, as **“studies have shown that wherever there is a decline in donor support, there is an increase in local resources mobilization. African countries are often not as poor as perceived; it’s often a matter of political priorities,”** Dr. Sunkutu said.

Uganda is also feeling the squeeze of declining donor support. **“Every year, the budget for condom programming is cut: \$22 million to \$3 or \$4 million and this trend is continuing,”** said Nelson Musoba, **Director General of the Uganda AIDS Commission, “We need to stop, think, plan and refocus.”** With the country close to achieving the 95-95-95 treatment goals (within the next two or three years, Mr. Musoba predicted), the National Condom Coordination Unit is using a total market approach (TMA) to segment the market, create more space for the commercial sector, and target free condoms to those who need them. This is a major undertaking in a country where free public sector condoms account for 95 percent of the market.

Meanwhile, in Zimbabwe, the priority is 100 percent cost recovery of condom procurement, distribution and warehousing, and understanding the market for social marketing condoms to ensure they do not push commercial brands out of the market. Samson Chidiya of USAID in Zimbabwe reported on the results of a study it commissioned on the effect of increasing the price of social marketing condoms (to 50 cents). The study found that condom users are not price driven, but rather have loyalty to particular brands.

“We need to understand the market for social marketing condoms. Data doesn’t show usage, just distribution. Of those that are pushed out, about half are being used, so there are inefficiencies with public sector condoms. We could be using the money to increase demand and market products. We need to know who is buying what and who needs free condoms. Increased market segmentation should help us achieve efficiencies.”

– Samson Chidiya, USAID Zimbabwe

Given these market and public health challenges, what is to be done? Panelists identified four main areas where efforts should be concentrated.

1. Market segmentation

Market segmentation is vital to understanding who needs free condoms, who can afford to pay for them, and who needs to be subsidized. But it is necessary to go beyond the data on supply and distribution to understand usage and generate demand since the data is showing that: 1) distribution appears to exceed consumption in some countries; 2) increasing supply does not necessarily translate into higher use; and 3) demand for condoms is falling as funding declines, particularly among young people.

But what does market segmentation really look like? Access and affordability cannot be generalized, and there are big differences across geographical areas and in terms of access. Panelists suggested that we need to get much more specific, look at the barriers and improve distribution, such as identifying where free condoms should go and adding dispensers in targeted hot spots. For UNFPA in South Africa, market segmentation has meant defining the universe of need. As Dr. Sunkutu explained, **“We’ve noted that when free commodities are provided, a significant amount end up with people who can afford to pay and who usually live in urban areas. It’s unfair that this is taken away from someone who cannot afford it because they have not been targeted. So we are trying to carefully identify where these people are demographically and geographically... and to remember that not everyone wants or needs a free condom.”**

In Uganda, factories, agriculture, mining, and other industries were identified as an important potential market for the private sector: **“These hubs are a big untapped resource,”** said Mr. Musoba, **“and willingness to pay is high as employers will often take on the cost for employees and would not require much mobilization or marketing as they live part of the year in the communities where they work.”**

2. Better evidence and clear messaging

For governments already struggling to meet other health needs, unintended pregnancy, HIV and other STIs have an enormous public health cost. Mr. Olajide of UNFPA in Kenya stressed that these costs must be communicated more clearly to governments: **“We need domestic resources, but the key to unlocking that money is showing the economic cost of not having appropriate or enough reproductive health commodities. We need to be communicating in the right way.”**

“Money can be found in governments,” said Nelson Musoba of the Uganda AIDS Commission, **“but programs have work to do in providing evidence. Modelling needs to be done to show the impact of allocation and exactly what we will lose in terms of new infections, for example.”** Samson Chidiya of USAID in Zimbabwe agreed, and suggested that national rather than global statistics would resonate more strongly with governments: **“We need to segment unintended pregnancies — how many adolescents are getting pregnant, what are the costs of them dropping out of school — and be more specific about what is happening to our own children.”**

3. Demand generation

The role for condoms is not going away, and investments are needed in demand generation and health communication to promote correct and consistent use of condoms, particularly for young people. This effort

must include understanding the myths and cultural barriers surrounding condom use, and involving political, religious, and other leaders in messaging.

4. Coordinating the condom space

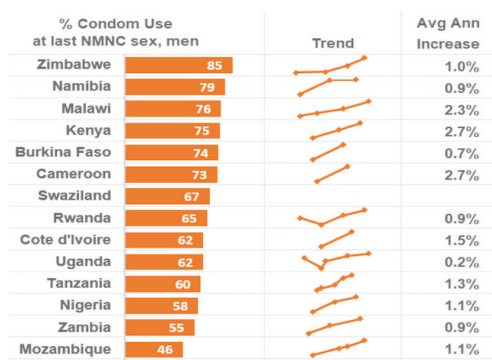
Considering the triple protection condoms provide and that the priorities for family planning, and preventing and treating HIV and other STIs differ, funding tends to be vertical, responsibility for each area varies, and governments do not tend to coordinate this space. Developing national condom strategies that incorporate family planning, HIV prevention and STIs, consolidating resources, and facilitating the role of the private sector are all sound investments.

The Current State of Condom Programming in Sub-Saharan Africa

In this session, Brian Smith of AIDSFree provided an overview of trends in condom use and donor funding for HIV prevention in Sub-Saharan Africa, as well as six insights that could inform future condom programming.

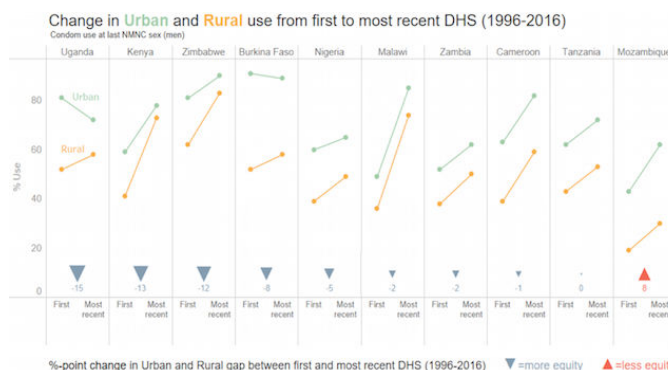
Condom use in Sub-Saharan Africa: Key trends

1. Condom use is increasing, but slowly. In 13 countries in Sub-Saharan Africa, self-reported condom use among men in non-marital non-cohabitating (NMNC) partnerships has increased in the last 20 years, but slow growth has been the norm.⁶ In all but one country (Uganda), condom use has increased among women, but at a lower level of use. The increase in condom use has been relatively uniform over time and across population segments and countries despite differing contexts and levels of investment in condom programming over the last 20 years.



2. Condom use is becoming more equitable across Sub-Saharan Africa, but gaps remain.

For example, the urban-rural gap is closing (e.g. in Uganda, Kenya and Zimbabwe), but more needs to be done to close it (e.g. in Cameroon, Tanzania, and Mozambique).



“The relationship between pumping up supply and use is not as strong as some would like to think.”

– Brian Smith, AIDSFree

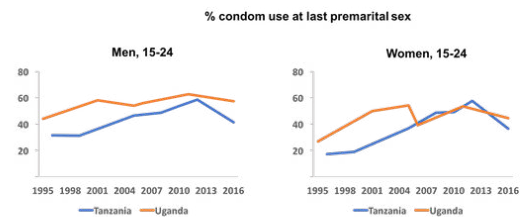
⁶ DHS Stat Compiler, most recent DHS for each country (2009–2016).

3. All countries are falling short of global targets, some by a substantial amount, despite slow but steady progress toward higher levels of condom use. Improved equity continues to be the norm across Sub-Saharan Africa, with few positive or negative outliers.

4. Condom use in younger populations shows signs of levelling off or declining in at least a few key countries (e.g. Tanzania and Uganda). Condom use among youth in South Africa is considerably higher than in other countries, but distribution and access are issues.

There are signs of condom use leveling off or decreasing...

Condom Use Trends



Source: DHS Stat Compiler

Funding trends for HIV

Funding for HIV-prevention related activities from all government donor sources (including the Global Fund) has dropped — nearly 44 percent from a peak in 2012. Donor government funding for HIV overall has declined modestly since funding peaked at \$8.6 billion in 2014. Treatment and care has taken a growing piece of the absolute budget for HIV funding, driven by the “treatment mortgage” — the cost of supporting ever-larger numbers of people enrolled in treatment.

Since 2015, annual prevention funding has remained relatively stable at \$1.5 billion. Other trends in global funding for prevention include:

- In 2017, global HIV prevention accounted for 17 percent of total investments for HIV – below the UNAIDS “quarter for prevention” target.
- No donor has a condom-specific strategy, and most were reluctant to discuss condoms outside the context of broader prevention or sexual and reproductive health (SRH) work.
- Donors are integrating condom programming within treatment, prevention and SRH interventions, and are likely to continue to do so.
- As condoms are integrated, funding for prevention overall — including condom funding — is increasingly targeted, focusing on specific populations, such as young women or sex workers and their unique high-risk behaviours. Meanwhile, interventions targeting general populations engaging in high-risk behaviours, such as sex with a non-regular partner, are generally not prioritized.
- Condom commodities have been flowing at a fairly steady pace, but unpredictable deliveries result in oversupply and stock-outs at the country level. This can prevent the commercial sector from investing and condom social marketing (CSM) from transitioning to more sustainable, cost-recoverable programs and, ultimately, put gains in access and use at risk.
- Declining funding for CSM is having an impact on this former programmatic pillar, and without proper transition planning, the departure of CSM programs are likely to leave gaps in access, demand and program stewardship and put the steady gains we have seen in condom use at risk.

Six insights to inform future condom programming

Insight #1: The condom gap is a demand gap.

Simply supplying more condoms will not increase condom use. This is because behavioural and demand-side issues, like partner trust and perceived access to condoms, tend to differentiate those who use condoms from those who do not. Demand generation is therefore key to increasing condom use.



There is a complex relationship between condom distribution and condom use.

The countries on the left (blue dots) distribute a similar number of condoms, but condom use varies widely. Meanwhile, the countries on the right (orange dots) have similar levels of condom use, but the number of condoms distributed varies.

This means that in markets heavily dependent on free condoms, a quick, steep drop-off in supply would have a negative impact on use, so protecting supply is important.

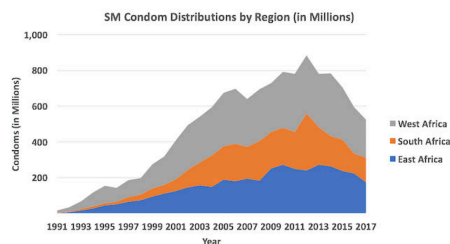
Number of condoms distributed/sold per man (15–64) (2015) and condom use with non-regular partners (men 15–49) for 18 countries.

Insight #2: Condom programming has not fully adapted to the 'disruption' caused by new prevention and treatment methods.

Condoms are no longer king in HIV prevention. New prevention methods like PrEP are scaling up, and the condom programming community should look at the robust integration of these new methods.

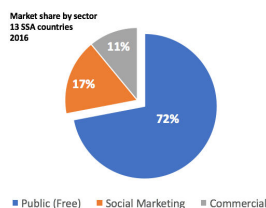
Insight #3: In evolving markets, there is little consensus on how social marketing programs can best contribute.

As donor funding declines and markets evolve, social marketing organizations are seeing sales decline or plateau. Some social marketing brands, like LoversPlus in South Africa, have already transitioned, and willingness to pay data shows there is room for condom prices to rise. Social marketing brands can move to cost recovery, but they also play an important role in both above-the-line marketing and below-the-line (personal) demand creation.



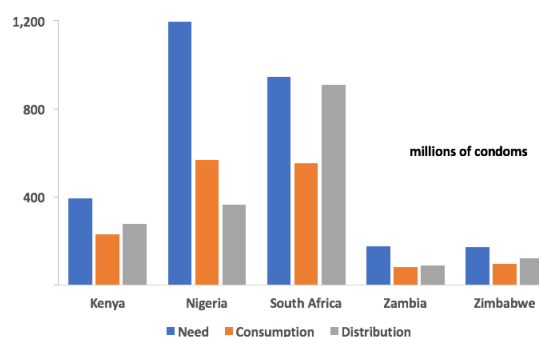
The traditional contribution of social marketing organizations is declining, which creates opportunities for the commercial sector.

Insight #4: Free condoms still play a critical role, but challenges remain.



"The public sector has a huge role to play, but there's room for improvement in how those condoms are targeted, how they're branded and what the offering is. We need to think about the impact on the commercial sector when the public sector offers better, 'branded' condoms and coordinate this." – Brian Smith, AIDSFree

Country programs are increasingly using forecasting tools to plan procurement and have invested in improving distribution systems. However, better coordination, forecasting, and monitoring are all needed, as distribution appears to exceed consumption in some countries, and large-scale distribution of free condoms may be creating oversupply and waste.



Insight #5: The commercial sector is positioned to make a greater contribution, but barriers remain.

There is substantial unmet need for condoms and room for growth in Sub-Saharan Africa, which represents an opportunity for the commercial sector.

Condom users are willing to pay. The AIDSFree Willingness to Pay study showed that a large percentage of regular users of free condoms have purchased them in the past and most are willing to pay for them if free condoms are not available.

Among regular users of FREE condoms	Kenya	Nigeria	South Africa	Zambia	Zimbabwe
% who have ever purchased condoms	53%	60%	33%	50%	37%
% willing to pay price of lowest commercial brand	93%	80%	70%	51%	<40%
% who would seek to purchase if free condoms not available	70%	70%	30%	64%	39%

Regular users of condoms were asked about use of paid condoms, how much they would be willing to pay for the social marketing brand, and what they would do if free condoms were not available

Insight #6: Weak performance in several market functions is impeding progress.

Proper stewardship of condom programs — leadership and coordination, program analytics, financing, policy and regulation — underpins everything. Without it, condom programs are not able to increase condom use to meet condom need.

Conclusions

After decades of investment, condom use in Sub-Saharan Africa has increased, but not equitably and not to desired levels. There are concerns that gains in condom use have been and continue to be dependent on donors, and are therefore fragile. Today, condom programming is at an inflection point, with funding going down and other effective prevention methods scaling up. Demand generation is likely to be the key to driving up condom use, and optimizing the role of the public sector and social marketing organizations would create more space for the commercial sector. When asked whether the data suggests there is an oversupply of free condoms tamping down demand, Mr. Smith noted this was probably the case in some countries, but that it is also possible that condoms are being over-procured and not distributed. “This really needs to be analyzed,” Mr. Smith said.

Building Healthy Condom Markets

Moving Beyond a Total Market Approach

What does a healthy condom market look like? What is the ‘right’ volume and role of free and socially marketed condoms? What should we expect from the commercial sector? And how do we know if a condom market is healthy or on the right track to sustainability?

The answer, said Chris Jones of AIDSFree, is that it depends. **There is no perfect mix of free, socially marketed, and commercial condoms, as every market is different.** However, a healthy market is one that increases equitable condom use while simultaneously reducing reliance on external (donor) subsidy. More equitable condom use indicates behaviours are on the right track, and less reliance on external subsidy indicates a country is drawing on a sustainable social marketing and commercial sector for paid condoms, and domestic funding for free condoms. Drawing on insights from a market landscaping exercise in eight countries in Sub-Saharan Africa, Mr. Jones explained how a Market Development Approach (MDA) can help to pinpoint the root causes of market underperformance (i.e. not meeting the needs of priority populations), and allow policymakers, donors, commercial players, and others to better understand a country’s condom market and design effective targeted interventions.

A simple formula for sustainable health markets:

Healthy condom market = ↑ Use across all population groups + ↓ Reliance on external funding

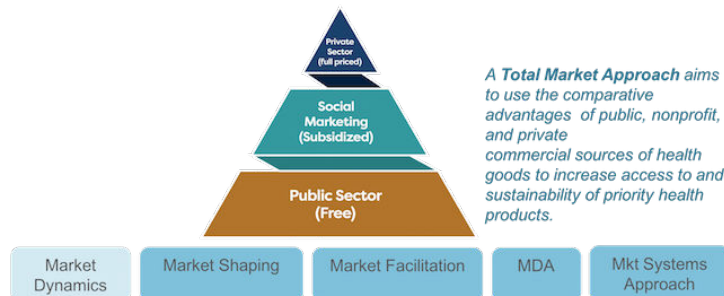
Why condom markets fail

Nascent or underdeveloped condom markets may fail to meet people’s needs for a variety of reasons, from poor commercial and public distribution systems, to political instability and high rates of poverty. In these contexts, donors are more likely to play an active role and deliver products or services through external actors (e.g. NGOs) or by providing subsidies to support a specific weak point, such as procurement or distribution. Markets that are heavily reliant on subsidy tend to have large contributions of free public sector condoms or subsidized social marketing condoms.

However, much has changed in the last decade. In many markets, economies have been growing, public health systems have been improving, and the commercial sector has been playing a larger role as income levels rise and consumers demand greater choice, quality products, and value. Today, there is an opportunity to target subsidy to specific market functions rather than using a “gunshot” approach to fund entire segments of a market, for example, simply boosting procurement of free condoms.

Total Market Approach (TMA)

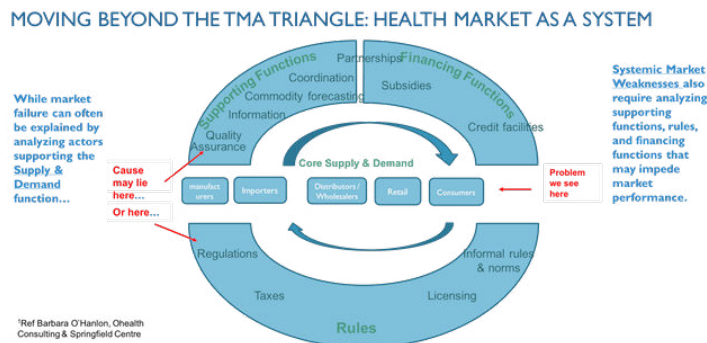
A total market approach (TMA) recognizes that many different players are involved in creating demand and supply for health products — manufacturers, distributors, wholesalers, retailers, international donors, UN, government — and that the actions of one market player can affect another, in both positive and negative ways. A TMA is often presented as a triangle showing the relative contribution of the public, non-profit, and private sectors in a country’s condom market.



A TMA is also helpful for formulating a vision of the future roles of each of these sectors. However, as a framework, it is limited in terms of understanding how a market functions as a system and which functions are underperforming and why. To understand how to achieve a vision of a healthy condom market, where to focus subsidies or what specific interventions to make, another approach is required.

Market Development Approach (MDA)

A Market Development Approach (MDA) aims to provide a holistic picture of how a market functions and identify where and why the market may not be meeting the needs of priority populations. The market ‘doughnut’ below depicts the health market as a system and the key functions that influence how it operates, including **core functions** of supply and demand; **supporting functions** like quality assurance and forecasting; **financing functions** like subsidies; and **rules**, which includes regulations, how products are imported and registered, taxes and duties.



Applying an MDA to low condom use

Low condom use is a common example of a market weakness and is often attributed to barriers related to supply (e.g. stockouts) and demand (e.g. low risk perception). However, the underlying cause of low condom use may lie in a supporting function of the market, such as poor commodity forecasting or lack of donor coordination. Breaking down the market into smaller pieces and addressing the root cause of these problems make it possible to move beyond traditional procurement and delivery of condoms to intervene with systemic, sustainable improvements that have long-term, equitable health impacts.

Guiding principles for investment in condom markets

This type of root cause analysis was applied to a recent market landscaping study in eight markets in Sub-Saharan Africa, conducted on behalf of USAID (in Botswana, Kenya, Nigeria, Zambia, and Zimbabwe) and the Bill & Melinda Gates Foundation (in Cameroon, Tanzania, and Uganda). The study aimed to understand how the condom market is failing vulnerable and key populations in each country, why, and how to fix it. Multiple market failures and root causes were identified, from a lack of donor coordination due to poor market

intelligence and metrics, to insufficient demand creation due to resources going to ‘easy wins’ like commodity procurement, to a limited role for the commercial sector due to burdensome regulatory requirements.

Based on these and other findings, a set of guiding principles for investing in condom programming was developed:

- 1. Know your market before you invest.** Do not invest in any intervention until it is clear what the impact will be across all market players and market functions, and on users. Support market assessments in all countries.
- 2. Do no harm to the market (beware unintended consequences).** Use the market assessments and other guidance to determine possible market distortions due to funding, including decreased sustainability.
- 3. Invest in systemic corrections to failing condom market functions.** Rather than funding one sector or partner over another, or investing in what is ‘easy’ (e.g. more condoms in warehouses), donors should fund fixes that will help the entire market to grow and become more equitable and sustainable.
- 4. Consumer choice is key to increasing condom use.** Consumers need more choices of condom brands, where they get them, and at what price.

From analyzing root causes to identifying appropriate, targeted interventions, a market development approach provides a more complete picture of how a condom market is performing and how it might be strengthened. The following case studies tell the stories of three markets where properly designed interventions have addressed specific market weaknesses and built healthier, more sustainable condom markets.

Interventions to Create Healthier, More Sustainable Condom Markets: The Experiences of India, Vietnam and Tanzania

This session featured the experiences, lessons, and successes of three countries where targeted market interventions have changed the shape and trajectory of condom markets and had tangible public health impacts.

India: Expanding the reach of commercial condoms to underserved areas

Shankar Narayanan, PSI

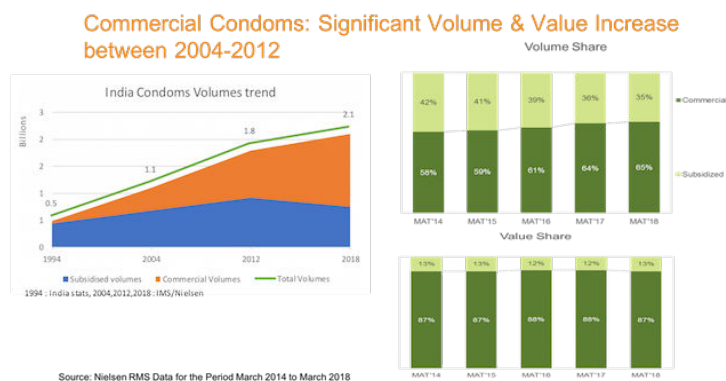


India is home to the world’s first condom social marketing program. For two decades beginning in the early 1970s, the Government of India ran the Manufacturing Social Marketing Programme, which in 1992 became the Targeted Condom Social Marketing Programme (CSMP). Until 2012, which was the last phase of the programme, the CSMP played an important role in expanding the country’s condom market, which grew significantly between 1992 and 2017 (\$1.2 billion) due largely to efforts to increase condom use, attract commercial investment to underserved areas, and reduce the share of subsidized condoms in the market.

This growth coincided with millions in India being lifted out of extreme poverty, and the commercial sector investing in demand creation among poor populations in underserved areas.

Market intervention

What was behind this market shift? A special Technical Support Unit (TSU) was established with a milestone-based results framework aimed at increasing consistent use of condoms among men with non-regular sexual partners and in commercial sex encounters, and increasing the use of condoms among married couples to prevent unintended pregnancies. These goals were to be achieved through increasing retail offtake, increasing the number of condom outlets, and making condoms available within 15-minute walking distance from any location. Funding for HIV/AIDS and family planning was also combined, which proved to be an extremely effective way to scale up impact.



2012 marked a turning point in India's condom market when the volume and value share of commercial condoms surpassed that of subsidized condoms. Today, the use of commercial condoms dominates, and condoms have overtaken sterilization as a contraceptive.

The results have been impressive. In just five years:

- The percentage of men reporting condom use with a non-regular/casual partner has **increased from 58 percent in 2006 to 77 percent;**
- The paid condom market has **grown 77 percent;**
- The rural paid condom market has **grown by 108 percent;**
- The cost per condom distributed/marketed has **dropped from INR 12 to INR 2.50;**
- The number of outlets stocking condoms **has grown from 600,000 to 1.3 million;** and
- Time to access has **dropped from 30 minutes to under 19 minutes in urban areas and to under 21 minutes in rural areas.**

Lessons learned

1. **Creating a professional, dedicated unit was vital.** The TSU was led by supply chain, sales and marketing managers, and the results framework and early milestones helped to galvanize commercial participation. **Focus, simple design, a dedicated budget and project planning also helped** to expand the base of social marketers participating in the program.
2. **Reviewing and monitoring performance** through online outlet and sales force automation, frequent site audits and field assessments, and retail audits, helped to meet milestones.
3. **Government stewardship and investments in category growth are necessary for commercial sustainability.** One of the key lessons was to pursue equity, but not distort the market with price controls. Crowding in commercial players is also faster and easier when subsidy and investments are targeted and unlock demand.

It should be noted, however, that manufacturer and marketer margins in India remain very low. As Mr. Narayanan pointed out, **“India is going to be a large-volume, low-margin game, just as it is likely to be in Africa.”**

Vietnam: Creating incentives for the commercial sector to play a greater role

Kimberly Green, PATH



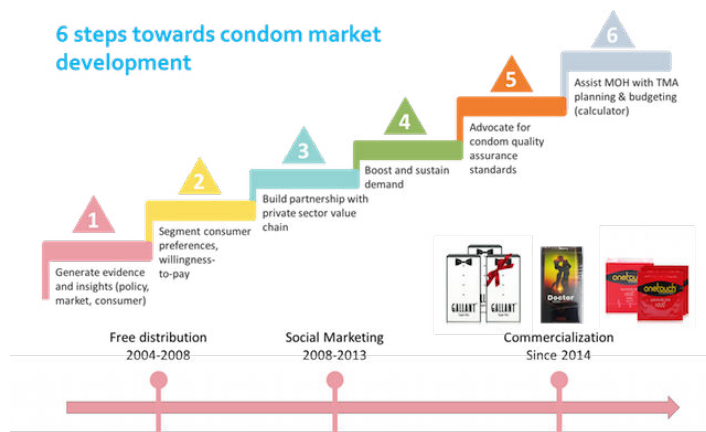
In 2014, Vietnam was at a crossroads. More than a quarter of a million people were living with HIV and the epidemic was dynamic and concentrated in key populations. Subsidized and free condoms accounted for over 40 percent of the total condom market. The Ministry of Health had committed to meet global targets of 90-90-90 by 2020 and the elimination of HIV by 2030, but 77 percent of the national HIV program was donor funded. As Vietnam reached lower-middle-income status, major donors like the Global Fund departed and PEPFAR dramatically reduced its scope.

The good news was that fewer free and partially subsidized condoms had created an incentive for local condom manufacturers to produce for the local market, and with rising incomes, consumers had more purchasing power and willingness to pay for their own condoms. However, the government was not familiar with the total market approach (TMA) and the country's unregulated condom market was flooded with low-quality and fake products — 47 percent of all condoms in the wholesale market did not meet minimum quality standards.

Market intervention

Faced with the need to control the HIV epidemic with domestic financing, the question became how to address market gaps and sustain access to quality and affordable condoms for key populations. The USAID/PATH Healthy Markets project became involved, using a TMA to grow a viable commercial market for HIV-related commodities and services in Vietnam by:

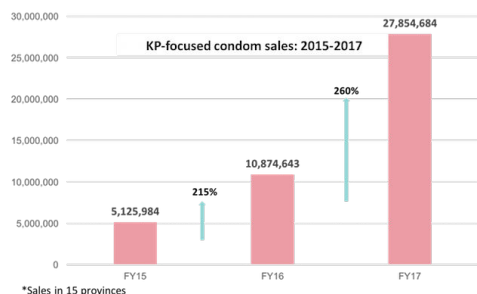
- **Increasing local condom manufacturing;**
- **Identifying commercially viable ways** to reach key populations with affordable, appealing condoms;
- **Supporting rational commodity planning** by the Ministry of Health to target subsidized condoms to those who needed them most; and
- **Creating new and consistent users** through demand generation strategies and behaviour change.



It was initially very important that condoms were free, then move to subsidized and finally to commercialization.

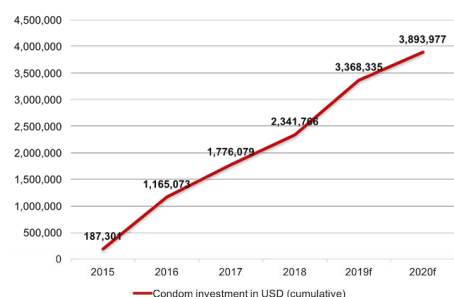
Key results:

In just two years, there was major growth in key population-focused condom sales:



There was a shift from social marketing to commercial condoms in non-traditional outlets: a 75 percent increase between 2010 and 2016.

Private sector investment in the local condom market rose sharply:



And the condom market stabilized:



Condom quality also increased when mandatory condom quality standards were approved by the MoH in April 2017. National tools for commodity estimations and budgeting were developed. The TMA commodity calculator is now part of annual HIV program planning, which assists provinces and the MoH with financing commodities for those unable to pay.

Lessons learned

- **A TMA has been a driving force** in growing a sustainable condom market that meets the needs of key populations in Vietnam. Increasing the capabilities of key population-led community-based organizations and social enterprises to engage in commercial condom sales was essential.
- **Generating market and consumer insights** and brokering relationships with new distributors and retailers were invaluable to encouraging local condom manufacturers to invest in the local market.
- **Partnering closely with the MoH** from the start increased their ownership and stewardship of more nuanced condom (and other HIV) commodity planning. To sustain private sector engagement, the MoH will need to continue to develop as a market manager.

What's next?

Lessons from these interventions are being leveraged to develop and grow markets for other essential commodities and services in Vietnam, such as needles and syringes, lubricant, PrEP, and HIV self-test kits.

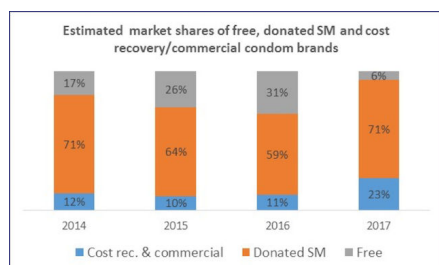
Tanzania: A market in transition

Jeffrey Barnes, Abt Associates, SHOPS Plus



Tanzania is a market in transition. Overall contraceptive use is low (38.4 percent among women aged 15–49) and condom use is low and declining: in 2012, 40.6 percent of the high-risk population reported using condoms at last sex, a drop from 2004. Despite 81,000 new cases annually, the HIV epidemic in Tanzania is stabilizing. Tanzania's condom market is heavily

dependent on donors and most condom users rely on social marketing condoms. This has limited the commercial attractiveness of the market and threatens the sustainability of the national HIV/AIDS program.



In 2017, one social marketing brand accounted for 71 percent of condoms distributed or sold.

What are consumers saying?

Focus group discussions with condom users in low- and middle- to high-income groups suggest that:

- **Convenience and brand loyalty** are top factors determining user behavior;
- Condom users tend to obtain condoms in **fast-moving consumer goods (FMCG) outlets**, rarely from pharmacies or public facilities;
- Most perceive all condom brands to be of **similar quality**, although they **avoid free condoms** if they can afford to and **prefer value-for-money social marketing brands**; and
- About half would try to find the money to **pay for their preferred brand if it doubled in price**.

Market intervention

Through SHOPS Plus, USAID has been working with the Tanzanian government and stakeholders to improve the performance, equity and sustainability of the condom market. Using a TMA, the goals are to increase market knowledge, build consensus around national priorities, influence national condom policies that better target donations and subsidies, and build the capacity of the Tanzanian government and key stakeholders, such as developing guidelines for government staff to integrate TMA principles in condom programming.

At the same time, social marketing organizations need to adapt and become self-sufficient since USAID support has ended. The strategy is to increase cost recovery and introduce brand extensions, but reducing the presence of donated and subsidized condoms in commercial outlets will be necessary for this strategy to succeed.

Lessons learned

Tanzania has some significant opportunities to increase the provision of commercial condoms, but seizing the market opportunity will require creativity, investment and risk taking. As Jeffrey Barnes pointed out, segmenting the market based on income levels is too simplistic and has led to the crowding of commercial brands in high-end pharmacies, so social and commercial marketers should be targeting ‘actionable segments’ through tailored communications and distribution strategies. Questions remain, such as how to convince distributors to sell more products in different price ranges in more outlets. Will SMOs and social enterprises be the ones to seize this opportunity?

The Role of Social Marketing Organizations in Supporting Equitable and Sustainable Condom Markets in Africa

Abigail Winskell, PSI

Over the last 40 to 50 years, social marketing organizations (SMOs) have played a significant role in ensuring access to affordable, high-quality condoms. However, as markets change and donor funds decline, the role of SMOs is also shifting. In this session, Abigail Winskell of PSI looked at how SMOs can move from providing highly subsidized commodities to a more nuanced role tailored to their market.

Supporting healthy condom markets

For SMOs like PSI, a vision of a healthy condom market has three main components:

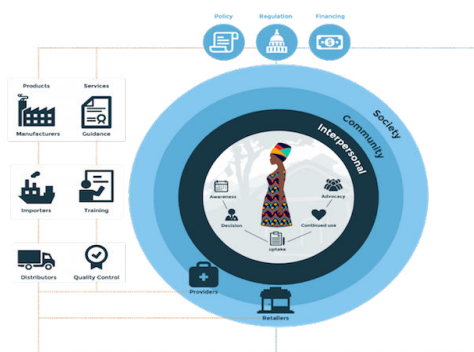
Increased usage of condoms among priority target groups
+
Better targeting of subsidy (with reduced reliance on external subsidy over time)
+
Improved market resilience

This vision is achieved through:

- 1) **Sustained and growing private sector supply of condoms** consistently used by consumer segments that can afford it;
- 2) **Sustained, but eventually shrinking, public sector supply of condoms** consistently used by consumer segments that cannot afford commercial brands; and
- 3) **Subsidy** (through free public sector or affordable private sector condoms) targeted to priority populations who need help to afford condoms.

Five strategic priorities for SMOs

#1: Increasing demand for and use of condoms. A user-centered approach to behaviour change and demand creation is critical, and the commercial sector can play a key role in understanding priority target segments and marketing to them.



“Only by digging into a user-centered approach to behaviour change and demand creation will we be able to move the needle on reproductive health.”

- Abigail Winskell, PSI

#2: Ensuring access for high-need consumer segments. The challenge is knowing who needs social marketing condoms, when and where. Segmenting the market is critical, but priority consumer segments for SMOs can

include: adolescent girls and young women (unmarried); men engaged in multiple partnerships; key populations (sex workers, MSM, military); and people living with HIV who are not virally suppressed.

It is also important to know how much it costs to reach underserved and high-risk areas and the level of subsidy it takes to get there. Segmenting by need and cost will reveal high-need consumer segments and leave the higher income urban segment for the commercial sector. **Applying financial discipline** will help SMOs to track and manage costs and move condom programs towards cost recovery, although full cost recovery will not be possible for all market segments.

#3: Support expansion of the commercial sector. Social enterprise brands have a role to play in not-very-profitable segments of the market, and SMOs can support them by developing expansion plans based on their economic viability. SMOs can also explore other partnerships to support commercial players entering the market, as well as opportunities to ‘reset’ inflated trade margins, which are a major barrier in the commercial market. This will help to ensure that every player in the value chain is incentivized.

#4: Availability of frequent market data. Better, more frequent, and robust market data on condoms is needed, but this data does not necessarily have to come from market studies. For example, USAID received SMS data on a retail audit panel that was sufficient to support an understanding of access at commercial retail outlets and monitor pricing and inventory.

#5: Insufficient and ineffective market facilitation. The performance of market functions needs to be improved across demand, supply and the enabling environment. SMOs have different roles, but they should be part of the conversation.

Opportunities and Challenges in 20 by 20 Target Markets

Regulatory Pathways for Condoms in Sub-Saharan Africa

The private sector is positioned to make a major contribution to condom markets in Sub-Saharan Africa. There is substantial unmet need for condoms and room for growth, and data shows that condom users are willing to pay for them. However, barriers to market entry remain, especially regulatory ones. Product registration is an expensive and onerous process for condom manufacturers as every country has different requirements. Harmonization of national regulatory bodies would help, but countries would be giving up a valuable source of revenue from the registration fees. How do we navigate this and the other regulatory challenges we face?

In this session, Chris Jones and Brian Smith of AIDSFree provided an overview of the regulatory processes for registering, importing, and selling condoms in Kenya, Zambia, Nigeria and Zimbabwe, and government, manufacturer and importer perspectives (gleaned from interviews and a regulatory pathway study) on the regulatory challenges they face and keys to success. The taxation and policy changes that are being made to facilitate market entry and joint ventures and support local investment.

Although every country is different, most regulatory pathways for condom imports consist of the following major steps:



The table below provides a breakdown of the regulatory pathway for each country.

	Registration	Import permit	Clearance	Taxation	Total cost of \$50,000 shipment
Kenya	Long but somewhat similar process in cost and time	PVoC expedites process	Requirement to ship by rail creates delays, clogged ports.	16% VAT, 1.5% RDL, IMS, 2% duties	\$62,411 25% cumulative regulatory costs
Zambia		Pre-shipment in country testing sometimes required		No VAT, duties	\$50,107 0% cumulative regulatory costs
Nigeria		Fairly smooth process	Manageable regulatory process BUT port delays onerous	Low (5% VAT)	\$57,250 5% cumulative regulatory costs
Zimbabwe		No reported challenges	High post shipment testing cost	15% VAT & duty waiver/ exemption for NGOs	\$60,525 21% cumulative regulatory costs
South Africa		No requirements to register	One time registration to import.	3 days plus occasional inspections (~10% shipments)	15% VAT
		Low cost Efficient process High predictability	Medium cost Mostly efficient process Somewhat predictable	High cost Long times Low predictability	
		POSITIVE	MODERATE	NEGATIVE	

In all countries except South Africa, where there are no requirements to register condom brands, there is a lengthy but somewhat similar process in terms of cost and the time it takes to move a product into a market. Higher taxes and import duties in some countries mean that substantial costs are passed on to the consumer through higher prices.

A closer look: the regulatory pathway in Kenya

In Kenya, registration is a long and arduous process that can take three to four months to a year. A local partner must be identified before a product can be registered, and the fees are expensive (\$1,000/brand) and although variants can be attached to the product, it is a one-time process. Before receiving an import permit for condoms, they need to be tested in country, which is monitored by the government. This is a sophisticated but uncertain process — there are five well-established verification agents around the world, but there is a backlog that can range from days to weeks. Three different agencies are involved in the import process. Clearing customs can be straightforward if the support of a customs clearing agent and paperwork is in order, but many reported that agents look for irregularities or other errors to collect a fee. Manufacturers also reported unanticipated costs, such as having to unpack all the condom boxes to adhere a sticker to each one being imported.

Regulatory challenges and the path to harmonization

Most importers, particularly local ones, viewed the regulatory process as manageable, but costly. The process needs to be predictable, they said, and having quality facilitators on the ground — PVoC, shipping and cleaning agents — to support the process is key as “the devil is in the details”. It is also important to know and understand the rules, processes and standards, as discrepancies in the process or documentation can be costly (for example, in Kenya, 15 percent penalties are imposed for many products).

Several regulatory challenges were identified, such as testing fees, which varied from country to country and could be significant. Uneven regulatory costs were cited as a challenge in all five countries, and could range from zero to 25 percent of the imported value of the product. This ultimately creates higher priced products as taxes and fees are passed on to the consumer.

Regulatory harmonization across regional economic communities would help to resolve many of these issues, but given the revenue that taxes and fees bring in there may not be sufficient political will. “The biggest challenge,” said Demola Olajide of UNFPA in Kenya, “is that countries need to give up some of their sovereign

responsibilities and there is little consistency with annual meetings of regulators. It needs to be taken to a higher level, to ministers.”

“It’s not a completely gloomy picture,” said Kanyanta Sunkutu of UNFPA, “The RECs are committed to the harmonization agenda, and there has been movement on harmonization in the EAC, where fees are only paid once when you enter.” However, he suggested that the RECs may not fully appreciate the regulatory barriers manufacturers and importers face and better communication may be needed, for example, drafting a ‘one-pager’ that details the challenges.

REVIEW ARTICLE

The African Medicines Regulatory Harmonization Initiative: Progress to Date

Ndomondo-Sigonda Margareth^{1,2*}, Miot Jacqueline³, Naidoo Shan⁴, Ambali Aggrey², Dodoo Alexander⁵, Mkandawire Hlazo²

This [new study](#), published in February 2018, reports on the progress of reducing marketing authorization timelines in member states of the East African Community (EAC) and Southern African Development Community (SADC).

Keeping the conversation going

The **Private Sector Condom Group** formed at the second 20 by 20 meeting in Namibia meets once a month in an online meeting chaired by Brian McKenna from the Reproductive Health Supplies Coalition. Regulatory issues are a regular part of the conversation, and the meetings provide an opportunity to hear from manufacturers and distributors around the world who already are, or are looking to, grow their markets in Africa. Mr. McKenna invited meeting participants to join.

Are There Really Consumers for My Product?

Willingness to pay and the implications of pricing adjustments in Kenya, Nigeria, Zambia, Zimbabwe & South Africa

Dr. Doug Evans, George Washington University, School of Public Health

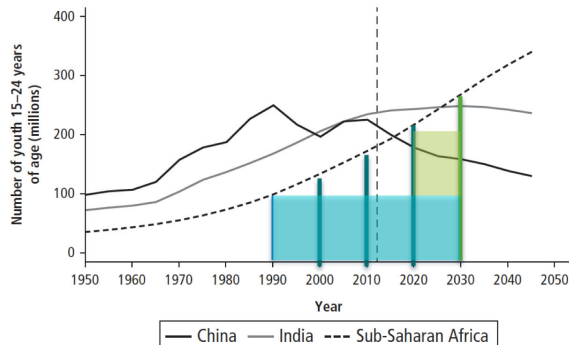
We know that donor support for condoms in Sub-Saharan Africa is declining, but can we assume that less funding will create a crisis in supply or will it help to mobilize more local resources for condoms? With fewer free condoms available, will condom use drop or will people begin buying their own instead? If the prices of socially marketed condoms rise, what effect will this have on condom access and availability?

Dr. Doug Evans of George Washington University has spent years researching socially marketed products like condoms and how markets transition, and drawing on the recent UNFPA and USAID peer-reviewed article on willingness to pay as well as his own research, Dr. Evans provided answers to questions about willingness to pay, price sensitivity, condom preferences and the role of brand marketing and demand generation in increasing the market share of commercial brands in Sub-Saharan Africa.

From the outset, two things are clear:

I. There is a market for commercial condoms in Sub-Saharan Africa.

Projected growth of youth population 15–24 years of age in Sub-Saharan Africa, China, and India, 1950–2050



Youth are the biggest users of condoms and this population is growing exponentially. The youth population of Sub-Saharan Africa will eventually exceed that of India and China, and by 2030 it will have doubled from the start of the HIV epidemic (1990).

2. The future opportunity in Sub-Saharan Africa will be simultaneously **increasing condom use** while **decreasing subsidies** to condom programs (thereby reducing the need for donor funding), and **creating opportunities** for the commercial sector.

To seize this opportunity, it is necessary to understand the market forces at work and consumer willingness to pay. In 2017, five cross-sectional, nationally representative surveys were conducted over two months in Kenya, Nigeria, South Africa, Zambia, and Zimbabwe.⁷ The studies examined not only whether free condom users in Sub-Saharan Africa are willing to pay for condoms, but whether paying condom users are willing to pay more, how much, and under what conditions.⁸ The research findings are detailed below.

Research question #1: If free condoms were unavailable, would people who currently use these condoms purchase them or stop using condoms?

Finding: Free condom users are willing to pay. Although there is variation between countries, users are willing to pay under certain conditions and within limits.

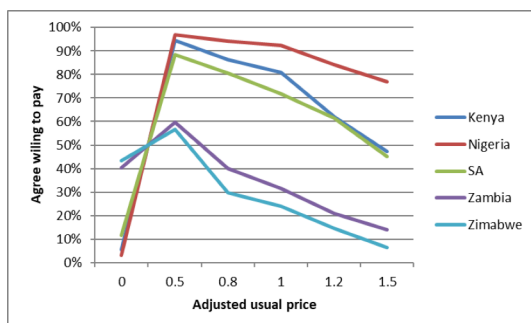
	Kenya	Nigeria	SA	Zambia	Zimbabwe
Stop using condoms	6.5	2.7	4.3	5.0	3.5
Go to another location where free condoms are usually available	16.2	23.0	63.2	25.7	40.8
Try to purchase condoms from stores nearby	69.9	69.9	30.0	62.4	38.4
Stop having sex	6.8	3.5	1.4	4.6	15.2
Other (Specify _____)	0.6	1.0	1.1	2.2	2.1

Most respondents in Kenya, Nigeria and Zambia indicated they would pay for condoms, while the majority in South Africa would access free condoms at another location instead. Users in Zimbabwe were split.

Price sensitivity of free condom users:

⁷ Evans, W.D., Kadirov, K., Thior, I., Ganesan, R., Ulasevich, A., Deperthes, B. (2019). “Willingness to Pay for Condoms among Men in Sub-Saharan Africa”. *International Journal of Environmental Research and Public Health*. 16(1):34.

⁸ Data was collected by Kantar Public in April and May of 2017. There was a minimum 1,200 sample size per country, sample quotas for urban/rural, and by condom user type. Three methods were used to measure WtP and the study also looked at condom use behavior and demographics, including ability-to-pay (wealth).



In all five countries, all free condom users are willing to pay something for a commercially marketed condom, and a lot of people are willing to pay much more — in Nigeria, one and a half times the adjusted usual price.

Are there differences between users? Additional analysis of free condom users in Kenya and Zimbabwe revealed other factors predicting willingness to pay. Among free condom users in Kenya who were aware of the social marketing Trust brand, it was found that:

- If users are less affluent, they are less willing to pay;
- If free condoms are not available, they are willing to pay a higher price;
- If it is less convenient to get free condoms, they are willing to pay a higher price; and
- Those with a positive view of free brands are less willing to pay for condoms.

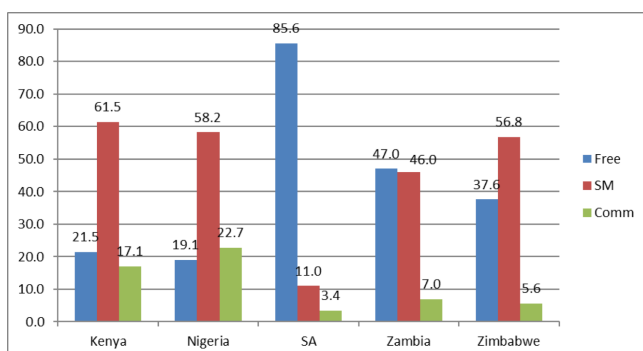
Ability to pay, availability, convenience, and brand perception all matter.

Results were similar among free condom users in Zimbabwe, with one exception: if it is less convenient to get free condoms, users are **not** willing to pay a higher price. This is likely because the market is dominated by free condoms and users would still be able to find them even if it was less convenient.

Research question #2: If the price of social marketing brand(s) of condoms were increased, would those who use these condoms stop using condoms or would they switch to other condom brands?

Findings: Users will switch. When free condoms are widely available, people tend to use them, and when free condoms are less available they will pay for them. However, in all countries except South Africa, **supplies of free condoms significantly exceed use** (by two or three times).

Condom user types by country:



There is evidence that once users switch, they do not tend to go back to free condoms or socially marketed brands.

Note: Kenya's commercial share includes the Salama brand from Tanzania

Switching behaviour:

- **Free condom users:** There is substantial switching or crossover use. Free condom users frequently (in the last three months) use a social marketing brand and occasionally use commercial brands.
- **Social marketing brand users:** Switching goes both ways, with users switching between both free and commercial.
- **Commercial brand users:** There is less switching from commercial brands; not 100% but users tend to stay with them.

Research question #3: Which of the following actions would increase volume and value share of commercial brands:

- 1) Increasing the price of social marketing brands;
- 2) Reducing the price of commercial brands; or
- 3) Introducing smaller packaging units for commercial brands?

Finding: There is some evidence that certain market segments will pay for commercial brands, but brand marketing and availability of free and social marketing brands are key.

- **Social marketing brands should set prices based on ability-to-pay by country**, rather than on costs and subsidies;
- Low-priced commercial brands are emerging, but **brand awareness is often low**; and
- Introduction of **single-pack condoms had little effect on purchase and preferences**.

Conclusions

It is clear from the research that as the supply of free and social marketing condoms declines or changes, there is an opportunity for commercial brands in these markets. However, for some manufacturers at the meeting, the question was not whether there was an opportunity or whether consumers were willing to pay — this was already evident — but rather, whether manufacturers are willing to build a brand and market it.

The studies showed that brand appeal and availability drive consumer choice, and brand loyalty in turn affects price sensitivity. More research is needed on the role of brand equity in promoting switching to commercial brands, but brand marketing efforts could use low-entry point strategies to attract former free and social marketing brand users. Brand equity should also be monitored for shifts in consumer perceptions to determine whether older, well-established brands continue to attract users over time.

The Investment Case for Condoms in Sub-Saharan Africa

What is the investment climate for condom markets in the 20 by 20 priority countries? Drawing on data and insights from market study reviews, country visits, in-depth interviews with different sectors, desk reviews, and modeling condom needs and consumption,⁹ Brian Smith and Chris Jones of AIDSFree presented the factors that broadly favour commercial expansion in Sub-Saharan Africa, as well as the challenges.¹⁰

⁹ Using the UNAIDS condom needs estimation tool.

¹⁰ Although the data was drawn primarily from public health sources and was not exactly fit for purpose, it is sufficient to convey an overall picture of the prospects for investment in condom markets. Investment decisions would require more timely and in-depth data collected at greater frequency. Condom manufacturers may already have their own fit-for-purpose data.

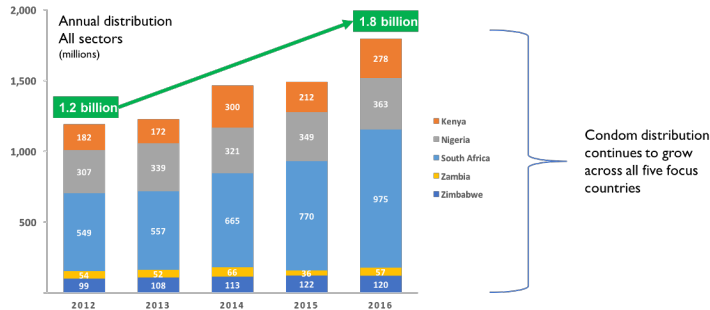
They also presented the “Investability Scorecard” they developed for each of the countries, which consolidates this data into indicators that can inform decisions to invest in condom businesses in Sub-Saharan Africa. These scorecards are included in Appendix 3.

“There’s more of a market than people have thought up to this point. There are barriers, but favourable market changes too, and there are things governments can do to make them more favourable.”

– Brian Smith, AIDSFree

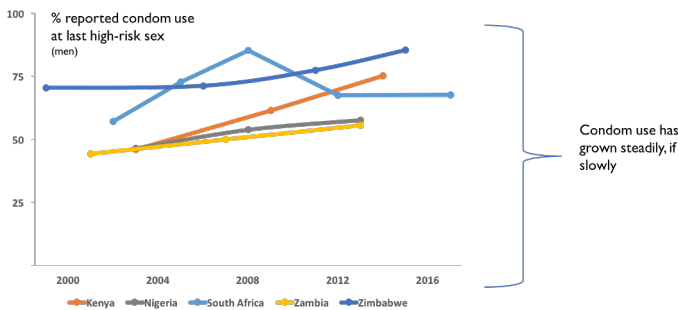
Factors favorable to commercial expansion in Sub-Saharan Africa

1. More condoms are being distributed.



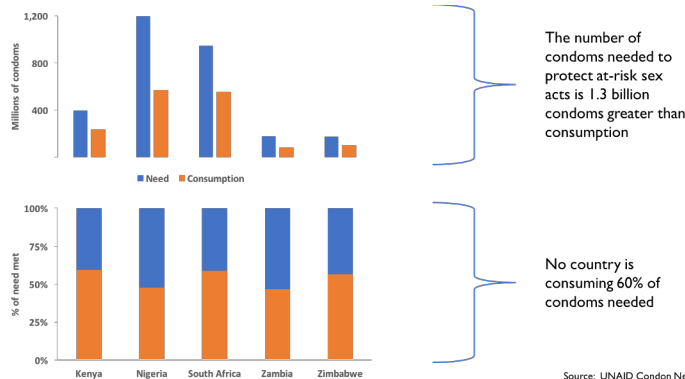
The total market size and market value for condoms is growing.

2. More people are using condoms.



Although condom use has grown slowly, a higher percentage of NMCH men are reporting that they use condoms more frequently. Condom use has become normalized and less stigmatized.

3. There is substantial unmet need and room for growth.



The number of condoms needed to protect at-risk sex acts is 1.3 billion condoms greater than consumption

No country is consuming 60% of condoms needed

Source: UNAID Condom Needs Estimation Tool

4. Many free condom users are willing to pay for condoms, and paying condom users are spending more (although there is a question of whether this is sustainable).

5. Reduced availability of free condoms in some areas may not lead to lower use.

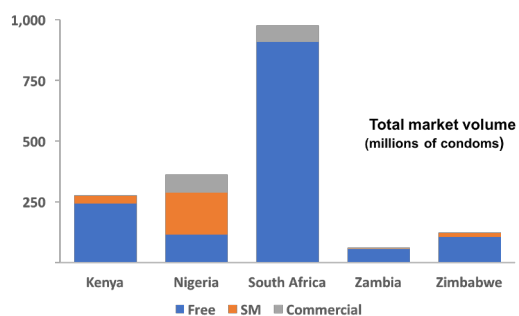
	Kenya	Nigeria	South Africa	Zambia	Zimbabwe
Risk of negative impact on use if free condom availability reduced	Low	Low	Low	High	Medium

This was an interesting result. With the exception of Zambia, restricting access to free condoms would probably not push down condom use.

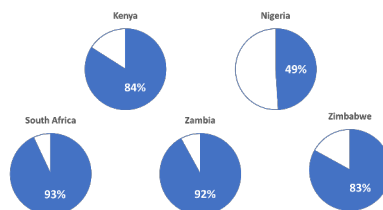
- Social marketing brands are losing donor support and increasing prices** (there have been recent increases in Zimbabwe and Kenya), which means less competition from well-branded subsidized condoms and more space for commercial brands.
- There are more consumers with disposable income and an increasingly educated population living in urban areas.** These customers are easier to access.
- There are more brands in the market.**

Challenges to commercial expansion in Sub-Saharan Africa

- Market volumes have increased, but are driven by free public sector condoms.**



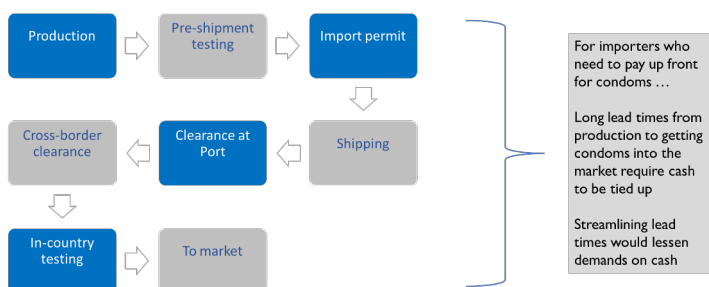
Free condoms dominate the market in four of the five countries and all markets depend heavily on subsidy.



- Free condoms are not always targeted to those unable to pay.** There is a perception that universally available free condoms are a right or necessary to achieve public health goals, but free condoms often reach the general population, some of whom might otherwise purchase condoms.
- Governments are wary of limiting access to free condoms, in some cases adding variants and branding to improve user perceptions.** However, attractive, high-quality free condoms may have a negative impact on commercial sales and end up being used by people who could otherwise afford to pay. Periodic flooding of the market with free condoms also inhibits commercial investment and is disruptive to graduating social marketing brands.
- There is less public funding for traditional condom-focused demand generation.** US Government funding for condom programming declined by almost half between 2011 and 2016.
- Market stewardship — leadership, coordination, market intelligence — has room for improvement.** Where coordination bodies meet regularly, the commercial sector is not always included.

6. Regulatory environments are not fully aligned with the goals of commercial sector expansion.

7. Capital is tied up in a long pipeline. There is limited access to affordable working capital for importers and distributors, which bear the full risk of expansion.



8. The business environment in Sub-Saharan Africa is still challenging, from access to foreign exchange to economic, political, and operational risks.

	Kenya	Nigeria	South Africa	Zambia	Zimbabwe
Access to Forex	Good	Poor	Good	Good	Poor
Economic Risk	42	58	48	39	33
Political Risk	40	36	33	42	33
Operational Risk	45	50	59	60	45
Corruption Perception	28	27	43	37	22

Conclusions

Is there an investment case for condoms in Sub-Saharan Africa? According to Brian Smith, there isn't a yes or no answer as commercial brands already have a presence, markets are very different, and manufacturers have different reasons for entering them. Perhaps a better question, he suggested, would be how to serve people better with existing brands.

However, despite the challenges of market entry and expansion, it is clear that free, social marketing, and commercial condoms can co-exist. The question is, will countries be able to sustain the purchase and distribution of condoms for poor and vulnerable populations without relying on external subsidies? Part of the answer to this question was a recurring theme in the meeting: when segmenting a market, it is important to consider how the actions of one sector will affect others. For example, as Abigail Winskell of PSI suggested, "to improve targeting of free condoms without impacting other segments, we need tighter supply chains to ensure there isn't leakage into other areas."

"We can't imagine a vision of a healthy market in these countries that does not include free and subsidized condoms for a long time."

- Brian Smith, AIDSFree

Attractive Business Opportunities for Market Entry

In the absence of a common market, and with population and regulation differences in each country, do condom manufacturers see Sub-Saharan Africa as a viable market? This panel discussion heard from Asian-

and African-based condom manufacturers, as well as African-based importers/distributors on the challenges and trade-offs, opportunities and success stories, and incentives and disincentives to market entry.

For condom manufacturers based in Asia, challenges range from cumbersome regulatory requirements to market size and distribution.

Market size. Although the population is large and growing, markets for commercial condoms are still small. Free and subsidized condoms have left little room for commercial players, and manufacturers reported that although brands are stable, they are not growing – there are simply not enough people buying higher-priced brands. It was suggested that higher condom prices for social marketing brands may be the only way for commercial condoms to enter and expand market share.

High distribution costs, tariffs, VAT and other expenses squeeze margins and limit what can be spent on branding, marketing and demand generation. As MK Goh of Karex pointed out, “Building a brand is a very expensive affair. If you sell a condom for 10 cents, there is no money for branding.”

Finding a local distribution partner. Finding a big distributor of condoms and lubricants is always difficult, but especially so in Sub-Saharan Africa where manufacturers reported being unable to find a local partner with adequate resources to float joint projects and launch and commercialize new brands.

However, manufacturers also pointed to potential solutions and opportunities:

Product innovation and a focus on pleasure. Manufacturers wondered if existing condom products and sizes were right for the African market, and now that years of ISO requirements have made quality and safety levels consistently high across commercial condom brands, perhaps it is time to shift messaging to pleasure and making condoms thinner and more comfortable. However, manufacturers acknowledged that cultural and religious issues make this a difficult conversation.

Splitting up manufacturing and packaging. This may be practical for Asian-based manufacturers, especially in larger markets like South Africa where the government has committed to purchasing one billion male condoms. Om Garg of Cupid sees a big opportunity: “It’s an excellent idea to do final packaging in the host country... there is a project in South Africa where they want manufacturers to set up a female condom facility with a local partner. Three condom factories have failed in South Africa and one in Botswana, but we have learned from these mistakes, and it would be very practical to split up manufacturing and packaging.”

For African condom manufacturers, challenges varied, from access to finance to foreign exchange exposure, high import costs and being competitive on cost.

Access to raw ingredients: For African manufacturers, latex and foil are the biggest cost components and typically imported. No import duties are paid on latex, but there is a 15 percent duty on foil and this reliance

“Even with WHO prequalification, in-country registration is difficult and costly, and [currency challenges] make it difficult to build a brand. We have been manufacturing more condoms for NGOs and working with government in the tender segment. The population of a billion is interesting, but it is still a difficult nut to crack.”

- MK Goh, Karex

“Everyone wants a quality condom, but the costs for all manufacturers are going up and margins are getting squeezed. With Cupid, we’ve been promoting a social marketing brand through distributors and importers.”

- Om Garg, Cupid

on imports has an impact on working capital. Access to latex is a challenge in Africa, but VAT and foreign exchange exposure are compelling manufacturers to look for other raw ingredients locally and explore the supply capabilities.

Access to finance: This has long been a problem in South Africa where having one primary client (the government) was considered risky, but recent investments in localizing production are improving the situation for new market entrants, which may also receive technical support from external partners. Vanessa Ranchhod of HBM SA said that government investment in the condom market is having broad economic spin-offs like job creation, support for SMEs, and skill building in manufacturing condoms, from testing to laboratories to mixing latex. Clive Kohrs of RTT Medcon shared this optimism and is committed to growth:

"We've expanded into manufacturing lubricants and we're looking for a female condom partner so South Africa can have a shop for all three products. We are also looking into expansion in Africa. I have a strong feeling as an African that we are capable of achieving great things and believe our factories will be competitive globally." - Clive Kohrs of RTT Medcon

Condom importers and distributors in Africa highlighted the following challenges:

Small markets and small margins. 'Suitcase' brands are common in Sub-Saharan Africa. To reach more users, importers are introducing new 'middle products', such as Fantasy in Zimbabwe, which is priced the same as PSI condoms to increase access, boost distributor volumes, and support the structure of the business.

Competition with free donor-funded products. Donor-funded condoms are not subject to duties and VAT, which makes it difficult to compete. Market segmentation is needed.

Undercapitalization, high distribution costs, and lack of marketing budget make regional expansion difficult. One of the distributors reported covering a lot of area, especially in Zimbabwe, and spend about 20 percent on distribution. "If we could get around this, we would."

Q: What advice would you give to manufacturers looking for a distribution partner? What do you need?

*A: "Subscription to the ideology of the business, passion, you must believe in the brand and what we are doing. There is an element of social responsibility. We are small and focus on this market."
- Sumod Damodar, Afro World Group*

Regulatory costs (import duties, VAT, listing and testing fees). Zambia is one of the easier retail markets to penetrate because of the lack of import duties on condoms and VAT waivers. Importers and distributors in Sub-Saharan Africa see opportunities, however, from online sales and marketing to creating value chains in multiple countries, but agreed that governments must create favourable conditions for expansion, such as reducing subsidies and bureaucratic processes, harmonizing regulation, and introducing special waivers.

An opportunity in West Africa

Importing into Africa is expensive, but in West Africa there is free movement of goods and persons in ECOWAS member states, and incentives are being provided to manufacturers. For example, in Benin, the President has approved free customs for any investors for 20 years. There are no customs duties on any products shipped while a factory is being established, and once it is in operation there is a five-year tax deferral.

"I call on you to set up manufacturing there...The market is there, it is fast-growing and the will of the leadership is there. We have some issues and there are 53 states, but the future is bright. We are seeing some good things happening - we saw it happen with ARV and it will happen with condoms too." - Luc Bodea, SAA/ICASA

Meeting Outcomes and Recommendations

The third 20 by 20 meeting in Bangkok provided a forum for the commercial sector, government, implementing partners, and donors to reflect on the findings of market research and discuss how to accelerate commercial engagement in Sub-Saharan Africa. On Day 2, implementing partners, donors, government, manufacturers and importers convened in sector groups to discuss how the research findings were relevant to their respective sectors, and identified key priorities and takeaways to move forward.

On the final day of the meeting, participants divided into cross-sector groups to explore how to work together to address key challenges and opportunities for market entry and expansion, and to discuss practical ways to overcome barriers and seize opportunities to create healthier condom markets. These discussions generated a broad set of recommendations for all sectors, which are outlined below, as well as sector-specific tasks and country work plans, which can be found in Appendix 1 and 2.

1. Market segmentation is critical. All countries need to take on this task to maximize resources and provide equitable and sustainable access to free, subsidized, and commercial condoms.

Recommendations:

- **Develop a market segmentation strategy** that includes the following steps and tasks:
 1. Market and consumer landscape analysis
 2. Identify different target consumer segments and quantify
 3. Decide which segments will be served by free, subsidy, and commercial, then create a funding plan (access diverse sources)
 4. In-depth research into target consumer segments
 5. Design tailored and differentiated strategies based on: pricing; location/distribution channels; promotion/brand proposition; and product.
 6. During implementation, a) secure public sector distribution to prevent leakage, and b) improve forecasting and coordination to avoid stock-outs or waste.
 7. Track and monitor the market and user behaviour and make changes if necessary.

WHO?	WHERE?	FREE	SM	COMMERCIAL
Youth (12-19)	Schools	✓		
Youth (17-24)	College - Urban College - Rural	- ✓	✓ ✓	✓
Sex workers (high risk)	Everywhere (hot spots)	✓	✓	✓
PLHIV (high risk)	Clinics	✓		
MSM (high risk)	Urban (residence) Rural (drop-in centres)	- ✓	✓ ✓	✓
General population	Urban Peri-urban Rural	- ✓ ✓	✓ ✓ -	✓ - -

Note: Condom markets should be segmented not only by target audience, but by outlet type. For example, what types of clinics should be receiving free condoms?

- **Effective market segmentation depends on coordination.** A cross-sector working group should be formed (or an existing group leveraged) to develop a segmentation strategy aligned across sectors (i.e. one message)

with tracking and monitoring mechanisms in place. A dedicated, salaried, empowered, accountable staff should be put in place to move it forward. Some funding commitment will be needed, and donors will need to coordinate to avoid undermining the strategy. Advocacy by influential leaders and sharing compelling, evidence-based stories will be essential.

- **Raising the prices of social marketing brands** could encourage those who can afford it to switch to social marketing or commercial brands and reduce the share of subsidized condoms on the market.
- **It is important to target youth** to nurture future condom users and consumers. Civil society organizations, such as teacher and parent associations and youth networks, should continue to play an important role in improving free condom access for youth accompanied with comprehensive sex education. We should think more broadly about which institutions and government ministries are best placed to target youth with free condoms. It may not only be Ministries of Health, but also Education, Youth, and Sport.

2. A total market approach (TMA) should continue to be championed. Understanding a TMA can strengthen the leadership and coordination role of governments and support better engagement with the commercial sector.

Recommendations:

- **Donors and implementing partners should base their social marketing targets on total market growth** rather than sales.
- **The transition to healthier condom markets requires focused planning and investment**, including a TMA, national plans, and better data and market intelligence.

3. Regulations need to be harmonized. Registration processes, inconsistent taxation regimes and limited harmonization is making intra-African trade difficult and creating barriers for new market entrants. It is important that manufacturers have local partners who understand legislative processes, policies and infrastructure, and can work on harmonizing these processes.

Recommendations:

- **Regional bodies should gather information and advise** on how to harmonize.
- **There should be industry-wide lobbying with governments** to remove VAT, customs and import duties, special waivers, registration requirements, testing fees, etc.

4. More and better demand creation is needed. Funding for demand creation is in decline, but government, NGOs, SMOs can help to build condom markets by creating demand, and manufacturers can sustain it once they are there through both category and branded campaigns.

Recommendations:

- **Government:** Focus on coordination and creating an enabling environment for demand generation, in some cases brand agnostic promotion, and keeping HIV prevention (including condoms) high on the agenda.
- **NGOs and research institutes:** Focus on brand-agnostic demand for target populations, generate consumer insights, market research data to inform and adopt demand generation and market segmentation, and support and collaborate with the commercial sector and Ministries of Health.
- **SMOs:** Focus on demand for the brands they own, as well as brand agnostic.

- **Private sector:** Boost brand awareness through aspirational marketing (messages should focus on pleasure and fun as well as disease prevention; smaller/medium brands should focus on brand sales agents; larger brands should focus on e-commerce/social media, CRM (free samples) and print; and have an open door to communicate with Ministries of Health.

5. Better data and market intelligence are needed. Market data from governments is piecemeal and not necessarily accurate, which can result in over- and under-supply and waste.

Recommendations:

- **New data is needed** on condom use (by group and geography), condom size and comfort, consumer needs and demand, market size and value, distribution and sales, condom placement and branding.
- **Existing data should be shared.** Advanced data has already been collected in many markets and could be shared by PSI, FP Watch, and BMGF. Nielson data is limited beyond South Africa but is a source, as is the Global Trade Atlas. CHAI is beginning to collect data from manufacturers, but none in the manufacturer group had been approached to share it. iPlus Solutions in the Netherlands has developed a successful Female Condom Market Intelligence tool that could be a model for the entire industry depending on what data manufacturers have and are comfortable sharing.

6. Evidence and data should be harmonized, disseminated and communicated clearly.

Recommendations:

- **Evidence and data on condom use and willingness to pay should be synthesized** in clear, plain language that shows governments the cost and public health benefits of investing in condoms and that condom programming is aligned with their development goals.
- **High-level advocates who have the power to make change are vital**, and repackaging evidence to make it compelling to Ministries of Health, Finance, Youth and Education could give them ownership of the data and spur them to advocate. It is important to have a neutral player, such as UNFPA, to take the lead on harmonizing and disseminating data from multiple sectors.

7. Incentives and risk sharing are needed to grow markets. Manufacturers need support to enter and expand into markets dominated by subsidized condoms.

Recommendations:

- **Social marketers should receive incentives to partner with brand owners** so they can support each other.
- **The best role for social marketing is:**
 - Demand creation and expanding coverage and access;
 - Creating opportunities for innovative ways to expand awareness and distribution;
 - Going to places where commercial ‘fears to tread’;
 - Providing evidence narration and testing assumptions; and
 - Changing behaviours and social norms.

8. Donor coordination needs to be streamlined at a high level where critical decisions are made.

Recommendations:

- **Integrate condom discussions** at national, regional, and global forums.

- **Develop a shared vision** of how to move beyond subsidies and condom donation.
- **Roll out a uniform condom programming approach** with clear timelines, milestones and deliverables to rationalize investments.
- **Appoint representatives** in various areas to implement these strategies.

9. More innovation is needed. For example, many manufacturers cannot find distributors and there needs to be creative ways to link the two.

Recommendations:

- **Online sales and marketing** or a B2B platform where manufacturers can meet distributors (i.e. an Alibaba model) could help to connect them.

10. Market stewardship needs to be improved to bring sectors together, develop a vision of sustainable market, quantify procurement for the public sector, plan, and conduct advocacy.

Recommendations:

- **This effort should be led by government, with donors and the private sector participating.** Existing infrastructure, such as technical working groups, convening entities like UNFPA, USAID, UNAIDS and The World Bank, and other groups such as SHOPS Plus and Palladium, should all be leveraged to engage the commercial sector.

Appendix 1: Sector Takeaways

PRIVATE SECTOR

MANUFACTURERS

5 key takeaways:

1. Incentives and risk sharing to support market entry and/or expansion (a request to donors)
2. Incentives for social marketers to partner with private sector to expand reach of premium brands (a request to donors/SMOs)
3. Industry-wide approach to lobbying (e.g. for VAT reduction, simple registration)
4. Neutral demand generation (“category promotion”) (a request to donors)
5. Sorting out the relative roles of government, social marketers, and the private sector.

IMPORTERS

5 key takeaways:

1. Government must create good conditions for the commercial sector: reducing subsidies and bureaucracy.
2. Harmonization of regulation: a high-level task force is needed.
3. Special waivers
4. Government and donor attitudes need to change (lack of understanding of commercial sector)
5. Multiple testing processes should be eliminated as they add time and expense to importing products.

GOVERNMENT

5 key takeaways:

1. Understanding a total market approach can strengthen the leadership role of government in coordinating and engaging with stakeholders, including the commercial sector.
2. Market segmentation is necessary for targeted programming and cost effectiveness.
3. Governments must put financial strategies in place as the increase in condom use is threatened by the decrease in donor funding.
4. Regulation processes and limited harmonization is making intra-Africa trade difficult.
5. Inconsistencies in taxation regimes for the importation of fully manufactured condoms compared to raw material disadvantages local manufacturers.

IMPLEMENTING PARTNERS

5 key takeaways:

1. Free condoms need to be better targeted to those who need them.
2. Transitioning to better markets requires a clean plan and investment.
3. There is a need for more and better demand creation through category and branded campaigns.

4. Condom manufacturing/distribution is not very profitable (now) and we should be realistic about what they can contribute.
5. There is a need for better data on condom use, distribution, sales, etc.

DONORS

5 key takeaways:

1. Clearly synthesize evidence/data on various aspects of condoms programming and present it to African governments. It should be drafted in a way that is well aligned with their development priorities and shows them both the cost benefit and public health benefit of investing in condoms.
2. Improve and streamline donor coordination at a high level where critical decisions are made to enable a shared vision of what Africa Beyond Condom Donations means. This will translate into a joint uniformed condom programming approach at all levels and help to rationalize investments.
3. Continue to champion the TMA agenda to eventually achieve sustainability, with a big focus on supporting rightful condom quantification for all countries as a stepping stone to achieving optimal supply for the right market segments.
4. Integrate condom discussions in the meeting agendas of larger African countries to get the audience of African leaders from the top, including presidents. This includes forums like the African Union Summit and The Pharmaceuticals Manufacturing Plan for Africa.
5. Advocate with African governments to strengthen their stewardship role in sustainability by advocating for optimal condom procurement budget allocations and creating an enabling environment for TMA to thrive.

The above takeaways should be incorporated in a donor strategy document that translates them into tangible strategies with clear milestones, timelines and responsible persons/donor organizations to move these efforts “beyond the board room” into the field.

Appendix 2: Country Work Plans

Armed with a better understanding of condom access, use and willingness-to-pay in the six 20 by 20 target markets, the meeting participants drafted SMART (Specific, Measurable, Achievable, Realistic, Time-bound) country work plans that could be completed within the next two years and owned by government. In the plans, the participants were asked to identify:

- Three to five major plans or objectives for their country (re: regulation, stewardship, etc.) that are realistic, yet ambitious;
- Who will lead this effort and who will support it;
- When it will be completed; and
- An objective or goal that will help them to measure success for their proposed activities?

After the meeting, these plans were taken back to national governments to be refined and endorsed. They will serve to guide national efforts over the coming year and beyond, and will ultimately become part of a broader effort to engage at a high-level to meet the 20 by 20 goal, from the African Union to regional economic communities and heads of state.

KENYA			
Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
1. Simplify product registration processes	Trade, KEPSA	UNFPA, USAID Data on registration processes	Time taken to register products reduced
2. Provide incentives to condom manufacturers focusing on both customs and excise duties	National Treasury, Trade	USAID, UNFPA	Regulatory costs significantly reduced
3. Limit free condom distribution to public sector and high-risk groups	MoH	USAID, UNFPA Data on availability of condoms	<ul style="list-style-type: none"> • Commercial sector market share increases • Increased availability of condoms

NIGERIA			
Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
<p>Demand creation for AYP (10–19) and (20–24) KP, AGYW by 2021.</p> <p>Considerable choice on market: 100 brands on the market – most unregistered.</p> <p>Supported by fairly large # players: 32 importers have registered brands with NAFDAC. That number includes:</p> <ul style="list-style-type: none"> a) 2 social marketers; b) 1 larger commercial entity, the Reckitt Benckiser Group supporting the Durex brand; c) 3–4 other pharmaceutical importers that have ‘franchised’ a brand (such as Zubdy Max Ltd. Importing Karex condoms); and d) 8–12 importers that have created and invested in their own condom brand, such as Jones condom. Many more suitcase importers bring condoms in, often as a on-off to fill container space. 	NACA	FMOH, donors, NIBUCCA, FMOE, FMOY, FWOL, FMOI, NOA, SFH, PPFN, EVA, NYNETHA, APYIN, FMOT&I, AIDSFree	Scale up from 4 to 10 states

SOUTH AFRICA

Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
1. Seek clarity from donors on condom support phase-out plan to facilitate effective planning and engagement of the commercial sector.	MoH	USAID, UNFPA, UNAIDS	Donor condom support phase out plan shared with MOH by December 2018
2. Orientation of stakeholders on TMA to mitigate the impact of the impending funding reduction for condom programming.	MOH, partners	Partners/ USAID Discover Health	TMA concept understood and private sector engaged and involved in condom programming by December 2018 (enhanced private sector participation in TWGs)
3. Develop segmentation strategy for free condom distribution to guide free distribution of condoms in the country (population segments).	MOH, NAC	Partners	Segmentation strategy developed and costed by June 2019
4. Review and update the existing data on the condom market.	MoH, NAC	Partners	Updated condom market information report available by June 2019
5. Integrate indicators to capture condom distribution points in the community data collection tool that is currently under development. Collect information on imported condoms from ZABS and ZAMRA to determine commercial contribution to the condom market.	MoH	Partners	Community data collecting tool completed and information being collected from ZABS and ZAMRA by March 2019

UGANDA

Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
1. Strengthen the secretariat of the National Condom Coordination Unit (NCCU): Link it to the national prevention committee (NPC), broaden representation to include local technical agents, importers and manufacturers .	<ul style="list-style-type: none"> Program Manager AIDS Control Program 	<ul style="list-style-type: none"> UNFPA lead facilitator USG agencies 	<ul style="list-style-type: none"> Representation of the manufacturers, importers on the NCCU in six months. Committed resources to effectively operationalize the roles of NCCU in six months.
2. Regulatory barriers: Post-shipment testing * Waive the fees from manufactures to free covered by GOU: If products pass test its free if they fail independent verification fees are covered by manufactures.	<ul style="list-style-type: none"> Reduce lead time for post-shipment testing Permanent Secretary of MOH and National Drug Authority 	<ul style="list-style-type: none"> MOH NDA (national drug authority) Relevant donor agencies. Ministry of Finance Uganda Revenue Authority 	<ul style="list-style-type: none"> Official waiver of the post shipment fees within 18 months
3. Review various condom market data and identify gaps to inform the health of market, consumer preferences and willingness to pay. • Inform segmentation, and make an investment case to the government on the cost benefits and public health benefits of condoms	<ul style="list-style-type: none"> Uganda AIDS Commission MOH Reproductive Health Division The MOH AIDS Control program Uganda Bureau of Statistics 	<ul style="list-style-type: none"> TA from organizations strong in this area. Donors for funding 	<ul style="list-style-type: none"> Approved TOR's for this analysis by Uganda AIDS Commission in three months Resources for the analysis committed in 6 months
4. Market facilitator to strengthen TMA to right-size free and increase social marketing and commercial sectors - Secondary packaging of imported condoms as part of the actions to help create local jobs and tip the balance of trade.	<ul style="list-style-type: none"> Program Manager, AIDS Control Program Assistant Commissioner MOH Reproductive Health Division 	<ul style="list-style-type: none"> UNFPA USG agencies Public Private Partnership Desk Importers and Pharmacies Local Technical Agents 	<ul style="list-style-type: none"> Finalization of the TMA strategy in 12 months
5. Demand generation for condoms	<ul style="list-style-type: none"> Uganda AIDS Commission MOH BCC working Group National Prevention Committee Ministry of Education Ministry of Gender Uganda Parliament 	<ul style="list-style-type: none"> Private sector stakeholders USAID's Communication for Healthy Communities Award Civil Society Organizations UNFPA 	<ul style="list-style-type: none"> National condom demand generation and condom communication strategy in place in 18 months. Indicators to measure increase reach, use at high-risk sex Import statistics segregated by segment

ZAMBIA

Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
<ol style="list-style-type: none"> 1. Create a technical working group: Executive committee supported by technical working group: government, commercial, manufacturers and distributors, UN agencies, regulatory issues, communication 2. The main goal is to participate towards reaching the 2020 targets 	MOH (HIV Prevention)	UN, other government, USAID, other government departments (Education, DSD, Tourism, Home Affairs, DTI, SABS, SAHPRA), Manufacturers, NT	<ol style="list-style-type: none"> 1. Reach the target for 2020 2. Increase the use to 90% as per target (at the moment at 65%)
2. Double accessibility of condoms in the next two (2) years	DOH, DTI	Manufacturers, commercial sector, social marketing sector, DOT, third-party sectors	Number of effective access points in communities (monitor stock visibility and tracking)
3. Support local procurement	NT, DOH, DTI	UN agencies, USAID	Progressive reduction of imported material
4. Expand demand creation beyond government	NT, DOH, DTI	DBE, donor funders, advertising standards, commercial sector, PSI, Durex and others, UN, USAID, social marketers	Increase awareness of condoms through an awareness tracker (commission a study to get baseline)
5. TMA and segmentation coordination	DOH, DTI, PSI, Durex	UN, USAID, commercial sector	<ol style="list-style-type: none"> 1. Currently at 80:20 (no social marketed condoms) 2. Need to confirm baseline 3. Explore social marketing sector

ZIMBABWE

Key priority / Action	Who will lead the initiative?	What organizations will support?	Key Performance Indicators (SMART)
1. Engage regulatory authorities to review tariffs and taxes in order to drive down prizes to consumer and increase uptake /demand creation	MOHCC, HIV prevention	UNFPA, UNAIDS, PSI, PEPFAR, MACZ, private sector, NAC, MOF, ZAZIBONA	<ul style="list-style-type: none"> • Build an investment case for condoms as a medical device. • Exemptions on tariffs/taxes
2. Advocate for increased domestic funding for procurement of public sector condoms for sustainability	MOHCC, HIV prevention	UNFPA, UNAIDS, PEPFAR, NAC, MOF	Annual increment: 5%-10%
3. Strengthen Strategic Information for CCP <ul style="list-style-type: none"> • Market Segmentation • Secondary data analysis on available data / • Analysis of distribution of 3 sectors to identify gaps and opportunities for partnerships • Specific studies to inform programming • Strengthen TMA • Develop research agenda for CCP 	MOHCC, HIV prevention	UNFPA, PEPFAR, M\$E, Central Statistics	Set up performance indicators to monitor progress

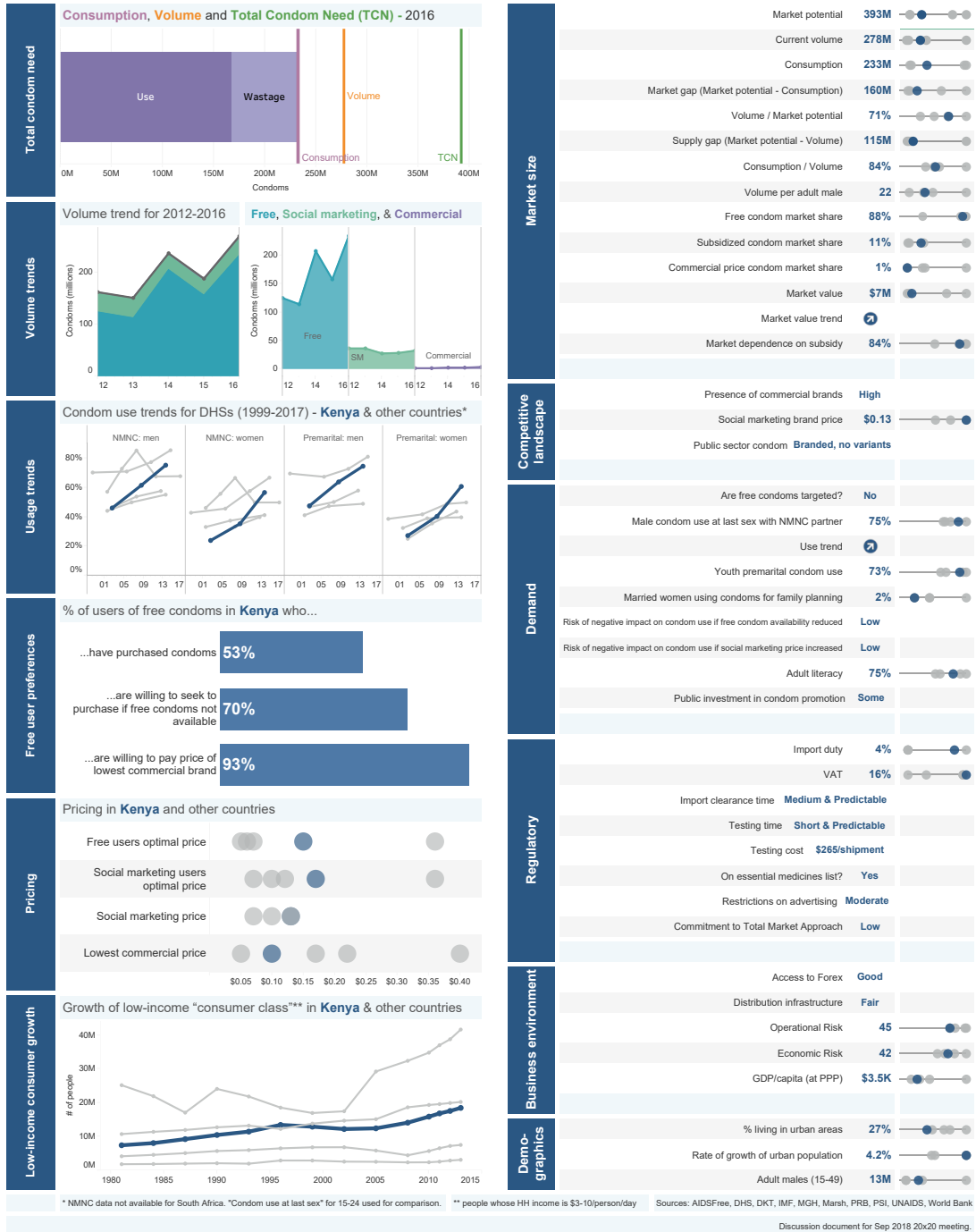
Appendix 3: Investability Scorecards for Kenya, Nigeria, South Africa, Zambia & Zimbabwe

Five-country overview:

Condom Market Investability Overview		Darker blue = more favorable for investment				
		Kenya	Nigeria	South Africa	Zambia	Zimbabwe
Market size	Market potential	393M	1,197M	946M	176M	173M
	Current consumption	233M	570M	555M	82M	98M
	Market Gap (Potential - Consumption)	160M	627M	391M	93M	75M
	Market dependence on subsidy	84%	49%	93%	92%	83%
	Market value	\$7M	\$60M	\$41M	\$3M	\$5M
Competitive landscape	Social marketing brand price	\$0.13	\$0.10	N/A	\$0.07	\$0.13
	Public sector condom	Branded, no variants	Not branded, no variants	Branded, with variants	Not branded, no variants	Not branded, no variants
	Market share					
Demand	Male condom use at last sex with NMNC partner	75%	58%	65%	56%	85%
	Use trend					
	% of free condom users who would purchase if free not available	70%	70%	30%	64%	39%
	Restrictions on advertising	Moderate	Moderate	Minimal	Moderate	Minimal
Regulatory	Import Duty	4%	0%	0%	0%	5%
	VAT	16%	5%	15%	0%	15%
	Import clearance time	Medium & Predictable	Long & Unpredictable	Short & predictable	Short & Predictable	Short & Predictable
	Testing time	Short & Predictable	Short & Unpredictable	Short & Predictable	Short & Predictable	Short & Predictable
Business environment	Access to Forex					
	Distribution infrastructure					
	Operational Risk	45	50	59	60	45
	Population with per capita HH income \$3-\$10 / day	19M	42M	20M	3M	8M
Demographics	% of population living in urban areas	27%	50%	66%	44%	32%
	Rate of growth of urban population	4.2%	4.2%	2.0%	4.2%	2.2%
	Adult males (15-49)	12.9M	46.2M	15.7M	4.2M	4.2M

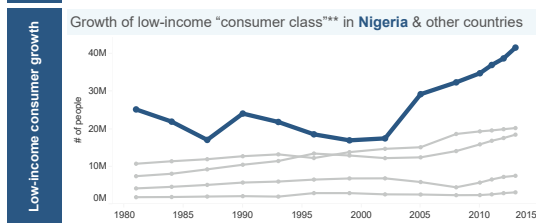
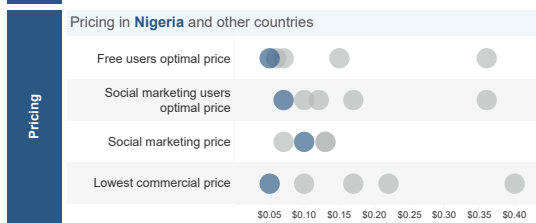
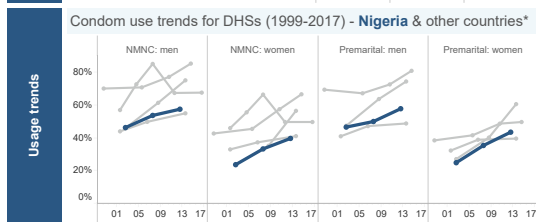
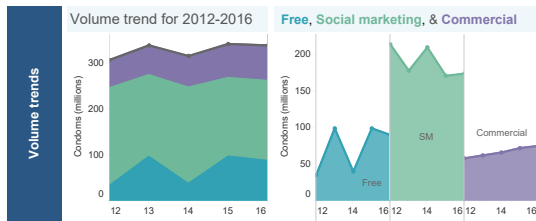
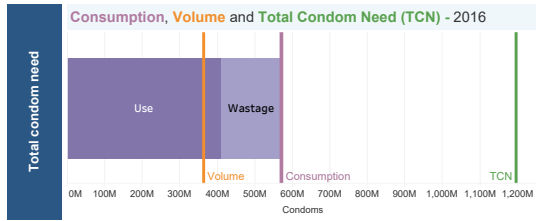
Discussion document for Sep 2018 20x20 meeting. Sources: AIDSFree, DHS, DKT, IMF, MGH, Marsh, PRB, PSI, UNAIDS, World Bank

Kenya Condom Investability Overview



Nigeria Condom Investability Overview

Nigeria and other countries



Market size

- Market potential: 1,197M
- Current volume: 364M
- Consumption: 570M
- Market gap (Market potential - Consumption): 627M
- Volume / Market potential: 30%
- Supply gap (Market potential - Volume): 834M
- Consumption / Volume: 157%
- Volume per adult male: 8
- Free condom market share: 32%
- Subsidized condom market share: 48%
- Commercial price condom market share: 21%
- Market value: \$60M
- Market value trend: ↗
- Market dependence on subsidy: 49%

Competitive landscape

- Presence of commercial brands: Very high
- Social marketing brand price: \$0.10
- Public sector condom: Not branded, no variants

Demand

- Are free condoms targeted?: Somewhat
- Male condom use at last sex with NMNC partner: 58%
- Use trend: ↗
- Youth premarital condom use: 56%
- Married women using condoms for family planning: 2%
- Risk of negative impact on condom use if free condom availability reduced: Low
- Risk of negative impact on condom use if social marketing price increased: Low
- Adult literacy: 50%
- Public investment in condom promotion: Some

Regulatory

- Import duty: 0%
- VAT: 5%
- Import clearance time: Long & Unpredictable
- Testing time: Short & Unpredictable
- Testing cost: \$1,500/batch
- On essential medicines list?: Yes
- Restrictions on advertising: Moderate
- Commitment to Total Market Approach: Low

Business environment

- Access to Forex: Poor
- Distribution infrastructure: Poor
- Operational Risk: 50
- Economic Risk: 58
- GDP/capita (at PPP): \$5.9K

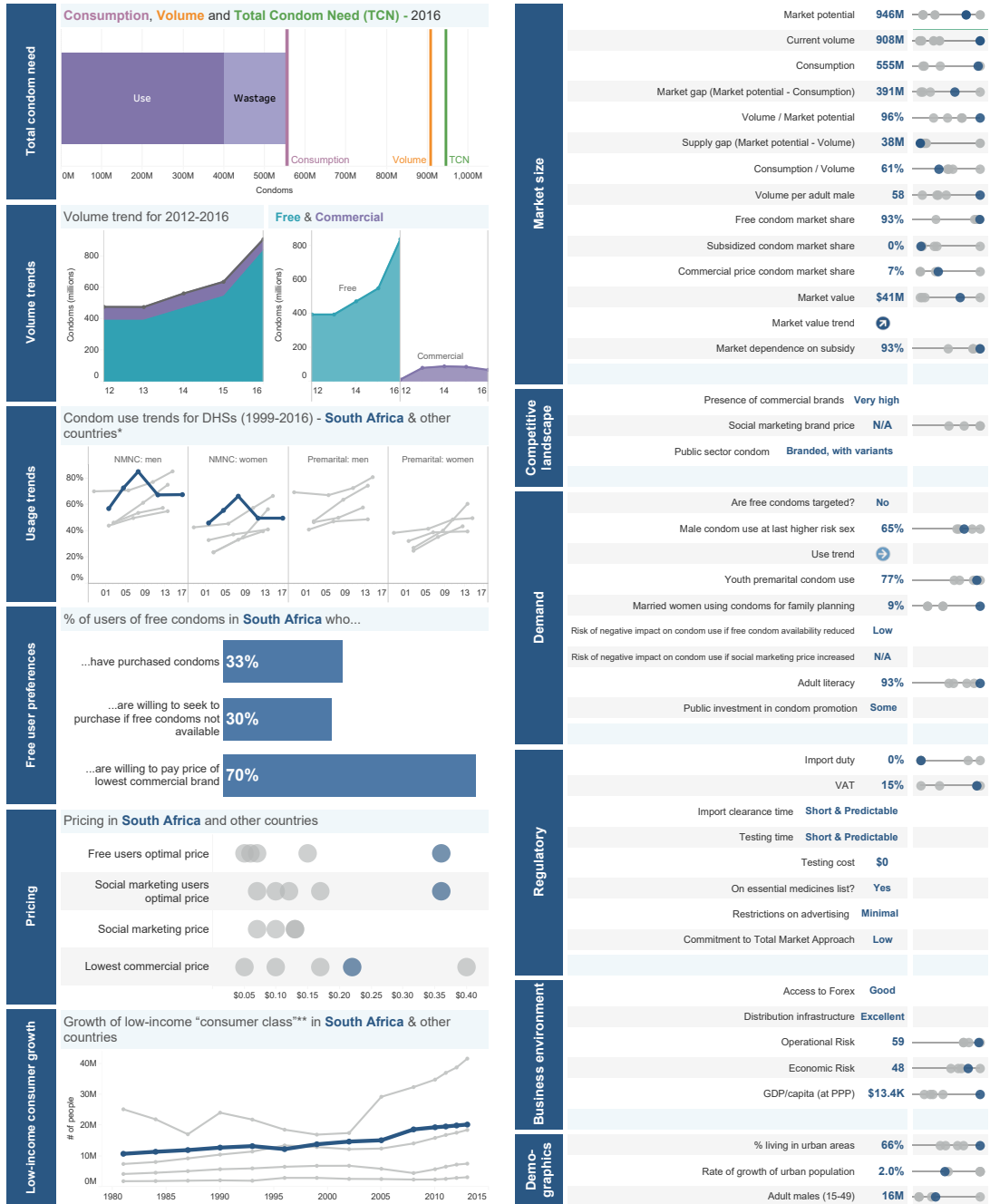
Demographics

- % living in urban areas: 50%
- Rate of growth of urban population: 4.2%
- Adult males (15-49): 46M

* NMNC data not available for South Africa. ** Condom use at last sex* for 15-24 used for comparison. *** people whose HH income is \$3-10/person/day Sources: AIDSFree, DHS, DKT, IMF, MGH, Marsh, PRB, PSI, UNAIDS, World Bank

South Africa Condom Investability Overview

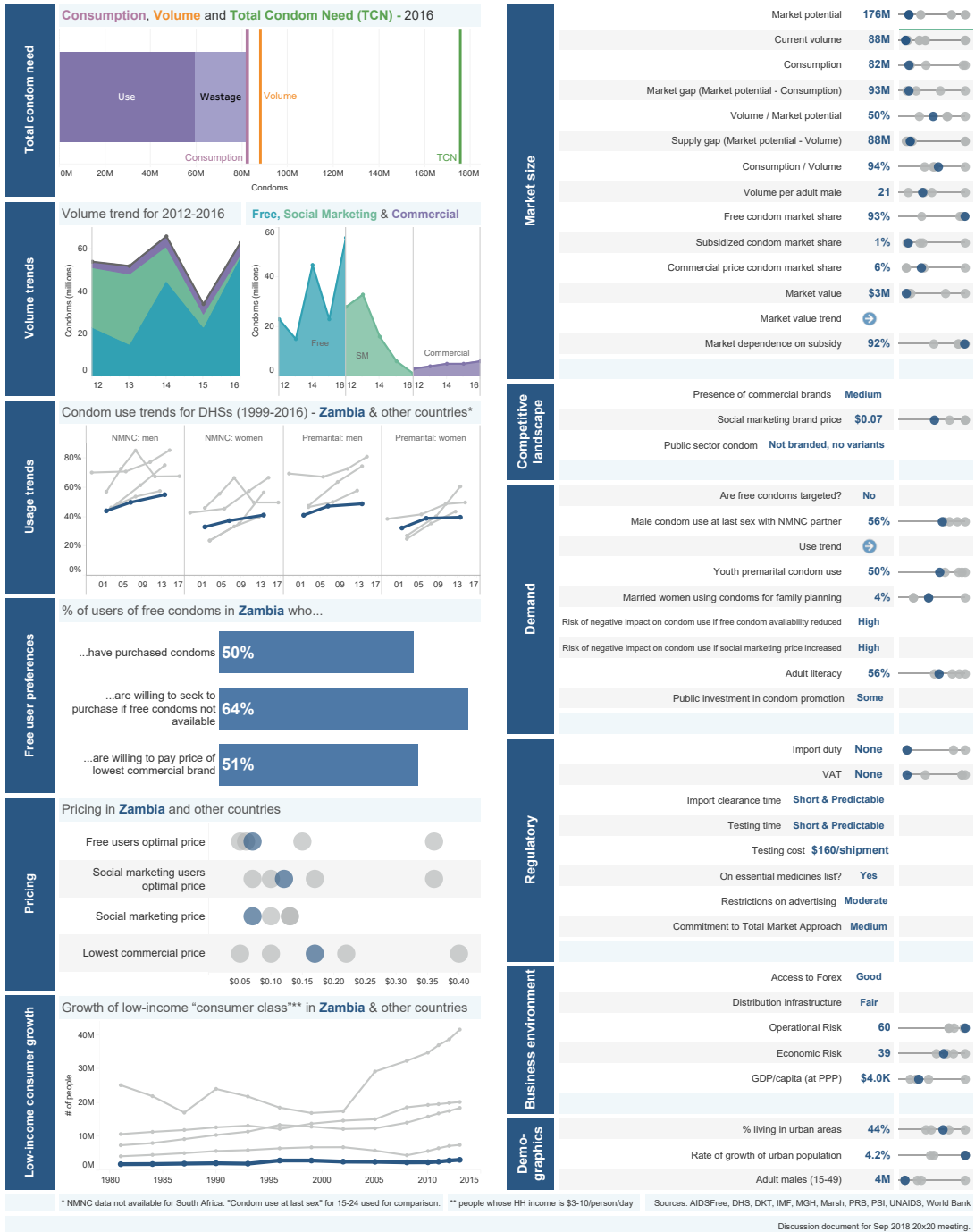
South Africa and other countries



* NMNC data not available for South Africa. ** Condom use at last sex* for 15-24 used for comparison. *** people whose HH income is \$3-10/person/day Sources: AIDSFree, DHS, DKT, IMF, MGH, Marsh, PRB, PSI, UNAIDS, World Bank

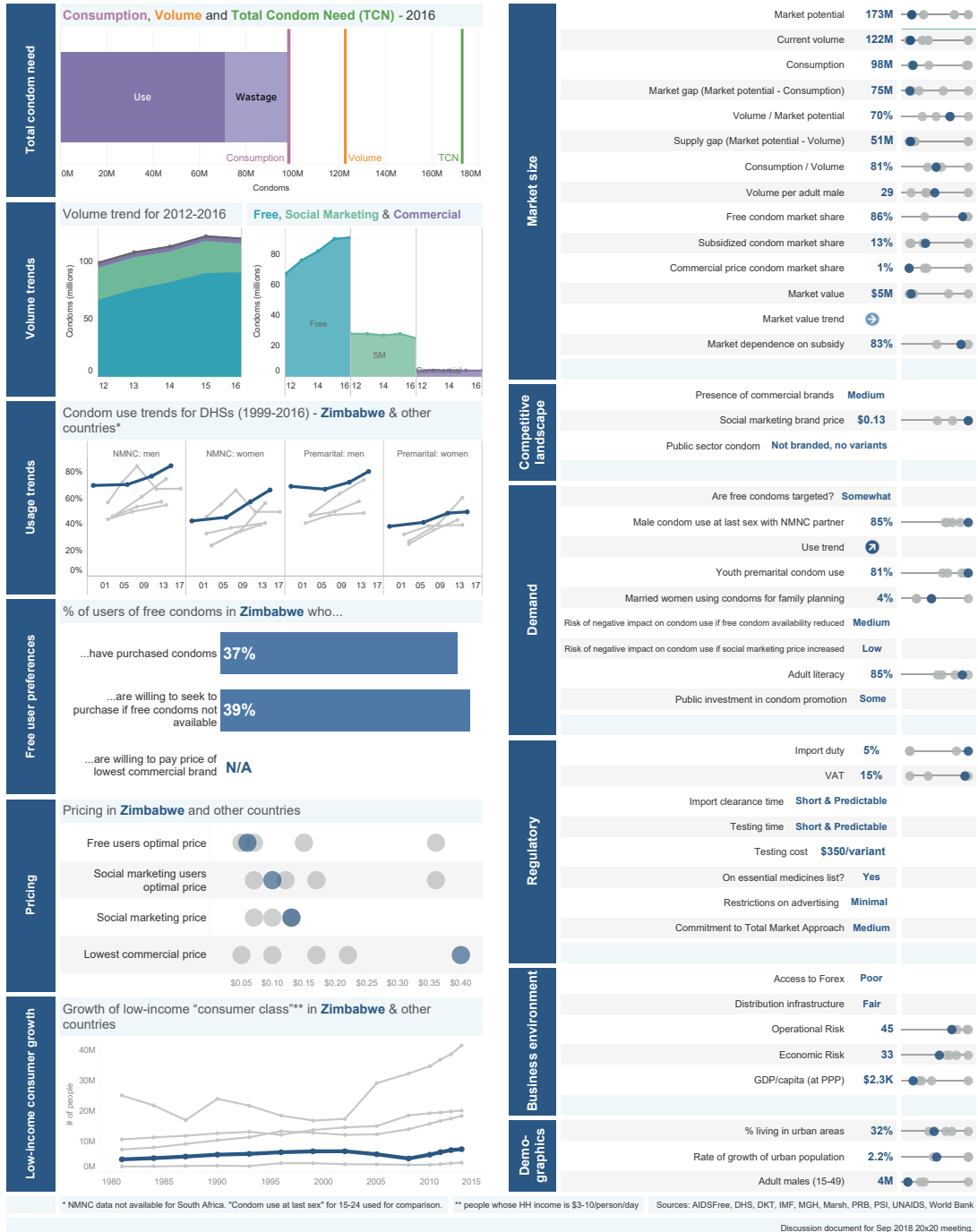
Zambia Condom Investability Overview

Zambia and other countries



Zimbabwe Condom Investability Overview

Zimbabwe and other countries



* NMNC data not available for South Africa. ** Condom use at last sex* for 15-24 used for comparison. ** people whose HH income is \$3-10/person/day Sources: AIDSFree, DHS, DKT, IMF, MGH, Marsh, PRB, PSI, UNAIDS, World Bank Discussion document for Sep 2018 20x20 meeting.

Appendix 4: Meeting Participants

Country Participants

	NAME	POSITION	ORGANIZATION	COUNTRY
1	Ruth Maphorisa	Permanent Secretary	Ministry of Health & Wellness	Botswana
2	Thato Felicia Aliu		Ministry of Health & Wellness	Botswana
3	Jean Bosco Elat	Permanent Secretary	Ministry of Health	Cameroon
4	Peter Kimuu	Senior Program Officer, GF Program	National Treasury	Kenya
5	Kamau Thugge	Principal Secretary	National Treasury	Kenya
6	Albert Tjaronda	Condom Program Manager	Ministry of Health & Social Services	Namibia
7	Kaarina Nduuvunawa Amutenya	Chief Policy Analyst	Public Service Employee Wellness, HIV and AIDS	Namibia
8	Uduak Daniel	Assistant Director, Prevention & BCC	NACA	Nigeria
9	Thato Chidarikire	Director, Prevention Strategies	National Department of Health	South Africa
10	Manthepeng Tshinavha		Dept. of Trade and Industry	South Africa
11	Vuyani Keleme	Assistant Director, Pharmaceutical and Medical Division	Dept. of Trade & Industry	South Africa
12	Nelson Musoba	Director General	Uganda AIDS Commission	Uganda
13	Grace Mumba-Tembo	STI/Condom Program Specialist	Ministry of Health	Zambia
14	Matilda Kakungu- Simpungwe	Assistant Director, Adolescent Health	Ministry of Health	Zambia
15	Anna Machiha	Comprehensive Condom and STI Coordinator	Ministry of Health and Child Care	Zimbabwe
16	Tsitsi Apollo	Acting Director, STI/HIV/AIDS and TB Programme	Ministry of Health	Zimbabwe

Private Sector Participants

	NAME	POSITION	ORGANIZATION	COUNTRY
17	Paul Whyte	Director	Gel Works Pty Ltd Australia	Australia
18	Sumod Damodar	Managing Director	Afro World Group	Botswana
19	George Proctor	Managing Director	Gemi Rubber	Botswana
20	Malebogo Bakwena	Business Development Manager	Gemi Rubber	Botswana
21	Mike Proctor	Managing Director	Gemilatex South Africa	Botswana
22	Mpumi Mhlontlo	Managing Director	Gemilatex South Africa	Botswana
23	Josephine Nkosana	Managing Director	Lumbidzani (Pty) Ltd	Botswana
24	Mo Fan	Technical Executive Director	Guilin Zizu Latex Co., Ltd.	China
25	Mo Linru	Manager for International Relations	Guilin Zizu Latex Co., Ltd.	China
26	Chen Qiang	Chairman/CEO	KB Material Technology Co., Ltd., aflD Durex	China
27	Li Bin	Consultant	KB Material Technology Co., Ltd., aflD Durex	China

28	Om Garg	Chairman/Managing Director	Cupid Limited	India
29	Veena Garg	Director	Cupid Limited	India
30	Janardhan Reddy	Managing Director	Indus Medicare Limited	India
31	R. Saranyan	President, Operations	TTK Protective Devices Limited	India
32	Brijj Balaji Singh	Vice President, Operations	TTK Protective Devices Limited	India
33	Mitree Boonsaard	General Manager	Innolates Limited Thailand (Subsidiary of Karex)	Malaysia
34	Suparat Wangpiriyakul	Asst. Marketing Manager	Innolates Limited Thailand	Malaysia
35	Julio Wu	Marketing	Innolates Limited Thailand	Malaysia
36	Miah Kiat Goh	CEO	Karex Berhad	Malaysia
37	Aaron Chiam	Strategic Growth, Group CEO's Office	Karex Berhad	Malaysia
38	Paul Liang	Marketing Director	Karex Industries SDN BHD; Innolates SDN BHD	Malaysia
39	Cha Lin Chan	Managing Director	NULATEX SDN BHD	Malaysia
40	Tharampal Singh	Executive Director	NULATEX SDN BHD	Malaysia
41	John Ing Ching Tang	Founder and CEO	Twin Catalyst SDN BHD Wondaleaf	Malaysia
42	Louis Tang	Executive Director	Twin Catalyst SDN BHD Wondaleaf	Malaysia
43	Yien Yien Lau	Chairperson	Twin Catalyst SDN BHD Wondaleaf	Malaysia
44	Derrick Wilbur Van Wyk	Group Quality Manager	Commodity Exchange	Namibia
45	Bertranne Maritz	HR/Head of Industrial Relations	Commodity Exchange	Namibia
46	Omokhudu Idogho	Deputy Managing Director, Social Business Enterprise	SFH Nigeria	Nigeria
47	Kene Eruchalu	Deputy Managing Director, Operations	SFH Nigeria	Nigeria
48	Steve Coplin	SVP Manufacturing, Health Wellness & Personal	Reckitt Benckiser	Singapore
49	Kabir Kumar	Global Brand Marketing Manager, Durex	Reckitt Benckiser	Singapore
50	Drew Hansen		Brimpharm SA	South Africa
51	Veon Cupido	CEO	Brimpharm SA	South Africa
52	Sibusiso Lushaba	CEO	HBM SA	South Africa
53	Vanessa Ranchhod		HBM SA	South Africa
54	Tinashe Guramatunhu	Managing Director	King Online	South Africa
55	Kingsley Tloubatla	CEO	Nulatex SA	South Africa
56	Clive Kohrs	Managing Director	RRT Medcon	South Africa
57	Vera Kohrs	Director	RRT Medcon	South Africa
58	Preggie Naratshoo	Director	RRT Medcon	South Africa
59	Takeaki Sugita	Sales Coordinator	Okamoto Rubber Products Co., Ltd.	Thailand
60	Saichit Apavira	Senior QA Manager	Okamoto Rubber Products Co., Ltd.	Thailand
61	Phanarat Leesawat	Senior Sales Manager OEM/Tender	Suretex Limited/Lifestyles	Thailand
62	Cauvathur Seethapathy Rajendran	Vice President, S&OP/OEM/Tender & Procurement	Suretex Limited/Lifestyles	Thailand
63	KC Nguyen	Vice President, Operations and R&D	Suretex Limited/Lifestyles	Thailand
64	Niramol Bunnuan	Director, Manufacturing Quality Assurance	Suretex Limited/Lifestyles	Thailand
65	Yada Saowaphaphuksit	Associate Manager, Customer Service	Suretex Limited/Lifestyles	Thailand

66	Pongphan Boonsirichan	Asst. Marketing Manager	Thai Nippon Rubber Industry Co., Ltd	Thailand
67	Anil Jain	Senior Manager, International Marketing	Thai Nippon Rubber Industry Co., Ltd	Thailand
68	Porntavee Cheerjaraswongse	Assistant Marketing Manager	Thai Nippon Rubber Industry Co., Ltd	Thailand
69	Pailin Chintradeja	General Manager	Thai Nippon Rubber Industry Co., Ltd	Thailand
70	Kesanee Wanakasame	Chief Marketing Officer	Thai Nippon Rubber Industry Co., Ltd	Thailand
71	Denise Van Dijk	President, Global Public Health Sector Division	The Female Health Company/Veru Healthcare	The Netherlands
72	Ben Wilson	Global Manager for Sexual Wellbeing	Reckitt Benckiser	UK
73	Frank Sadlo	Managing Director	GummiWerks LLC, Las Vegas	USA
74	John Garrett	Vice President	Mikken Medical Supplies	USA
75	Alesa James Carr	Founder and CEO	Mikken Medical Supplies	USA
76	Pramod Katageri	Factory Manager	Medevice 3s	Vietnam
77	Phong Cong Nguyen	General Director	Medevice 3s	Vietnam
78	Tran Anh Tuong	Sales Manager	Vietnam Rubber Trade	Vietnam
79	Tran Thi Ngoc Ha	Advisor to the Board	Vietnam Rubber Trade	Vietnam
80	Guy Chingaya	Managing Director	ELECARE Pharmaceuticals	Zimbabwe

NGO Participants

	NAME	POSITION	ORGANIZATION	COUNTRY
81	Jeffrey Barnes	Chief of Party, SHOPS Plus	Abt Associates	Nepal
82	Brian Smith	Consultant	AIDSFREE	USA
83	Chris Jones	Consultant	AIDSFREE	USA
84	Ibou Thior	Senior HIV Prevention Technical Advisor	AIDSFREE	USA
85	Franck Derosé	CEO	The Condom Project	USA
86	Joshua Derosé	Deputy Director	The Condom Project	USA
87	Morakot Sangworatham	Laboratory Manager	FHI360	USA
88	W. Douglas Evans	Professor of Prevention and Community Health & Global Health	George Washington University	USA
89	Lisa Locke	Senior HIV Prevention Technical Advisor	IPPF	Kenya
90	Mika Bwembya	TMA Lead	JSI	Zambia
91	Tanvi Pandit-Rajani	Head Office	JSI	Zambia
92	Skhumbuzo Ngozwana	CEO / Independent Consultant	Kiara Health	Nigeria
93	Cindi Cisek	TMA Advisor	Palladium	USA
94	Kimberly Green	Chief of Party, Healthy Markets	PATH	Vietnam
95	Vu Hai Yen	Commercialization and Policy Advisor	PATH	Vietnam
96	Munish Mehrotra	Deputy Director, Procurement and Logistics	PSI	USA
97	Abigail Winskell	Deputy Director, Marketing	PSI	USA
98	Shankar Narayanan	Managing Director	PSI	India
99	Eric Seasted	Country Director	PSI	Laos
100	Guy Rogers	General Manager	PSI - South Africa	South Africa

101	Brian McKenna	Deputy Director	Reproductive Health Supplies Coalition	Belgium
102	Safia Ashan	Market Development Officer	Reproductive Health Supplies Coalition	Belgium
103	Moses Muwonge	CEO	Samasha Medical Foundation	Uganda
104	Sandra Pederson	Freelance Editor/Writer	Seed Edit	USA

Regional Network Participants

	NAME	POSITION	ORGANIZATION	COUNTRY
105	Luc Bodea	Coordinator, SAA/ICASA Director	SAA	Ghana
106	Siga Fatima Jagne	Commissioner for Social Affairs and Gender	ECOWAS	Nigeria
107	Beatrice Simwapenga Hamusonde	Director, Gender & Social Affairs	COMESA	Zambia

UN & Donor Agency Participants

	NAME	POSITION	ORGANIZATION	COUNTRY
108	Tonji Durant	Senior M&E Advisor, HIV Prevention	CDC – Division of Global HIV & TB	USA
109	Eamonn Murphy	Director, Regional Support Team for Asia and the Pacific	UNAIDS	Thailand
110	Demola Olajide	Country Representative	UNFPA	Kenya
111	Kanyanta Sunkutu	Programme Specialist	UNFPA	South Africa
112	Seloi Mogatle	Programme Specialist	UNFPA	Denmark
113	Bidia Deperthes	Sr. Technical Advisor	UNFPA	USA
114	Danielle Okoro		UNFPA	USA
115	Kuyosh Kadirov	Sr. Market Development Advisor	USAID	USA
116	Samson Chindiya	Prevention Team Lead	USAID	Zimbabwe
117	Siana Tackett	Regional Technical Advisor	USAID/RDMA	Thailand
118	Melissa Jones	Office Director	USAID/RDMA	Thailand
119	Robin Martz	Deputy Office Director	USAID/RDMA	Thailand
120	Teodora Elvira	Medical Officer, STI	WHO	Switzerland