Strengthening Condom Programmes & Markets in Africa

Enhancing Public Health Impact through an Established Multi-Purpose Technology

Condom programming in crisis: The risk of losing past gains and missing future opportunities to scale up, integrate and sustain

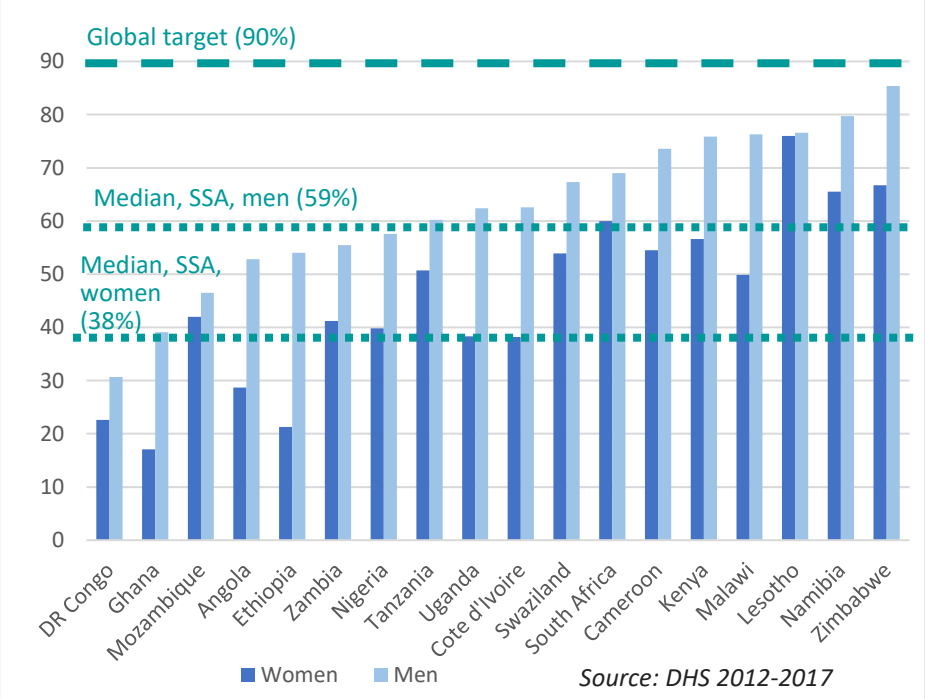
Condoms have been a core tool for prevention since the beginning of the HIV response and were estimated to have averted 49 million new HIV infections globally[1], making them one of the most powerful tools in the history of the response. Condoms are part of HIV prevention packages for key populations globally and are also widely used for prevention of heterosexual transmission of HIV in other populations, in particular among young people, with non-regular partners and sero-discordant couples, whereas use in other long-term relationships is low.

Condoms are still the only multi-purpose tool providing triple protection against unintended pregnancy, HIV and other sexually transmitted infections.

To achieve global HIV targets (fewer than 200,000 new infections per year by 2030), it was calculated that in sub-Saharan Africa condoms would need to contribute more than 35 % of the new infections to be averted, which makes condoms the most powerful tool in fast-tracking the response next to ART.[2]

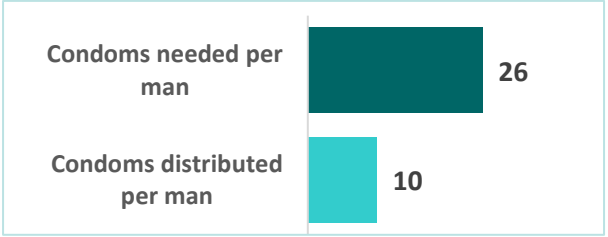
Available data shows slow but steady progress toward higher levels of condom use and improved equity in sub-Saharan Africa (SSA). However, all countries fall short of global targets (Figure 1), variation between countries remains large, and condom use in younger populations shows signs of stagnation or decline in at least a few key countries.

Figure 1. People (15-49) who used a condom at last sex with a non-regular partner (%)



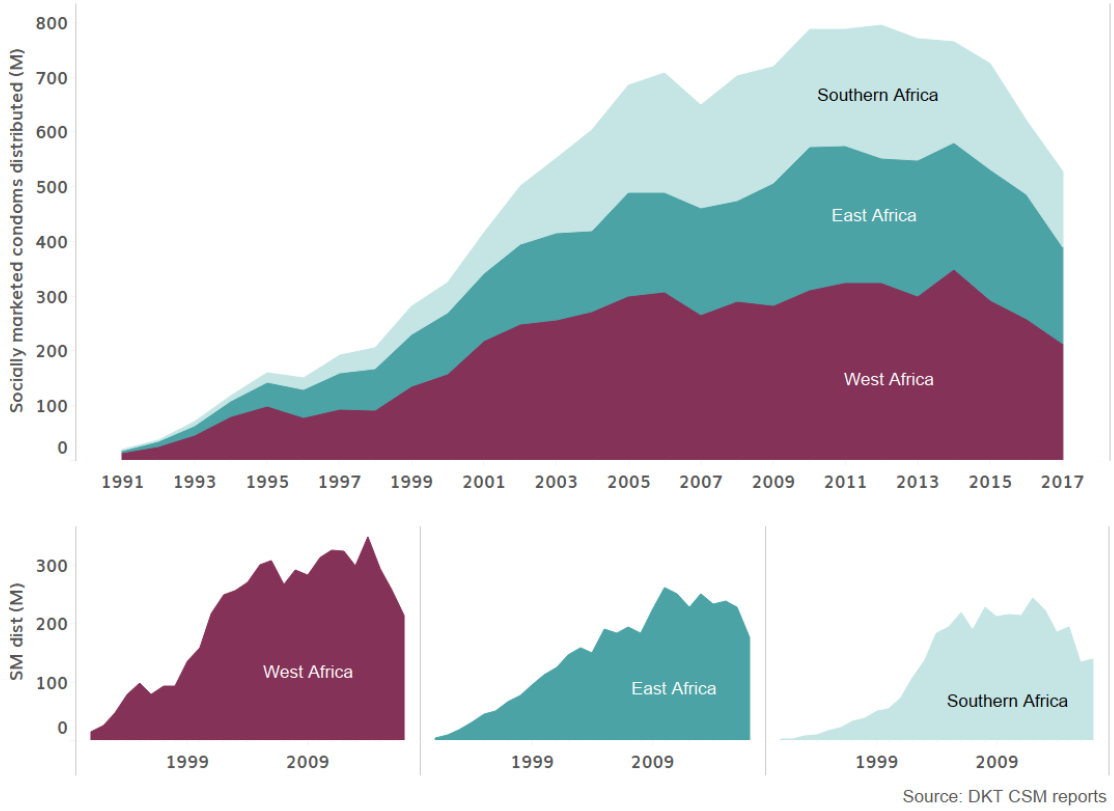
UNAIDS has estimated the condom need per country in sub-Saharan Africa for different populations **(people with non-regular partners, HIV affected couples, sex workers, men who have sex with men, young people and users of condoms for family planning)**. The total need ranges from 20 to 50 condoms per man (aged 15-64)[3] in most countries. **Less than half the need is currently met** (Figure 2). Increases in distribution are slow when considering population growth and sales in the social marketing sector have declined substantially in recent years (Figure 3).

Figure 2: Annual condom need vs. distribution in sub-Saharan Africa (2017 estimates)



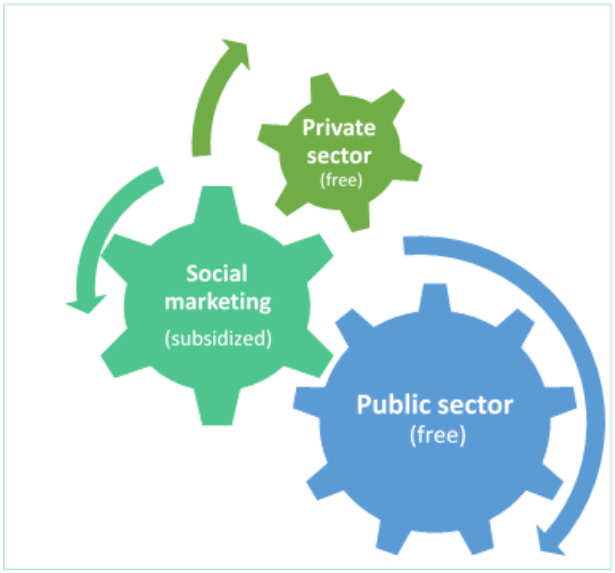
[1] Stover J, Teng Y. The impact of condoms on the HIV epidemic (submitted, 2018).
[2] Stover, et al. What is required to end the HIV epidemic as a publish health threat b 2030: the cost and impact of the fast-track approach. PLoS One 11(5): e0154893.
[3] The total need is expressed as condoms used per male aged 15-64 (total number of condoms distributed divided by male population aged 15-64). This includes male and female condoms. The vast majority of (but not all) condoms are used for sex between women and men, but since only one condom is used in a couple, it was decided to refer to condoms per male as the metric for distribution.

Figure 3. Social marketing sales of condoms in SSA, 1991-2017



Status of condom programming

Figure 3: Total market approach



Six insights – adapted from a recent landscaping analysis[4] - will be important to consider in designing and funding condom programming:

1. The **"condom gap"** is first of all a "programming gap", then a "demand gap" and only in specific locations and situations a "supply gap". Programmatic efforts simultaneously pushing demand and supply are needed. Increasing motivation and ability to use condoms by addressing social and behavioral barriers is required to drive condom use. Supply gaps also need to be addressed, but it is not just a matter of increasing supply.
2. There has been a partial failure to **integrate strong condom-focused behavior change and skills-building** components in HIV interventions recently scaled up including testing, treatment, and PrEP. There are also opportunities to strengthen condom programming and provider-initiated condom promotion within broader STI, family planning and sexual and reproductive health (SRH) services.
3. **Free condoms** distributed through the public sector have been and will continue to be an important source of condoms, especially for low income groups, but substantial challenges remain in forecasting, targeting, delivery, provider-initiated distribution and monitoring, especially in community distribution systems.
4. Funding for **social marketing programmes** has declined, which has led to reduced availability of condoms outside health facilities. The role of these programs needs to be newly defined. Funding partners and governments do not sufficiently coordinate on how to sustain availability of condoms outside health facilities, evolve these programs toward better use of subsidies, and transition to less dependence on donors for procurement and distribution of condoms.

[4] Mann Global Health, BMGF. Challenges and recommendations for reaching "Fast-Track" targets for condom use (2018)

5. The **commercial sector** and the social enterprise sector are positioned to make a larger, if modest, contribution to condom markets, but barriers to expansion remain, especially in the absence of a national vision of and commitment to a total market approach (TMA) and economic incentives to enter markets.
6. Consistently **weak programme and market stewardship** functions continue to impede progress – including developing a vision for the national programme and total market; gathering, disseminating, and applying market intelligence for decision-making; and monitoring demand generation activities and distribution to ensure coverage of priority groups.

Figure 4: Components of Comprehensive condom programming (UNFPA)

Leadership & coordination *Coordination of partnerships* *Advocacy* *Policies and regulations* *Resource mobilization*	**Supply & commodity security** *Forecasting and targets setting* *Procurement* *Quality assurance* *Warehousing and storage* *Distribution, LMIS*
Demand, access and utilization *Market research* *Total market approach* *Targeted distribution* *Behaviour change communication* *Social mobilization*	**Support** *Social, behavioural, and operations* *Capacity and institutional strengthening* *Integration* *Monitoring and evaluation* *Documentation and dissemination*

Core recommendations

The following recommendations – adapted from the recent landscaping analysis - address the most basic requirements of condom programming to create a path towards increasing condom use equitably and sustainably.

1. Substantially **increase investment in demand creation**. Condom use is more likely to lag because of a lack of motivation or ability to use condoms rather than due to a supply gap. Use is unlikely to increase without sustained, large-scale demand generation activities. The largest generation of African youth in history is growing up without
2. Coordinate with the governments of fast-track countries to ensure there is support for an **adequate condom supply in the public sector** for the foreseeable future. Free condoms must be available for the segments of the population that depend on them especially rural populations, youth and key populations. Support for procurement should be based on realistic forecasts for the growth in demand and should consider the contribution of the commercial and social marketing sectors.
3. Invest in **leadership and coordination functions** at the country level to strengthen government leadership and market stewardship in support of a people-centered programme and a total market approach ensuring equity in access and a healthy market to guide resource allocation.
4. Invest in **market, population and location data** and the capacity to use it. To inform programming across all sectors, it is critical that all market actors understand who is using condoms; who is not using condoms and why; the number of condoms distributed and where; and target audience responses to interventions. This information should be packaged and widely shared in order for it to be actionable for decision-makers.
5. **Integrate** smart and comprehensive behavior-focused condom programming, including skills-building into the broader HIV, SRH and health promotion system. The emergence of other prevention options (PrEP and VMMC), expanded testing and treatment, scale up of family planning and other SRH programs are opportunities for condom programs to reach more people more frequently within an ecosystem that provides choice to target audiences.
6. Support better, more targeted, **more efficient public sector distribution** that reaches those in need of free condoms through active, provider-initiated promotion and distribution by health care providers in facilities and outreach workers. Improved distribution starts with understanding condom needs in relation to demand; quantification and procurement within a TMA; and market segmentation to map those in greatest need of free condoms and how best to reach them and provide them with adequate (e.g. 3-month) supplies.
7. Support **social marketing organizations (SMOs)** to achieve higher value impact. SMOs are well positioned to contribute to demand creation, market stewardship, and market intelligence efforts using public funds, while evolving brands toward full cost-recovery in most contexts.
8. Address market barriers to create more space and increase economic incentives for the **commercial sector.** Reducing barriers will be critical to accelerate the engagement of the commercial sector and increase the likelihood that condoms can reach more people and gradually reduce the market's dependence on subsidy.

What type of investment is needed?

30 years into the HIV epidemic, less than half the condom need in Africa is met. Investing around 3% of HIV investment in LMICs into condom programs would be needed to fast-track condom programs in sub-Saharan Africa.

Support to scaling up of condom programmes and strengthening condom markets is most urgently **needed in sub-Saharan Africa.** In other regions, condoms need to be addressed as part of packages for key populations. To address the major condom gap in sub-Saharan Africa, there is a need for a combination of short-term and long-term actions.

In an **initial acceleration phase**, there is need for fast-tracking condom programming. This requires responding to immediate crises, like addressing the funding crisis of social marketing programmes. However, it also requires reviving national public sector condom programmes by putting in place leadership capacities in NACs or Ministries of Health and developing strengthened national condom programmes, market analyses and total market approaches in line with the core recommendations above.

Region	Priority countries
East Africa	Malawi, Uganda, Tanzania, Zambia, Mozambique
Southern Africa	Zimbabwe, South Africa, Swaziland, Lesotho, Angola
Anglophone WCA	Ghana, Nigeria, Sierra Leone and Liberia
Francophone WCA	Cameroon, DRC, Côte d'Ivoire, Mali, Burkina Faso

This will initially require increasing investment including from national budgets, Global Fund, PEPFAR and other bilateral partners. In sub-Saharan Africa, condoms need to be reprioritized in ongoing reprogramming efforts of the major HIV and SRH financing mechanisms.

However, in contrast to earlier programmes, it will be important to build a vision for sustainability into programmes from the start. Therefore after 3-5 years programmes should reach a consolidation phase, in which domestic financing and leadership is strengthened, and the contribution of commercial sectors increases, so that external support can be reduced over time and a sustainable programme and market can develop.

Summary of key emerging issues for condom programming

1. **Discontinuation of condom social marketing** results in discontinuation of key condom program elements - demand creation, strategic information and condom champions.
2. **Countries not well equipped to manage condom programs** especially with a total market approach.
3. **Adolescents coming of age in Africa in large numbers not exposed** to the high intensity messaging and skills building of the early 2000s.
4. **Erratic procurement and distribution pattern** of free condoms likely inhibits consistent condom use.
5. **Condoms not reaching rural and poor populations**, and in some places priority populations.
6. **Integration** into HIV, SRH and FP programs **is key, but on its own neglects non-users** of these systems – youth and men.
7. Some countries **highly dependent on donor funding** with resulting lack of resilience to changing donor priorities.

This brief was developed for a meeting of partners in the Global HIV Prevention Coalition in November 2018.