Solution Brief 3

THE OPPORTUNITIES AND CHALLENGES OF FREE CONDOM DISTRIBUTION IN KENYA

In 2018 Mann Global Health drafted a report outlining "Challenges and recommendations for reaching 'Fast-Track' targets for condom use". This brief is one of four that flesh out specific recommendations made in that report, serving as a resource for donors, governments and implementing partners to identify and design interventions to improve distribution of free condoms.

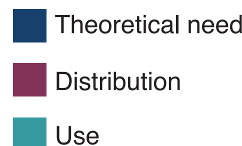
Free distribution of condoms is vital to sustaining or increasing use throughout sub-Saharan Africa, playing an important role in prevention for the portion of the population who cannot afford to pay. In planning for free distribution, country programs should first develop a vision for a sustainable, healthy market – an ecosystem that includes free, social marketing, and commercial sector programming to meet the needs of the entire population.

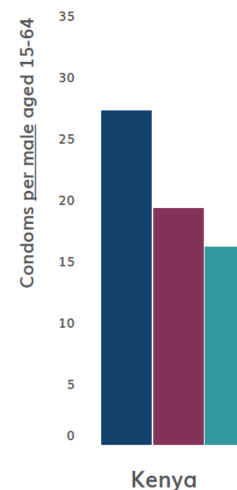
The MGH report highlighted the following weaknesses in free public sector distribution:

- Many country programs do not fully understand their total condom needs and existing consumption patterns. Quantification of the need for free condoms, when done, tends to focus on the volume required to meet the theoretical need to protect all sex acts deemed to be at-risk, rather than on more realistic consumption and demand estimates.
- There are low levels of coordination among donors supporting condom procurement. Heavy reliance on external subsidy to support public sector free distribution has resulted in procurement peaks and valleys that disrupt distribution and increase wastage. Donor-funded public sector condoms accounted for over 75% of distribution in Kenya, Uganda, Zambia and Zimbabwe. While Botswana and South Africa are similarly dependent on free distribution, reliable domestic funding ensures consistent supply.
- Distribution systems are often ineffective in covering harder-to-reach health facilities. Some countries have not shifted from a "push" to a "pull" system to align use and need with supply.
- Free condoms are seldom targeted to those who are unable to pay, and instead reach the general population, some of whom might otherwise purchase social marketing or commercial brands.

FIGURE 18. Theoretical need, distribution, and use in Kenya

Distribution exceeds use in Kenya by about 35 million condoms per year. All figures per male aged 15-64.





Sources: UNAIDS condom needs estimation tool v. 6.29.18; MGH landscaping reports; UNAIDS prevention scorecard

> Investments in free distribution are unlikely to increase use, without concurrent investments in demand creation activities.

> While there is no 'ideal mix' or contribution of free distribution, healthy condom markets are those that increase use and equity, while decreasing reliance on external subsidy.

THE ROLE OF FREE CONDOMS IN KENYA

Despite a vibrant commercial sector, well-established social marketing programs, and growing incomes, over 75% of Kenya's total condom market is driven by public sector distribution of free condoms. While Kenya has shown steady growth in condom use across populations and wealth quintiles over time, the program is less sustainable than it was five years ago. Its efforts to target condoms to populations who most need them have had some notable successes, with a number of lessons from which to draw.

Condom Distribution by Sector	2015	2016	2018 (est)
Social Marketing	20%	15%	16%
Free Distribution	78%	83%	82%
Commercial Brands	~2%	~2%	~2%

THE STRENGTHS OF TARGETED, FREE DISTRIBUTION

- Condom use among key populations (KP) is among the highest in the region. 88 - 92% of female sex workers report high condom use at last sex with clients.[1] The KP program also closely integrates HIV testing, treatment, and access to free, public sector condoms through both outreach and facility-based distribution, including to guesthouses and bars.
- These impressive results with KP are achieved in part through micro-planning efforts, which rely on detailed population size estimations to drive quantification and forecasting efforts. Distribution is tightly managed. Many cite it as the only 'demand driven' element of the national condom program - meaning that condoms are distributed to community-based organizations (CBOs) and programs only when these groups request (or "pull") them.
- The supply chain supporting KP condom distribution is integrated into national distribution systems through Kenya's national supply chain (managed by Kenya Medical Supply Authority, or KEMSA), with oversight from the National AIDS and STI Control Program (NASCOP).

> Free condoms are a cornerstone of Kenya's tightly managed and well-funded key population programs, especially with sex workers.

- The national program has relied on partners such as Population Services Kenya to support targeted distribution of about 20 million condoms to priority populations, including people living with HIV (PLHIV). NGOs and CBOs also ensure that condoms get out of health centers and facilities and move closer to the people who need them.

CHALLENGES OF FREE CONDOM DISTRIBUTION

Free condom distribution targeting general populations engaging in higher risk behaviors is, however, characterized by inefficiencies, waste, and poor targeting. Supply chain management of condoms in Kenya, as in every other program analyzed, is deficient. From procurement forecasting, to supply chain management and distribution, a number of challenges affect access.

- The national program currently has funding for just 80 million condoms for 2019, against 180 million distributed in 2017. While the Government of Kenya (GoK) is said to have allocated budget for condoms, procurement through domestic funds is in doubt. Such procurement gaps are not unusual in Kenya; in the past, supply challenges have resulted in facility-level stockouts.
- Wastage in the system is high. The value of the estimated 35m condoms distributed and not used each year in Kenya is an estimated US$1.4 million / year.[2]
- National quantification efforts significantly overestimate the number of condoms that can reasonably be consumed, which is largely driven by based on prior year consumption and distribution data.[3]
- The existing Logistics Management Information System (LMIS) cannot track condoms to the user, or to organizations that distribute to users. National consumption data are reported by stakeholders as "awful," distorting need estimates. Managers have very little insight as to uptake at the facility level. Specifically:

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[1]Baseline Polling Booth Surveys among Male and Female Sex Workers in Nairobi and Mombasa, NASCOP learning sites.

[2]Estimates generated with the UNAIDS fast track tool; condom procurement estimated at $.04/condom.

[3]The national program estimates need of 343 m for the public sector in 2018/9, which is significantly more than all sector consumption of 233 m or the number of total condoms distributed in prior years.

  - KEMSA's only line of sight for condom management is the number of condoms delivered to regional warehouses and major facilities.
  - Quantities of condoms distributed to NGOs at the sub-national level are virtually unknown. There is a very poor understanding of who is accessing free condoms, and from where.
- Treatment programs distribute and promote condoms, but efforts are modest – one treatment program in Nairobi reported distributing fewer than 4,000 condoms over a six-month period.
- While free condoms should target the poorer populations, condom use by men in the lowest quintile, at 37%, is significantly lower than use in the two wealthiest quintiles, at 47%. The discrepancies in the lower two quintiles for women are even worse.[4]
- A recent willingness-to-pay study demonstrates that most users of free condoms have paid for condoms in the past, and 70% reported that they would be willing to pay if free condoms were not available – indicating opportunities to transition users from free to sold condoms.[5]
- Insufficient investment in demand creation efforts has left many priority populations, including youth and men and women engaging in high-risk sexual behaviors, unreached.

LESSONS FROM KENYA THAT CAN BE APPLIED IN OTHER COUNTRY CONTEXTS:

- **Invest in demand generation for the broader population.** Focus on condom category growth across all sectors. Condoms are available in Kenya; the opportunity lies in behavioral initiatives to ensure they're used consistently during high risk sex.
- **Solidify and strengthen condom program leadership and invest in stewardship** in order to ensure demand creation is prioritized, coherent investments are made in LMIS to track and monitor distribution, and research identifies how and where to target free condoms.
- **Identify and support a condom market facilitator** to support coordination and implementation of key interventions – much like DfID has done on the reproductive health program "Enabling Sustainable Health Equity."
- **Return to TMA principles** to support a sustainable program that increases condom use in ways that are less reliant on external subsidy. Conduct market assessments to identify and prioritize interventions.
- **Revisit quantification efforts, factoring in a vision for a healthy market.** Over-reliance on donor-funded free distribution leaves supply extremely vulnerable to funding gaps - just as donors begin to pull back from supporting commodities for condom programs.
- **Routine data collection** should track consumption, uptake by type of facility, consumer behaviors and preferences. Coordinate development of dueling LMIS Systems being launched by National Aids Coordinating Committee and NASCOP both of which need to integrate into KEMSA systems.
- While supply chains, including last-mile distribution, can be improved, evidence indicates fairly high condom availability at priority outlets in urban areas. Free condom efforts should not duplicate outreach already underway via social marketing – such as in bars and lodging establishments. **Instead, target free condom distribution to specific geographic areas and outlets through segmentation strategies outlined in TMA guidelines.**

[4]17% of women in the lowest quintile reported condom use at last sex with non-marital, non-cohabitating (NMNC) partner, compared to 48% in the highest quintile.

[5]Ganesan, Ramakrishnan, Jordan Tuchman, and Lauren Hartel. 2018. Willingness to Pay for Condoms in Five Countries: Kenya, Nigeria, South Africa, Zambia, and Zimbabwe. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.