



REPORT #1:

# Challenges and recommendations for reaching “Fast-Track” targets for condom use



Mann Global Health

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BILL & MELINDA  
GATES foundation

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# Abbreviations and Acronyms

CPP	Condom Program Pathway
CSM	Condom Social Marketing
DfID	Department for International Development (UK)
DHS	Demographic and Health Survey
GFATM	Global Fund for AIDS, TB, and Malaria
BBS	Biological and Behavioral Surveillance
KfW	Kreditanstalt für Wiederaufbau
LMIS	Logistics Management Information Systems
M&E	Monitoring and Evaluation
MGH	Mann Global Health
MoH	Ministry of Health
MICS	Multiple Indicator Cluster Surveys
NMNC	Non-Marital, Non-Cohabiting (partner)
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PrEP	Pre-Exposure Prophylaxis
PSI	Population Services International
SBCC	Social and Behavior Change Communication
SMO	Social Marketing Organization
SSA	Sub-Saharan Africa
TMA	Total Market Approach
TRaC	Tracking Results Continuously (survey)
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WTP	Willingness-to-Pay

# Condom Programming Insights and Recommendations

**Mann Global Health (MGH) was hired by the Bill & Melinda Gates Foundation in 2018 to support global efforts in donor alignment around the challenges confronting condom programming in the context of declining funding.**

## EXECUTIVE SUMMARY

This summary outlines the key insights generated from data analysis, stakeholder interviews, literature reviews, and meetings with members of the global Condom Working Group. It also provides recommendations to address challenges in condom programming, so that donors may program their investments in condoms more effectively. The analysis focuses on the programming challenges for **male** condoms, and “condoms” refers to male condoms throughout the document. While some of the findings and recommendations would also apply to female condoms, they face a different set of social, cultural and economic barriers to use.

Available data show that slow but steady progress toward higher levels of condom use and improved equity continues to be the norm across sub-Saharan Africa (SSA). However, all countries fall short of global targets (some by a substantial amount), inequities remain, and condom use in younger populations shows signs of stagnation or decline in at least a few key countries.

**Six insights** into the global condom market will be important to consider in designing and funding condom programming:

1. The “condom gap” is a “demand gap.” Increasing motivation and ability to use condoms by addressing social and behavioral barriers is required to drive condom use; it is not just a matter of increasing supply.
2. Condom programming has not fully adapted to the emergence of other HIV prevention options. The scaling up of these options is sometimes perceived as a threat to condom programming rather than an opportunity to increase condom use through robust integration models that include strong condom-focused behavior change and skills-building components in otherwise medicalized interventions. There are also opportunities to strengthen condom programming within broader STI prevention and sexual and reproductive health (SRH) programs.
3. There is little consensus on how social marketing programs can best contribute in evolving condom markets. Donors do not sufficiently coordinate on how to evolve these programs toward better use of subsidies and transition to less dependence on donors for procurement and distribution of condoms.
4. Free condoms distributed through the public sector have been and will continue to be an important source of condoms, especially for the poor, but substantial challenges remain in forecasting, targeting of distribution, and monitoring.
5. The commercial sector is 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 market stewardship functions continue to impede progress – including developing a vision for the total market; gathering, disseminating, and applying market intelligence for decision-making; and monitoring demand generation activities and distribution to ensure coverage of at-risk groups.

These insights into the challenges facing global condom programming inform the following **eight recommendations for donors**. Taken together, these recommendations would 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 in at-risk populations 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.
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. 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 market stewardship in support of a TMA. A key goal for this investment would be the development and operationalization of a vision for a healthy market to guide resource allocation.
4. Invest in **market 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 prevention and treatment ecosystem. The emergence of other prevention options is an opportunity for condom programs to reach more people more frequently within a prevention ecosystem that provides choice to target audiences. This can be accomplished while also ensuring strong condom components within STI prevention and SRH programs.
6. Support better, **more targeted, more efficient public sector distribution** that reaches those in need of free condoms. Improved distribution starts with understanding condom needs in relation to demand, quantification and procurement based within a TMA, and market segmentation to map those in greatest need of free condoms and how best to reach them.
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 such as large-scale untargeted free condoms and overly subsidized social marketing condoms will be critical to accelerate the engagement of the commercial sector and increase the likelihood that condoms can reach more people and reduce the market's dependence on subsidy.

Data quality presented a challenge in the analysis of the state of global condom programming. While there are considerable data on condom programming available from various sources, there is a lack of timeliness, consistency, and coordination in collection and dissemination of data related to condom programming. As a result, there is little understanding of the relationship between inputs (funding, other resources) and outputs (changes in condom use). The investments in market intelligence noted above should address this challenge, resulting in an increased ability for the condom programming community to design cost-effective programs and monitor progress at a country, regional, and global level. ■

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# Introduction

## The Bill & Melinda Gates Foundation hired Mann Global Health (MGH) to support efforts in donor alignment around the challenges confronting global condom programming in the context of declining funding.

UNFPA, WHO, and UNAIDS have identified condoms as a critical component in a comprehensive and sustainable approach to the prevention of HIV and other sexually transmitted infections (STIs), as well as unintended pregnancies. Male and female condoms are the only devices that provide this triple protection. Condoms have helped to reduce HIV transmission and curtailed the broader spread of HIV in concentrated epidemics. A global modelling analysis estimated that condoms have averted around 50 million new HIV infections since the onset of the HIV epidemic.<sup>1</sup>

The HIV Prevention 2020 Road Map, released in 2017, outlined a ten-point plan to accelerate HIV prevention to achieve fast-track goals.<sup>2</sup> Strengthened national condom and behavior change programs is one of five prevention pillars to guide national responses.<sup>3</sup> Condoms are also an important option in the family planning method mix, particularly for young men and women in sub-Saharan Africa, for whom condoms are the most commonly used contraceptive method. The insights outlined in this report aim to enhance understanding of the current state of condom programming to support the priorities underpinning this pillar moving forward.

Several developments and concerns about the future of condom programming motivated this project:

- After decades of investment condom use has increased but 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.
- Condom programming is at an inflection point as other effective HIV prevention methods (such as voluntary medical male circumcision (VMMC), pre-exposure prophylaxis (PrEP), and treatment as prevention) reach for scale.
- There are missed opportunities to drive increases in condom use. Donors do not always invest in the right activities, and are insufficiently leveraging better-resourced programs for HIV treatment and family planning to support condom objectives.
- Donor inputs are not aligned around a set of principles, types of interventions, or timing, so that a lack of coordination results in less effective interventions, which will in turn result in declining condom use.

The report is built around six insights that are critical to inform investments intended to increase condom use. These insights are supported by short issue briefs. A set of recommendations for the types of support required to meet fast-track targets is included at the end of the report. While we analyze past trends because they provide insight into the current state of condom programming and its results, we have not attempted to provide a comprehensive history of condom programming and have tried to avoid covering ground already covered by others.

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<sup>1</sup>UNFPA, WHO, UNAIDS position statement on condoms (<https://www.unfpa.org/resources/condoms-and-hiv-prevention-position-statement-unfpa-and-world-health-organization>)

<sup>2</sup>HIV Prevention 2020 Roadmap: Accelerating HIV prevention to reduce new infections by 75%. (<http://www.unaids.org/en/resources/documents/2017/hiv-prevention-2020-road-map>)

<sup>3</sup>Prevention Gap Report. UNAIDS, Geneva, 2016 ([http://www.unaids.org/sites/default/files/media\\_asset/2016-prevention-gap-report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf))

## Approach

We examined the state of condom programming in 13 UNAIDS fast-track countries,<sup>4</sup> analyzing reported behaviors, equity, factors associated with behaviors, sources of supply, government role in condom programming, donor funding for programming, engagement of civil society, engagement of the commercial sector and other factors. We used publicly available data from Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Integrated Biological and Behavioral Surveillance surveys (IBBS), and other periodic population-based surveys; peer-reviewed and grey literature; and reports published by governments, donors, and civil society organizations. Teams visited Tanzania, Kenya, and South Africa to further inform this analysis through in-depth interviews with key representatives from government, as well as donors, civil society, and the commercial sector. Taken together, these resources contribute to a shared understanding of global condom programming.

This report is one of two produced by MGH in this phase of the project and focuses primarily on programmatic challenges. A separate report analyzes trends in condom program funding.

## Data Availability and Quality

While there are considerable data on condom programming available from various sources, the lack of timeliness, consistency and coordination in the collection and dissemination of data limits their usefulness in designing cost-effective programs and monitoring progress at a country, regional, or global level.

Program design depends on an understanding of the relationship between inputs (resources, activities supported by those resources) and outputs (increases in condom use, improvements in factors contributing to condom use). Despite decades of condom programming experience in sub-Saharan Africa, the understanding of the relationship between inputs and outputs is weak for condom programming. Inputs and outputs are generally not tracked regularly, nor reported with enough detail and consistency to inform decision-making.

The DHS provides consistent reporting on the most critical output indicator – self-reported condom use in various partnerships – but is fielded at best at five-year intervals, does not (by design) include data specific to key populations, and does not include data on the diverse factors that drive condom use, such as risk perception or self-efficacy. Somewhat more timely IBBS data are available for some key populations (but not for all countries or populations), though sampling of key populations is not always nationally representative, and rarely features multiple rounds of data collection.

Other nationally representative household surveys reporting on condom use and some factors that drive use within the scope of specific projects include the AIDS indicator surveys, MICS, Performance Monitoring and Accountability surveys (PMA2020), and Population-based HIV Impact Assessments (PHIA). However, these surveys are sometimes not performed at regular intervals, do not consistently measure the impact on the target population of exposure to condom programming, and are not always directly comparable.

What data do exist are frequently not easily accessible or formatted for decision-making, and therefore often not used by decision-makers. Global websites that aggregate country and regional data such as [aidsinfo.unaids.org](https://aidsinfo.unaids.org) are only as useful as the quality of the (sometimes out-of-date) data that are fed into them. Condom procurement and supply data face similar challenges. Managed by UNFPA, RHInterchange<sup>5</sup> attempts to capture and aggregate contraceptive commodities shipped from various sources to 140 countries. The utility of this tool is challenged by inconsistent reporting of shipments by donors, domestic governments, and organizations such as social marketers, resulting in underreporting of condoms delivered.

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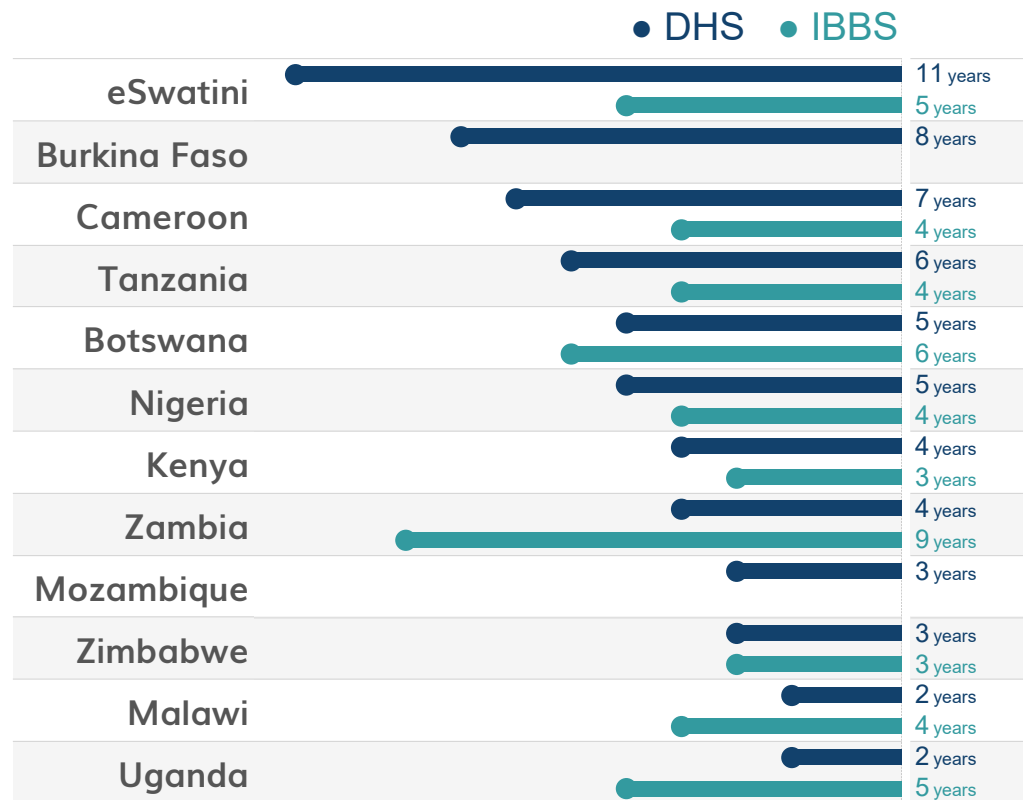
<sup>4</sup>Botswana, Burkina Faso, Cameroon, Kenya, Malawi, Mozambique, Nigeria, South Africa, eSwatini, Tanzania, Uganda, Zambia, and Zimbabwe. These countries were chosen because they a) had some level of market landscaping available for analysis and/or b) had sufficient other data available to be representative of trends in SSA.

<sup>5</sup><https://www.unfpaprocedurement.org/rhi-home>



**FIGURE 1. Years since last DHS and IBBS**

Demographic and Health Surveys (DHS) and Integrated Bio-behavioral Surveillance (IBBS) surveys provide useful trend data but are not fielded at frequent intervals, which limits their usefulness in informing decision-making.



Data from the public sector, when available, often stop tracking distribution at a national or regional level in the supply chain. Even when government logistics management information systems (LMIS) can track distribution to the facility level, such systems are seldom able to track uptake by consumers or secondary distributors such as NGOs.

Sales data from major social marketing programs are collected by DKT but data on condom sales in the commercial sector are rarely available – in part because few retail audits are performed, market research (such as Nielsen surveys) is not available, and there is little coordination or engagement with major importers and distributors at the country level.<sup>6</sup> Country level data on consumer access are not collected in a consistent matter and, when produced, are not reported into global sites like [aidsinfo.unaids.org](https://aidsinfo.unaids.org).

Donor financial support to condom programming is also difficult to estimate (as covered in the companion report).

In short, it is a challenge to understand the relationship between program inputs and outputs. Poor data and information impede efforts to identify the drivers of programmatic impact for condom markets, to understand past trends, to assess the vulnerability of gains in condom use to changes in the condom market, and to chart the path forward. ■

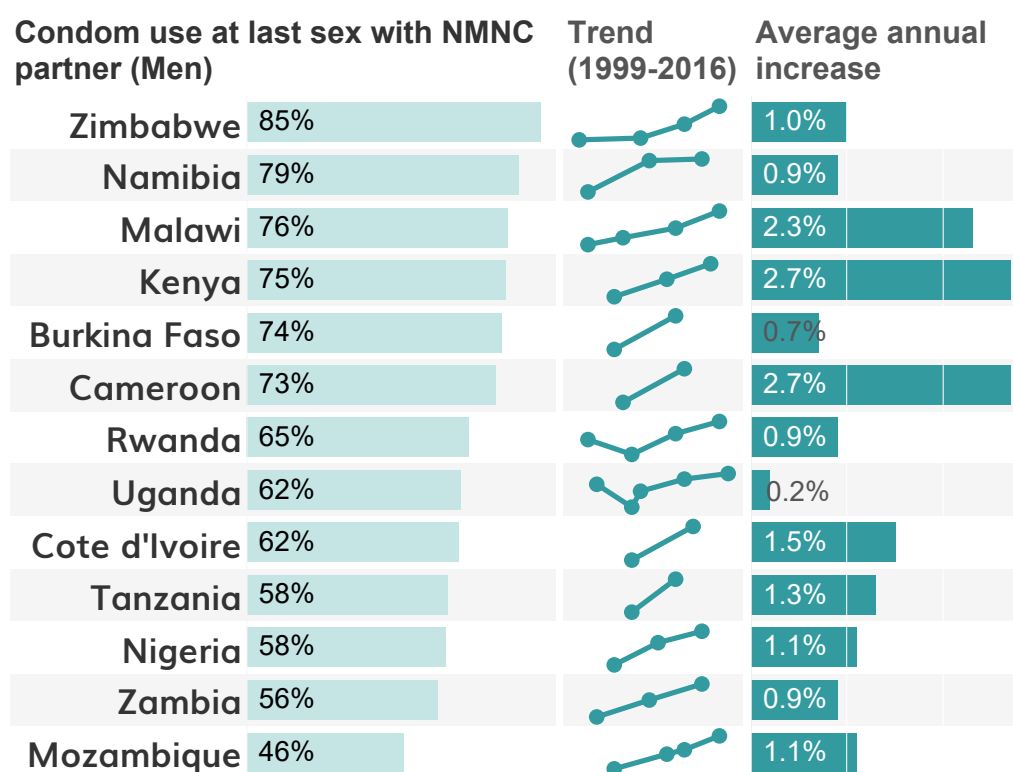
<sup>6</sup>[www.dktinternational.org/contraceptive-social-marketing-statistics/](https://www.dktinternational.org/contraceptive-social-marketing-statistics/)

# The State of Condom Use

We analyzed self-reported condom use in the selected 13 UNAIDS fast-track countries using data from the DHS, multiple rounds of nationally representative behavioral surveys in Botswana and South Africa, and the IBBS surveys referenced in the UNAIDS HIV prevention scorecard. We focused on a) non-marital, non-cohabitating (NMNC) partnerships because they represent the largest proportion of sex acts to be protected and because that indicator closely aligns to UNAIDS’s lead indicator of condom use at last sex with a non-regular partner<sup>7</sup>; b) condom use at last paid sex (for men) and with last client (for sex workers) as this represents a large proportion of sex acts with the highest prevalence partners; and c) condom use in pre-marital sex among 15-24 year-olds as a leading indicator for condom use in the general population.<sup>8</sup>

**FIGURE 2. Reported condom use at last NMNC sex (men)**

MGH analyzed 13 countries in sub-Saharan Africa with enough data to observe trends in condom use and factors that drive use. Countries show similar slow upward trends across all populations but fall short of the 90% target.



Source: DHS

**The Good News:** This analysis reveals that slow but steady progress toward higher levels of condom use and improved equity continues to be the norm across SSA, with few positive or negative outliers (refer to Figure 2).

There is a relatively uniform increase in condom use over time across population segments and countries despite differing contexts and levels of investment in condom programming over the past two decades. In some instances, self-reported condom use achieved relatively high levels even before the emergence of well-funded condom promotion programs, and these countries have steadily progressed. Countries that started the 2000s at relatively low levels have also progressed, but generally continue to lag behind.

<sup>7</sup>Condom use at last “high risk” sex in Botswana and South Africa because NMNC use was not tracked

<sup>8</sup>For a summary of all indicators tracked, refer to Annex.

In all 13 countries, self-reported condom use among men in NMNC partnerships has increased in the last twenty years, as well as between the last two surveys. In all but one country (Uganda), condom use has increased among women. Average annual increases generally vary between around 1% to around 2%. Average annual increases of 3% among Kenyan women stand out.

**FIGURE 3. Percent condom use at last NMNC sex**

Self-reported condom use in non-marital, non-cohabitating (NMNC) partnerships is characterized by steady increases across sub-Saharan Africa over the last twenty years.



Source: DHS Note: South Africa data is % Condom use at last sex (25-49) and from the National HIV Prevalence, Incidence and Behaviour Survey

**The Bad News:** Despite the above progress in condom use, all countries fall short of global targets (some by a substantial amount), inequities remain, and condom use in younger populations shows signs of stagnation or decline in at least a few key countries. While there has been substantial progress, there is still a long way to go to achieve targets. Most countries had achieved 60% use among men by the most recent survey, but none had achieved the 90% goal. Women report lower use (only a few countries had achieved 60%). Even Zimbabwe, which by 1999 had achieved a level of self-reported condom use among men that is higher than half of the fast-track countries have yet achieved, follows a similar pattern of slow growth in use. (It is notable that Zimbabwe’s level of self-reported condom use in 1999 – 70% – was achieved before the emergence of well-funded social marketing programs and other substantial increases in prevention funding.)

The pattern of slow growth also generally holds for self-reported condom use in pre-marital sex among 15-24 year-olds, though at lower levels than reported in NMNC partnerships, where most countries have not achieved 60%. Tanzania and Uganda, however, show declining condom use in pre-marital sex among 15 -24 year-olds between their last two DHS cycles.

**FIGURE 4. Percent condom use during premarital sex among men and women aged 15-24**

Pre-marital condom use in Uganda and Tanzania shows recent decline.

■ Uganda  
■ Tanzania



Self-reported condom use by sex workers with their last clients stands out as particularly high in the 13 countries that conducted an IBBS, reaching 90% in many countries, with most above 80%. It should be noted, however, that men surveyed in the DHS self-report condom use at last paid sex at levels considerably lower than reported by sex workers (and in some cases, it is lower than condom use in NMNC partnerships).

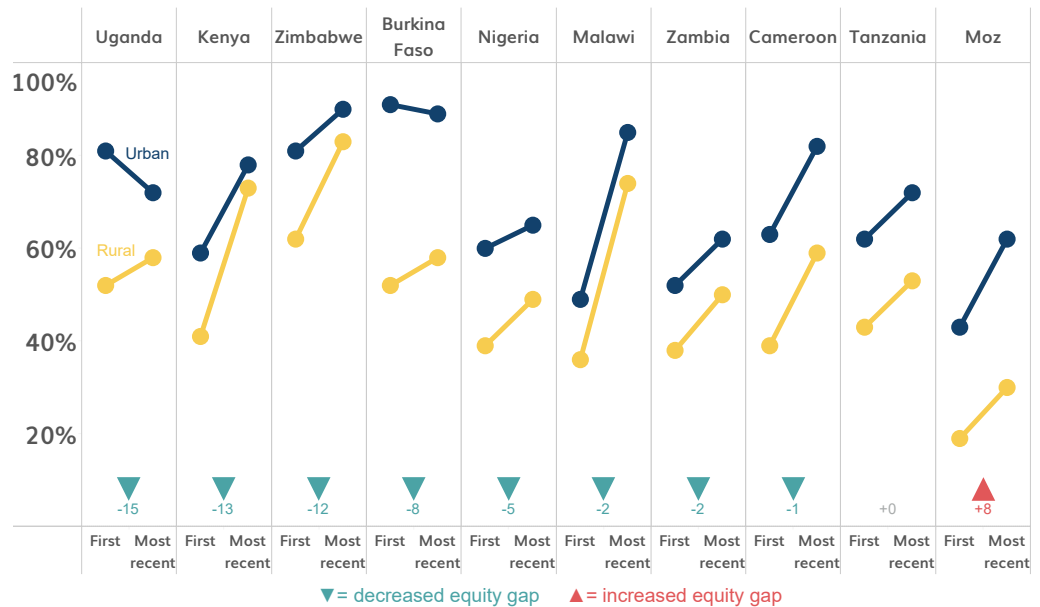
While equity has improved, substantial gaps remain. Double-digit gaps in use persist in most countries between urban and rural populations, and between wealthier and poorer populations.

The gap in use between urban and rural areas has become smaller in most countries: there have been substantial increases in condom use among men and women in rural areas that in most cases exceed increases in use among men and women in urban areas. Kenya, Zimbabwe Malawi, and Zambia have performed particularly well.

**FIGURE 5. Change in condom use in NMNC partnerships in urban and rural areas**

Condom use in rural areas (yellow lines) has generally increased more rapidly than in urban areas (blue lines) between the first and most recent DHS surveys in the period from 1996 to 2016. This has improved equity (triangles at bottom), though gaps remain (as seen in the distance between the endpoints).

■ Rural  
■ Urban



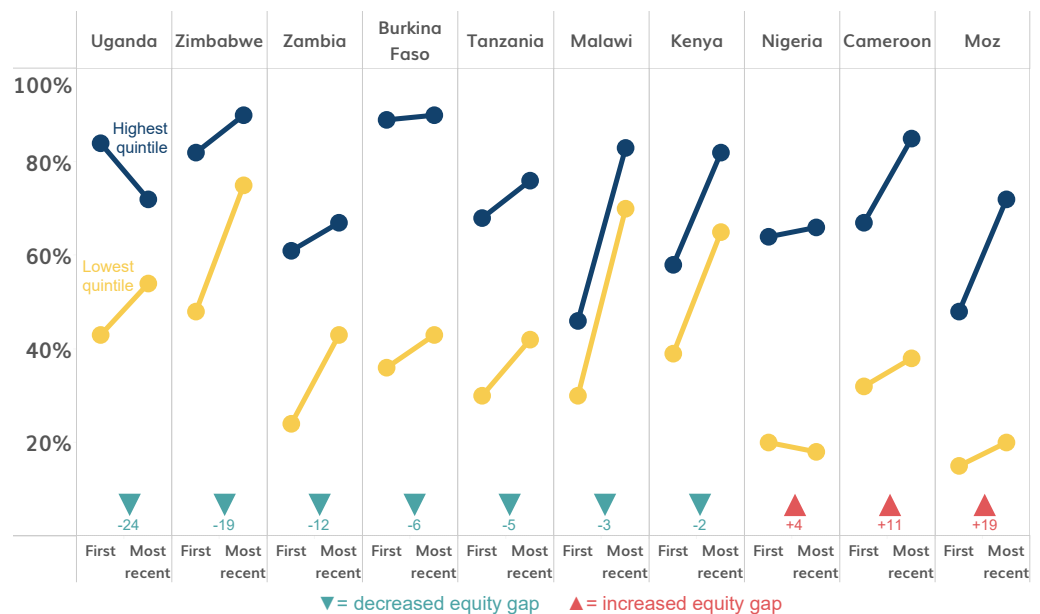
Source: DHS

The gap in condom use between the highest wealth quintile and the lowest quintile has not decreased as quickly, though use in the lowest quintile has increased in all countries for men and women, and the gap has narrowed in most countries among men and in some countries for women. Again, Malawi, Zambia, and Zimbabwe have done particularly well in closing this gap.

**FIGURE 6. Change in condom use in NMNC partnerships in highest and lowest wealth quintiles**

Condom use in the lowest wealth quintiles (yellow lines) has generally increased more rapidly than in the highest quintiles (blue lines) between the first and most recent DHS surveys in the period from 1996 to 2016. This has improved equity (triangles at bottom), though gaps remain (as seen in the distance between the endpoints).

■ Lowest  
■ Highest



Source: DHS

## Summary: Good news and bad news in condom use trends

### GOOD NEWS

Use is increasing slowly but steadily

Average annual increases in use of between 1-2%

In 13/13 countries, use among men in NMNC partnerships increased (to 60% or better in most countries)

In 12/13 countries, use among women in NMNC partnerships increased

Use reported by sex workers with last client is high: 90% in many countries, 80% or better in most

Equity is increasing:

- Gap between urban and rural is narrowing fairly quickly
- Gap between wealthier and poor is narrowing

### BAD NEWS

In 13/13 countries, use falls far short of global targets

Use among youth has stagnated or even decreased in some countries (few countries reached 60% use in pre-marital sex; Tanzania and Uganda showed declining use %)

No country showed use among men in NMNC partnerships at the 90% or higher goal

Women report lower use than men (only a few countries achieved 60% level)

Men report much lower levels of use at last paid sex

Inequities still remain:

- Large use gaps remain between urban and rural
- Large use gaps remain between wealthier and poor

# Six Insights to Guide Future Condom Programming

## Insight #1

**The “condom gap” is a “demand gap.” Increasing motivation and ability to use condoms by addressing social and behavioral barriers is required to drive condom use; it is not just a matter of increasing supply.**

Many behavioral studies of male condom use in SSA highlight demand-side factors such as risk perception, self-efficacy, social support and relationship dynamics as the key barriers to condom use. Supply-side factors (e.g., availability and access) are less frequently cited and rarely without demand-side issues also being cited. In the only series of studies that we identified (PSI’s discontinued TRaC surveys<sup>9</sup>) that compares users and non-users of condoms across a number of factors associated with condom use in multiple countries, significant differences between users and non-users are much more likely to be found in demand-side factors than in supply-side factors. In particular, users and non-users often reported a similar level of access to condoms – suggesting access was not a decisive factor in determining use or non-use.

DHS data further support the importance of demand-side barriers. Knowledge of a formal source of condoms is substantially higher than self-reported condom use in the general population, and across sub-populations. This difference indicates that many people know where to get male condoms but still do not use them. While “knowledge” of a condom source does not equal “access,” the difference is suggestive of the critical role of demand-side issues.

Furthermore, condom access is already high in most urban areas, where HIV prevalence is typically higher than in rural areas, despite the relative ease of sourcing condoms in urban areas. In the case of these urban populations who can access condoms but frequently do not, demand-side social and behavioral issues appear to be the key barriers to condom use.

Comparison of distribution data and self-reported condom use across countries also points to the limitations of supply-side interventions and the need for demand-side interventions. Figure 7 shows the relationship between condom use among men in NMNC partnerships and condoms distributed per adult male for a selection of countries in which data were available on use and distribution in the same time period. It is notable that there is a group of countries with a relatively similar level of reported use (Nigeria, Tanzania, Zambia, and Uganda are all between 56% and 62%) but with a wide range of condoms distributed (from 7 to 18 per adult male). In Figure 8, changes in condom use and distribution are shown over time for South Africa and eSwatini. Both countries doubled condom distribution, but South African men reported lower condom use, and in eSwatini there was only a small increase in use.

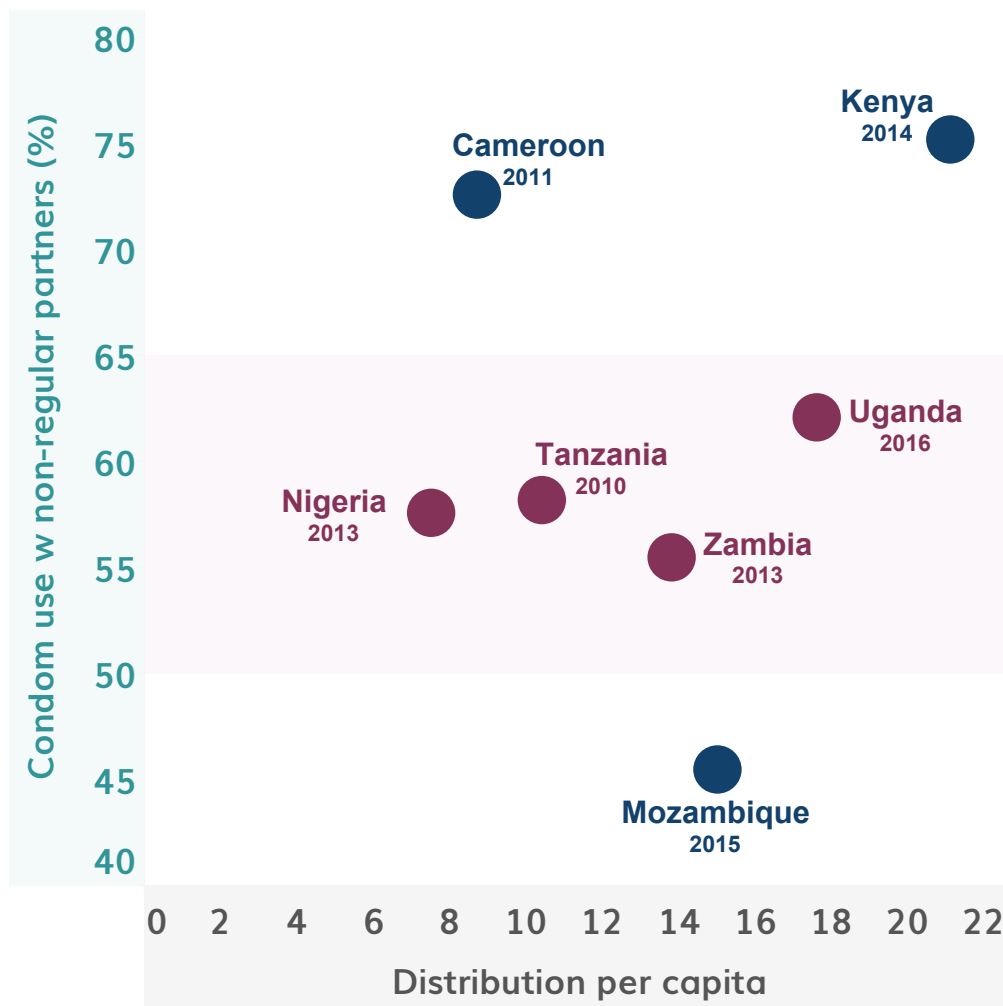
<sup>9</sup>Some of these surveys available here: <https://dataverse.harvard.edu/dataverse/PSI>; others available from PSI.

In other words, in these countries, a higher number of condoms distributed per male is not associated with an increase in use. Though the data sources are not as robust as they could be for these indicators (in particular, public sector distribution volumes are often not available for the years in which condom use has been reported), the data do illustrate that condom use is determined by factors beyond supply. The failure to increase use may be in part due to inefficient distribution systems that leave condoms expiring in warehouses or sitting in medical clinics, but is more likely a reflection of a lack of demand.

**FIGURE 7. Condom use reported by males in NMNC partnerships and condoms distributed per adult male in selected countries**

Greater distribution does not necessarily result in greater condom use.

- These countries have a wide range of distribution per male within a narrow band of reported use.

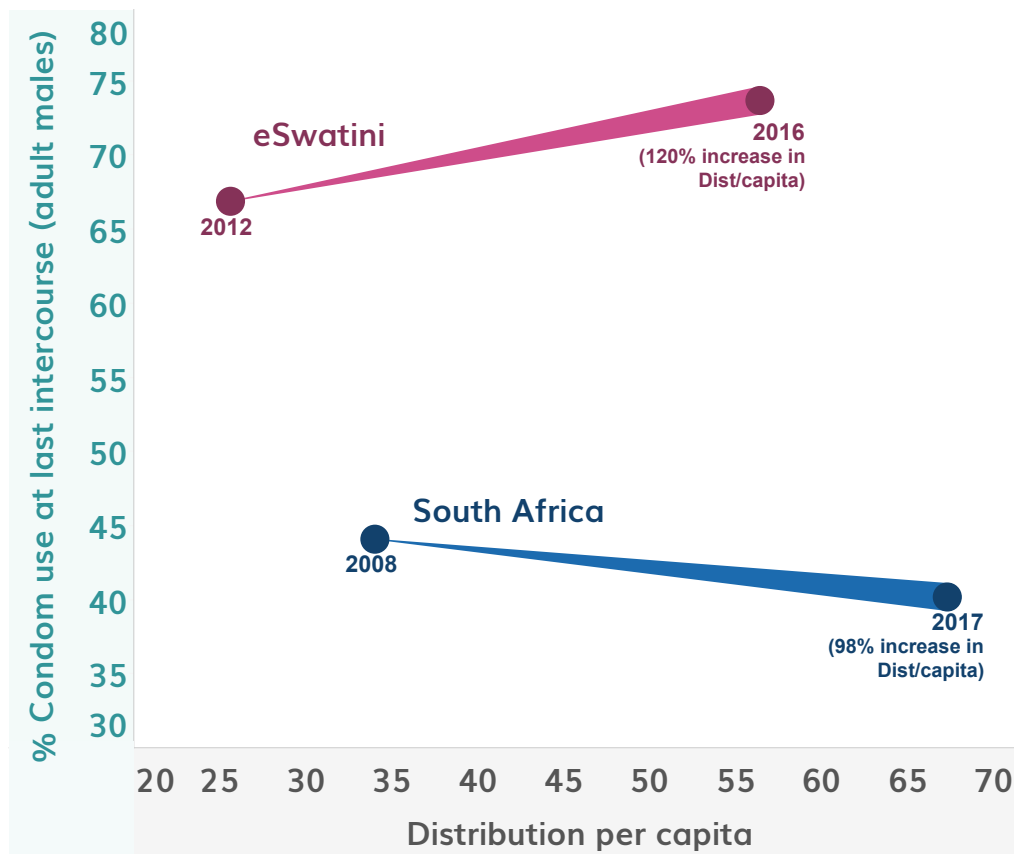


Sources: DHS, DKT and MGH



**FIGURE 8. Condom use reported by males and condoms distributed per adult male in South Africa and eSwatini**

Despite a near doubling of condom distribution per male, reported condom use increased only modestly in eSwatini and decreased in South Africa.



Sources: South Africa: South African National HIV Prevalence, Incidence and Behaviour Survey; eSwatini: Soul City Regional Programme Evaluation (2012) and Swaziland HIV Incidence Measurement Survey 2 (2016)

There is also substantial evidence that demand generation works. Published and gray literature suggest that a wide range of communication channels – including mass media, peer education, and outreach – and a variety of messages can be effective in changing behavior (driving demand) depending on the context. Intensive, often high-cost, interpersonal communication has been able to address issues related to “self-efficacy” (ability to negotiate condom use with a partner, condom use skills, etc.); mass media, which has a greater reach with lower intensity, has been effective at creating broad awareness and acceptance of condoms – at its best successfully positioning condoms as an aspirational “lifestyle choice.” Social marketing organizations and others supporting social and behavior change communication (SBCC) programs have refined their methodologies over the years toward a highly user-centered approach that draws on qualitative and quantitative research with target audiences to select communication channels and messaging based on evidence. Determining the right mix of intensity and reach is dependent on the population targeted, the identified behavioral factor the intervention is tackling, and resources including funding available.

While supply-side issues remain important, framing the issue of low condom use as a gap between the number of condoms distributed and the number of condoms theoretically needed to protect all at-risk sex acts implies a procurement-based solution that can draw attention away from critical demand-side challenges.

The “condom gap” has been referred to in supply-side terms for a number of years:

“UNFPA estimates that the current supply of condoms in low- and middle-income countries falls 40% short of the number required (the condom ‘gap’).”

*UNFPA*

Source: [https://www.unfpa.org/sites/default/files/faqs/condom\\_statement.pdf](https://www.unfpa.org/sites/default/files/faqs/condom_statement.pdf) 2004

“The estimated condom need in 47 countries in sub-Saharan Africa in 2015 was 6 billion male condoms; however, only an estimated 2.7 billion condoms were distributed.”

*UNAIDS*

Source: [http://www.unaids.org/en/resources/presscentre/featurestories/2018/july/20180723\\_condoms-AIDS2018](http://www.unaids.org/en/resources/presscentre/featurestories/2018/july/20180723_condoms-AIDS2018)

While this characterization has usefully drawn attention to the scale of the challenge, it also contributes to an overestimation of the role that procurement can play in driving condom use, and may overshadow the critical – and generally more cost-intensive – demand-side needs. While country programs should continue to measure the gap between the theoretical need for condoms and the number of condoms distributed, there is little to suggest that procuring enough condoms to fill that gap would lead to substantially higher condom use.

In an environment of increasingly scarce resources, it is therefore important to consider the current level of consumption (which can be estimated from self-reported behaviors – a reasonable proxy for “demand”), vs. the theoretical need for condoms, which is significantly higher, and to set targets based on a realistic growth in consumption (reflecting likely slow growth in demand). Setting targets and allocating appropriate funding for procurement while reserving as much funding as possible to address the demand gap is challenging because estimating condom needs, consumption, and demand, as well as measuring all distribution in a market, is complicated by the quality of the data.

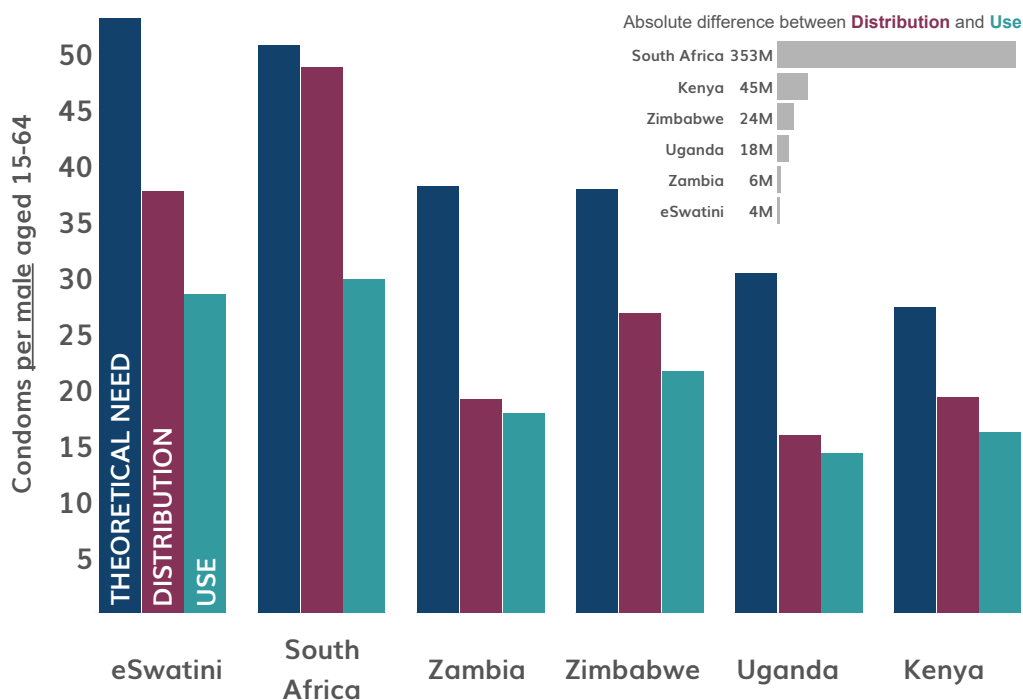
In particular:

- Survey respondents may over- or under-state their actual condom use;
- Regional estimates of condom use in some sub-populations are sometimes required to fill in for country-level data gaps;
- Estimates are sensitive to assumptions about the number of sex acts per year for each sub-population;
- Condom use data lags behind supply data; and
- Distribution and sales data are not always complete and fully accurate.

Those caveats notwithstanding, we applied the UNAIDS condom needs estimation tool to a number of SSA countries to better understand the adequacy of supply in relation to consumption (or “use”) in the current context. Based on that modeling, several countries appear to be procuring and distributing male condoms substantially in excess of use (even after increasing the estimated number of condoms used by including a wastage factor of 28%).

**FIGURE 9. Theoretical need, distribution, and use in selected countries**

Based on country reports and the UNAIDS condom needs estimation tool, condom distribution appears to exceed the number of condoms used in many countries, in some cases by a wide margin, suggesting a need to optimize procurement and distribution in line with a realistic target for growth in demand and use (rather than the theoretical need).



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

Although a modest excess in procurement over consumption is appropriate to account for gradual increases in demand, some countries had plans or aspirations to increase procurement and distribution above these levels, likely resulting in substantially increased wastage absent a rapid, trend-breaking increase in demand. In recognition of this potential inefficiency, the condom needs estimation tool encourages country programs to “set realistic yet ambitious targets that reflect need, sufficiency of supply systems, demand creation, and budget.”

In order for condom use to grow in any of the fast-track countries, commodity supply is absolutely necessary – but not sufficient on its own. This supply must be reliable and adequate to meet current consumption, with an added, modest margin on top of that consumption level to account for growing demand.

Demand will not grow, however – and use will not increase – without concurrent interventions to make condoms attractive and appealing. Decades of social marketing have proven that marketing and demand creation are critical – even for maintaining condom use. Holding on to those gains in condom use, and then growing that use, require steady attention to demand: mass media to keep condoms visible and relevant; interpersonal communication to get and keep the attention of at-risk populations; and SBCC to create a climate where communities and influencers support greater condom use.

## Insight #2

**Condom programming has not fully adapted to the emergence of other HIV prevention options. The scaling up of these options is sometimes perceived as a threat to condom programming rather than an opportunity to increase condom use through robust integration models that include strong condom-focused behavior change and skills-building components in otherwise medicalized interventions. There are also opportunities to strengthen the condom components of broader STI prevention and SRH programs.**

The emergence of interventions that reduce viral load and risk of HIV transmission – treatment as prevention, PrEP and VMMC – has disrupted traditional approaches to HIV prevention. This development has had an impact on condom programming, which had until recently been the centerpiece of many prevention portfolios. Previously funded almost entirely through vertical social marketing or government distribution programs, condoms are now seen as integral parts of more comprehensive treatment and prevention approaches.

Integration of condom programs with programs focused on new HIV prevention methods presents important opportunities:

1. The new programs are **resourced to have increasing reach at the community level**, where critical interpersonal behavior change communication can take place. With sufficient funding for outreach to communities, key populations, and priority groups, the new suite of prevention programs is poised to reach individuals with a range of prevention methods to meet their needs. As part of this prevention mix, condoms can be targeted more efficiently, reaching many of those who need them the most, closer to where they live.
2. The prevention and treatment programs are **collecting data systematically**. With the right incentives, there should be avenues to leverage that data collection to inform condom components. A more systematic approach to understanding key and priority populations as part of integrated programming could help shed light on changes in condom use and factors associated with condom use across diverse populations. Prevention and treatment programs will need to incorporate key condom behavioral indicators into their integrated monitoring and evaluation frameworks; the greater frequency and timeliness of these data will improve programmers' ability to generate condom demand, and to plan for adequate condom supplies.
3. The **behavior change expertise** that has been the hallmark of strong condom programs will be helpful to service delivery programs, especially where adherence becomes a challenge. The integration of condom programming with other treatment and prevention programs is therefore a two-way street. Not only will condom programs benefit from better outreach, targeting, and data, the other prevention or treatment interventions will also benefit from the lessons that condom programs have learned about behavior change. SBCC experts or focal points who know how to increase demand for condoms (never an inherently desirable product) have much to share with counterparts working to enroll patients and ensure adherence on ART, for example. Years of lessons from condom marketing can inform the development and rollout of marketing of other treatment and prevention behaviors.

The risk presented by attempts to integrate condoms in larger prevention and treatment programs, however, is that condoms may somehow lose hard-won ground. While the increased availability of interventions that aim to make the virus undetectable and therefore untransmittable ( $U = U$ ) are powerful additions to the prevention portfolio, the shift in attention and funding toward these interventions may unintentionally undermine condom use, especially when programs compete for a fixed amount of prevention funding and/or condoms are viewed as an old technology that did not work.

Though condom distribution and promotion have continued as components of new programs, robust models that realize the opportunities and mitigate the risks of integration have not yet emerged. The challenge is to develop approaches to condom programming that account for evolution in treatment and prevention programs, without losing the focus required to increase condom use among populations who still need them, especially among those who have less contact with medical services (youth in general, and young men who are not circumcised in particular).

In this changing landscape, overall **funding** for condom procurement seems to have remained relatively consistent over the last few years. However, funding for vertical programs focused on promoting condoms, such as condom social marketing, has declined. Interviews with donors and program managers indicate that condoms are an important element of the broader prevention and treatment programs in which they are integrated – a “module” within larger interventions – though such programs rarely include a condom focal point to ensure effective condom programming.

The decline in vertical condom funding may put at risk some key elements of effective condom programming that will now need to be budgeted and hosted across multiple interventions, if not in new standalone condom programs. Under-resourced activities that require a renewed commitment include: focused behavior change programs; large-scale promotional campaigns that normalize condom use; distribution in hard-to-reach areas; and consumer research integrated into larger prevention and treatment M&E tools to understand and monitor the barriers to condom use.

Defining effective incentives and metrics will be a challenge for service-delivery programs that seek to integrate condoms. The core metrics of success in other prevention and treatment programs do not lend themselves well to tracking and management of condom programming. The metrics that drive treatment programs, for example, are focused on 90-90-90 treatment targets, while existing indicators driving prevention programs are similarly focused on services delivered – from the number of males circumcised, people newly enrolled on PrEP, or people reached.

While GFATM does include the number of condoms distributed in their metrics, distribution alone is not an adequate indicator to track condom use. In the case of PEPFAR prevention and treatment programs, condoms are included in a core package of standardized interventions that are tracked through an indicator that includes numbers of key and priority populations reached. Condoms distributed and available at service delivery sites are tracked but are not a Monitoring, Evaluation, and Reporting (MER) indicator. Condom use, and the factors associated with condom use (e.g., increased risk perception and self-efficacy), are critical but missing measurements that must be included in any integrated program’s M&E efforts to assess the impact of condom programming within that integrated approach.

If integrated treatment and prevention programs were to collect data on condom use, programmers would be able to hold implementers accountable for core behavioral outcomes – and the activities required to drive use. As noted above, distribution and access are likely not the key barriers to condom use for many groups, which means that counting the number of condoms distributed as part of an integrated model is unlikely to provide useful information on use or on behavior change.

The challenge facing programs focused on treatment and new prevention methods is whether they are well placed to increase condom demand. These programs are implemented via a medicalized approach, most often by staff with expertise in service delivery rather than behavior change communication. Years of condom programming have shown that applying behavior change expertise – a consumer-focused approach, based on consumer insights and evidence-driven marketing and messaging – provides the best opportunity to improve and sustain condom use.

An additional challenge is that even where robust integrated programs with the right condom metrics and incentives emerge, these programs are not likely to be sufficient to drive condom use in all population segments that need condoms. Treatment and other prevention programs are necessarily targeted to specific populations, but less effective at reaching individuals in the general population who engage in high-risk behaviors, such as sex with non-regular partners. There are many examples of key population programs that have done well in reaching sex workers and men who have sex with men, and USAID’s

DREAMS projects are increasingly reaching highly vulnerable young women. These are effective complements to service-delivery programs. Missing from these targeted programs, however, are young men, who often drive decisions around condom use, and young women not in targeted programs.

While this analysis has focused on the relatively recent “new prevention disruption” to condom programming, STI prevention and broader SRH programs continue to face integration challenges. While these programs do target young women, they may miss opportunities to promote the use of condoms for triple protection from unwanted pregnancy, STIs and HIV. The emphasis on long-acting contraceptive methods within family planning programs may also diminish efforts at promoting condoms for triple protection, especially among young populations for whom condoms is a preferred contraceptive method.

In short, condoms remain important for the prevention of HIV and other STIs as well as family planning. Even countries doing well against 90-90-90 targets have relatively large populations who do not know their status, are not on treatment, and are not virally suppressed -- especially common among young adults and men. These countries require robust approaches to increasing condom use to reduce the annual number of new infections.

The challenge for governments, funders and programmers is to explore opportunities for integration within well-funded service delivery programs to ensure that good condom programming is not lost along the way. Integrated prevention and treatment platforms present an opportunity to extend the reach of condom programming, with better community access and data, and enhanced targeting. Such integration efforts must balance the unique requirements of condom demand creation and behavioral evidence with the opportunities that integration presents. Even with an integrated approach, condom market stewardship (as discussed below) will remain important to ensure that integration is effective, condom-specific data are collected and analyzed to inform programming decisions, condoms are available outside health facilities, and demand generation is effective.

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<sup>10</sup>Population-based HIV Impact Assessment (PHIA) surveys measure the reach and impact of HIV programs in PEPFAR-supported countries through national surveys. <https://phia.icap.columbia.edu/>

## Insight #3

**There is little consensus on how social marketing programs can best contribute in evolving condom markets. Donors do not sufficiently coordinate on how to support evolution toward better use of subsidies and transition to less dependence on donors for procurement and distribution of condoms.**

Decreased funding for condom social marketing (CSM) programs has been the biggest disruption to the condom ecosystem in recent years.

Over the past 25 years, CSM programs have played a critical role in increasing condom use across SSA. Well-funded distribution and behavior change interventions have helped normalize condoms for much of the population, increased demand for and availability of condoms through a range of accessible outlets, and paved the way for the expansion of the commercial sector. CSM programs have also partnered with governments and donors as key contributors to overall national HIV-prevention strategies and other market stewardship functions.

Funding for CSM programs likely peaked around 2011.<sup>11</sup> USAID, DfID, and KfW have phased out funding for CSM programs in many countries, “graduating” brands and programs.

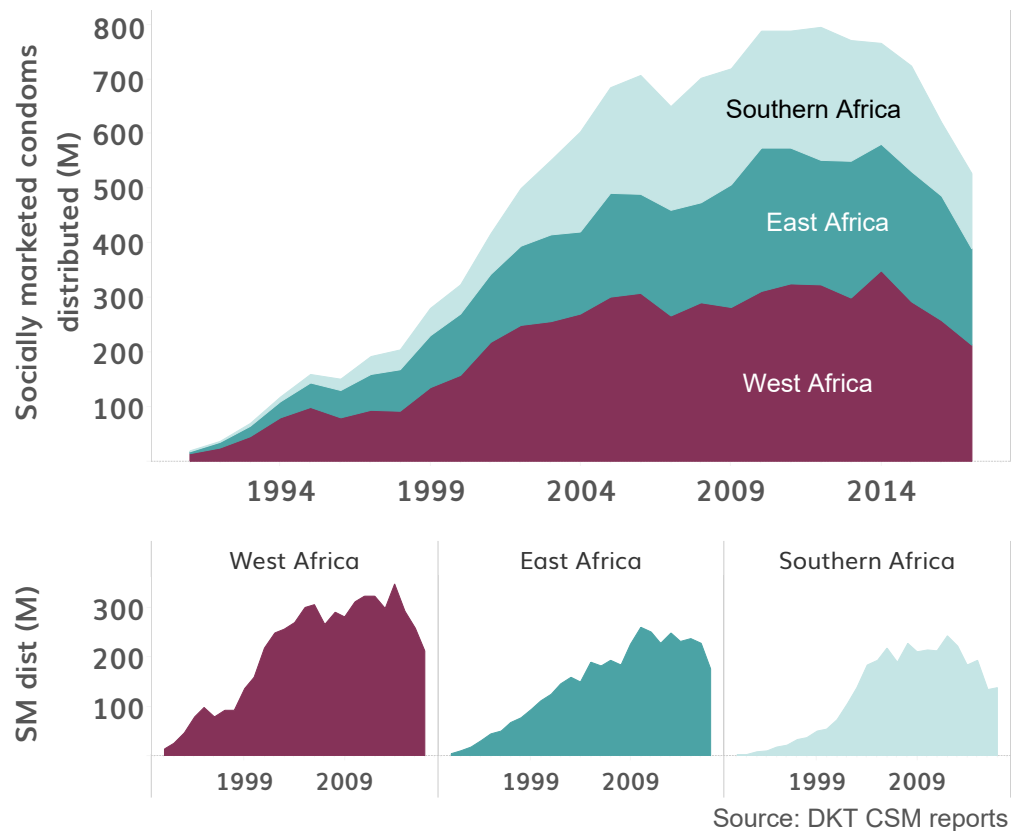
Consequently, social marketing condom sales have also peaked and are now declining. In the 35 SSA countries tracked in DKT’s contraceptive social marketing statistics report, annual social marketing condom sales increased from 200 million to nearly 800 million from 1998 to 2012. Sales have since decreased by more than one-third (through 2017). If PSI’s South Africa program – which transitioned to a commercial model in 2012 but is still included in the DKT report – is excluded from the analysis from 2013 onward, then social marketing sales have decreased roughly 39% from the peak.

The condom programming community’s response to the decrease in funding for social marketing has included appeals for new funding to revive programs, redesign of programs into a new generation of CSM, and support to a range of initiatives intended to enable the commercial sector to fill gaps. PSI and DKT have made efforts to improve cost-recovery of commodities and even distribution costs, decreasing dependence on donors. In some countries social marketers have transitioned to a social enterprise model, supported by time-limited funding from a few donors. This new model has required evolving their business approaches, optimizing distribution channels and making trade-off decisions in terms of demand creation and brand support – decisions that, in some instances, reduce funding for demand generation. Social marketers have, however, at times been a step behind donors, not graduating brands until required (when funding cycles ended) and when doing so, not building in enough time to support the transition of brands to greater cost recovery. A challenge in developing responses has been the uncertainty around the impact of price increases on use, particularly among lower-income populations.

<sup>11</sup>Based on interviews and analysis. Historical funding data for CSM programs is not available from donors or from social marketing organizations. See the MGH companion report on funding for discussion.

**FIGURE 10. Social marketing sales of condoms in SSA, 1991-2017**

Sales of condoms by social marketing organizations peaked about 2012. Decreasing donor support for social marketing has led to a decline in sales across all regions.



Source: DKT CSM reports

In thinking about the way forward, we considered separately the roles that CSM programs have played in supply, demand, and market stewardship.

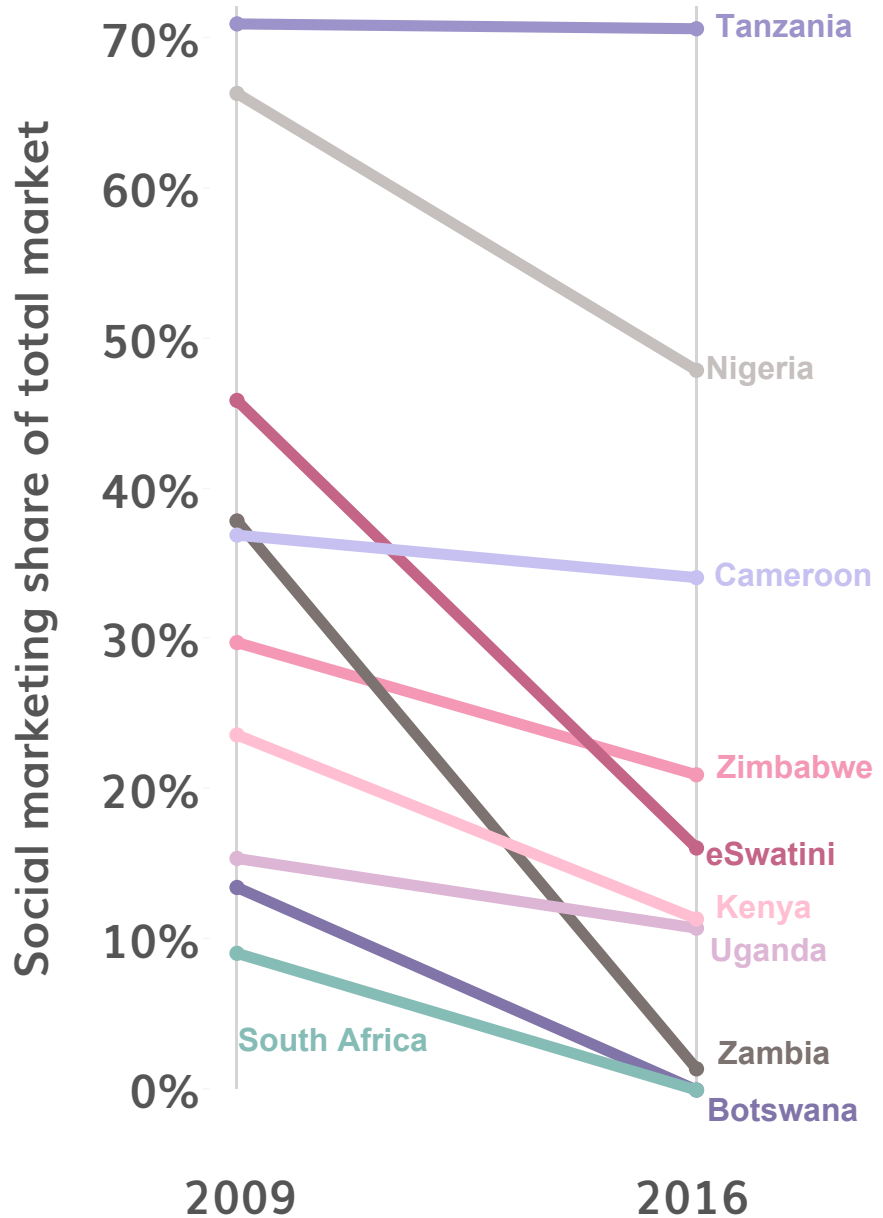
Regarding supply, in the nine priority countries for which data were available from all sectors, the market share of social marketed condoms ranged from 0% (in Botswana and South Africa) to 70% (in Tanzania) in 2016. The average contribution of social marketing to condom volumes was 17%. That share has been declining in nearly all countries over time as public sector distribution (and, to some extent, commercial sector distribution) has increased. The proportion of social marketed condoms actually used (vs. distributed) is estimated to be higher due to the high wastage factor of public sector condoms and the fact that some target populations demonstrate a preference for social marketing brands.<sup>12</sup>

<sup>12</sup>Per DHS and AIDSFree Willingness to Pay (WTP) study



**FIGURE 11. Change in social marketing share of the condom market in selected countries**

Decreasing social marketing sales and increased public sector distribution has led to a declining share of social marketing condoms in the market in many countries.



Sources: DKT Reports and MGH Landscaping Reports

The reaction of social marketers to the decrease in donor support has generally been to remain in the market, but to increase prices in the direction of full cost-recovery and to adjust their business models to reduce operating costs. Condom brands in Asia have already achieved cost-recovery, and there is reason to believe that more SSA markets can move in that direction. Willingness-to-pay studies in several countries reveal a sizeable proportion of current users of social marketing brands willing to pay more than current prices, and in three countries a low risk of an impact on use if social marketing prices were to increase.<sup>13</sup> Recent price increases in Kenya and Zimbabwe also do not seem to have had a significant impact on long-term sales trends.<sup>14</sup>

<sup>13</sup>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.

<sup>14</sup>DKT report and personal communication with PSI managers

## EVOLVING SOCIAL MARKETING TO SUSTAINABLE MODELS: PSI IN BOTSWANA

While PSI's social marketing program in Botswana played a relatively modest role in condom supply - at its high point the subsidized Lover's Plus social marketing brand accounted for approximately 15% of the market – the organization played an outsized role in championing the need for comprehensive condom programming, and supporting that need with in-country technical support. That focus included: provision, analysis and application of key market information such as access and use data; contribution to national condom strategies; leadership in condom stewardship functions such as convening of partners; support for demand creation campaigns; and expanding access. No other single organization has been able to step in to fill that role.

In 2013, due to funding constraints and as part of a regional strategy, PSI transitioned management of its Lover's Plus condom to a regional, self-sustaining social enterprise that did not rely on subsidy to support commodity or marketing costs. Lover's Plus was re-positioned through increases in pricing and adjustments to packaging and brand support, and effectively became another commercial brand in the market. Distribution was shifted to in-country commercial distributors, and all aspects of brand management were centralized to an office in South Africa. By the end of 2013, PSI did not have a physical presence in Botswana.

Commercial players capitalized on that transition in the market, leveraging Botswana's policy-friendly environment for condoms, such as ease of brand registration, and exemption on customs and VAT on condoms, all supported by a sophisticated and well-organized distribution and retail system. Commercial condoms (now including Lover's Plus and Trust, former social marketing brands) have grown in volume from 5% of the market in 2012 to approximately 18% in 2016. Some 15 brands exist on the market, but variants provide over 70 options across price points and condom attributes. Affordable, high quality condoms can be obtained, and commercial brands have nearly filled the volume gap created by the social marketing departure.

The more important impact of the decrease in funding for CSM programs beyond any (probably short-term) disruption in supply may be the decrease in funding for demand generation. CSM programs have developed and delivered large-scale behavior change campaigns for decades, reaching hundreds of millions of people through channels ranging from mass media to one-on-one interpersonal communication. Numerous evaluations have demonstrated their effectiveness in influencing the factors that drive condom use. Demand generation is typically the largest expense item in these programs – often several times the amount spent on condom supplies (inclusive of condoms, packaging, shipping, testing, etc.).

Diminished CSM programs have also created a gap in other key market functions in many countries. Social marketers have played a key role in supporting market stewardship, for example, working closely with governments as condom champions and conveners of condom working groups, while also playing a lead role in evidence generation (consumer insight, coverage and access).

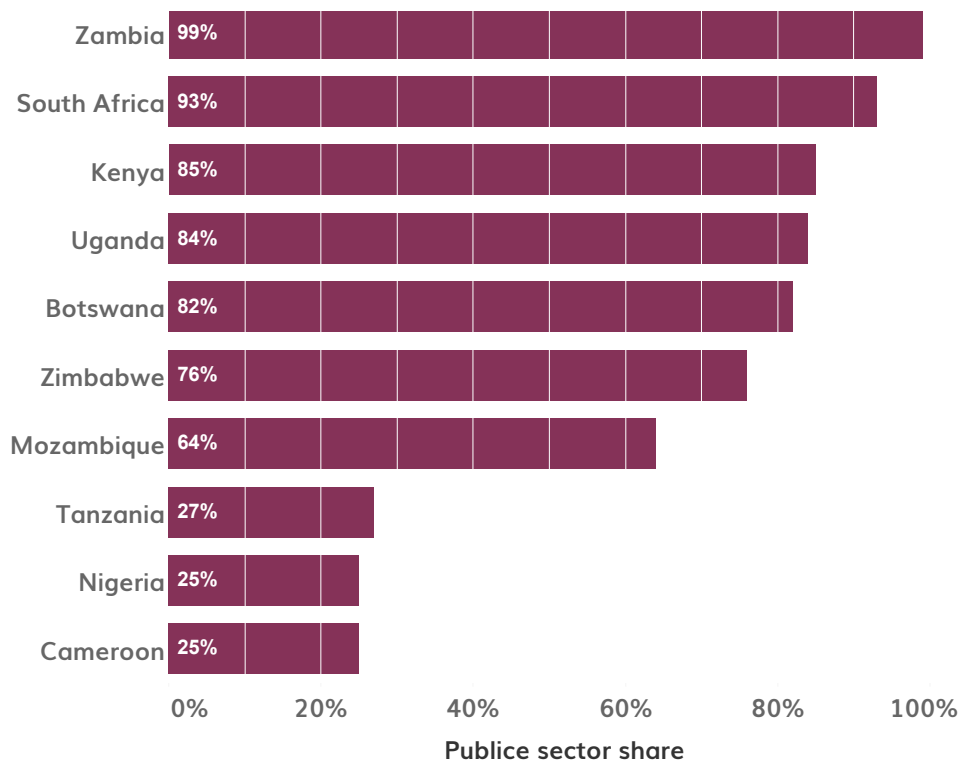
Social marketers are not the only ones able to perform market stewardship functions – governments and other actors may be well placed in the current context in some countries. Moreover, the supply, demand, and stewardship functions do not need to be combined under one umbrella as they were in the larger CSM programs. But without ongoing support these stewardship functions are less likely to perform at a level that would drive sustained increases in condom use.

## Insight #4

Free condoms distributed through the public sector have been and will continue to be an important source of condoms, especially for the poor, but substantial challenges remain in forecasting, targeting of distribution, and monitoring.

Free condoms account for the vast majority of condoms distributed in SSA (72% of the market in the countries we analyzed). Although users may state a preference for sold condoms, it is clear that many depend on free condoms. Decreased funding for free condoms would therefore be a substantial threat to efforts to increase condom use.

**FIGURE 12. Public sector share of condom market in 2016**



Sources: DKT Reports and MGH Landscaping Reports

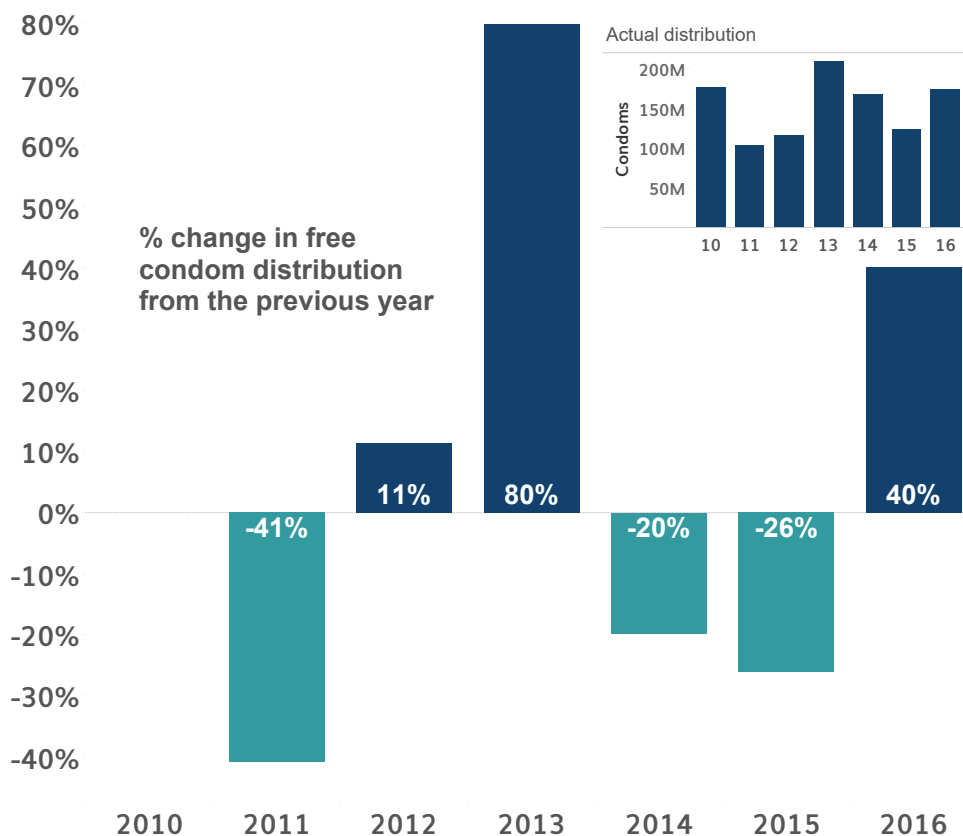
Fast-track countries are acutely aware of the importance of free condom distribution through the public sector in meeting the needs of at-risk populations. Country programs have increasingly used forecasting tools to plan procurement; they have invested in improving distribution systems and monitoring distribution; and, in some cases, they have sought and used consumer insights to address negative perceptions of free condoms. These developments have improved access to free condoms and addressed some barriers to use. But there is room for improvement in coordination, forecasting, distribution efficiency, and monitoring – as well as in the allocation and management of domestic resources.

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. Furthermore, procurement planning rarely factors in the role that social marketing and commercial actors can play in meeting demand. The exception to this quantification challenge is the planning for and distribution of condoms for key population programs, which tend to be better funded, managed, and monitored.

There are low levels of coordination among donors supporting condom procurement, and heavy reliance on external subsidy to support public sector free distribution has resulted in procurement peaks and valleys that disrupt distribution and increase wastage. Some countries have become accustomed to serial “donor bailouts” where one donor after another will step in to procure condoms for one or two years, then move on. Cameroon, Uganda, and Nigeria are recent examples. This volatility does not seem to be the case when countries rely on domestic budgets for condom procurement. Botswana and South Africa have, in comparison to other countries, exceptionally steady supplies of free, public sector condoms. The advantage of reliable volumes in the public sector is that other market actors – namely the commercial and social marketing organizations – can plan their own contribution to the total market, reducing the risk of stock-outs or overstocks.

**FIGURE 13. The volatility of free condom distribution: The case of Uganda**

The peaks and valleys of public sector condom deliveries can lead to inconsistent over and under supply of condoms. This can place hard earned gains in access and use at risk.



Source: UHMG/PACE Condom Landscaping 2016

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. Distribution is often not supported by LMIS, making the system “blind to the user.” While most countries can track, at a national level, where condoms have been distributed, at the facility level there is very little information such as basic inventory counts, prevalence of stock-outs, or the volume of secondary distribution to NGOs or to targeted outlets such as bars. The absence of distribution data leads to over- and under-supply of condoms at the facility level.

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. Periodic flooding of the market with free condoms inhibits commercial investment and is disruptive to graduating social marketing brands.

Monitoring of free distribution can also be improved as it is not always adequate to inform decision-making. Data are generally available at the national level, but quality and consistency weaken further down the distribution chain, resulting in over- and under-supply and increased wastage.

Countries have also realized that target audiences often have negative perceptions of free condoms. In response, the public sector has introduced branded free condoms and variants in some countries. In these cases, free condoms may be more attractive than many commercial brands. While this strategy addresses a barrier to condom use in the short-term, there may be longer-term unintended impacts on sustainability. Attractive, high quality free condom brands typically have a negative impact on commercial and social marketing sales. Moreover, these improved free brands end up being used by people who could otherwise afford to pay, and not by the targeted population.

### A 'SYSTEM BLIND TO THE USER': SUPPLY CHAIN CHALLENGES IN BOTSWANA'S PUBLIC SECTOR

Government of Botswana funding for condoms for free distribution has resulted in stable supplies at a national level, but weaknesses identified by the Central Medical Stores, Ministry of Health (MoH) and others contribute to supply chain challenges and over/undersupply at facilities supporting free distribution. Quantification and planning processes exist, are understood, and include programmatic input from stakeholders. However, insufficient warehousing space results in condoms' being stored at the MoH offices and other available spaces. The supply chain is also affected by a number of other factors:

1. Understanding of demand, or uptake, at the facility level is weak. Only 69% of facilities regularly report on condom uptake through the LMIS. Of those facilities that do report, they often work under broad assumptions of uptake, with 'estimates' of condoms reported distributed to individuals.
2. Fearing stock outs or delayed deliveries, facilities have been known to ration condoms distributed to end users – which under-reports actual demand on the LMIS, lowers Average Monthly Consumption, and contributes to a cycle of under supply.
3. Conversely, facilities have been known to request more condoms than needed, to stockpile while they can get them, raising their Average Monthly Consumption – leading to chronic oversupply and wastage.
4. Finally, some facilities simply don't prioritize reporting condoms through the LMIS, and will have stock outs, or over-stocks, because they simply order the same amount every month.

The collective impact of the above practices results in distorted Average Monthly Consumption (AMC) levels at the facility level and in the aggregate, which affects condom supply at the facility level, as AMC is used to determine orders for the next quarter. This breakdown at the facility level then creates significant challenges in quantification efforts supporting national procurement.

## Insight #5

**The commercial sector is 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.**

Decades of investment in demand generation and the introduction of condoms into retail outlets by CSM programs have helped normalize condom use and increased consumer demand to the point where the commercial sector can serve more people and, over time, relieve some of the burden on public funds. There is now an established commercial market for condoms, which has room to grow even if its overall size will remain insufficient to meet public health needs for the foreseeable future.

There are a number of **factors favorable to expansion** of commercial condom markets:

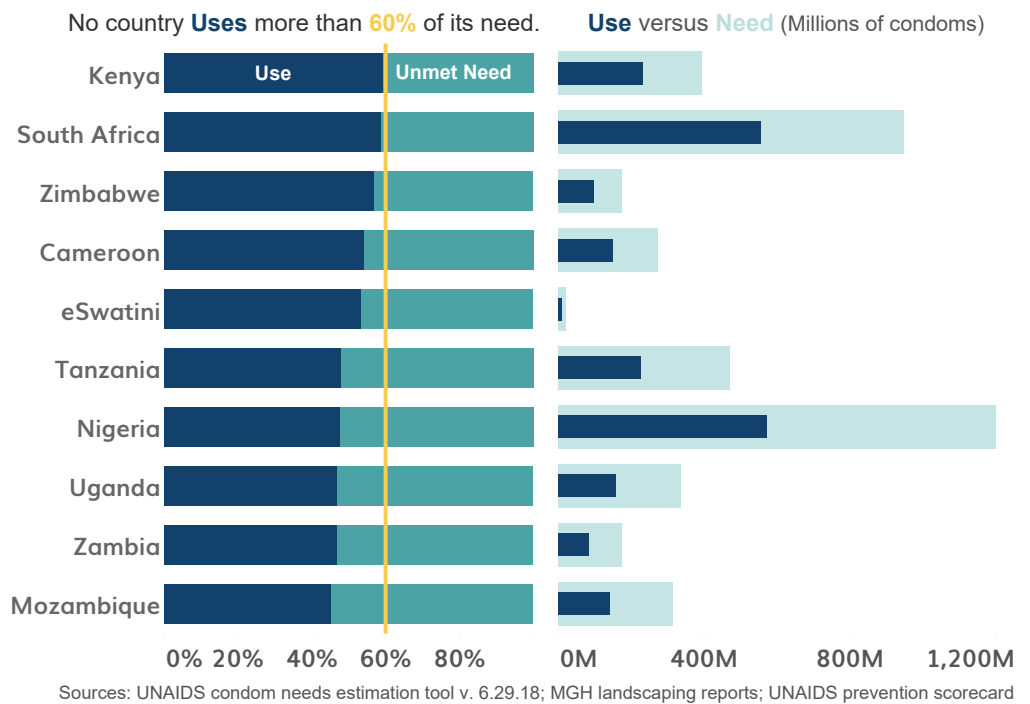
- The total market size and market value for condoms is growing in SSA. Volumes have increased steadily over the past two decades and continue to rise. More people are using condoms than ever before.
- There is still substantial unmet need. The gap between the total condoms needed to protect at-risk sex acts and the number of condoms currently consumed is large.<sup>15</sup> This means there is a lot of room for growth in these markets.
- Consumers in SSA are likely willing to pay more for condoms than they currently do – further driving up value in the market. A willingness-to-pay study conducted in Kenya, Nigeria, South Africa, Zambia, and Zimbabwe revealed that many users of free condoms have previously paid for condoms and are willing to pay for condoms at least occasionally when free condoms are not available. The study concluded that in several markets there would be a low risk of impact on condom use if access to free condoms were to be more restricted or if the price of the social marketing condom were to increase.<sup>16</sup>

<sup>15</sup>“Consumption” here is the estimated number of condom used calculated from the UNAIDS Condom Needs Estimation Tool plus 28% wastage.

<sup>16</sup> AIDSFree willingness-to-pay study cited above.

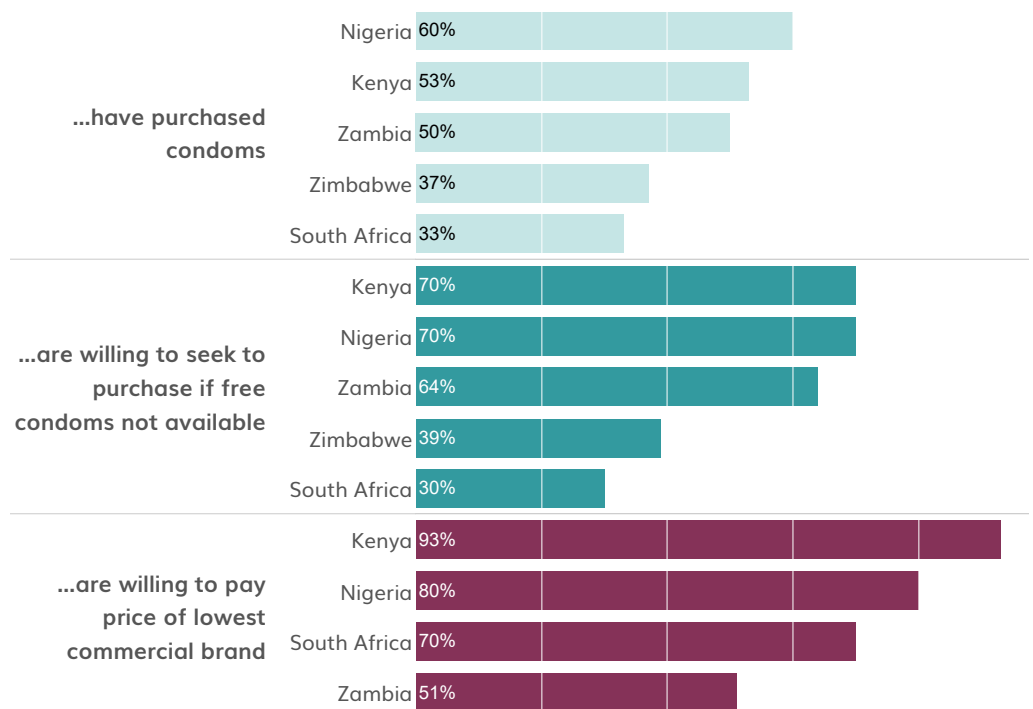
**FIGURE 14. Theoretical need vs. consumption (use) in selected countries**

The commercial sector sees opportunity where there is unmet need. In this graph, the theoretical need for condoms (based on the UNAIDS condom needs estimation tool) is compared to the estimated number of condoms used based on self-reported behaviors. Unmet need is high across all countries. The challenge will be to address behavioral issues to convert need into demand and use.



**FIGURE 15. Free condom users' willingness to purchase**

A Willingness to Pay survey conducted by AIDSFree revealed that many habitual free condom users are already purchasing condoms from time to time and many are willing to pay commercial (unsubsidized) prices. This is a positive sign for the commercial sector.



Source: AIDSFree Willingness to Pay Study

- As noted earlier in this report, social marketing brands, which have dominated markets at subsidized prices, are losing donor support; as a result, many SMOs are increasing prices, which is leveling the playing field for the commercial sector.
- There are now a considerable number of commercial brands on the market. While these are mostly limited to higher-end outlets where there is an attractive return on investment (pharmacies, supermarkets, and mini-marts), this market presence can provide a base for expanding into harder-to-reach outlets.
- Macroeconomic and demographic factors associated with higher condom use are improving. The number of households with a daily per person income between \$3 and \$10 – SSA's emerging low-income consumer class – has risen steadily, and presents a market opportunity. These consumers are increasingly in urban areas that are easier to reach with fast-moving consumer goods such as condoms. Meanwhile, literacy levels and educational attainment, which are also associated with higher condom use, continue to grow.
- While the total market approach has not yet taken hold in SSA, it is gaining traction. Governments are increasingly aware of the potential of the commercial sector and the need to engage through supportive policies.

There are, however, a number of **factors that constrain the expansion** of commercial markets:

- Market stewardship is generally weak in SSA countries (as discussed in the next section), which means, among other things, that there is no shared vision for a healthy market with public, commercial, and NGO actors contributing in ways that lead to decreasing dependence on external subsidy over the long term. Where coordination bodies meet regularly, the commercial sector is often not included or active. Absent a vision and collaboration, some policies and actions (e.g., regarding the role of free condoms) may inadvertently create barriers to commercial sector expansion.
- There is a perception that universally available free condoms are a “right” or necessity to achieve public health goals. As a result, governments are sometimes hesitant to limit access to free condoms, which are not always targeted to those who are unable to pay. In some cases, governments are branding free condoms and introducing variants (flavors, textures) to improve user perceptions of free condoms, yet these more attractive condoms then compete with commercial sector condoms and may attract users who were otherwise willing to pay.
- Social marketing condoms continued to be subsidized even in markets where evidence suggests that social marketing users would be willing to pay more and that there is a low risk that price increases will affect condom use.
- There is less public funding for traditional behavior change and promotional activities to address the “demand gap.” Again, the loss of funding for social marketing programs accounts for a major part of the decrease.
- The regulatory environment is not fully aligned with goals of commercial sector expansion. Some countries have high import duties and apply VAT to condoms, which is passed on to consumers, driving up prices, and limiting the reach of commercial sector condoms. (Social marketing condoms are generally not subject to these taxes.) Unpredictability in the regulatory process (particularly for importation) also creates risk that reduces the attractiveness of the market.
- There is limited access to affordable working capital for importers/distributors who bear the full financial risk for expansion. It is not uncommon for some commercial brands to restrict their distribution or face stock-outs due to a shortage of funds available for inventory, which limits the quantity of condoms they can carry in their distribution pipeline, and the number of outlets they can service.
- The general business environment is challenging in SSA. Many countries rate relatively high internationally across a number of business risk indices.<sup>17</sup>

Many of these constraints are manageable through creative public-private collaboration, particularly collaboration that builds on existing commercial sector presence (many manufacturers already have brands in SSA markets). At the same time, effective collaboration will require recognition that complementary skills (for example in behavior change communication) will be necessary to expand access to underserved populations. The UNFPA-USAID 20 x 20 initiative is one such effort to explore public-private collaboration. The overarching challenge will be to strike a balance between judicious use of subsidy in pursuit of public health goals, and reducing the subsidy burden by enabling the commercial sector to serve those who are able to bear more costs.

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<sup>17</sup><https://www.marsh.com/us/campaigns/political-risk-map-2018.html> is one example.



## Insight #6

**Consistently weak market stewardship functions in priority countries continue to impede progress – including developing a vision for the total market; gathering, disseminating, and applying market intelligence for decision-making; and monitoring demand generation activities and distribution to ensure coverage of at-risk groups.**

MGH’s previous landscaping work in several countries introduced the “Condom Program Pathway” (CPP) as a framework for understanding the performance of condom markets. The CPP drew on market development concepts that had been applied to other health and non-health markets to identify functions that are essential for “healthy” high-performing condom markets to deliver sustained high levels of condom use with decreasing dependence on donor subsidy. MGH subsequently updated the CPP in response to feedback.

**FIGURE 16. The Condom Program Pathway**



As updated, the CPP works as a theory of change: investments in strengthening stewardship functions lead to higher-performing supply and demand functions which deliver high levels of condom use, equity, and sustainability. Program stewardship is an essential part of a Total Market Approach (TMA), and is a necessary function for every nationally owned condom program to increase use sustainably. Program stewardship includes government ownership, oversight, and ultimately, accountability for achieving the goals and objectives of a national condom program.

Previous MGH reports and additional review conducted in preparation of this report show that a number of these market functions are consistently weak across condom programs in SSA.

Within market stewardship, weakness in the leadership and coordination functions stand out:

- Countries usually have not identified a market facilitator to bring actors together, to drive the development of a vision for a healthy market based on a TMA, to support Ministries and technical working groups to operationalize strategy, or to support direct and indirect market actors to align with that agenda.
- There is a limited understanding of TMA and the potential roles of different actors.
- Country strategies exist, but without strong coordination; there is often a missing link between strategies and resourced work plans.

Program analytics are also insufficient:

- Condom programs are failing to consistently monitor the market in terms of use, equity, and sustainability.
- There is limited investment in understanding the market and consumer needs as a basis for appropriate strategies.
- Collection and analysis of market and consumer information is neither centrally planned nor managed by an independent coordinating agency.
- Past investments in research were not transparent, widely disseminated or used. Not all market research produced by market players is widely shared.
- While there are many published papers on factors influencing condom use in particular contexts, data are not systematically brought to bear on SBCC either because of lack of awareness of the data, inability to analyze, or inability to convert to quality SBCC.

Investment in “failing market functions” is likely to be cost-effective in resource-constrained settings. Understanding and prioritizing failing functions is an important first step in program design and resource allocation. USAID has made nascent investments in market facilitation – a promising approach to coordinate the work of all market actors to ensure all interventions are aligned with an overall vision of a health market, addressing prioritized failures. Agencies in Tanzania, Malawi, Nigeria, and Zambia are linking interventions to capacity building for government agencies, and supporting advocacy needed to create enabling environments.

The continued focus on stewardship in this report is the result of recognition that these functions underpin other efforts. When the stewardship functions falter, programs become fragmented, under-resourced, and ineffective. It becomes difficult to sustain implementation of many recommendations in the absence of strong program stewardship. ■

# Recommendations

The following eight recommendations respond to the insights discussed above. Although the recommendations are listed in priority order, the list can also serve as a “menu” from which donors (and national condom programs) can select the most critical improvements needed in their contexts.

The recommendations also reflect three non-negotiable, core principles that all programs should seek to adhere to: drive demand, ensure adequate supply, and provide strong program stewardship.

- Demand creation – neglected in recent years – must be increased to grow use.
- Supply through the public sector must be reliable and adequate; in the slogan of an earlier supply chain project, “no product, no program.”
- Stewardship is especially important in resource-constrained environments to support and coordinate all market-strengthening activities.

Market intelligence must be timely, shared, and of good quality, so that programmers can work to increase condom use. Robust integration of condoms with treatment and prevention programs is a new opportunity and must include program elements focusing on behaviors and not just commodity distribution. Better targeting of free distribution will create opportunities for other sectors to make a higher contribution and reduce the burden of maintaining subsidies. Evolved social marketing programs can help strengthen failing functions in condom markets, as can support for an increased role for the commercial sector.

Taken together, these recommendations address the most basic requirements of condom programming: to create a path towards increasing condom use equitably and sustainably.

In Phase 2 of this project, MGH will work with donors, governments and partners to turn these recommendations into action plans, with a range of costing estimates, deliverables and metrics.

1. Substantially **increase investment in demand creation**. Condom use in at-risk populations is more likely to lag because of a lack of motivation or ability to use condoms, rather than a supply gap. Use is unlikely to increase without sustained, large-scale demand generation activities. Programs should identify gaps in coverage, prioritizing key populations and youth, and allocate social and behavior change communication (SBCC) funding there. Messaging and communication channel selection needs to be based on consumer insight.

There is no silver bullet in SBCC. A wide range of messages and communication channels is likely to be necessary and successful if tailored to target audiences. Intervention design should draw on well-established communication principles for which there are many supporting tools available. These tools generally guide implementers through an evidence-based process that includes clearly defining the target audience, developing a theory of change based on an understanding of the audience’s barriers to behavior change, and monitoring and evaluation to provide regular feedback and allow for course correction.

2. Coordinate with 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. Given the important role that free condoms currently play in meeting demand, it is critical that adequate funding from domestic and international sources be allocated to ensure a stable and predictable supply in the public sector. There is an opportunity for donors to coordinate and establish country-specific, long-term commodity commitments at national quantification and forecasting meetings. While demand-generation activities will be needed to drive increases in condom use, condoms procured with public funds and distributed through the public sector and civil society partners are critical to at least maintaining levels of use. Forecasts should be based on a realistic estimation of demand and consumption leaving room for modest growth – rather than an expectation that demand will grow to meet the full theoretical need in the coming years. Quantification should also factor in the strategic contribution of social marketing and commercial actors. For some countries, this may mean procuring fewer condoms than they currently do on an annual basis.

- 3. Invest in leadership and coordination functions at the country level to strengthen market stewardship in support of a TMA.** Strong leadership and coordination will be critical to market development that leads to increased levels of condom use. Donors and national governments should fund market facilitators to help develop a vision for a healthy market, with contributions from all market actors, and to identify, plan, design, and coordinate investments that strengthen the total market. It will be necessary to provide market facilitators with enough authority to lead and coordinate all market actors, and to establish partnerships with relevant government agencies, to skillfully perform market functions. Results from these interventions will include: strong national visions and strategies for growing condom markets; participation and coordination of all actors and sectors towards a common goal; and improved cost-effectiveness and efficiencies in markets.

*Solution Brief 1 outlines and describes potential roles for a market facilitator.*

- 4. Invest in market data** and the capacity to use it. Investments in improving data collection, dissemination, and application at the global and, especially, at the country level should be a priority to enable informed decision-making.

Tracking condom use is a top priority. Programs need feedback on their impact on use more frequently than every 4-5 years, the typical interval between the larger-scale population-based surveys such as DHS. Data also need to be regularly collected to help condom and prevention programmers understand questions such as: What behavioral factors are associated with condom use? Where are condoms available? What is the relationship between availability and use? Which condoms are consumers using? Are subsidies reaching the right consumers? Market intelligence priorities should also include aggregating data to support a general understanding of the market, the role of subsidy in the market, and source of supply and the funding supporting that supply.

Lessons learned from other sectors' global initiatives can be applied to data collection for condom programming. The Performance Monitoring and Accountability studies (PMA2020) in support of FP2020 objectives, and ACTWatch, which supported malaria treatment programs, are examples that could be replicated to track changes in behavior and condom availability. At the global level, more insightful and standardized condom use questions should continue to be built into larger household-based surveys such as DHS and PHIA, or PMA2020 studies. Investing in a standardized modeling process supported by the larger prevention community, as is done under FP2020, could be helpful for determining base estimates of use and for understanding patterns of use between survey years.

At the national level, programs should be supported to develop lean tools to collect behavior information at shorter intervals, finding an acceptable balance between timeliness, cost, and representativity. Programs should also explore opportunities to integrate condom-related questions into other sectors' behavioral surveys as well as into retail audits fielded by commercial firms. IBBS or surveys modeled on IBBS should be supported on a regular basis to track use in key populations.

*Solution Brief 2 provides a list of key analytics questions for market analysis as a resource for donors, governments and implementing partners to prioritize critical country-specific research for informed decision-making and monitoring for condom programs.*

- 5. Integrate** smart and comprehensive condom programming, including skills-building, into the broader treatment and prevention ecosystem. While dedicated resources for condom programs would help drive use, integrated programming models represent one opportunity to increase condom use among key and priority populations by leveraging the funding, infrastructure, and reach of treatment and new prevention programming. These integrated programs need to ensure that a) capacity is in place to address the complex behavioral aspects of condom programming, and b) appropriate measurement and incentive systems for rewarding gains in condom use (not just ensuring access) are in place.
- 6. Support better, more targeted, more efficient public sector distribution** that reaches those in need of free condoms. Quality public sector distribution starts with quantification and procurement within a TMA, which is led by strong program stewardship. Public distribution leverages existing supply chains to move condoms to facilities, but requires strong linkages to civil society programs and NGOs with programs directly engaging targeted populations to extend the reach of condoms beyond the clinical setting. Public sector distribution will also benefit from strong integration into other prevention interventions such as VMMC and treatment. Robust LMIS systems will ensure that condoms are targeted to priority regions, and pulled to facilities rather than pushed, thereby avoiding over- or under-supply. Micro-planning

at the community level will support improved quantification for users to inform planning and distribution efforts. Micro-planning can extend to mapping of populations, geographic locations, and potential 'outlets' to orient distribution efforts.

*Solution Brief 3 on free condoms outlines key opportunities to improve efficiency and targeted distribution.*

- 7. Support social marketing organizations (SMOs) to achieve higher value impact.** SMOs should work with donors and governments to transition their condom brands to greater sustainability – by increasing prices in most cases to full cost-recovery – while continuing to use public funds to implement demand creation activities that benefit the entire condom category. Taking a social enterprise approach would “graduate” brands, eliminating subsidies for condom procurement and distribution and their associated programmatic costs. These evolved social enterprises would aim for cost-recoverable programs serving general populations engaging in high-risk activity. Donor and government funds would then be targeted to address market failures inhibiting all sectors in the market, such as demand creation and targeted distribution to priority and key populations underserved by the commercial sector. Social marketers are also well positioned to support elements of market facilitation such as coordination of partners and the market intelligence function.

*Solution Brief 4 on social marketing serves as a resource for donors, governments and implementing partners to support the transition to sustainable CSM programs.*

- 8. Address market barriers to create more space for the commercial sector.** Invest in commercial sector engagement within a holistic vision for the entire ecosystem, and consider the unintended consequences of actions in one sector on the effectiveness of other sectors. The first step would be to ensure that the commercial sector is engaged with other market actors in the development of a “healthy market” vision that defines a role for the commercial sector. Subsequent actions should include:
- Ensuring that free condoms are targeted to those with lower willingness and ability to pay; also ensure that branding and introduction of variants for free condoms is implemented with a full vision of the potential impact on the commercial sector (and, therefore, on sustainability).
  - Developing creative partnerships with the commercial sector to reduce the financial risk inherent in increasing their presence in harder-to-reach areas, for example, through performance-based contracts that reward increased market penetration with marketing funds to strengthen brand equity. (This is already being done, to an extent, to assist social marketing brands to transition to a social enterprise model, but could be extended to commercial players.)
  - Designing and launching “category-building” promotional campaigns that benefit all quality brands in the marketing, rather than one particular brand.
  - Assisting the commercial sector with accessing low-interest working capital to help finance market entry and expansion efforts. (Again, this would level the playing field with social marketing organizations that may benefit from inexpensive capital through their association with larger international organizations.)
  - Consider the reduction or removal of VAT and import duties (where they exist) on packaged condoms and (for local manufacturers) raw materials. These savings would be passed on to consumers in the form of lower prices, which will help drive sales volumes. ■

# Annexes

## Solution Briefs

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# Solution Brief 1

## MARKET STEWARDSHIP AND FACILITATION

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 opportunities to support in-country stewardship of condom programming.

### WHAT IT IS & WHY IT IS NEEDED.

Stewardship is an essential part of a Total Market Approach (TMA), and is necessary for any condom program to sustainably increase use. Adoption of a TMA requires many actors to work in a coordinated and coherent manner under the leadership of a market steward, who drives a vision for condom program success, and a strategy to achieve that vision. With a shifting funding climate and need for more precise targeting of subsidy to key and priority populations, stewardship is more important than ever.

### GOVERNMENTS AS STEWARDS.

Governments should own the stewardship role, led by an appointed agency that has the mandate and responsibility to oversee condom strategy development. That includes developing a vision for a healthy, sustainable market and supporting activities to achieve that vision. This agency will also provide the convening authority required to work with stakeholders, and responsibility for overseeing quality condom programming. The market steward role is frequently overseen by the department driving HIV prevention interventions in the Ministry of Health, but is sometimes covered by the multi-sectoral AIDS coordinating agency in the country. A condom focal point nested within the responsible agency will take a leading role on managing government efforts.

“Consistently weak market stewardship functions in priority countries continue to impede progress – including developing a vision for the total market; gathering, disseminating, and applying market intelligence for decision-making; and monitoring demand generation activities and distribution to ensure coverage of at-risk groups.”

– *Insight #6 from the “Challenges and recommendations for reaching ‘Fast-Track’ targets for condom use” by MGH.*

### WHY MARKET FACILITATION?

Mann Global Health assessed multiple condom programs in sub-Saharan Africa and found many markets suffered from insufficient stewardship. Market facilitators can be identified and empowered by the government to strengthen its stewardship by supporting some of the market functions important for strong stewardship. A market facilitator must always work in support of government-led program stewardship – it is a capacity-building and technical role, and is not meant to replace the government’s responsibility to lead on overall condom programming. Designated market facilitators bring global best practice, analysis, and technical knowledge in support of national leadership. Market facilitators build the capacity of national counterparts while they help coordinate players in the market, and ensure that donor subsidy benefits all market actors. Facilitators work across sectors, and focus interventions to address failing *market functions*.

### WHAT’S THE ROLE OF A MARKET FACILITATOR?

The key roles of a market facilitator are:<sup>18</sup>

- Analyst – bringing together data, information and insights to make sense of market and behavioral trends and opportunities.

<sup>18</sup>Drawn from *Being a Market Facilitator – A Guide to Staff Roles and Capacities, USAID microreport #172.*

- Communicator – sharing information and data, and coordinating activities among diverse partners.
- Relationship Builder – bringing market actors and their relative strengths together to work toward a vision of a healthy market.
- Coach & Innovator – working with market actors to design and implement new approaches to sustainable development.

### WHO IS BEST POSITIONED TO PLAY THE ROLE OF FACILITATOR?

Independent market facilitators, which can include individuals or organizations, don't actively play a specific role in the value chain (such as managing a brand that is commercially available for sale). A clear mandate and scope of work, as well as a long-term effort that ideally extends to five plus years for sustained engagement, are important success factors. A few examples of independent facilitators include:

- In Kenya, Palladium's DfID-funded Enabling Sustainable Health Equity (ESHE) project was mandated to support the government with the design and rollout of a comprehensive TMA strategy for family planning. The project supported government stewardship, led development of interventions addressing weak market functions, and supported stakeholder engagement for TMA.
- In Tanzania, USAID has engaged Abt Associates' SHOPS Plus project to support the implementation of a TMA for condoms and reproductive health commodities in collaboration with key stakeholders.
- The Clinton Health Access Initiative has deployed a successful model of embedding individuals within a government, leveraging existing staff and teams through targeted technical support, particularly in support of malaria programs in countries such as Cambodia.

In some instances, a designated condom champion that also plays a central role in the market – such as a social marketer – can also play the role of facilitator. In such cases the facilitator should be mindful of the possible tension created by acting in the market, such as through managing a brand, and coordinating the work of others that may view their role as competitor.

### WHAT IT LOOKS LIKE – FACILITATION ELEMENTS.

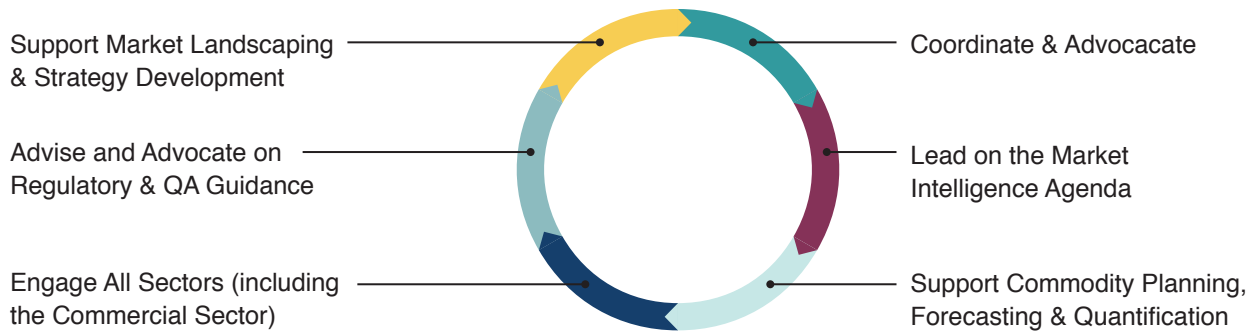
The activities that drive a market facilitator's work should be driven by comprehensive **market assessments**, or landscaping, which identify program weaknesses and failing market functions. The "Condom Program Pathway" (CPP) framework for understanding the performance of condom markets introduced in the MGH report *"Challenges and recommendations for reaching 'Fast-Track' targets for condom use"* identifies functions that are essential for "healthy" high-performing condom markets to deliver sustained high levels of condom use with decreasing dependence on donor subsidy.

### SEE FIGURE 16. The Condom Program Pathway



Facilitators can work with stakeholders under government leadership to develop a vision for a healthy condom market, outline a total market strategic framework, and collaboratively work to design interventions focusing on activities that address underlying root causes of key market failures. Building the capacity of the national condom program is a key element of this work. Key elements that could drive a facilitation agenda are outlined in the graphic below, with function-specific activities illustrated. It is important to note a facilitator's role will be driven by the specific priorities identified in each condom market.





\*Please note that the possible functions are interlined and are not necessarily sequential.

### Coordinate & Advocate:

- Oversee and coordinate interventions addressing prioritized market failures.
- Advocate within governments and to donors for domestic commitments for condom programming, and medium- to long-term commodity security; make the case for sustainable condom markets, and the need to target resources; and address identified policy and regulatory barriers (such as taxation, registration, testing, etc.).
- Advocate for financing to support under-funded interventions.
- Address national policy barriers for target populations, enlisting the support of CBOs/NGOs.
- Strengthen condom working groups or equivalents – ensuring that the right players convene regularly, and that engagement focuses on activities that are prioritized in strategies.
- Facilitate the sharing of key information, strategies, and coordinated activities; coordinate market intelligence efforts with all market actors and stakeholders, regularly updating the market landscape to identify market weaknesses and progress on priorities.

### Lead on the Market Intelligence Agenda:

(See *Solution Brief #2 for an outline of approaches to support this agenda*)

- Identify and prioritize information gaps impeding the project.
- Coordinate data collection, analysis, management, quality, dissemination and application in the development of strategies and activities supporting sustainable condom use. Wide and transparent dissemination of information for evidence-based decision-making to translate market intelligence to informed decisions.
- Develop and regularly manage progress against TMA indicators while tracking overall market “health”.
- Engage all market actors in cost-sharing for market information, through a collective impact agenda.
- Improve an overall understanding of the impact of how funding and subsidy is used: collect information by % commodities supported by funding source, % reliance on subsidy, and social marketing cost-recovery.
- Improve tracking of condom use; track need, distribution and consumption analysis using UNAIDS fast-track tool; track trends in condom use by key and vulnerable populations, including condom use by youth and condom use by wealth quintile and geography.
- Improve monitoring of free condom distribution through health facilities, community distribution, and other distribution points, to track effectiveness of targeting.

### Support Commodity Planning, Forecasting & Quantification:

- Support forecasting and quantification efforts to adhere to the vision of a sustainable market. Factor in the contributions of public, social marketing and commercial actors. Recommend ways to improve market segmentation strategies. Monitor external and domestic procurement. Develop distribution plans in line with strategy.
- Map current and required funding to support the strategic framework. Review all funding requests (e.g., Global Fund) or procurement plans for condom programming (e.g., USAID, UNFPA) to align with strategic framework and prioritized activities.

**Advise and Advocate on Regulatory Issues and QA Guidance:**

- Support efforts that ensure a level and transparent regulatory playing field for product registration & importation. Develop strategies to identify and reduce the friction of registering, importing, and marketing quality condoms, and support efforts to reduce the costs of importing and marketing condoms, including registration costs, VAT, and duties on condoms.
- Update importers, distributors and manufacturers about evolving regulatory requirements and processes.
- Support efforts to incorporate international best practices around quality assurance, including acceptance of qualified pre-shipment quality testing.

**Engage All Sectors (Including the Commercial Sector):**

- Share market information with commercial actors, and identify investment opportunities for commercial brands.
- Identify barriers faced by commercial actors, and mobilize resources and support to remove those barriers and increase commercial investment in the market.
- Ensure investments in condom markets have the potential to benefit all sectors and actors in the market, including commercial actors.
- Champion the role of commercial actors in condom strategy development and rollout.

## Solution Brief 2

### ESSENTIAL CONDOM PROGRAM ANALYTICS AND MARKET INTELLIGENCE

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 opportunities to support in-country stewardship of condom programming through improved collection and use of evidence.

Investments in data collection, analysis, dissemination, and application at the global and especially the country level are required to improve the quality of decisions informing condom programming.

This tabular summary of key analytics and questions for market analyses includes a description and link to commonly available tools and resources to support data collection and analysis. This list is by no means exhaustive, but does include the strongest tools known to the authors at this time. In some cases, tools may require modification (i.e., to factor in existing resources in country), or a new tool may be needed to capture data more routinely (e.g., modeling behavior, or monitoring market breadth).

**TABLE 1. Programmatic questions, and potential solutions to answer them.**

Question	Suggested Tool
What are condom use behaviors? What proportion of the population is using condoms?	<ul style="list-style-type: none"> <li>• <a href="#">DHS Surveys</a> for general populations by the DHS Program</li> <li>• <a href="#">PHIA Surveys</a> for general populations by Columbia University</li> <li>• <a href="#">Bio-behavioral Surveys (BBS)</a> for Key Populations (formerly known as BSS) by CDC</li> <li>• <a href="#">Tracking Results Continuously (TraC) Surveys</a> by PSI</li> <li>• Modeling, such as the <a href="#">Commodity Gap Analysis</a> by Avenir</li> </ul>
How many condoms are needed to protect high-risk sex acts?	<ul style="list-style-type: none"> <li>• <a href="#">Condom Needs and Resource Requirement Estimation Tool</a> by UNAIDS</li> </ul>
What behavioral factors are associated with condom use?	<ul style="list-style-type: none"> <li>• Commercial surveys, like this one for <a href="#">Project Chitenga: Protector Plus Zimbabwe</a></li> <li>• <a href="#">FoQus Studies</a> by PSI</li> <li>• <a href="#">Tracking Results Continuously (TraC) Surveys</a> by PSI</li> </ul>
How is the market performing in relationship to enabling functions, such as regulations, financing, and supporting functions?	<ul style="list-style-type: none"> <li>• <a href="#">Condom Landscaping Tool</a> by Mann Global Health</li> </ul>
How much are consumers willing to pay for condoms?	<ul style="list-style-type: none"> <li>• <a href="#">Willingness to Pay studies</a> such as this report by Abt Associates</li> </ul>
Which condoms are consumers using?	<ul style="list-style-type: none"> <li>• Condom use measured by source of supply such as <a href="#">A Total Market Approach for Condoms in Myanmar: The Need for the Private, Public and Socially Marketed Sectors to Work Together for a Sustainable Condom Market for HIV Prevention</a><sup>19</sup></li> </ul>

<sup>19</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4353889/>

Are subsidies targeting the right consumers?	<ul style="list-style-type: none"> <li>• Measures of relative poverty included in population-based surveys, like <a href="#">The Equity Tool</a> by Metrics for Management</li> <li>• Measures of absolute poverty included in population-based surveys like <a href="#">The Progress out of Poverty Index (PPI)</a> by IPA</li> </ul>
What is the total size of the market in volume & value? What are trends over time?	<ul style="list-style-type: none"> <li>• For public sector data, figures pulled from decentralized sites as described in <a href="#">this paper from PSI and the HC3 project</a></li> <li>• For social marketing data, <a href="#">annual distribution data</a> from DKT</li> <li>• Retail audits from companies like <a href="#">Nielsen</a></li> <li>• Value estimates can be made by factoring the total volume of social marketed and commercial condoms multiplied by price to consumer</li> </ul>
How available are condoms at different delivery points in the market?	<ul style="list-style-type: none"> <li>• <a href="#">MAP surveys</a> by PSI that use Lot Quality Assurance Sampling (LQAS)</li> </ul>
What is the range of products (types, brands) and price points available?	<ul style="list-style-type: none"> <li>• Large censuses of outlets, like <a href="#">FP Watch Surveys</a></li> <li>• Logistic management information systems (LMIS) for public sector</li> </ul>
What is perceived availability by users?	<ul style="list-style-type: none"> <li>• <a href="#">DHS Surveys</a> for general populations by the DHS Program</li> <li>• <a href="#">PHIA Surveys</a> for general populations by Columbia University</li> <li>• <a href="#">Bio-behavioral Surveys (BBS)</a> for Key Populations</li> <li>• <a href="#">Tracking Results Continuously (TraC) Surveys</a> by PSI</li> </ul>
How reliant is the condom market on external donor subsidy?	<ul style="list-style-type: none"> <li>• <a href="#">Condom Landscaping Tool</a> by Mann Global Health</li> </ul>

The following section outlines in more detail condom program elements that require analysis, approaches to support that analysis, and factors to consider when designing studies, research and analysis.

## AN OVERALL UNDERSTANDING OF CONDOM USE BEHAVIORS CAN HELP US UNDERSTAND:

- **What proportion of the population is using condoms?**
- **What behavioral factors are associated with condom use?**
- **How much are consumers willing to pay for condoms?**
- **Which condoms are consumers using?**
- **Are subsidies targeting the right consumers?**

**Condom use** at last sex is typically the key measure of behavior. Trends in use are also depicted over time, and condom use is best understood if disaggregated by geography, age, partner type, and behavior. Examples include condom use at last sex with a non-marital, non-cohabitating partner for general adult populations, or condom use at last sex for youth. Standard surveys available in many countries include:

- **DHS Surveys for general populations:** Demographic and Health Surveys (DHS) are nationally representative household surveys containing standard model questionnaires providing data for a wide range of monitoring and impact evaluation indicators. Standard DHS surveys have large sample sizes of between 5,000 and 30,000 households, and are generally conducted every five years.

Resource: [The DHS Program](#)

- **PHIA Surveys for general populations:** The Population-based HIV Impact Assessment (PHIA) survey measures the reach and impact of HIV programs in PEPFAR-supported countries. Each offers household-based HIV counseling and testing conducted by trained survey staff, with return of results. The results measure national and regional progress toward UNAIDS's 90-90-90 goals and guide policy and funding priorities.

Resource: [PHIA Project](#)

- **Bio-behavioral Surveys for Key Populations (BBS, formerly known as BSS):** Bio-behavioral surveys provide information on behaviors among key populations who may be difficult to reach through traditional household surveys, but who may be at high risk of contracting or transmitting the virus. BBS uses a consistent sampling methodology, data collection methods and indicators to track trends in behavior over time.

Resource: [2017 Biobehavioral Survey Guidelines \(The Blue Book\) by CDC](#)<sup>20</sup>

- **Modeling:** Other sectors, like family planning, use modeling to estimate modern contraceptive use on an annual basis. For HIV prevention, a similar modeling process could be used, but it would need to be standardized and supported by the larger prevention community. PHIA surveys, DHS surveys, and other national data sources could be used for base estimates and to understand patterns of use that feed into hierarchical models. Surveys among key populations would also need to be included to cover condom use by PWID, FSW, MSM, Clients, and other priority populations. In the absence of country-level data, global and regional estimates would be used, an approach deployed by FP2020.

Resource: [Commodity Gap Analysis](#) recently released by Avenir.<sup>21</sup>

**User segmentation** is research that identifies the target audience's needs, motivations and influencers, and how they affect condom use. Quality program segmentation can guide organizations in tailoring their programs to sub-populations most in need of condoms, with messaging relevant to that population. A number of studies can support user segmentation strategies.

- **Consumer insight studies** that examine behavior and use triggers can increase the effectiveness of program design for the consumer.

Resources: Commercial surveys, like this one by TNS on [Project Chitenga: Protector Plus Zimbabwe PSI's FoQus studies](#)<sup>22</sup>

- **Quantitative surveys** that identify factors associated with condom use, such as awareness, self-efficacy, and risk perception are best applied if based on established behavior change theory and analyzed through logistic regression. Results provide information to implementers on how to best design programs. Data are usually collected through repeated cross-sectional surveys and from a representative sample of the target population.

Resource: [PSI's Tracking Results Continuously \(TraC\) Surveys](#)<sup>23</sup>

**Willingness to Pay (WTP)** studies provide insights into consumers' price preferences for a product. An industry standard has been the [Foreit and Foreit method](#), which asks respondents a set of five hypothetical questions. Some implementers have not found this method helpful and have used alternatives:

- The van Westendorp price sensitivity meter, which is used to determine the best price for condoms by asking a series of four questions to understand perceived value: 1) At what price would you doubt the quality of the condom because it is too cheap?; 2) What price would you consider a bargain?; 3) What price would you consider expensive, but you would still buy the condom?; 4) What price would you consider too expensive so that you would opt for another product?
- Experimental strategies that offer respondents the opportunity to buy condoms through: 1) bidding games to identify the proportion of respondents willing to buy a given brand at or below different price points; or 2) discrete choice models, which yield estimates on the proportion of respondents who prefer to purchase a product compared to all other options.

Resource: [This report on WTP for condoms in five African Countries](#) from Abt Associates covers the two styles of data collection above, which are more appropriate.<sup>24</sup>

**Condom Use by Source of Supply** is important to understand how consumers access condoms. This is particularly important if we understand the importance of targeting subsidy to the poorest; for example, wealthier populations accessing free condoms is an indication subsidy is being mis-allocated. Very few surveys ask about "source of supply," specifically

<sup>20</sup><https://www.cdc.gov/globalhivtb/who-we-are/resources/publications/bluebook.html>

<sup>21</sup>[https://www.rhsupplies.org/uploads/tx\\_rhscpublications/Commodity\\_Gap\\_Analysis-2018.pdf](https://www.rhsupplies.org/uploads/tx_rhscpublications/Commodity_Gap_Analysis-2018.pdf)

<sup>22</sup><https://www.psi.org/research/methodologies/qualitative-studies-foqus/#segmentation>

<sup>23</sup><https://www.psi.org/research/methodologies/quantitative-studies-trac/#overview>

<sup>24</sup>[https://aidsfree.usaid.gov/sites/default/files/2017.10.25\\_af-retail-env-condoms-rep.pdf](https://aidsfree.usaid.gov/sites/default/files/2017.10.25_af-retail-env-condoms-rep.pdf)

the use of public, social marketed, and commercial brands. Adding photos of the condom packaging for each sector would avoid the “Kleenex problem,” where respondents use the social marketed condom brand to refer to the entire category of condoms, and would improve reporting.

Resource: This peer-reviewed paper in Health Policy and Planning: [A Total Market Approach for Condoms in Myanmar: The Need for the Private, Public and Socially Marketed Sectors to Work Together for a Sustainable Condom Market for HIV Prevention](#)<sup>25</sup>

**Equitable distribution of condom users across wealth, geography, and gender** categories is important to understand how well subsidy is targeted at those most in need. The DHS and other behavioral surveys contain questions about household assets, but the number of questions could be reduced for ease of data collection, implementation, and analysis. Ideally, equity would be calculated by source of supply (as noted above in the Myanmar paper).

Resource(s):

[The Equity Tool](#) for measures of relative poverty (by SES quintile).<sup>26</sup>

[The Progress out of Poverty Index \(PPI\)](#) for a measure of absolute poverty.<sup>27</sup>

## AN UNDERSTANDING OF CONDOM SUPPLY IDENTIFIES

**the sectors and actors contributing to condom supply and access, and can be generally characterized by analysis supporting market depth, and market breadth.**

**Market Depth** can help us understand the total size of the market in volume & value, and trends over time. Components of Market Depth include market share and market value.

- **Market share:** The total volume and share of product on the market, including the breakdown of condoms distributed through the public, social marketing, and commercial sectors, is an important component of Market Depth. Market share can help us understand the relative contribution of sectors, and the general trend of that contribution over time.

- **Public sector distribution** data are usually based on commodities “pushed” from central stores, not “pulled” from decentralized sites. Data are often inconsistent across sources and make it difficult to monitor the effect of the condom programming at the district level. Triangulating available sources of public sector data is often the best bet to estimate public sector distribution.

Resource: This paper from PSI and the HC3 project highlights the need for investments in the quality and consistency of public sector distribution data down to the district level to track subsidy and the targeting of free condoms.<sup>28</sup>

- **Social Marketing data** are based on distribution and sales figures collected monthly.

Resource: DKT International publishes distribution data for Social Marketing programs that report their sales data to DKT on an annual basis. Historical reports can be accessed here.<sup>29</sup>

- **Commercial sector data** are often unavailable, but it is possible to estimate by triangulating data sources. For example, understanding volumes of just one or two larger brands can help to understand total commercial market size.

Resource: Commercial retail audits, like Nielsen, are the best sources of data. But in many low- and middle-income countries, retail audits are not commercially feasible. It is generally possible to roughly estimate commercial market contribution through in-depth interviews and triangulation of data.

<sup>25</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4353889/>

<sup>26</sup><https://m4mgmt.org/equity/>

<sup>27</sup><https://www.povertyindex.org/about-ppi>

<sup>28</sup><https://www.psi.org/publication/hc3-zimbabwe-condom-report/>

<sup>29</sup><https://www.dktinternational.org/contraceptive-social-marketing-statistics/>

- **Market Value:** The value of the market is the average consumer price multiplied by market volume. Value trends can help us understand if a market is getting healthier, by becoming less reliant on subsidy, greater engagement of the commercial sector, or indicates a social marketing sector that is actively managing pricing.

Resource: Typically, a simple calculation of the total volume of social marketed and commercial condoms multiplied by price to consumer. Public sector condoms, which are usually distributed for free, are not included in the calculation.

**Market Breadth** helps us understand:

- What is product availability at different delivery points or outlets in the market?
- What is the range of products (including variants and brands) and price points available at different delivery points?
- What is perceived availability by users?

Components of Market Breadth include:

- **Price:** The range of price points for condoms on the market. Prices will range from zero (for free condoms) to the amount charged for the most expensive commercial brand. Social marketed condoms should be included in the price range as well.
- **Number of Brands:** The total number of condom brands on the market. An increase in the number of brands suggests choice is improving, and that the market is growing over time. Social marketed and commercial brands should be included.
- **Availability:** The degree to which condoms are present on the market. Availability can be measured by 1) market penetration - the proportion of outlets with condoms; or 2) coverage – the proportion of geographic areas where condoms are available according to pre-defined minimum standards.
- **Perceived availability**, or self-reported availability by users, should also be tracked on a regular basis, and can be as informative, if not more so, than actual access data. This is because most access data are not contextual to the user. 80% of pharmacies may carry condoms, but in some countries, pharmacies are concentrated in urban areas. Condom availability ‘when and where I need them’ is a question that can be included in condom use population-based surveys outlined above.

Resources:

PSI’s MAP surveys [here](#)<sup>30</sup> and [here](#)<sup>31</sup> use Lot Quality Assurance Sampling (LQAS) to measure geographic coverage, quality of coverage, and access. MAP studies can also provide information on prices, number of brands, and stock-outs. While primarily used in the past for commercial retail outlets, they can be effective for measuring free distribution at priority outlets, such as guesthouses or bars.

FP Watch<sup>32</sup> provides estimates for key family planning access indicators using nationally representative, cross-sectional outlet surveys. Condom availability is included in these studies. These studies are costly and have been conducted in just five countries, but provide rich data on brands, pricing, and visibility in both the public and private sectors.

Innovative practice: PSI has piloted a retail audit panel in Mozambique to generate condom market performance information routinely.<sup>33</sup> PSI/Mozambique used a panel of retailers to collect data on volumes, stock rotation, product and brand variants, pricing, source of supply, and stock keeping units (SKUs). The method would require some modification (e.g., in-person data collection vs. mobile data collection), but could offer a compromise between full retail audits and LQAS.

<sup>30</sup><https://www.psi.org/research/methodologies/geographic-studies-map/#overview>

<sup>31</sup><https://www.psi.org/wp-content/uploads/2014/10/Measuring-Access-and-Performance-MAP-Studies.pdf>

<sup>32</sup><http://www.actwatch.info/projects/fpwatch>

<sup>33</sup>Keller B, Winskell A, Wheeler J, Sievers D. (2018). Implementing a Retail Panel to Understand Markets. Washington, DC: Population Services International

Public sector distribution data should also be tracked regularly through logistic management information systems (LMIS). It is important to track distribution by sub-distribution channel (e.g., civil society targeting youth populations at risk) or specific populations (e.g., condoms distributed at brothels or treatment facilities to people living with HIV/AIDS, PLWHA) to understand and categorize whom condoms are targeting.

### AN OVERALL ANALYSIS OF THE CONDOM MARKET CAN HELP US UNDERSTAND:

How the market is performing in relationship to enabling functions, such as regulations, financing, and supporting functions.

Mann Global Health developed a set of tools for market analysis in support of condom landscaping efforts that can be found here.<sup>34</sup> The tools facilitate a common, disciplined approach to analyzing enabling environmental factors such as policy, financing, rules and regulation important to any market. The tools can also help to organize and support analysis of the data collected and outlined below.

### CONDOMS NEEDS ESTIMATES CAN HELP US UNDERSTAND:

The number of condoms required to protect high-risk sex acts.

**Condom Needs And Resource Requirement Estimation Tool** estimates condom need at a national level. National-level estimates can then be aggregated into regional and global estimates. The tool generates estimates of total condom quantities and funding required to achieve national targets, and includes condoms for HIV prevention and for family planning. UNAIDS has defined condom need targets as 90% of high-risk sex acts covered by a condom at last sex. The calculator estimates the number of condoms needed to achieve 90% use disaggregated by population (e.g., sex workers) and behavior, including sex with a non-regular partner. The Fast Track Tool also highlights the gap between current condom use and estimated needs to achieve 90% use in high-risk sex acts. It can help model a total market approach to sustainable condom markets, factoring in contributions from all channels of delivery.

Resource: UNAIDS Condom Needs And Resource Requirement Estimation Tool<sup>35</sup>

### AN UNDERSTANDING OF THE ROLE SUBSIDY PLAYS CAN HELP US UNDERSTAND:

How reliant the condom market is on external donor subsidy, and the trends in subsidy over time. The analysis of subsidy can include:

- **National budgets:** identifying domestic resources the government has allocated to support condom procurement.
- **Donor funding:** identifying funds spent on prevention and on condoms.

Resources:

- Institute for Health Metrics and Evaluation (IHME). *Financing Global Health 2016: Development Assistance, Public and Private Health Spending for the Pursuit of Universal Health Coverage*. Seattle, WA: IHME, 2017 and country specific data available from donors in country.
- Market reliance on subsidy is an indicator that maps out a country's reliance on external subsidy in support of commodities. While some governments do procure condoms using domestic resources, such funding is presumed to be less volatile and more sustainable in the long run, so domestic funding is not included in this calculation. Market reliance on subsidy is expressed as a percentage, and is essentially a weighted average of the role that subsidy plays in supporting condom markets. For example, if the commercial market is 33% of the total market and 0% reliant on subsidy, social marketing is 33% of the total market and reliant on 50% subsidy (that is, product is 50% cost recovery), and free distribution is 33% of the total market and completely reliant on subsidy, then the market is 50% reliant on subsidy. [Mann Global Health Landscaping tools](#).<sup>36</sup>

<sup>34</sup><https://aidsfree.usaid.gov/collections/condom-programming>

<sup>35</sup><https://marketbookshelf.com/publications/condom-market-landscaping-tool-6-unaids-condom-needs-assessment-tool/>

<sup>36</sup><https://aidsfree.usaid.gov/collections/condom-programming>



# 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.

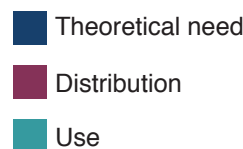
Free distribution of condoms is vital to sustaining or increasing use throughout sub-Saharan Africa, playing an important role in prevention for the portion of the population who cannot afford to pay. In planning for free distribution, country programs should first develop a vision for a sustainable, 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.<sup>37</sup> 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).
- 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.

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

## 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.<sup>38</sup>
- 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.<sup>39</sup>
- 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:

<sup>37</sup>Baseline Polling Booth Surveys among Male and Female Sex Workers in Nairobi and Mombasa, NASCOP learning sites.

<sup>38</sup>Estimates generated with the UNAIDS fast track tool; condom procurement estimated at \$.04/condom.

<sup>39</sup>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.<sup>40</sup>
- 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.<sup>41</sup>
- 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.**

<sup>40</sup>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.

<sup>41</sup>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.

## Solution Brief 4

### EVOLVING SUSTAINABILITY OF CONDOM SOCIAL MARKETING PROGRAMS

In 2018 Mann Global Health drafted a report outlining “The current state of condom programming and recommendations for support needed to reach ‘Fast Track’ targets.” This is one of four briefs that flesh out specific recommendations made in that report, serving as a resource for donors, governments and implementing partners to support the transition to sustainable condom social marketing programs.

Condom Social Marketing (CSM) programs have played an important role in increasing condom use across sub-Saharan Africa (SSA). Well-funded distribution and behavior change interventions have helped normalize condom use for much of the population, increased demand for and availability of condoms through a range of accessible outlets, and paved the way for the expansion of the commercial sector.

However, a number of overlapping factors now require CSM programs to evolve. Increased income levels in many countries and increased motivation to use condoms have led to a greater willingness to pay for condoms. A recent study by Abt Associates in five countries found a low risk of impact on condom use if the price of social marketing condoms were to increase.<sup>42</sup> Meanwhile, there has been a decline of funding support to CSM programs. USAID, DfID, and KfW are all phasing out funding for CSM programs, “graduating” brands and entire programs.

Social marketing organizations must now work with donors and governments to transition their condom brands to greater sustainability. Increases in condom pricing, in most cases to full cost-recovery, will make CSM programs less dependent on donor funding for sustainability, as will improved efficiencies in program management. With their condom distribution programs self-financed, CSM programs can shift to deploying public funds to implement demand creation activities that benefit the entire condom category.

Pricing adjustments in support of sustainable programs would:

- **Unlock subsidy**, shifting donor funding from procurement of CSM commodities to higher value interventions such as demand creation, collection and analysis of market intelligence, and targeted distribution to key and priority populations.
- **Ensure subsidy is not misallocated to higher wealth quintiles.** Data across countries show that people in middle to upper wealth quintiles are using free or subsidized condoms when they are able to pay full cost.<sup>43</sup>

#### TRANSITION TO SUSTAINABLE CSM

Recent experience in Kenya shows that CSM programs can indeed transition to greater sustainability, with valuable lessons gained in how to evolve condom programming.<sup>44</sup> Dkt is also expanding its presence throughout SSA, introducing cost-recoverable condom brands with modest funding from donors. Their model often relies on cross subsidization of lower priced, affordable brands by higher value brands, supported by ‘lean and mean’ teams.

This brief summarizes that experience.

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<sup>42</sup>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.

<sup>43</sup>Mann Global Health, The Condom Program Pathway, 2017

<sup>44</sup>Data informed by Kenya program data.

**FIGURE 19. The Kenya experience**

By 2016, mature social marketing programs in Kenya were approaching an inflection point. After decades of support, donors were requiring a transition to sustainable interventions through greater cost recovery from product sales. DfID’s long running project supporting commodities for Population Services Kenya (PS Kenya) was coming to an end. The program took action.

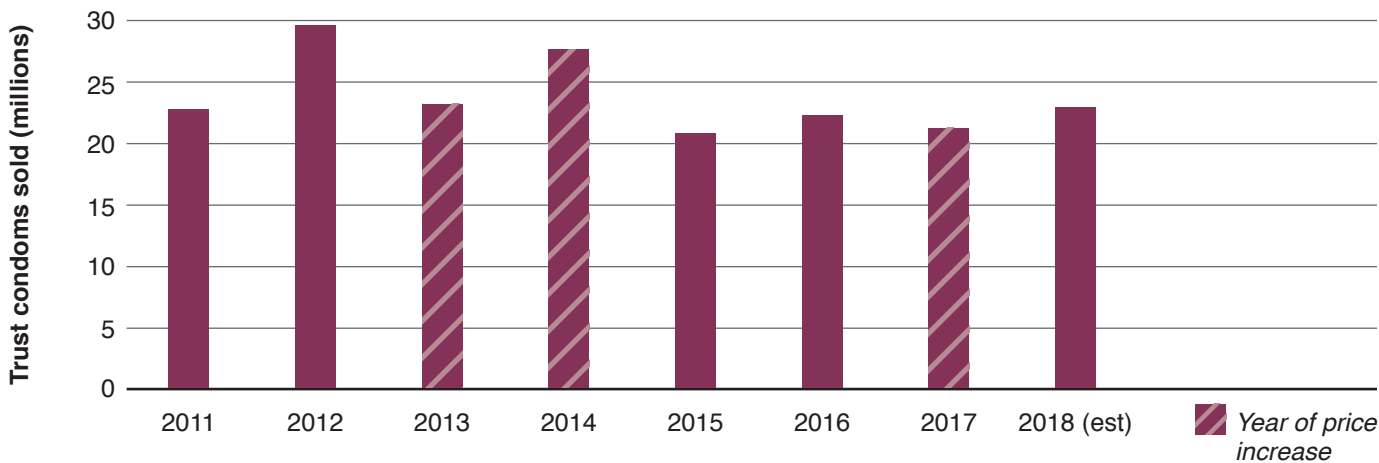
Actions	Impact
PS Kenya took a gradual approach to pricing adjustments, introducing price increases of 25% in 2013, 20% in 2014, and 33% in 2017. The price of a Trust 3-pack went from 20 KES in 2012 to 40 KES in 2018 (about \$0.40 USD), supported by rebranding efforts.	<ul style="list-style-type: none"> <li>Sales generally rebounded within a year after every price adjustment; average sales declined to about 5% lower than the 5-year average.</li> <li>113% program cost recovery<sup>45</sup></li> </ul>

In West Africa DKT took a regional approach to introduce Kiss, a youth focused, attractive regional brand promising to shake up the market. In Cameroon, Kiss condoms were priced at 200 CFA (\$0.35) for ‘classic’ and 250 CFA for three variants. Kiss is aiming for a gap in the ‘quality’ condom market. It is currently cost recoverable for commodity / packaging costs and some marketing costs. DKT plans to launch Fiesta, an upscale brand, in an effort to cross-subsidize brands and programming.

**LESSONS LEARNED**

- A well-planned transition matters.** PS Kenya’s gradual transition of pricing toward full commodity cost recovery ensured consumers, and the trade (distributors, retailers) had time to react without adversely affecting use. The program invested in a well-coordinated approach to introduce price increases to the trade, consumers, and the government. DKT’s approach in Cameroon relied on introducing strategically priced brands with the aim of sustainability from the beginning of the project.

**FIGURE 20. Steady practice adjustments: Trust condom sales in Kenya**



- Justify price increases.** PS Kenya invested in a brand refresh of Trust to justify the higher price charged to consumers. In-depth qualitative consumer research was used to segment the market and identify prioritized consumers. Trust was re-launched with new consumer-informed packaging, supported by marketing campaigns communicating changes of the brand to consumers.
- Managing costs is as important as managing prices.** Efficiencies and cost management are as important for sustainability as price increases. Trust cost recovery benefited from cost effective and efficient changes to distribution and supply chain management. DKT reliance on efficient, regionally based operations and marketing teams supports cost management.

<sup>45</sup>Per in-depth interview, cost recovery includes coverage of ‘commodity, trade offers, distribution costs and portion of promotion costs.’

- **Introduce pending changes to trade partners**, such as distributors and retailers. PS Kenya documented that the trade was most interested in fair profit margins; if the product is priced appropriately, over-investment in relationships such as promotions targeting distributors or retailers (e.g., purchase-based incentives) is not necessary.
- **Coordinate transitions with the public sector offering**, thereby ensuring that options are available for those who are unable to pay for newly priced products, particularly in rural and underserved areas.
- **Resist introduction of lower priced products to fill market “gaps.”** Experience demonstrates that price sensitive consumers will drop down to the lowest priced, quality brand. In this case, that would have meant that consumers would have left Trust for a cheaper, government-subsidized brand, thereby negating any effort to support a more sustainable market. Dkt’s strategy of cross subsidization of attractive brands works as their lowest priced brand is still priced to support basic cost recovery
- **Get proactive in cost recovery efforts:** Waiting until the last year of a funding cycle to put in play enhanced cost-recovery efforts often means too little is happening, too late. That can put users of CSM brands at risk. PS Kenya has built in programmatic support to continue investments to responsibly transition brands to greater cost recovery without adversely affecting use.

# Annex

## KEY CONDOM USE INDICATORS

*Table displays most recent figure per indicator from relevant source.*

	Botswana	Burkina Faso	Cameroon	eSwatini	Kenya	Malawi	Mozambique	Nigeria	South Africa	Tanzania	Uganda	Zambia	Zimbabwe
% Condom use at last NMNC sex (Women 15-49)	82% (2013)	59% (2010)	55% (2011)	54% (2007)	57% (2014)	50% (2015)	42% (2015)	40% (2013)	58% (2016)	51% (2012)	38% (2016)	41% (2013)	67% (2015)
% Condom use at last NMNC sex (Men 15-49)	82% (2013)	74% (2010)	74% (2011)	67% (2007)	76% (2014)	76% (2015)	47% (2015)	58% (2013)	65% (2016)	60% (2012)	41% (2016)	56% (2013)	85% (2015)
% Condom use during premarital sex (Women 15-24)		62% (2010)	59% (2011)	54% (2007)	61% (2014)	54% (2015)	56% (2015)	44% (2013)		37% (2016)	45% (2016)	40% (2014)	50% (2015)
% Condom use during premarital sex (Men 15-24)		76% (2010)	72% (2011)	70% (2007)	75% (2014)	73% (2015)	47% (2015)	58% (2013)		41% (2016)	58% (2016)	49% (2014)	81% (2015)
% Condom use at last paid sexual intercourse (Men)		33% (2010)	81% (2011)		74% (2014)	74% (2015)	31% (2015)	66% (2013)		59% (2010)	73% (2016)	60% (2014)	90% (2015)
% Condom use at last anal sex (MSM)	67% (2013)		78% (2018)	67% (2018)	80% (2018)	63% (2018)	31% (2018)	83% (2018)	81% (2018)	14% (2018)	39% (2018)		
HIV prevalence	19% (2013)	1% (2016)	4% (2011)	27% (2017)	6% (2008)	9% (2015)	13% (2015)	3% (2017)	19% (2017)	5% (2011)	7% (2011)	13% (2013)	14% (2015)
% w knowledge of a formal source for condoms (Women 15-24)		76% (2010)	71% (2011)	85% (2007)	71% (2014)	79% (2010)	65% (2011)	46% (2013)		65% (2012)	75% (2011)	84% (2013)	48% (2015)
% w knowledge of a formal source for condoms (Men 15-24)		90% (2010)	87% (2011)	88% (2007)	88% (2014)	89% (2010)	91% (2011)	68% (2013)		85% (2012)	90% (2011)	94% (2013)	86% (2015)
% w comprehensive AIDS knowledge (Women 15-24)	48% (2013)	31% (2010)	27% (2011)	52% (2007)	57% (2014)	42% (2010)	31% (2015)	24% (2013)		40% (2012)	39% (2016)	42% (2014)	46% (2015)
% w comprehensive AIDS knowledge (Men 15-24)	48% (2013)	36% (2010)	34% (2011)	52% (2007)	64% (2014)	45% (2010)	30% (2015)	34% (2013)		47% (2012)	40% (2011)	47% (2014)	47% (2015)
Total condoms dist'd (M)	28 (2016)	0.5 (2017)	60 (2016)	19 (2017)	234 (2017)	32 (2017)	186 (2016)	363 (2016)	1,008 (2017)	140 (2016)	206 (2016)	36 (2015)	123 (2017)
Free condoms dist'd (M)	23 (2016)		16 (2016)	18 (2017)	199 (2017)	14 (2017)	58 (2016)	115 (2016)	917 (2017)	38 (2016)	183 (2016)	25 (2015)	105 (2017)
SM sector condoms dist'd (M)	0.0 (2016)	0.5 (2017)	20 (2016)	1.1 (2017)	33 (2017)	18 (2017)	16 (2016)	174 (2016)	0.0 (2017)	99 (2016)	22 (2016)	6.2 (2015)	16 (2017)
Commercial sector condoms dist'd (M)	5.1 (2016)		24 (2016)		2.7 (2017)		17 (2016)	75 (2016)	91 (2017)	2.9 (2016)	1.0 (2016)	5.0 (2015)	1.5 (2017)
Condoms per male	41 (2016)	0.1 (2017)	9.5 (2016)	48 (2017)	17 (2017)	6.5 (2017)	26 (2016)	7.3 (2016)	55 (2017)	10.0 (2016)	20 (2016)	8.7 (2015)	28 (2017)
Male (15-64) population (M)	0.7 (2016)	5.2 (2018)	6.3 (2016)	0.4 (2017)	14 (2017)	4.9 (2017)	7.2 (2016)	50 (2016)	18 (2017)	14 (2016)	10 (2016)	4.1 (2015)	4.4 (2017)
Population (M)	2.2 (2018)	20 (2018)	26 (2018)	1.4 (2018)	51 (2018)	19 (2018)	31 (2018)	196 (2018)	58 (2018)	59 (2018)	44 (2018)	18 (2018)	14 (2018)

SOURCE INFORMATION:

All condom use and knowledge data is from the DHS Stat Compiler with the following exceptions: Botswana (BAIS IV with combined data for men and women as presented in the summary report); South Africa (condom use indicator is % of men/women aged 15-49 who had more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse); MSM (UNAIDS 2017 Prevention Scorecard).

Condom distribution data: social marketing sector is from DKT's contraceptive statistics report; all other sectors from MGH reports from various unpublished sources.

Total population is drawn from World Bank data.

Adult male population is drawn from the reference tables of the UNAIDS Condom Needs Estimation Tool v 1.2.

HIV prevalence is drawn from Avert.org.

Empty cells indicate that data were not available, more than 10 years out of date, considered unreliable or otherwise not comparable to other countries...