



Mann Global Health

REPORT #2:

# Donor Funding Landscape for Condom Programming



# Introduction

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

This presentation compliments Report #1: "Challenges and recommendations for reaching "Fast-Track" targets for condom use," which outlines key insights and provides recommendations to address challenges in condom programming, so that donors may program their investments in condoms more effectively.

## 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.

**Authors:** Chris Jones, Nora Miller, Chastain Mann, Brian Smith, Steve Gesuale

**Point of Contact:** Chastain Mann, [chastain@mannglobalhealth.com](mailto:chastain@mannglobalhealth.com)

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# Report Outline

Section	Description
<b>Insight I</b>	Donors aren't tracking their investments in condom programs, and no donor has a condom strategy
<b>Insight II</b>	Condom funding is a smaller piece of a smaller (HIV prevention) funding pie
<b>Insight III</b>	Condom commodities have been flowing at a fairly steady pace
<b>Insight IV</b>	Declining funding for Condom Social Marketing is impacting a former programmatic pillar
<b>Annex I</b>	Donor Snapshot: PEPFAR, Global Fund, UNFPA, and other donor HIV funding profiles
<b>Annex II</b>	List of Donors Interviewed

# Abbreviations

**ART** Antiretroviral Therapy  
**CIFF** Children's Investment Fund Foundation  
**CF** Commodity Fund  
**CSM** Condom Social Marketing  
**DAF** Direct Assistance for Health (funding)  
**DfID** Department for International Development (UK)  
**DKT** DKT International  
**FP** Family Planning  
**GFATM (GF)** Global Fund for AIDS, TB, and Malaria  
**GHSC-PSM** Global Health Supply Chain - Procurement & Supply Management  
**IHME** Institute for Health Metrics and Evaluation  
**KFF** Kaiser Family Foundation  
**KfW** Kreditanstalt für Wiederaufbau  
**KVP** Key and Vulnerable Populations  
**LMIS** Logistics Management Information System

**MGH** Mann Global Health  
**MoH** Ministry of Health  
**MSM** Men who have Sex with Men  
**PEPFAR** President's Emergency Program for AIDS Relief (U.S.)  
**PPM** procurement mechanism (PPM).  
**PrEP** Pre-exposure Prophylaxis  
**PSI** Population Services International  
**SM** Social Marketing  
**SW** Sex Worker  
**SRH** Sexual Reproductive Health  
**SSA** Sub-Saharan Africa  
**UNFPA** United Nations Population Fund  
**USAID** United States Agency for International Development  
**VMMC** Voluntary medical male circumcision

# Executive Summary

1

Donors aren't tracking their investments in condom programs, and no donor has a condom strategy.



While we can get a 'sense' of funding levels for condom programming, it's difficult to quantify, and even more so to project future funding trends. This also challenges donors' ability to make smart and coordinated investments.

2

Condom programming is a smaller piece of a smaller (HIV prevention) funding pie.



We are at risk of losing one of the most effective, proven, user empowered prevention tools available. Condoms are a cost effective intervention, aren't medicalized, and an important component of any strategy aiming to reduce new infections.

3

Condom commodities have been flowing at a fairly steady pace.



Yet unpredictable deliveries result in over-supply and stock-outs at the country level. This can prevent the commercial sector from investing, disrupts CSM from transitioning to more sustainable, cost recoverable programs, and ultimately, puts at risk gains in access and use.

4

Declining funding for CSM is impacting a former programmatic pillar.



Without proper transition planning, the departure of CSM programs are likely to leave gaps in access, demand, and program stewardship, and can put at risk the steady gains made in growing use.

# Condom Donor Landscape Analysis Objectives

Current Funding and Programming	Priorities and Future Strategies	Funding Processes	Targeted Donors
<ul style="list-style-type: none"> <li>• Understand disaggregated funding levels for HIV funding.</li> <li>• Understand funding levels for existing condom programs.</li> <li>• Assess how program outputs and/or impacts are tracked and shared.</li> </ul>	<ul style="list-style-type: none"> <li>• Understand and summarize existing condom strategies.</li> <li>• Identify priorities for condom programming.</li> <li>• Assess integration of condom programming with other interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Understand decision making processes</li> <li>• Identify mechanisms of coordination and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• PEPFAR</li> <li>• GF</li> <li>• UNFPA</li> <li>• DfID / UKAID</li> <li>• KfW</li> <li>• Dutch</li> <li>• French</li> <li>• SIDA</li> <li>• Danida</li> <li>• Norway</li> <li>• AusAID</li> <li>• Canada</li> <li>• UNITAID</li> <li>• CIFF</li> </ul>

## Methodology:

- Desk review of literature including national strategy documents and annual reports, Kaiser Family Foundation Reports, and the CHAI Contraceptive report.
- Analysis of publicly available databases such as the Institute for Health Metrics and Evaluation (IHME) Development Assistance for Health database, the Global Fund’s Quality and Price database, UNFPA’s Transparency Portal and RH Interchange, and DKT’s Contraceptive Social Marketing Statistics database.
- Interviews with more than 30 representatives of donors, social marketers, and implementers.
- Review of internal data provided by key stakeholders.

# Context and Funding Needed

UNAIDS launched the fast-track strategy in 2014, aiming to reduce new infections and AIDS-related deaths by 90% from 2010 to 2030.

90-90-90 targets include: *90% of those living with HIV knowing their status; 90% living with HIV on treatment; and 90% on treatment virally suppressed.*

The strategy includes a 'fourth' 90% - achieving 90% condom use at last sex with a non-regular partner.

An estimated US\$26.2 billion annually is required by 2020 to support an effective global response to achieve fast-track 90-90-90 targets.<sup>1</sup>

UNAIDS reports that the world is falling short of **Fast-Track Targets**: *“New HIV infections are rising in around 50 countries, AIDS-related deaths are not falling fast enough and flat resources are threatening success. Half of all new HIV infections are among key populations and their partners, who are still not getting the services they need.”*<sup>2</sup>



## Fast-Track Targets

by 2020

**90-90-90**

HIV treatment

**500 000**

New HIV infections or fewer

**ZERO**

Discrimination

by 2030

**95-95-95**

HIV treatment

**200 000**

New HIV infections or fewer

**ZERO**

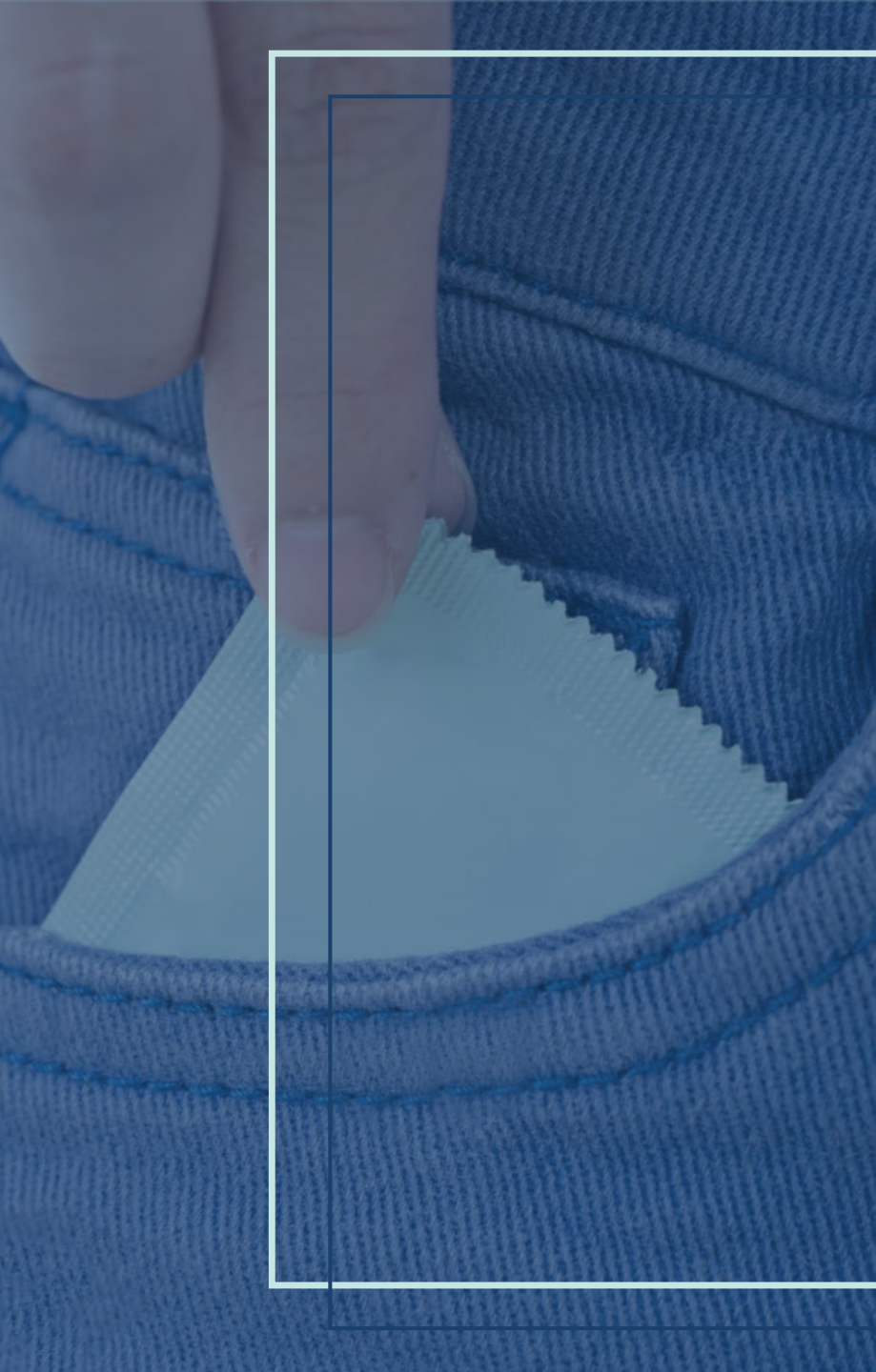
Discrimination

<sup>1</sup> UNAIDS. Fast-Track Update on Investments Needed in the AIDS Response. UNAIDS Reference. 2016. (Investment needs for HIV prevention—including condom promotion, prevention of mother-to-child transmission, pre-exposure prophylaxis, voluntary medical male circumcision and a contribution towards outreach services for key populations—increase from US\$ 4.5 billion in 2016 to US\$ 7.3 billion in 2020.)

[http://www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15\\_18\\_EN\\_rev1.pdf](http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf)

<sup>2</sup><http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2018/july/miles-to-go>





## Insight I

**Donors aren't tracking their investments in condom programs, and no donor has a condom strategy**



# Insight I: *Donors aren't tracking their investments in condom programs, and no donor has a condom strategy*



## What We Saw

- Donors struggled to quantify and describe expenditures related to condom programs and commodities (some analysis exists by GF, but it is not comparable for trend analysis).
- There is little coordination and dissemination at the global level of the funding data that does exist. Coordination at a country level varies considerably.
- No donor has a specific strategy driving condom investments, and with the exception of UNFPA and USAID, no condom focal point exists for donors.
- Most donors were reluctant to discuss condoms outside of broader SRH work.
- Indicators and metrics aren't incentivizing programming that focuses on increasing condom use.



## Causes

- A shift from easily categorized vertical programming to integration creates challenges for donors and programs to tease out and tag condom components. (condom programs get 'folded into' other, multifaceted interventions).
- Financial and reporting systems are challenged by a complicated programming environment characterized by multiple countries, departments, and health areas.
- In years past, go-to solutions such as CSM enabled donors to focus investments on known solutions, without developing a strategy.



## Implications

- We are 'flying blind' in understanding funding levels and trends, types of interventions funded, and the extent of the funding and programming gap. Future trends can be supposed but not quantified, challenging specific recommendations as to comparative advantages donors bring to the funding landscape.
- Limited ability for donors to plan, coordinate, and strategically direct their current and future investments.
- Condom programming is generally overlooked during integration; missing focal points impede efforts for smart integration.
- Most condom programming is focused on condoms distributed 'out the door' rather than behavioral targets.



## Insight II

**Condom funding is a smaller piece of a smaller (HIV prevention) pie**

# Insight II: Condom funding is a smaller piece of a smaller (HIV prevention) pie.



## What We Saw

- Donor funding for condom programs *appears* to be on the decline (reference Insight 1), with the possible exception of GF.
- HIV prevention funding is under pressure, declining 44% since peak funding of US \$2.7 billion was reached in 2012.
- Treatment and care is taking a growing piece of the absolute budget for HIV funding.



## Causes

- Condoms are being edged out by other prevention options, led by the introduction of PrEP and VMMC.
- Prevention is being edged out by treatment, driven by the 'treatment mortgage' – an increasing number of individuals that are enrolled and then maintained on treatment.
- HIV funding is competing with SRH supporting FP 2020 initiatives...
- and struggling to sustain momentum after big increases in funding leading up to 2008.



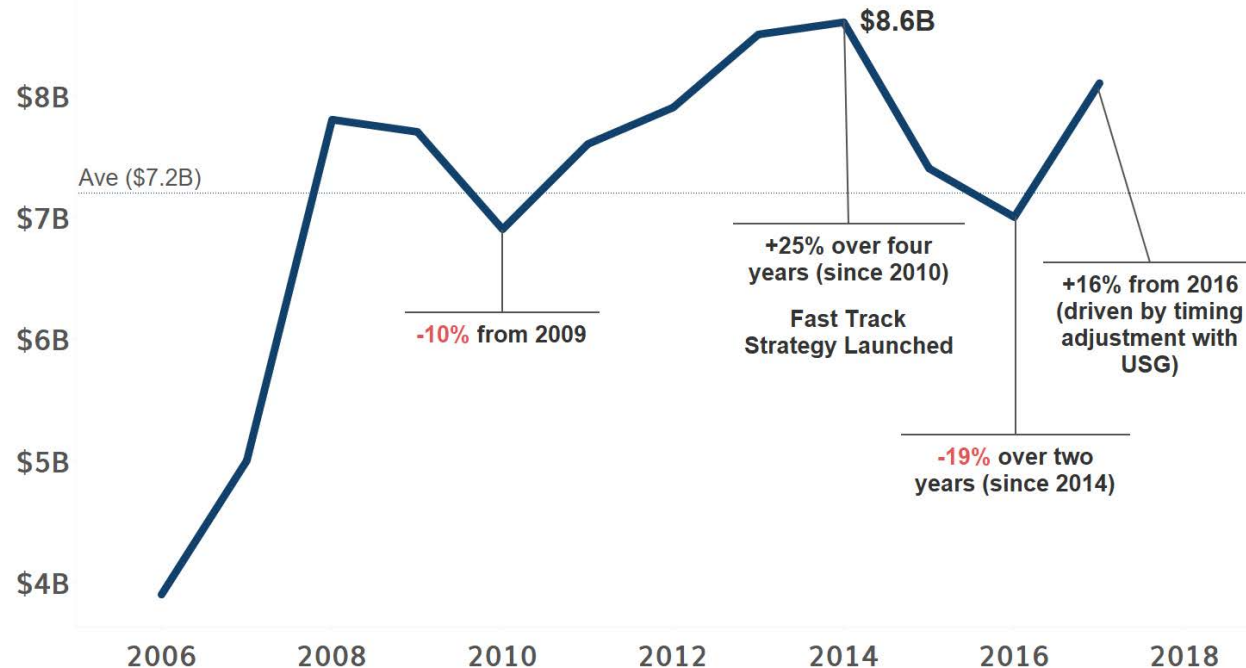
## Implications

- We are at risk of losing one of the most effective, proven, user empowered multi-purpose prevention tools available. Condoms are a cost effective intervention, aren't medicalized, and an important component of any strategy aiming to reduce new infections.
- Condoms are especially important options for youth, general populations engaging in high risk behavior, those that don't know their HIV status, and KP where prevention alternatives don't exist, or not the right fit.

# Donor government funding for HIV overall has declined modestly since peak funding of \$8.6 B was reached in 2014.

## Overall HIV Funding All Donors

Figure 1. Total Donor Government Funding for HIV 2006 - 2017



Source: Kates, J., Wexler, A., Lief, E. Kaiser Family Foundation. Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017. July 2018.

### Key findings from Kaiser Family Foundation (KFF) HIV/AIDS Funding Report\*

Funding by high income countries for the HIV response has declined from US\$8.6 billion to a low of US\$7 billion in 2016.

Eight of fourteen donor governments decreased overall disbursements in 2017.

Funding levels are below nine-year averages for all donor countries, with the exception of the US and Italy.

The USG is the largest donor in HIV, disbursing US\$5.9 billion in 2017, followed by the UK (US\$744 million), France (US\$268 million) the Netherlands (US\$203 million) and Germany (US\$162 million).

The 2017 bump in funding is a one-off adjustment driven by the USG timing of disbursements; funding levels are expected to resume to 2015/16 levels this year.

## An increasing share of overall HIV budgets are supporting care and treatment programs...

Overall HIV Funding  
Global Fund

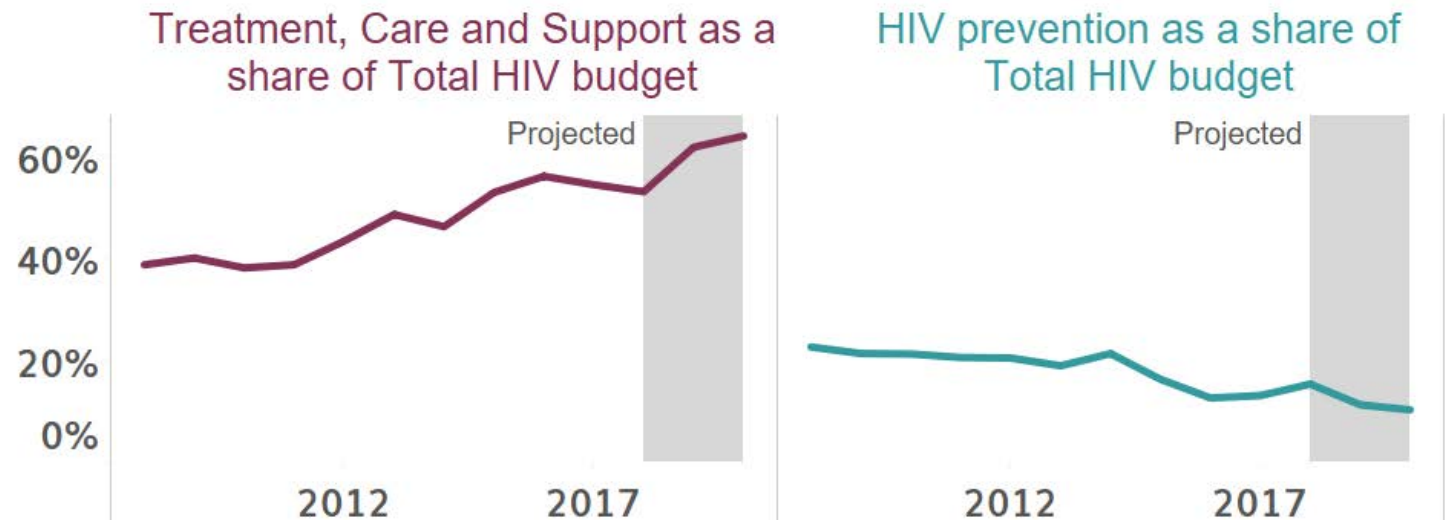
Global Fund snapshot: Relative funding for prevention is projected to drop to 10% of total GF HIV budgets by 2020, from 23% in 2008.

As GF **Total HIV funding** declines...

**Treatment** is an increasingly larger proportion of budget...

While the share of **Prevention** funding declines.

Figure 2. Global Fund share of total HIV budget for treatment, care and support and prevention

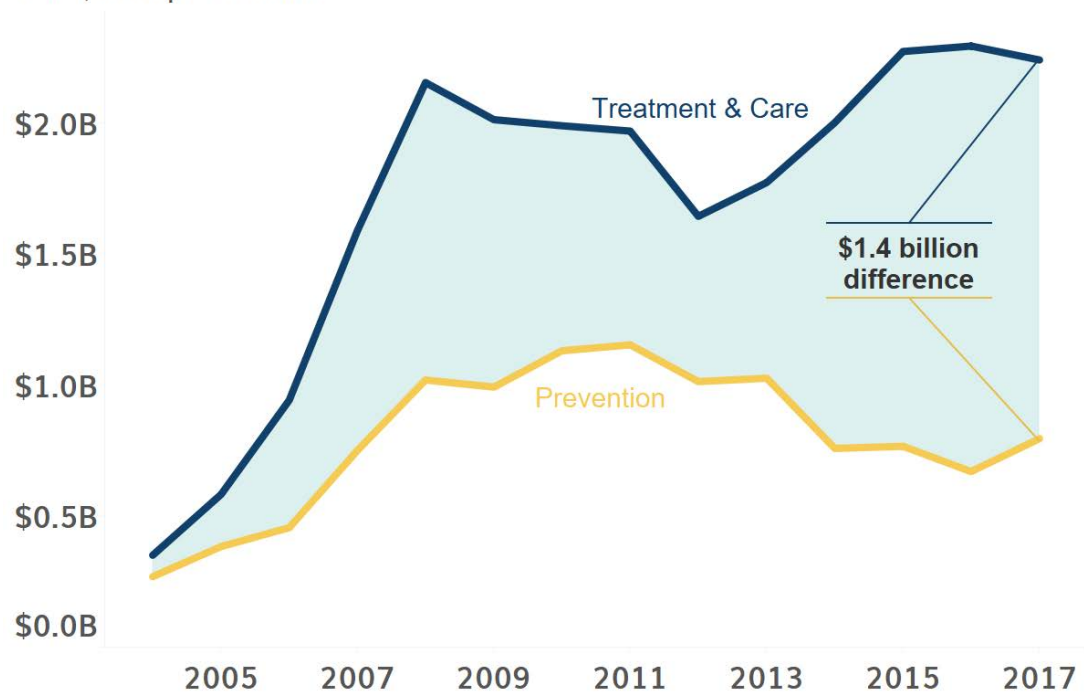


Source: Global Fund Strategy Committee: HIV Portfolio analysis: Investments & expenditure 2008-20. Geneva, Switzerland. 20-22 Mar 2018

## ...as the absolute funding gap between care & treatment, and prevention grows.

PEPFAR funding trends highlight greater funding levels for treatment, as absolute funding for prevention declines.

Figure 3. PEPFAR Planned Funding: absolute funding for treatment & care, and prevention



Source: PEPFAR Planned Funding 2004-2017

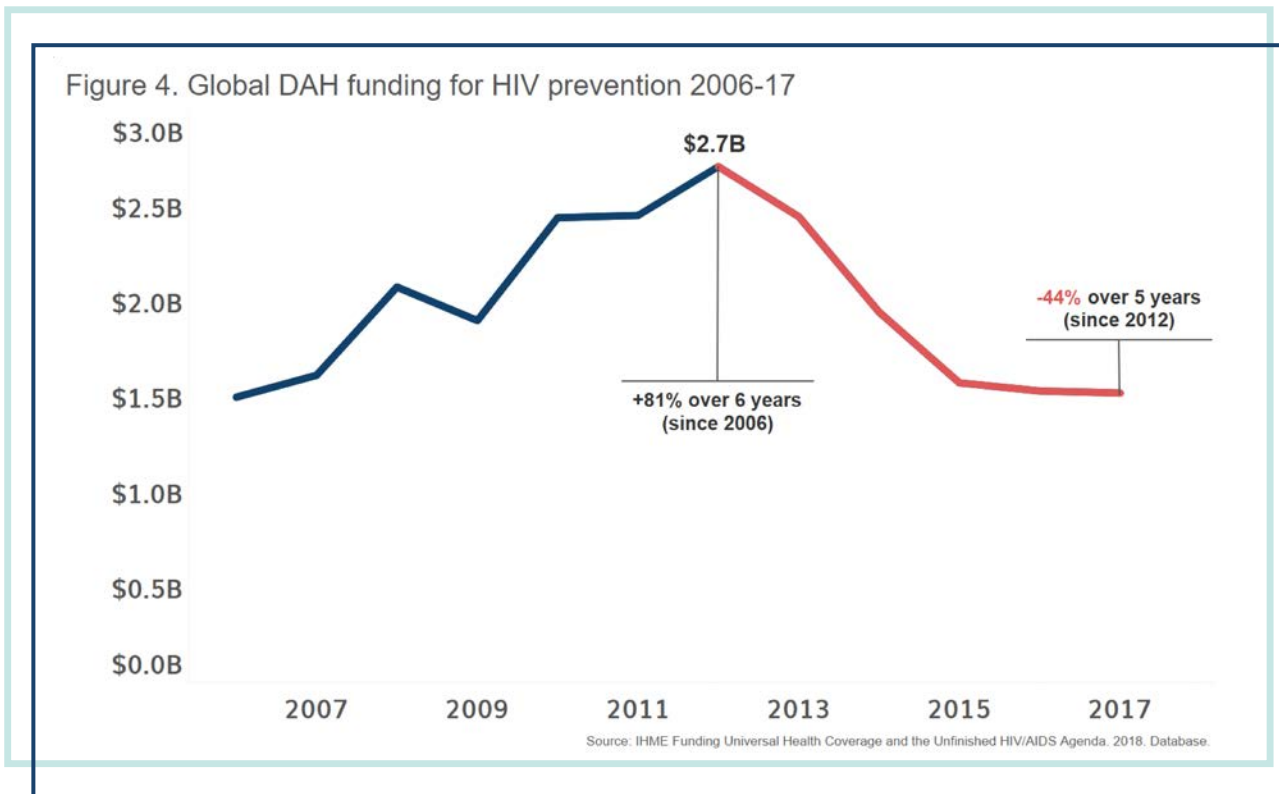
- Treatment and Care has taken a growing piece of the absolute budget for HIV funding, driven by the 'treatment mortgage' - the cost to support ever larger numbers of people enrolled on treatment.
- PEPFAR Planned Funding for Treatment and Care has increased as a share of total HIV funding, from 48% in 2010 to 68% in 2017.
- But while PEPFAR absolute funding for prevention has declined, prevention funding as a share of HIV funding is relatively steady, dropping slightly from 28% in 2010 to 24% in 2017 – in line with UNAIDS 'quarter for prevention' targets.



# Global HIV prevention funding is under pressure, and in decline

## HIV Prevention Funding All donors

The Institute for Health Metrics and Evaluation (IHME) maintains a database of development assistance for health (DAH) funding by donor country, funding channel, recipient, and designated programming. The database includes financial and in-kind resources from development agencies to low- and middle-income countries.



### What's included in prevention?

Donors generally include activities such as VMMC, PrEP, PMTCT, Testing and Counseling, blood safety, KP behavior change programs, and condom programs in funding categories supporting prevention.

- Since 2015, annual prevention funding has remained relatively flat and stable at US\$1.5B, after significant declines from 2012-15.
- In 2017, global HIV **prevention accounted for 17% of total investments** for HIV – below the 'quarter for prevention' UNAIDS target.
- **No donor has a condom-specific strategy**, and most were reluctant to discuss condoms outside the context of broader prevention or SRH work.
- **Donors are integrating condom programming** within treatment, prevention and sexual and reproductive health (SRH) interventions, and are likely to continue to do so.
- **As condoms are integrated, funding for prevention overall - and hence condom funding - is increasingly targeted**, focusing on specific populations, such as young women or sex workers, and their specific high risk behaviors. Meanwhile, interventions targeting general populations engaging in high risk behaviors, such as sex with a non-regular partner, are generally not prioritized.

# The impact of declining funding for HIV prevention played out at the country level

## HIV Prevention Funding All Donors

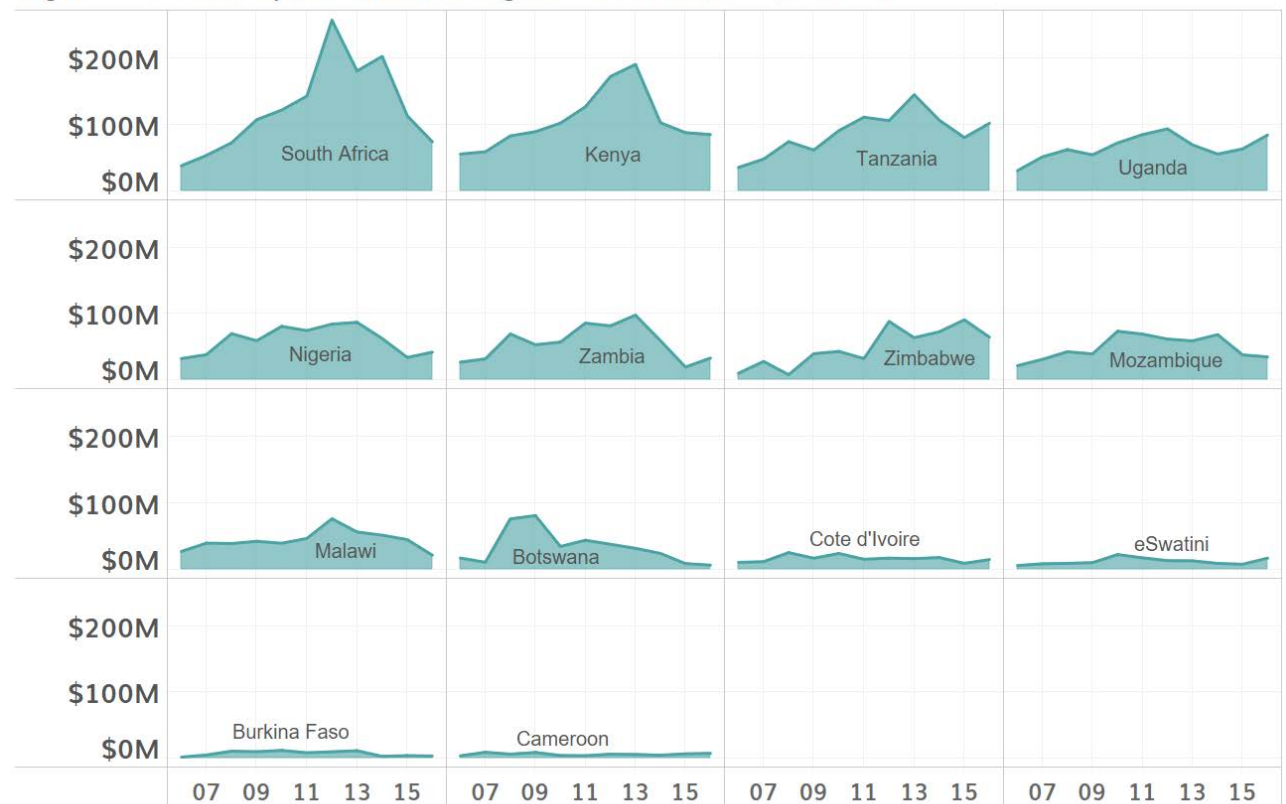
Prevention funding **dropped an average of 47%** from peak funding levels in 2012/13 across priority countries included in this analysis.

**The winners:** Uganda is the only country where prevention funding didn't drop significantly from peak funding levels.

**The losers:** South Africa (-59%); Kenya (-55%); Nigeria (-59%); Zambia (-66%); Mozambique (-53%); Malawi (-62%); Botswana (-79%); and Burkina Faso (-69%) all receive at least 50% less funding for prevention programs compared to peak funding years.

*These countries were chosen because they align with countries selected in report one for deep dive analysis.*

Figure 5. DAH HIV prevention funding for select countries, 2006-16



Source: IHME

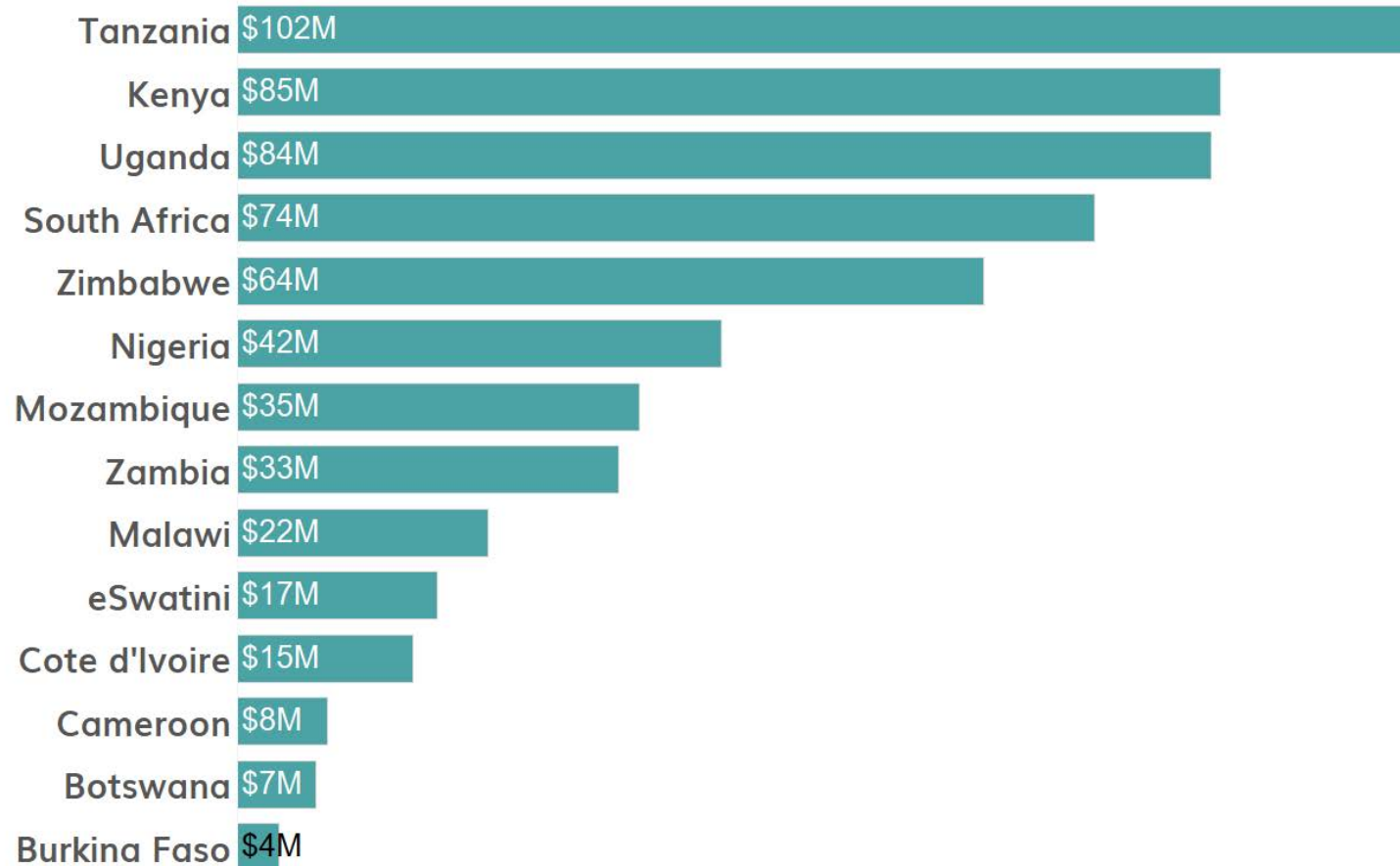
Development assistance for health funding by recipient country modeled by IHME. The database includes both financial and in-kind resources from development agencies to low- and middle-income countries. <http://ghdx.healthdata.org/record/development-assistance-health-database-1990-2017>

# HIV Prevention funding levels vary greatly by country

Country-level investments in prevention ranged from over US\$100 million per year in Tanzania, to less than US\$4 million per year in Burkina Faso.

HIV Prevention Funding  
All Donors

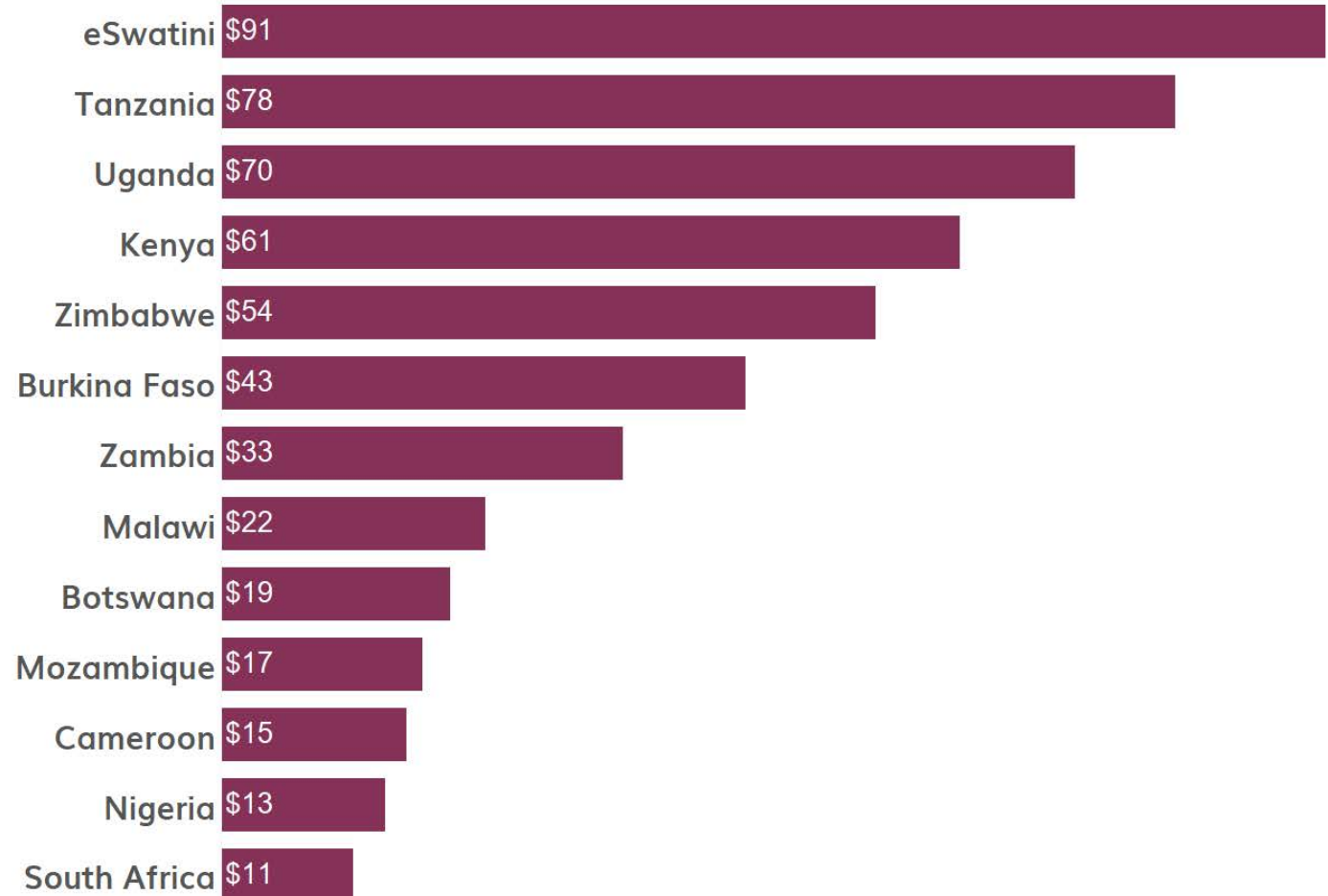
Figure 6. 2016 absolute HIV funding, select countries



Source: Development assistance for health funding by recipient country modeled by IHME. The database includes both financial and in-kind resources from development agencies to low- and middle-income countries. <http://ghdx.healthdata.org/record/development-assistance-health-database-1990-2017>

# As does funding as measured on a per capita basis (expressed as per PLHIV, a proxy for prevalence).

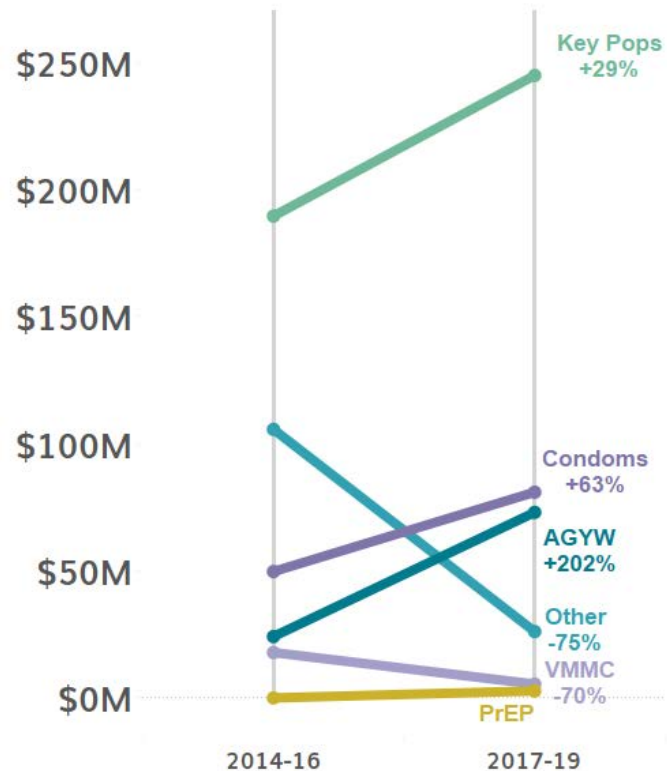
Figure 7. HIV Prevention funding per capita, select countries



- Donor funding levels on a country-by-country basis range from US\$91 per PLHIV in eSwatini to US\$11 per PLHIV in South Africa.
- Analysis on a per capita basis (total population) produces similar disparities, ranging from US\$0.40 / person in Cameroon and Burkina Faso, to US\$7 in Zimbabwe and US\$20 in eSwatini.
- It's unclear what drives the disparate investment levels of country-specific investments; but a lack of donor coordination, as well as investment criteria focused heavily on treatment programs may contribute.

# The GF is the one donor that can demonstrate rising funding for condom programs.

Figure 8. Change in Global Fund support for HIV prevention interventions



Source: The Global Fund. Strategy Committee: HIV Portfolio analysis: Investments and expenditure 2008-2020. Geneva, Switzerland. 20-22 March 2018

## Finding

Condom funding increased from US\$49.7M in the four-year funding cycle of 2014-16 to a projected US\$80.9M in the 2017-19 cycle - a **63% planned increase**.

Funding for comprehensive prevention programs for KPs has increased from US\$189M over the 2014-16 period to US\$244M in the next funding cycle (2017-19).

Interventions targeting AGYW have also seen increases in investment.

A decline in “Non-specific activities” (other) is supporting much of the increase in other categories.

## Insight

Condom *commodities* account for about half the planned budget supporting condom programming in 2017-19 funding estimates.

Investments in prevention are more focused.

Likely driven by national programs complementing DREAMS type programs - an indication of in-country coordination.

Drop of “Non-specific activities” funding categories indicative of efforts to allocate relevant, specific funding to UNAIDS prevention priorities.



The background of the slide features a repeating pattern of condoms, each with a black circle around its tip, set against a light blue background. The condoms are arranged in a grid-like fashion, with some overlapping.

### Insight III

**Condom commodities  
have been flowing at a  
fairly steady pace**



# Insight III: Condom commodities have been flowing at a fairly steady pace.



## What We Saw

- After a decline in 2016 and 2017, condom deliveries are expected to recover to about 3.7 billion condoms a year in 2018.
- Dramatic increases in procurement by South Africa is camouflaging declines by USG, UNFPA, and GF.
- Donor deliveries flow in peaks and valleys, and are unpredictable – especially at the country level.
- Yet countries will ‘rotate’ through donors to fund condom procurement for free distribution.
- Poor country planning, forecasting, and quantification contributes to donors’ ability to meet needs.



## Causes

- Condom commodities are low cost, fairly ‘safe’ and easy to fund. Donors can rely on in country infrastructure to distribute and may believe they don’t require the complex design, management, M&E of programmatic components.
- Donors and governments still recognize the need for, and believe in condoms; commodities are a way to “do something” by supporting continued procurement, if not programmatic support.
- Poor country program stewardship, coordination and in country quantification and planning perpetuate country level gaps and oversupply.



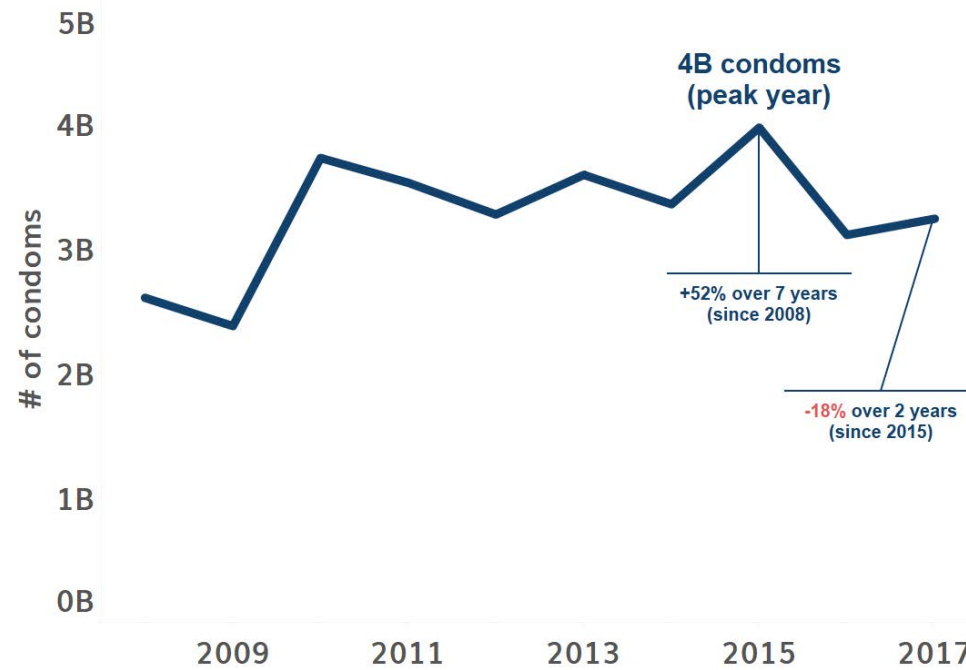
## Implications

- Ultimately, inconsistent over / under supply puts at risk modest gains of access and use. Strategic forecasting and funding could help.
- Countries have a difficult time planning to support a long-term vision for healthy markets.
- Unpredictable deliveries also result in over-supply and stock-outs. This can harm the market, preventing the commercial sector from investing, and disrupting CSM from transitioning to more sustainable, cost recoverable programs.

# A relatively steady flow of global condom procurement and deliveries

Procurement estimates likely **underestimate** global donor funded procurement. GF data only includes condoms centrally procured from the GF pooled procurement mechanism (PPM).

Figure 9. Donor and major government funding for condom deliveries 2008-17



Includes USG, UNFPA, Global Fund, DKT, South Africa Dept. of Health, and PSI.  
Sources: RH Interchange Data, Organization specific data gathered through interviews and information sharing.

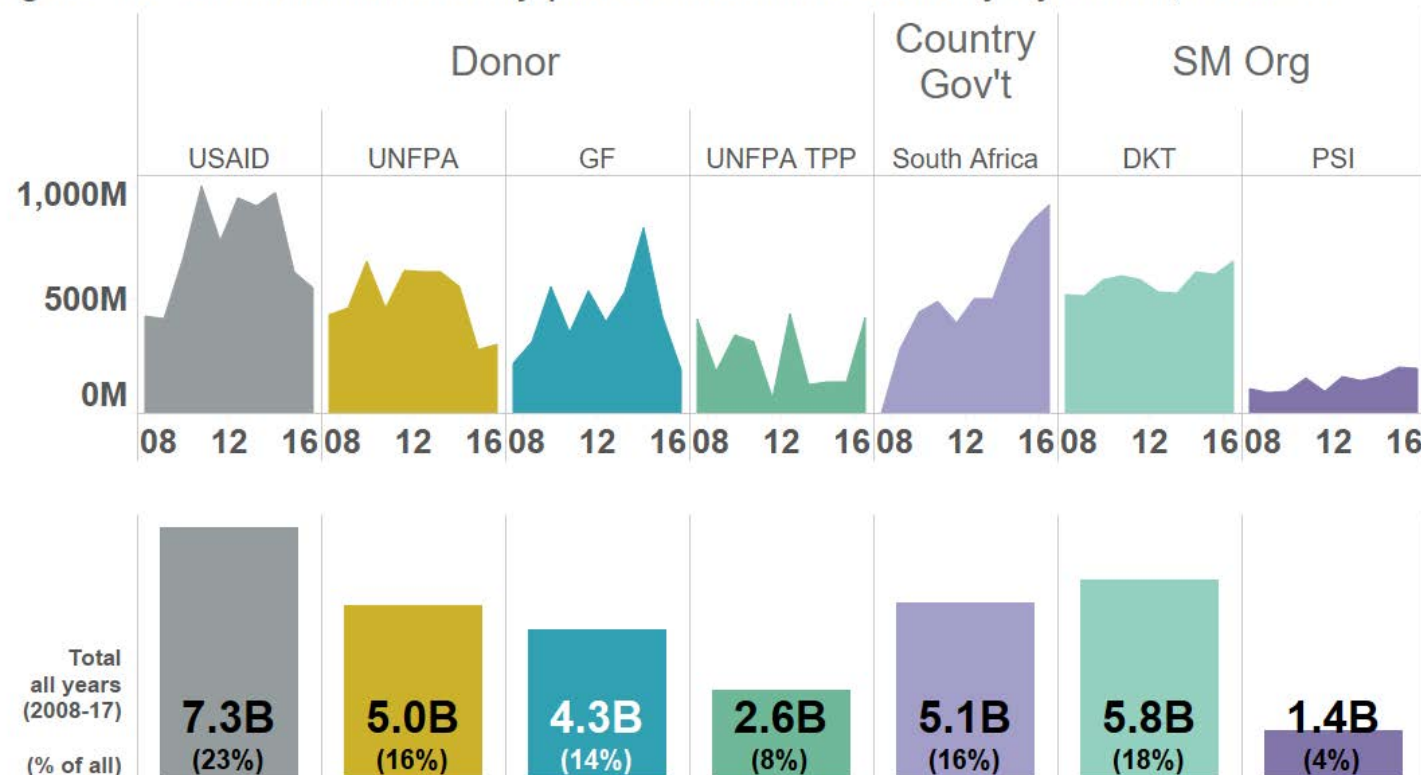
- After a decline in 2016 / 17, condom deliveries are expected to recover to about 3.7 billion condoms a year in 2018.
- Both USAID and UNFPA believe they are able to meet most in-country requests for condoms.
- **The decline of procurement by major donors is offset by South Africa's growing investment in condom commodities.**
- But a number of factors contribute to persistent country stock outs, including poor in country planning, donor coordination, the agreed role of free, and who will fund free.

# Donor-specific condom procurement trends

## Condom Procurement All Donors

- **Donor-specific procurement is volatile – contrast to South Africa and social marketing deliveries, which are generally steadier.**
- **There is little to no coordination on procurement at the global level, although a recent MoU outlining the roles of GF and UNFPA procurement is likely to help.**
- **South Africa is now the largest procurer of condoms in the world.**
- **USAID-funded procurement dropped** from nearly a billion condoms in 2015 to approximately half that in 2017. This is attributed to the anticipated transition to GHSC-PSM, the USG's primary commodity supply chain contract in 2016, but hasn't rebounded.
- **UNFPA will nearly double procurement** from 2017 levels (to expected 552 million in 2018).
- **UNFPA Third Party Procurement – (TPP)** includes condoms procured on behalf of NGOs, governments, etc. TPP for GF is not included in GF procurement.
- **GF has funding to increase annual procurement** to about 675 million condoms /year from 2018.
- **Both KfW and DFID stopped reporting commodity deliveries after 2013 to RH Interchange.**

Figure 10. Condom commodity procurement and delivery by donor, 2008-17



Sources: USAID/GHSC-PSM Correspondence, USG Contraceptive & Condom Shipment Reports, UNFPA Correspondence, Global Fund Price & Quality Database, DKT Contraceptive Social Marketing Database, South Africa Dept of Health Annual Reports, PSI Correspondence.

# Donor funded condom procurement – donor analysis

Condom Procurement  
All donors

## PEPFAR

~20% 3-year avg. of donor procured condoms

- Funding for the Commodity Fund has averaged about US\$25 million per annum, but it is **uncertain whether funding is available beyond 2019**.
- Planned procurement in 2018 is expected to slightly increase due to negotiated competitive pricing agreements.
- **Commodity requests are driven by USAID missions**, relying on country quantification to estimate commodity needs; a limited review of requests is made by HQ teams.
- **Country specific shipments are volatile** - and reflect in-country planning challenges, including weaknesses in the quantification process, donor coordination, and in-country supply chain and distribution programs.
- Most condom procurement from USG is distributed in Africa, with the exception of Pakistan (which received 100 to 400 million condoms/year).

## UNFPA & Third Party Procurement

~17% 3-year avg. of donor procured condoms

- While UNFPA procurement was below 300 million condoms in 2016/17, **over 550 million condoms were delivered in 2018**, more in line with procurement levels of 2015 and earlier.
- **UNFPA manages a Third-Party Procurement (TPP) program** for governments, NGOs, UN entities.
- As with USG, **procurement requests are driven by in-country planning and quantification efforts**, with modest oversight and review by UNFPA procurement teams.
- Procurement requests are pooled across countries and placed with eight manufacturers of male condoms with long-term agreements with UNFPA.
- UNFPA shifting to levying procurement fees to support cost recovery of some operational costs.

## Social Marketers

~23% 3-year avg. of donor procured condoms

- **DKT's** condom procurement not captured by other donors in this analysis has **averaged between 500-650 million condoms per year**. DKT condoms are funded (generally) by non-USG funders, or DKT internal revenue.
- **PSI** invested about US\$77 million of core funds in condom procurement from 2007-2018, in addition to other donor procurement that is captured in this analysis. PSI procured an estimated 150-200 million condoms with core funds annually. As these procurements were not captured elsewhere, they are explicitly broken out here.
- Notable that SM deliveries lack the volatility of donor procured condoms.

# PEPFAR-specific condom procurement trends

## Condom Procurement PEPFAR

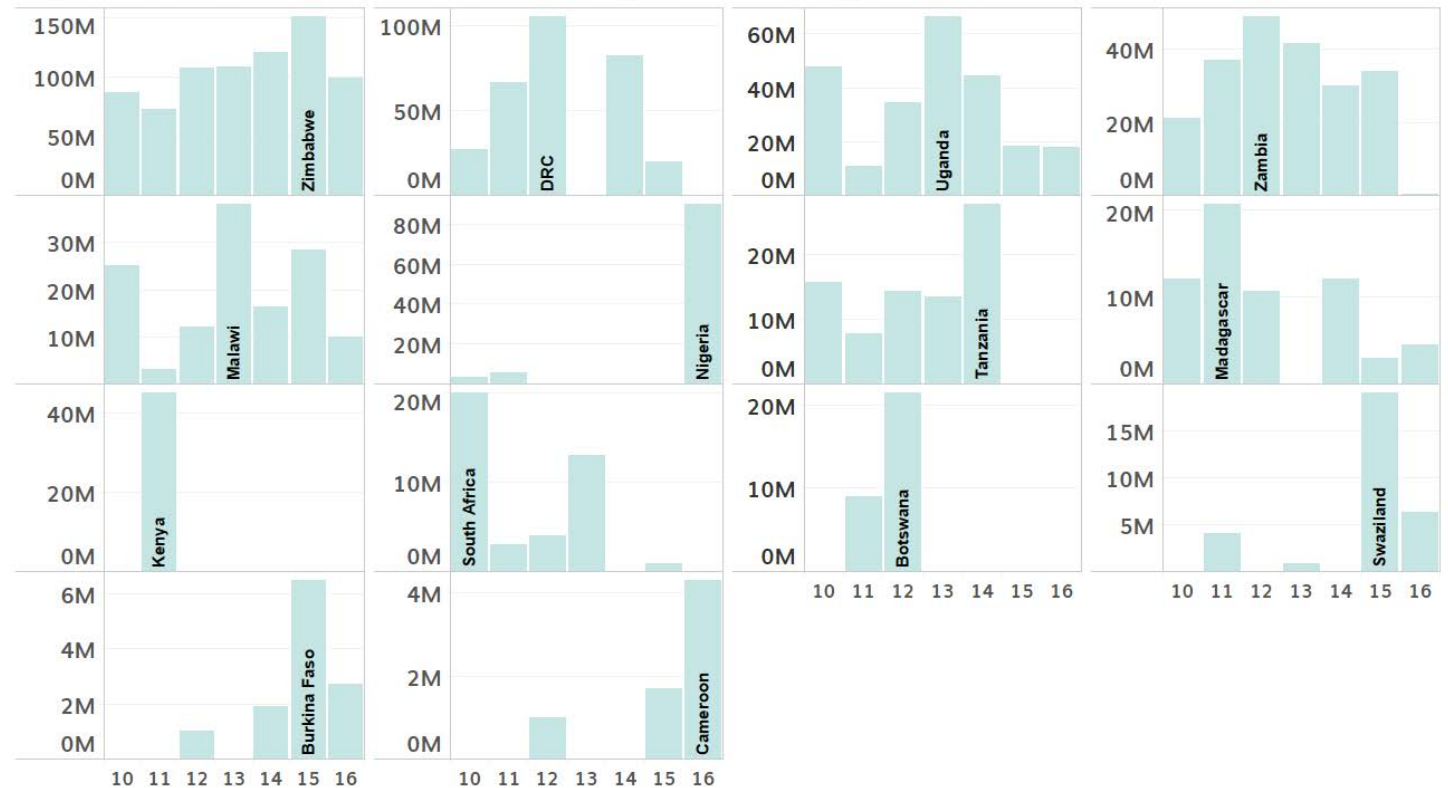
With the exception of a few countries such as Zimbabwe, PEPFAR country-specific procurement can swing dramatically.

- For example, in DRC, condoms delivered were 105m in 2012, dropped to zero the next year, then climbed to 82m in 2014, and then dropped to zero in 2016.
- PEPFAR country volatility is also a function of country programs that 'rotate' through donors to procure condoms – which can inhibit long term strategies supporting supply.
- Country-specific procurement requests are driven by USAID Missions and support social marketing programs and free distribution.

### The Contraceptive Fund

The USG manages its commodity procurement and supply chain operations through the Global Health Supply Chain - Procurement and Supply Management Project (GHSC-PSM). Condoms are generally procured through the centrally managed and funded Commodity Fund (CF), which supports procurement of male condoms, female condoms and lubricant.

Figure 11. PEPFAR condom deliveries by select country, 2010-16



Source: U.S. Agency for International Development (USAID), Overview of Contraceptive & Condom Shipments





#### Insight IV

**Declining funding for CSM is impacting what was once a programmatic pillar for condom programs**



# Insight IV: *Declining funding for CSM is impacting what was once a programmatic pillar for condom programs.*



## What We Saw

- KfW, especially focused in West Africa, is phasing out all of its CSM programs.
- USG has graduated or is graduating programs in Zimbabwe, Kenya, South Africa, Botswana, Tanzania, and Namibia, and trends toward sustainability through graduation.
- DFID is pulling back or has pulled back from CSM programs in countries such as Nigeria, Kenya, increasingly focused on broader, integrated programs.
- The Global Fund is increasingly shifting support to public free distribution programs, such as in Tanzania.



## Causes

- Shift toward integrated programming to support a more complicated prevention portfolio.
- Fatigue with CSM; some programs have been funded for decades, many of which have been slow to respond (e.g., by shifting toward more sustainable approaches).
- Budget constraints forcing re-prioritization of funding.



## Implications

Departure of CSM programs can put the steady gains made in growing use at risk, and are likely to leave gaps in:

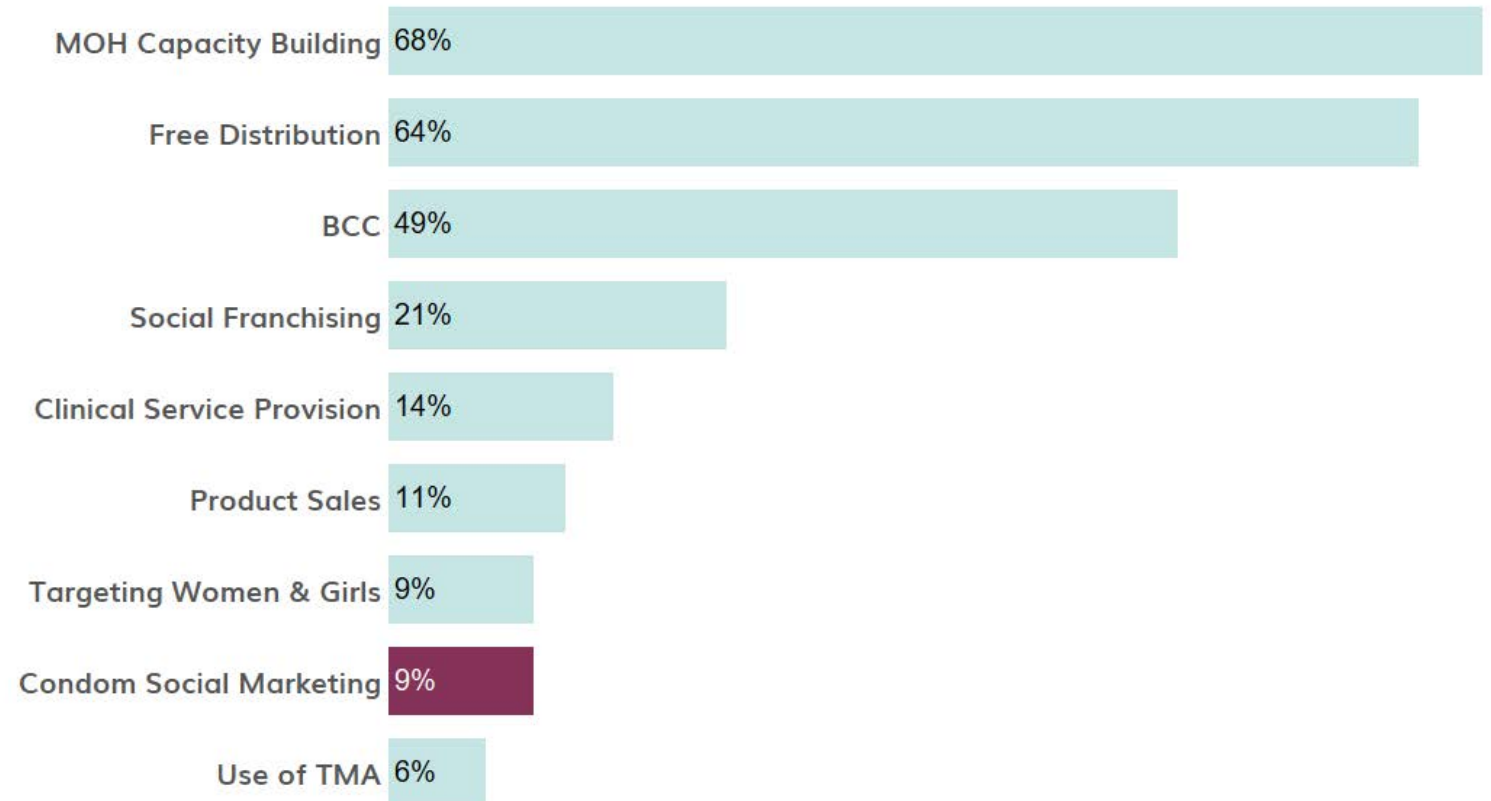
- Distribution and behavior change interventions to normalize condoms, including demand creation interventions.
- Support to stewardship, including market intelligence, coordination for a TMA, and TA for condom strategy development and execution.
- Free condoms, which are reliant on subsidy, are filling the void and likely less sustainable, and also present access challenges.

# Funding for Condom Social Marketing programs on the decline

*Donors and Social Marketers struggled to quantify the drop in support for CSM, but interviews note the trend is real and impacting programs.*

Figure 12. Programmatic components of large PSI awards by % of total funding, Jul 14 - Apr 16

- Figure 12 highlights the relatively small proportion of funding for CSM in awards won by PSI from 2014-16 (just 9% of total funding in PSI awards supported CSM.)
- SM sales in sub-Saharan Africa have decreased by more than one-third since 2012 (*dkt SM data*) in absolute terms; the market share of SM has also declined in most countries.





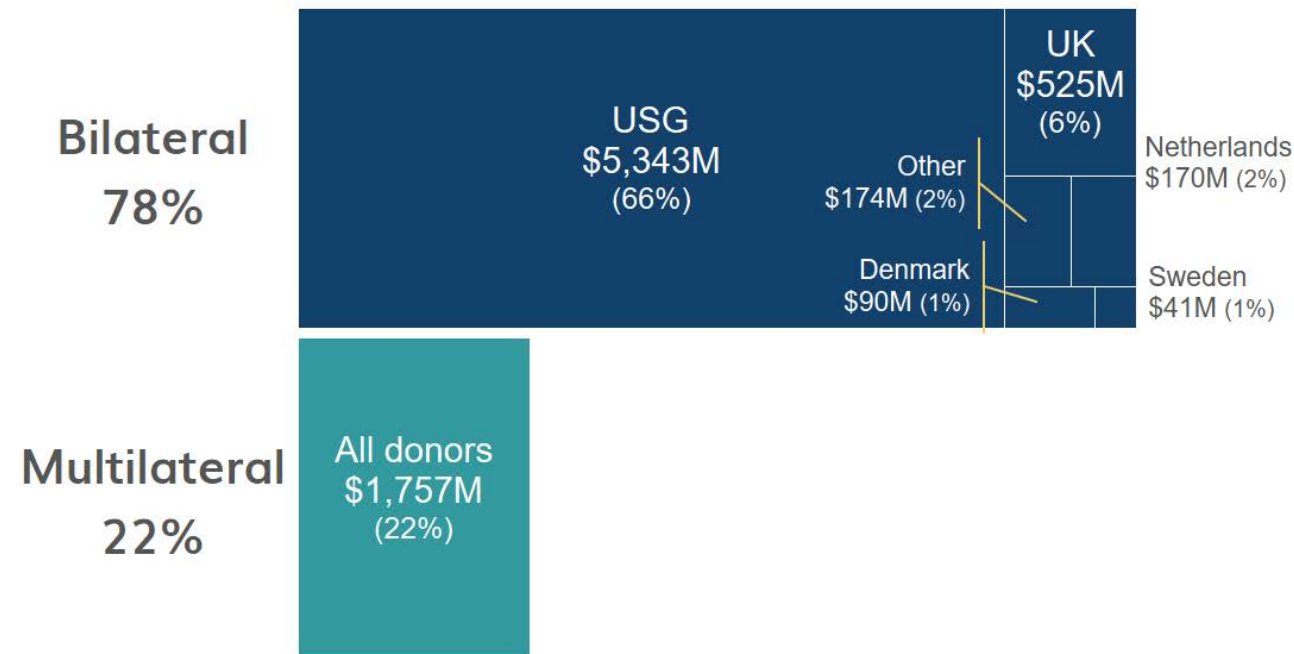
Annex I:

**Donor Snapshot:  
PEPFAR, GLOBAL  
FUND, UNFPA and  
other donor profiles**

# Despite the emphasis on multi-lateral approaches, global bilateral agreements drive donor investments.

Overall HIV Funding  
All Donors

Figure 13. Global HIV investment composition: bilateral and multilateral funding, 2017



Source: Kates, J., Wexler, A., Lief, E. Kaiser Family Foundation. Donor Government Funding for HIV in Low- and Middle-Income Countries in 2017. July 2018.

- The practical impact of bilateral investments is **that a select few donors drive investment decisions**. A positive implication is that fewer decision makers create the opportunity for manageable coordination.
- Most donors channel the majority of their funding through multi-lateral mechanisms such as the GF.
- The (very big) exception is large bilateral investments by PEPFAR (USG) and the UK.



Donor Snapshot:

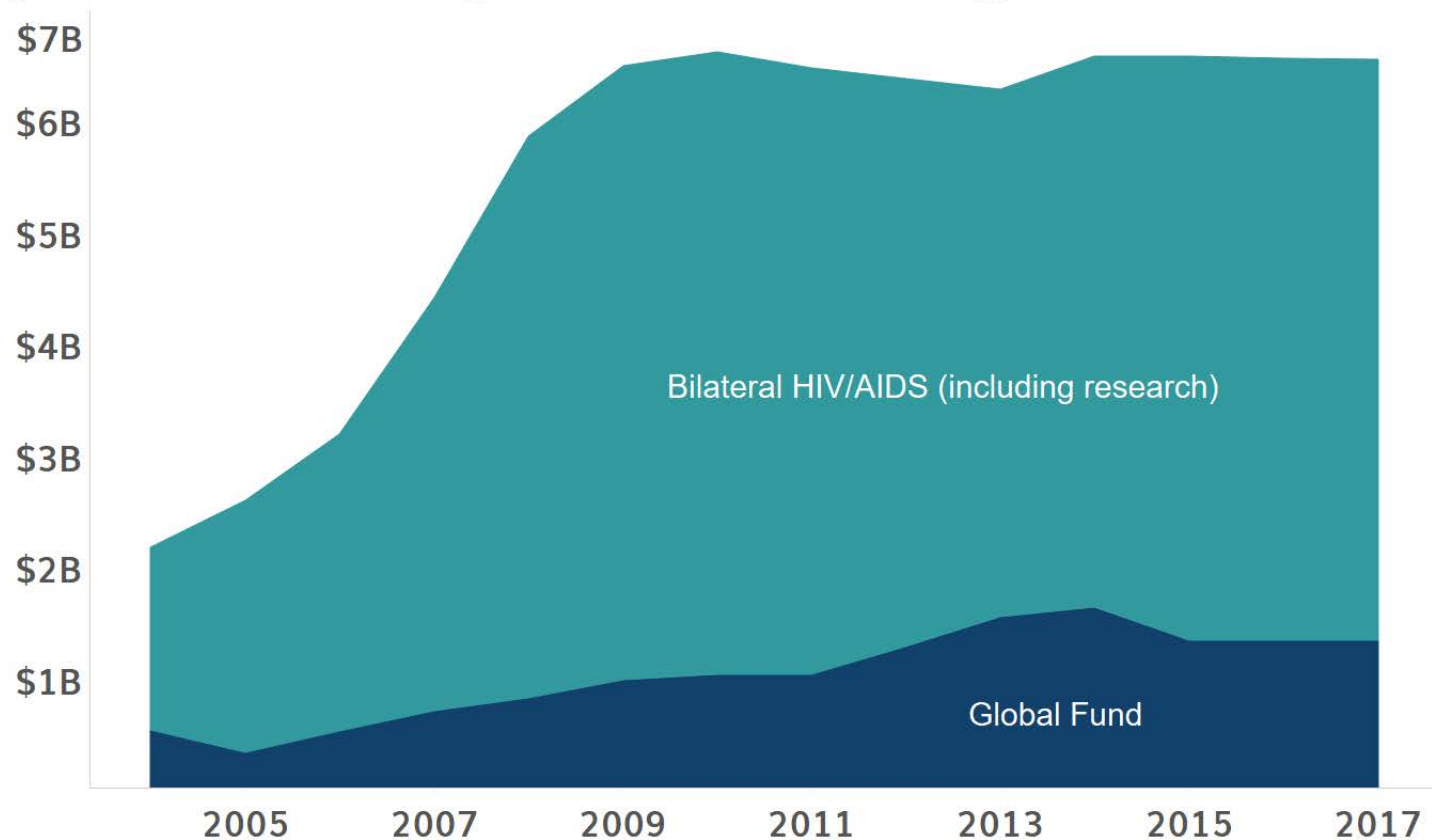
**PEPFAR**

# PEPFAR overall HIV funding has remained mostly steady

*The USG through PEPFAR provides about 74% of all funding to the global HIV response through bilateral agreements, centralized mechanisms, and contributions to the Global Fund.*

## Overall HIV Funding PEPFAR

Figure 14. PEPFAR Funding Trends – overall HIV funding, 2004-17



Sources: <https://www.pepfar.gov/documents/organization/252516.pdf>, PEPFAR Planned Funding 2004-2017

- PEPFAR's bilateral funding peaked in 2010 at about US\$5.6 billion, and remained constant at US\$5.2 billion from 2015-18
- Congress mandates USG contributions to the GF should not exceed 33% of total contributions from all donors.
- PEPFAR contributions to GF peaked at US\$1.65 billion in 2014, and have plateaued at US\$1.35 billion since 2015.
- The President's 2019 funding request to GF dropped to a 10-year low of US\$925 million.



# But PEPFAR investment in prevention programming is on the decline

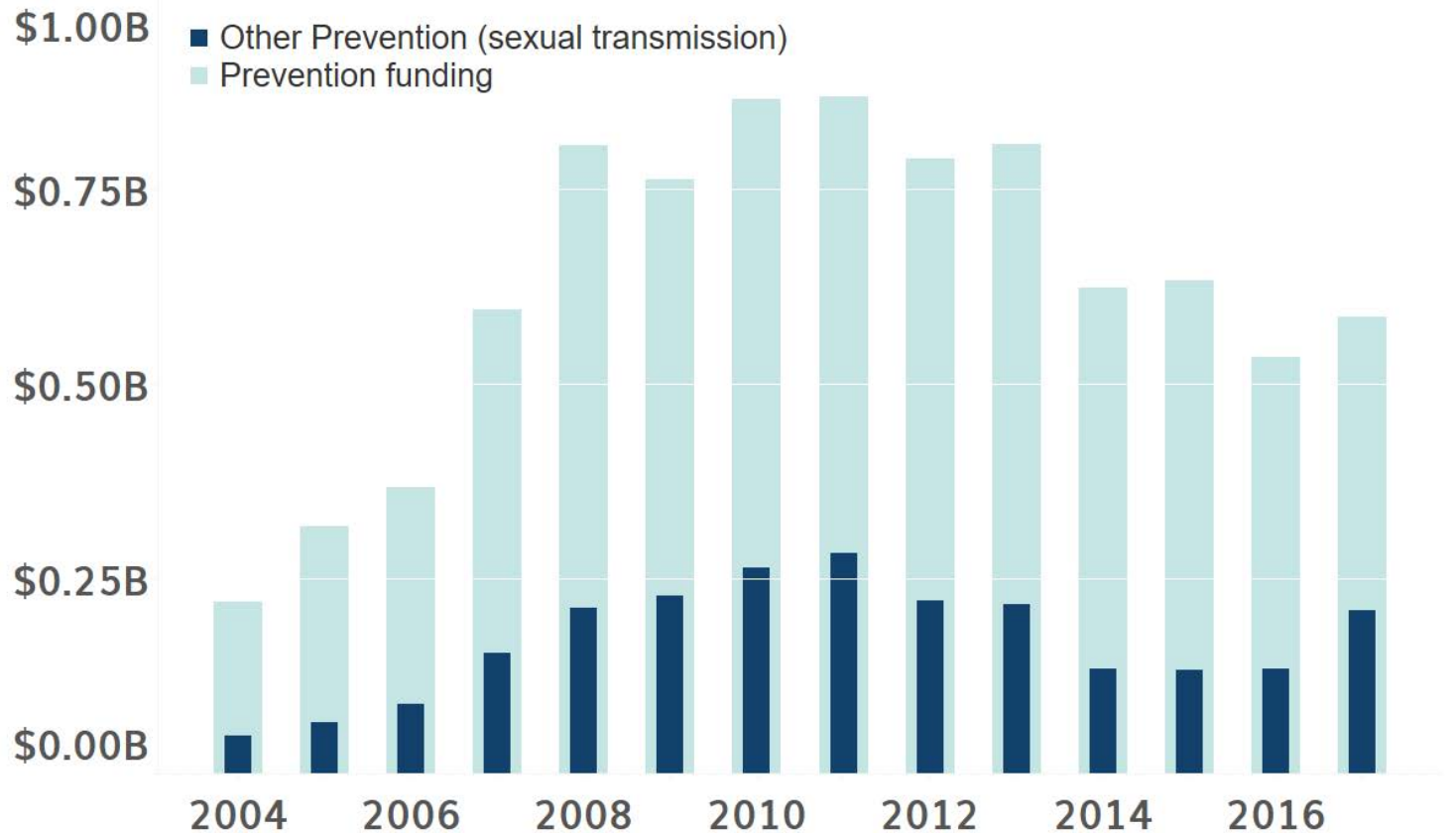
- Prevention funding peaked at US\$1.15B in 2011, declining by 31% to US\$795M by 2017.
- “Other prevention,” which includes condom programming, peaked in 2011 at US\$283M and decreased to US\$208M in 2017.

## PEPFAR’s ‘Other Prevention’ Activities (‘HVOP’)

A subset of prevention that includes PrEP; the procurement, promotion, distribution, and SM of male condoms beyond key populations; & STI management for PLHIV. Other Prevention is identified as the HVOP budget category.

*“Planned Funding” within PEPFAR represents the total planned funding for a particular FY, that has been approved by PEPFAR through country operational plan (COP) budgets. Financial expenditure data is not publicly available.*

Figure 15. PEPFAR planned funding for HIV prevention, 2014-17



Source: PEPFAR Planned Funding 2004-2017

# PEPFAR prevention priorities

## HIV Prevention Funding PEPFAR

*USG prevention strategies focus on priority populations that include young women under 25, young men under 30, and KP. Priority interventions include: rolling out PrEP for those at high risk of HIV, PMTCT, treatment for adolescents and young adults who are HIV positive (treatment as prevention), VMMC, and condom distribution and promotion.*

### **DREAMS: Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe**

PEPFAR launched the \$700 million DREAMS public-private partnership in tandem with the BMGF and private sector partners to prevent new HIV infections in AGYW. DREAMS is illustrative of a new wave of comprehensive prevention interventions that address the economic, social, cultural, behavioral and biomedical factors that put young women and their partners at risk of HIV. DREAMS activities include individual-focused interventions such as HIV testing, post-violence care, access to an expanded contraceptive mix, and facility - and community-based condom promotion. Broader contextual interventions include education subsidies and school-based HIV prevention; parenting and caregiver programs, including cash transfers; community mobilization; and prevention activities with the partners of AGYW, including VMMC and condom promotion.

Source: <https://www.pepfar.gov/documents/organization/269309.pdf>

- Condom interventions are shifting away from vertical programs such as social marketing....
- ....to integrated efforts that fold in condom promotion as a 'module,' throughout PEPFAR-supported treatment and prevention activities.
- Integrated approaches have resulted in dispersed planning and oversight of condom programming. HQ-level condom support is embedded across departments and individuals; by one estimate condoms are included in work of up to nine departments.
- An organizational focus on the use of "granular epidemiologic, program, and cost data to improve partner performance and increase program impact and effectiveness" places an emphasis on performance management.
- However, PEPFAR does not have a meaningful condom specific indicator – program success is measured in terms of direct service delivery, and progress to 90/90/90 targets.



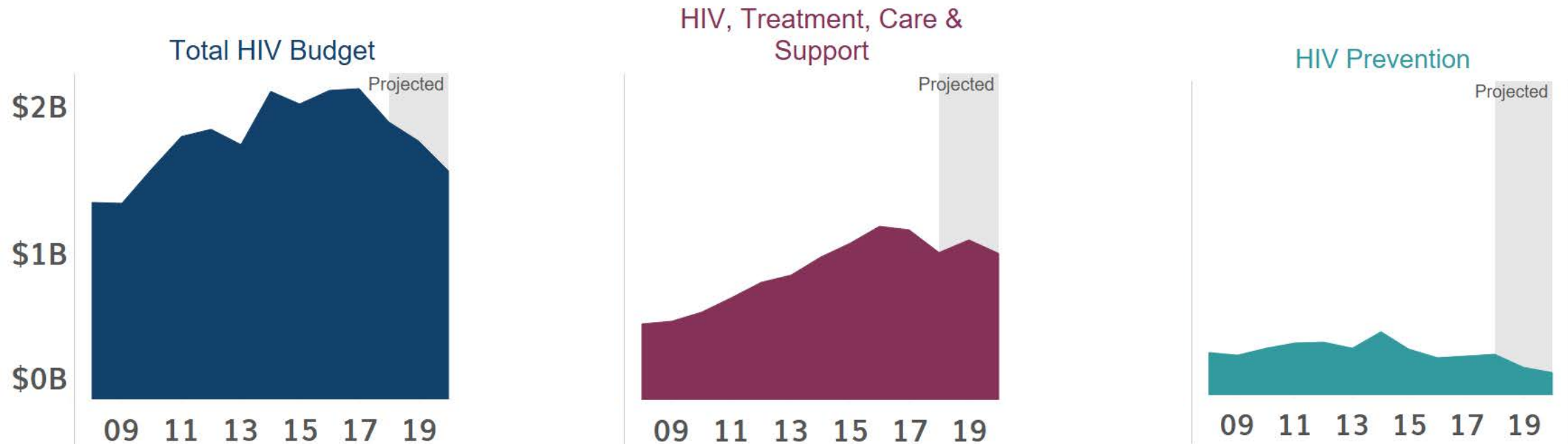
Donor Snapshot:

# Global Fund

# An overview of Global Fund HIV investments

## Overall HIV Funding Global Fund

Figure 16. Global Fund trends in HIV funding, 2009-20 (2018-20 projected)



Source: Global Fund Strategy Committee: HIV Portfolio analysis: Investments & expenditure 2008-20. Geneva, Switzerland. 20-22 Mar 2018

The GF HIV budget peaked at US\$2.1B in 2017. In addition to treatment, care & support, GF Total HIV budget includes HIV testing, prevention, & “other.”

Investments in treatment, care and support are taking an increasingly larger share of total HIV funding, growing from 40% of total funding in 2008 to a projected 65% by 2020.

GF prevention budgets have declined from US\$446M in 2014 to US\$289M in 2018. It is likely budgets will further decline from 2019.

A large, semi-transparent watermark of the UNFPA logo is positioned on the left side of the slide. It features a brown circle with the letters 'UNFPA' in a light blue, sans-serif font overlaid on it.

UNFPA

Donor Snapshot:

**UNFPA**

# Declining Funding for UNFPA HIV Programs

*As the lead UN agency for prevention for sexually transmitted HIV, the UNFPA plays a critical role in condom efforts globally.*

Overall HIV Funding  
**UNFPA**

UNFPA funding for HIV decreased 64% between 2015-2017 - from US\$39M to US\$14M.

This coincided with significant decreases in staffing; interviews indicate a decline of HQ staff dedicated to HIV prevention from about 100 in 2015, to approximately 20 staff today.

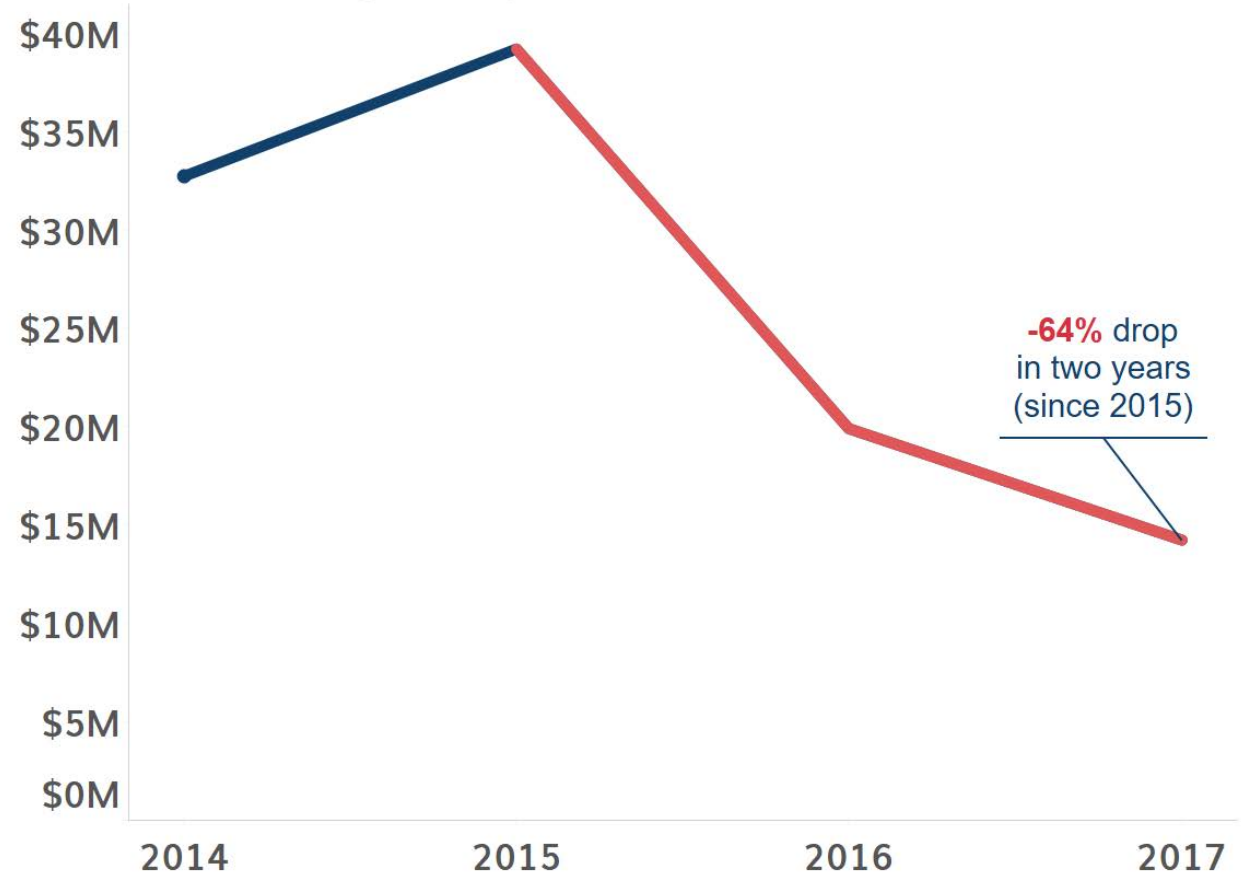
With declining resources, UNFPA has shifted emphasis to an advocacy role & thought leader, responsible for coordination, development of strategic partnerships, and very targeted technical assistance.

2018 priorities in HIV prevention for UNFPA include:

- Investments in advocacy for TMA, including engagement of commercial actors in support of sustainable condom programming;
- Development of a budgeting tool supporting condom programming;
- Condom procurement & delivery.

*Direct interventions such as the 'Condomize' demand generation campaign rely on country specific funding/support.*

Figure 18. UNFPA funding for HIV prevention, 2014-17



Source: UNFPA Transparency Portal: <https://www.unfpa.org/data/transparency-portal>





Donor Snapshot:

**Others**

# A summary of other donor funding

Donor	Priorities	Program Characteristics	Key Funding Trends
<p><b>KfW</b>  <i>“SM has done its job. The (condom) market has grown, and now a market for commercial products exists in Cameroon, for example.”</i></p>	<p>KfW has shifted to Health Systems Strengthening, rather than “single issue” programming. Stated priorities include:</p> <ul style="list-style-type: none"> <li>•Improving GF Country Coordinating Mechanism processes;</li> <li>•Using HSS to support disease specific priorities</li> <li>•Transitioning countries off donor support.</li> </ul>	<p>While a long-time supporter of social marketing programs, particularly in West Africa, KfW is phasing out support of existing CSM programs in Cameroon, Congo Brazzaville, CAR, and Equatorial Guinea.</p>	<p>Emphasis on multi-lateral investments.</p>
<p><b>SiDA</b>  <i>“We’re neglecting the behavioral aspects of programs - the ‘bio-medical’ solution has trumped investments in behavior change. We need to get back to discussions about sex, RH, and ways to support men”</i></p>	<p>Focused on an integrated, rights-based approach to SRH</p>	<p>Turning to cross-cutting interventions focusing on the behavioral elements of condom programming, and approaches that in turn benefit other health priorities.</p>	<p>SiDA invests about 300m Euro for SRH. 55% of that is on multi-lateral investments. Bi-lateral investments include projects with IPPF, Ipas, and a regional project managed by PSI.</p>

# A summary of other donor funding

Donor	Priorities	Program Characteristics	Key Funding Trends
<b>Norad</b>	HIV programming is integrated holistically into context of SRH more broadly. Norad does not support specific investments in condoms.	“Shifting from projects to larger programs.” Norad’s primary investment is in multi-laterals such as GF and UNFPA.	Invests US\$72m in UNFPA (SRH/HIV) and US\$6m in commodities. Some project-specific funding includes approximately US\$4.9M annually to IPPF, and investments in DKT (Mozambique), Ipas, and the Safe Abortion Action Fund.
<b>DFID</b> <i>“We may have taken our foot off the pedal...” in respect to condoms</i>	HIV prevention remains an “organizational priority.” Structural interventions, such as education support, are emphasized over bio-medical solutions.	Investments in prevention require a better understanding of program needs – evidence of gaps, and what’s needed to fill gaps – supported by an investment case.	A devolved funding model has country programs driving intervention design.

## **Other Donors:**

A coalition of donors recently pledged \$1.2 Billion to Launch the MenStar Coalition, aiming to diagnose and treat men. Much of the funding was already committed and re-purposed for this umbrella objective.

- **Australian AID:** Ausaid does not support condom-specific programming. \$1.2m of their Maternal and Child Health program investment targets sub-Saharan Africa.
- **UNITAID and CIFF:** Neither UNITAID nor the Children’s Investment Fund Foundation supports condom programming.
  - CIFF’s HIV prevention interventions currently focus on HIV self-testing, with condoms passively supported through existing SRH programs.
  - UNITAID’s investment focus is on new prevention technologies including self-testing, PrEP, and some demand generation for new technologies.

A close-up photograph of a hand holding a yellow ring with a green gemstone. The background is a soft, out-of-focus blue and green. The image is partially obscured by a white rectangular frame on the right side of the slide.

Annex II:

# Interviewed Donors

# Donors Interviewed

## **USG: PEPFAR: USAID, OGAC, CDC**

Kuyosh Kadirov, Senior Market Advisor, Office of HIV/AIDS.

Clancy Broxton (GH/OHA/IS)

Callie Raulfs-Wang, Capacity Building and Partnership Branch Chief

### **USAID Supply Chain Team**

Ashley Smith, Senior Supply Chain Advisor (HIV focus)

Hayley Traeger, Program Advisor for Strategic Engagement (FP focus)

Geoffrey Soybel, Program Analyst

### **OGAC**

Heather Watts, Dir of Prevention

Jennifer Albertini, Policy & Programs, Prevention Albertini,

Trista Bingham, (CDC/CGH/DGHT)

Amber Prainito

## **Global Fund**

Susie McClean, consultant, GF

Ade Fakoya, Senior Disease Coordinator HIV

Obinna Onyekwena

## **UNFPA**

Bidia Deperthes, HIV Prevention Advisor

Elizabeth Benomar

### **UNFPA Procurement Team**

Maria Ruiz

Cristina Palau Cristina Palau

Seloi Mogatle Seloi Mogatle

Ashley Louisa Moyo

## **Dfid**

Fiona Campbell

Juliet Whitley

### **Norad**

Nina.Strom

### **Team Input**

Skjelmerud, Anne

Djupvik, Monica

Lene Jeanette

### **KfW**

Annette Gabriel,

### **UNITAID**

Heather Leigh Ingold

### **SIDA**

Anders Nordström,

Mikaela Hildebrand

### **Australia / DFAT**

Chris Sturrock,

### **CIFE**

Taryn Barker Strøm

Mara Hildebrand