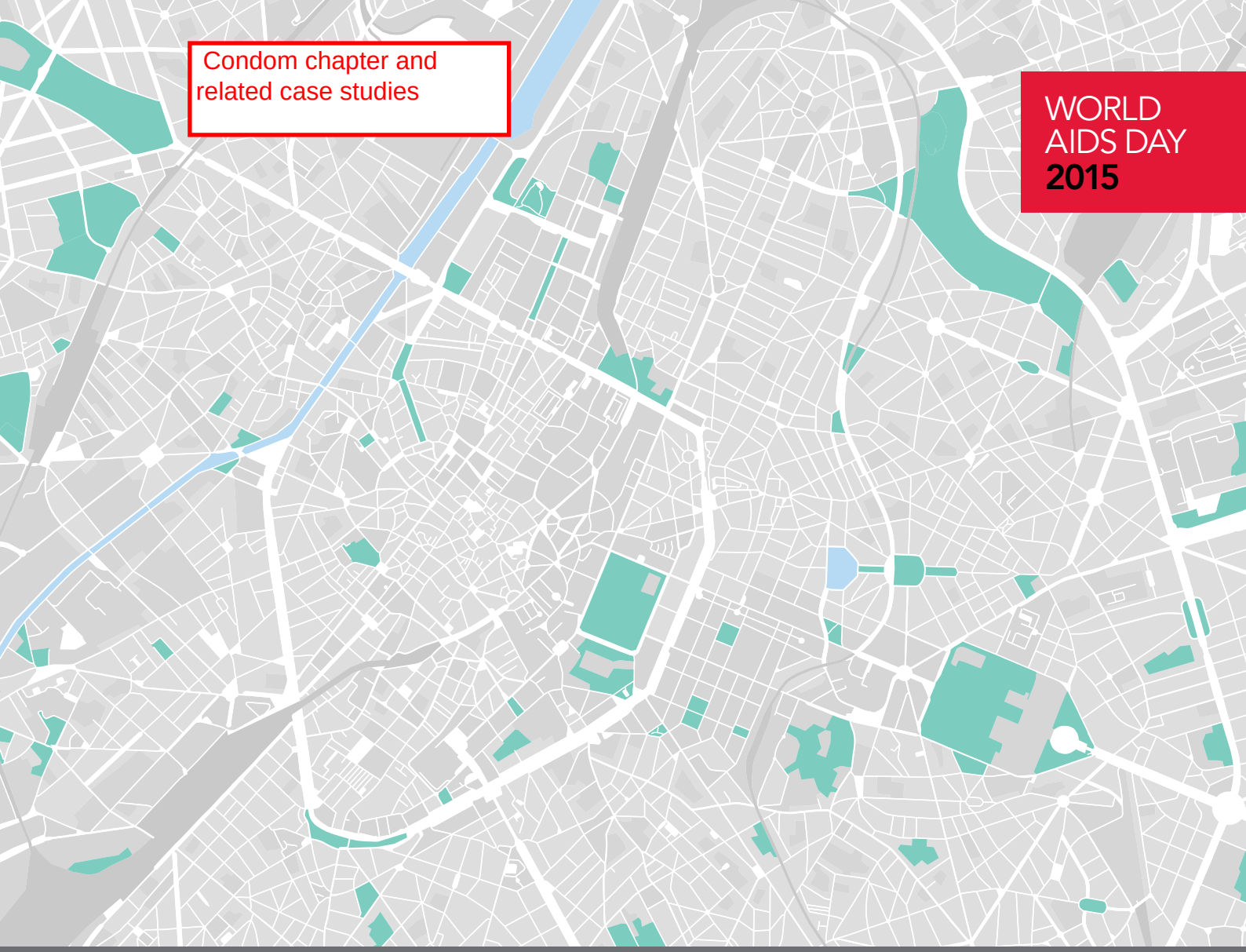


Condom chapter and related case studies

WORLD AIDS DAY **2015**

On the Fast-Track to end AIDS by 2030

Focus on location and population

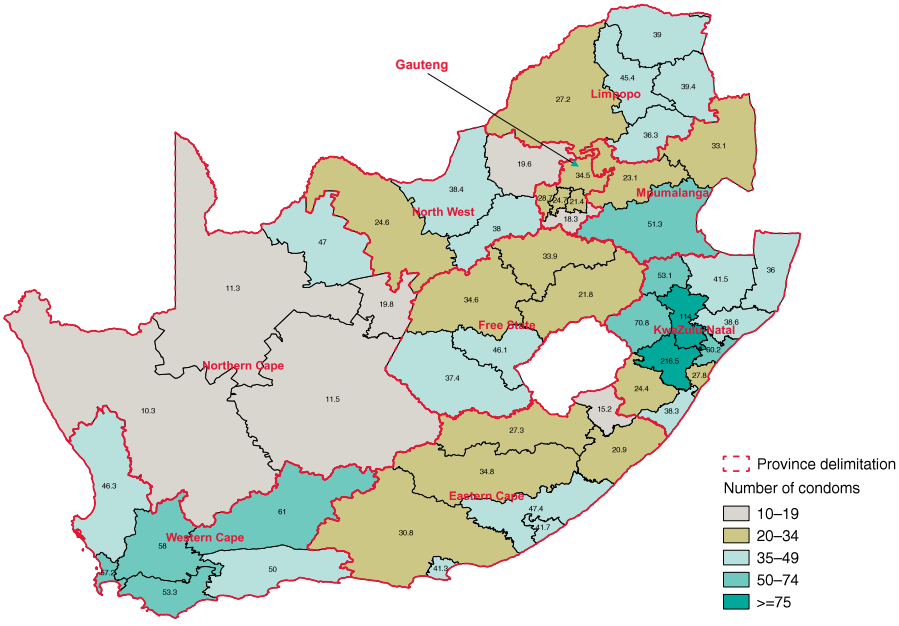
Condoms

Condoms are proven and affordable methods of HIV prevention in both low-level and high-level epidemics. In Zimbabwe and South Africa, increased condom use has contributed to reductions in HIV incidence *(1, 2)*. In India and Thailand, increased condom distribution to sex workers and their clients, along with other HIV prevention efforts, has been associated with reduced transmission of HIV and other sexually transmitted infections *(3–5)*. Putting condoms on the Fast-Track would avert an additional 1.4 million new HIV infections by 2020 *(6, 7)*.

Figure 15

Average number of male condoms distributed annually per male adult aged 15 years or older in South Africa, by district, 2014–2015

The South African Government aims to annually distribute 1 billion male condoms (50 male condoms per adult male per year) and 25 million female condoms by 2016. A rebranding of the freely distributed "Choice" male condom and a distribution partnership with South African Breweries have contributed to progress towards the target. In KwaZulu-Natal, strong political and technical leadership, community-based distribution, and a focus on high-transmission areas helped Fast-Track condom distribution from 8.2 condoms per adult male in 2010 to a provincial average of 59.1 condoms per adult male in 2014, exceeding the national target along with Western Cape.



Source: National Department of Health, Republic of South Africa, 2015.

FAST-TRACK TARGETS

- *Ninety per cent of women and men, especially young people and those in high-prevalence settings, have access to HIV combination prevention and sexual and reproductive health services.*
- *Twenty billion condoms available annually in low- and middle-income countries for people of all ages.*

FAST FACTS

- *Regular and correct use of condoms reduces the risk of HIV transmission by as much as 95% (8).*
- *Condoms have averted an estimated 50 million new HIV infections since the onset of the HIV epidemic (6).*
- *Condoms are an inexpensive HIV prevention tool and also prevent against other sexually transmitted infections and unintended pregnancies. One condom costs less than three cents to make (9).*

CHALLENGES AT A GLANCE

- **Condom fatigue:** condoms have been deprioritized and donors' support for condoms has flatlined *(10, 11).*
- **Insufficient access to condoms:** there are gaps in condom access in key populations and key locations, even in countries with highly promoted and widely distributed free condom programmes *(12).*
- **Insufficient access to lubricants:** less than 25% of men who have sex with men in 165 countries have easy access to free lubricant (*13*), and sex workers desire but lack access to lubricants. Most countries do not include lubricant in their national strategic plans *(14)*.

Over the past few years, however, "condom fatigue" has set in, especially in sub-Saharan Africa. Condoms have been deprioritized, and a "business-as-usual" approach prevails in many countries. Donor support for condoms has flatlined, with the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) spending less than 1% of their resources on condoms *(10)*.

Within this difficult global situation, some programmes are sustaining their condom programmes and rolling out innovations in condom promotion. In

Zambia and Nicaragua, location-targeted strategies have increased condom use in places where individuals meet new sexual partners or engage in sex, and population-targeted approaches have improved condom use in diverse populations, including students and young travellers in Sweden, people who inject drugs in New York City, and truck drivers and their sexual partners in the United Republic of Tanzania *(15–20)*.

Distribution of free condoms, widespread or targeted to key locations or populations, is repeatedly shown to be a key component of successful condom programmes. Social marketing of subsidized condoms has increased condom use in several sub-Saharan African countries, including urban Zimbabwe and Mozambique *(21–23)*. In India, condom programmes focusing on key populations have been effective in increasing condom use and decreasing HIV infection through community engagement of sex workers, men who have sex with men and transgender people.

Public-sector distribution, social marketing and commercial sales can be combined into a total market approach that emphasizes the strength of each segment of the market and improves the overall efficiency and effectiveness of condom promotion.

South Africa builds the world's largest condom distribution programme

Although South Africa has made significant strides in improving access to treatment and reducing mother-to-child transmission of HIV, continuing high incidence of HIV among adults is a serious concern. An estimated 330 000 [300 000–360 000] new infections occurred among adults aged 15 years and older in South Africa in 2014 *(24)*.

A reported decline in knowledge levels about HIV and AIDS, an increase in risky sexual behaviour and insufficient levels of condom use continue to drive the HIV epidemic *(25)*. Between 2008 and 2010, an average of only 13.4 male condoms were distributed per adult male per year in South Africa. In five of the nine provinces, fewer than 10 condoms were distributed per adult male per year. In KwaZulu-Natal, the province with the highest HIV prevalence, 8.2 condoms were distributed per adult male per year, in stark contrast with Western Cape, where almost 40 condoms were distributed per male per year. Of additional concern to the South African Government was a significant drop from 45.1% to 36.2% in condom use at last sex across the country and among various subpopulations between 2008 and 2012 *(25)*.

In response, the South African Government set an ambitious goal in 2011 to annually distribute 1 billion male condoms (50 male condoms per adult male per year) and 25 million female condoms by 2016. It is also aiming to achieve 100% condom use among people aged 15–24 years.

The Government's free condoms have an empowering brand name—"Choice"—that urges South Africans to take a decision to protect themselves. Social marketing has helped to build awareness and increase the use of Government-branded condoms. A strong emphasis is placed on free distribution through public health facilities, identified outlets in hotspots and

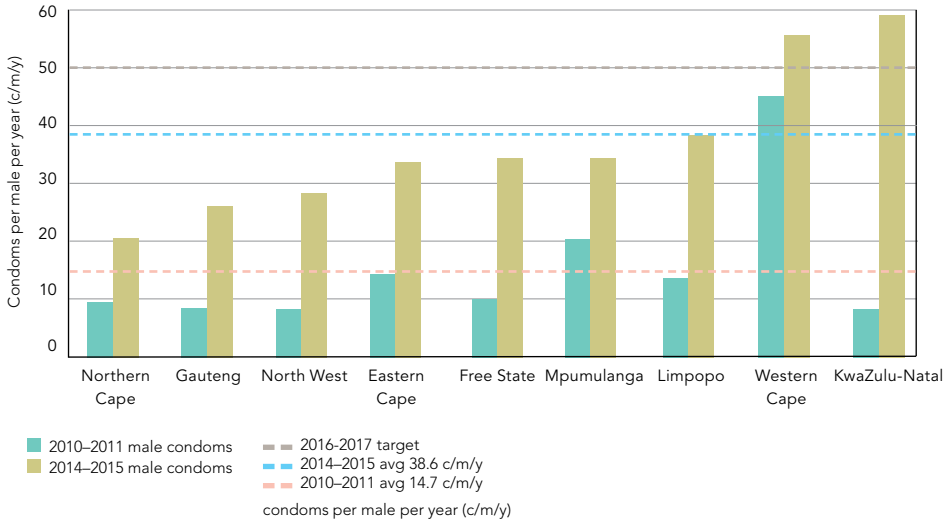
other public sites to ensure access to condoms. To appeal to younger people, the Choice brand was reinvigorated in 2015 with a new line of brightly coloured and flavoured condoms that are being freely distributed in colleges and universities.

Other innovations were introduced. Subnational condom coverage data *(26)* are used by district management teams in high-burden areas and low-performing districts to adapt their strategies and operational plans to plug gaps in condom distribution coverage and to align their efforts to achieve both the provincial and national targets *(27)*.

The Project Promote partnership with South African Breweries has strengthened the condom supply chain and extended regular condom distribution. Each month South African Breweries' extensive distribution network delivers condoms to 11 800 shebeens (taverns) across the country (*28*).

Figure 16

Condom promotion in South Africa: number of male condoms distributed per male per year, by district, 2010–2011 to 2014–2015



Source: National Department of Health, Republic of South Africa, 2015.

In 2012, the Western Cape achieved its condom targets, having distributed 53.8 condoms per adult male. KwaZulu-Natal Fast-Tracked condom distribution from 8.2 condoms per adult male in 2010 to 58.9 condoms per adult male in 2014, exceeding the national target. In total, 11 of the 52 districts reached the national target in 2014.

KwaZulu-Natal's extraordinary progress has been aided by:

- Strong political and technical leadership at the provincial and district level and multisector oversight through regular review meetings of district AIDS councils and local AIDS councils led by mayors to monitor targets and come up with solutions.
- Close collaboration with communities through Operation Sukuma Sakhe (a provincial government anti-poverty initiative) working in wards to ensure communities participate in the response.
- Community-based distribution of condoms in shebeens, tertiary institutions and community facilities, and community caregivers distributing condoms to households during campaigns.
- Scale-up of prevention services, including distribution of condoms in high-transmission areas.

An important feature of South Africa's condom programme is that it is funded by domestic resources; most other countries in the region rely heavily on donor-funded and donor-procured condoms. The estimated cost of South Africa's ambitious condom programme for 2012–2016 is US$ 160 million—only 1.5% of the total estimated budget of the South African national AIDS programme *(29)*.

South Africa has emerged as a global leader in male and female condom distribution. Since 2010 there has been a 2.6-fold increase in the number of condoms distributed in South Africa, and the country now boasts the largest free condom distribution programme in the world, with over 712 million male condoms and 19 million female condoms distributed in 2014, and another 100 million condoms sold at subsidized prices through social marketing programmes and commercial sales. Gaps in condom distribution coverage across districts and provinces have been addressed by geographical targeting, especially in high HIV prevalence locations.

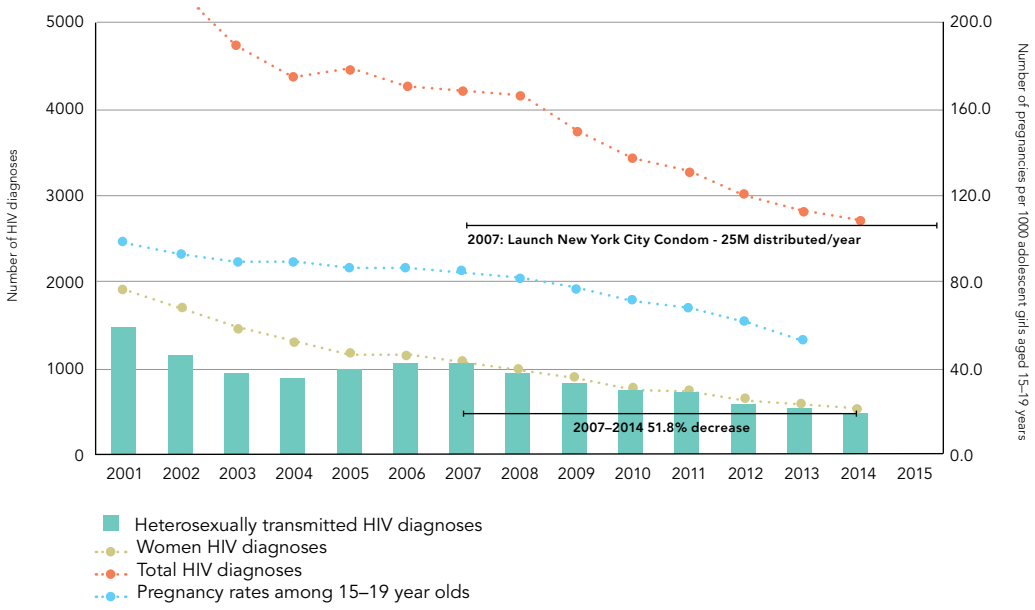
NYC Condom reaching key populations with focused distribution, marketing and mobile phone app

New York City was the first city in the world to have its own municipally branded condom, and it currently maintains the largest free condom programme in the United States of America. Even in this high-income, cosmopolitan city, free condom distribution is instrumental in preventing HIV, other sexually transmitted infections and unintended pregnancies among key populations. Free condom distribution is included as a cost-saving and cost-effective prevention strategy within the 2015 Blueprint for ending the epidemic in New York State by 2020.

New York City's free condom programme started in 1971, with free condoms distributed through the city's clinics for sexually transmitted infections. An increase of new HIV diagnoses due to heterosexual transmission was observed between 2004 and 2007, mostly among low-income African-American people and people of Hispanic descent. In 2007, the Health Department launched the NYC Condom. Since then, every National Condom Awareness Day (held

Figure 17

New HIV diagnoses in New York City, 2001–2014



Source: New York City Health Department.

on St Valentine's Day) has included a change in the look of the NYC Condom packaging or the addition of a new layer of social marketing to the programme.

The Health Department supplies male condoms, female condoms and lubricant freely to any New York City organization or business that wishes to distribute them. In 2011, the Health Department created the NYC Condom Finder, a mobile phone application (app) that uses GPS to assist users to find condom outlets across the city; this app has been downloaded more than 43 000 times.

New York City's Condom Availability Program (NYCAP) has over 3500 condom distribution partners and in 2014 distributed over 37.1 million male condoms and almost 1.2 million female condoms across the five boroughs. These partners focus distribution on neighbourhoods with the highest rates of HIV in the city, and to locations that serve people living with HIV and key populations, such as gay men and other men who have sex with men.

The programme works to increase the awareness, availability and accessibility of condoms to the residents of New York City by maintaining a strong community presence. In 2014, NYCAP participated in over 105 community events, provided 825 presentations in the Health Department's clinics for sexually transmitted infections, and participated in all official and unofficial Gay Pride events in the city, reaching over 53 500 individuals.

Awareness of and access to NYC Condoms is high among key populations. Over 75% of individuals polled at Gay Pride events and an African American Day Parade had seen or heard of NYC Condoms and had obtained them *(29)*.

At the Health Department's clinics for sexually transmitted infections, 86% of people surveyed were aware of NYC Condoms and 76% had obtained them *(30)*. Condom use was also high, ranging from 69% to 81% among people who obtained NYC Condoms *(30, 31)*.

Since the launch of the NYC Condom, more than 300 million NYC Condoms have been distributed. The trend in new diagnoses of heterosexually transmitted HIV infections has been reversed, with a reduction of 52% between 2007 and 2014 (Figure 17).

Fast-Track lessons learned

Condoms are the bedrock of combination HIV prevention, and adequate investment by governments and donors to further scale up condom promotion is required to sustain responses to HIV, other sexually transmitted infections and unintended pregnancies.

Sufficient numbers of condoms and lubricant must be distributed, complemented by social marketing of subsidized condoms and commercial sales. Condom programming for key populations and in key locations, incorporated with community-based peer outreach services, is essential to reduce new HIV infections. Setting ambitious national targets, disaggregated at the subnational and subpopulation level, will facilitate targeted distribution and access to condoms.

Changing legal and policy frameworks will increase access to condoms and use for key populations. For example, sex workers will use condoms more confidently if they are not fearful of being arrested for carrying them.

Innovations in condom design, promotion and distribution through the use of new media and public–private partnerships can help reach younger populations, and adolescents can be reached through school-based programmes. Shifting the focus of marketing from disease protection to fun has popularized condoms in some settings.

Achieving zero new HIV infections among young sex workers in Ouagadougou

Following a steady decline in the number of people newly infected with HIV, Burkina Faso has in recent years experienced a worrying resurgence in its epidemic. Over a decade, the estimated number of people newly infected with HIV increased by more than 50%, from 2800 [2100–3800] in 2004 to 4300 [3100–5900] in 2014 (6). The HIV epidemic is mostly concentrated among key populations in major cities and towns, including the capital city Ouagadougou and the second largest city, Bobo-Dioulasso.

In 2009, budget cuts led to a reduction exceeding 65% of HIV prevention services in Ouagadougou *(7)*, one of Africa's most rapidly growing cities and home to an estimated 35% of Burkina Faso's people living with HIV. Under these severe resource constraints, local programme managers, researchers and community groups managed a remarkable result within a pilot project of comprehensive HIV services for sex workers.

Sex workers in Ouagadougou are young, on average 25 years old, and 32% have little or no education. Half (50%) have at least one child. Most (72%) have between two and five clients per day and a monthly income between US$ 70 and US$ 200. The HIV prevalence among sex workers in Ouagadougou is 13.5% (9.6–18.7%). Only 6% belong to a community-based organization *(8)*.

Amid these challenges, a highly effective HIV prevention programme for sex workers has been established in Ouagadougou. Modelled on the Yerelon (meaning "know yourself" in Dioula) sex worker programme established in Bobo-Dioulasso since the early 2000s, initial efforts in Ouagadougou focused on 321 young women aged 18–25 years who were engaged in either full-time street-based sex work or part-time sex work alongside jobs within bars and markets *(9)*.

The women were provided with a range of free sexual, reproductive and mental health services, including general health and HIV care, HIV testing, treatment of sexually transmitted infections and as many condoms as they required. Peer-led education sessions covered condom demonstrations, sexual and reproductive health issues and risk behaviour. Between September 2009 and September 2011, the participants reported 88 462 sexual encounters (9) and there were zero new HIV infections among them. Complete prevention of new infections was related to very high levels of reported consistent condom use with casual (98%) and regular clients (91%) and a reduction in the number of regular partners and clients *(10)*.

Following the study, continued community support, volunteers, local partnerships and external seed funding have enabled the programme to be continued and 3000 to 4000 sex workers have accessed services through the programmes in Bobo-Dioulasso and Ouagadougou since 2011. During the first six months of 2015 alone, 1105 sex workers visited the two clinics, 363 have started antiretroviral therapy and 4478 sex workers were reached with

community outreach and peer-education services *(11)*. Among the sex workers enrolled in the study cohorts (547 in Bobo and 321 in Ouagadougou), there were no new HIV infections during the 2011–2014 follow-up period *(9)*.

The evidence from Ouagadougou and Bobo-Dioulasso shows that HIV prevention services combined with sexual and reproductive health care tailored to the needs of sex workers can reduce HIV incidence within this key population to zero. Providing a full continuum of care was crucial to obtaining high levels of consistent condom use among the sex workers. The strong partnership among the sex worker community, researchers, health workers and community workers and providing non-clinical support such as nutritional support and schooling for the sex workers' children have been important features of this effort.

Plans have been drafted to scale up the Yerelon programme and replicate it in other locations where there is a high HIV burden among sex workers. Political and financial commitment to Fast-Track this approach could have a tremendous impact on sex workers across Burkina Faso and the region, bringing western Africa closer to the goal of zero new HIV infections.

Increasing condom distribution to sex workers in Gondar, Ethiopia

The Ethiopian city of Gondar is known for its ancient ruins and is home to the country's main faculty of medicine at the University of Gondar. It is also a city in which over 80% of female sex workers are reached by condom promotion programmes, with each of them receiving on average 715 condoms in 2014 *(32)*.

This success is due largely to a shift from focusing on the volume of condoms distributed to the general population to a geographical approach targeting key populations and focusing on access to condoms. This is in line with Ethiopia's 2015–2020 HIV investment case, which calls for targeted approaches with highimpact interventions to reduce new infections by 50% by 2017.

The MULU/MARPs HIV Prevention Project is funded by PEPFAR and led by the international nongovernmental organization PSI. This project focuses on identifying, measuring and reaching urban key populations, mainly female sex workers and women engaged in transactional sex, in 168 cities and towns across Ethiopia and ensuring these populations have access to effective HIV prevention services.

Size estimation studies at sex work hotspots in urban Ethiopia and evaluations of condom access and availability were conducted, identifying gaps in coverage. It was found that half of sex work hotspots in Gondar did not have condom outlets *(32)*.

In every location where gaps were found, condom outlets were established. The type of condom outlet depended on sex workers' willingness and ability to pay. Free condom dispensing boxes were provided in sex work hotspots and other areas where condom need was high and the ability to pay was low. In areas where there was more ability to pay for condoms, socially marketed and commercial condoms were used alongside condom outlets. Peer educators worked with sex workers to determine their specific prevention needs, and to monitor condom use and availability on a monthly basis.

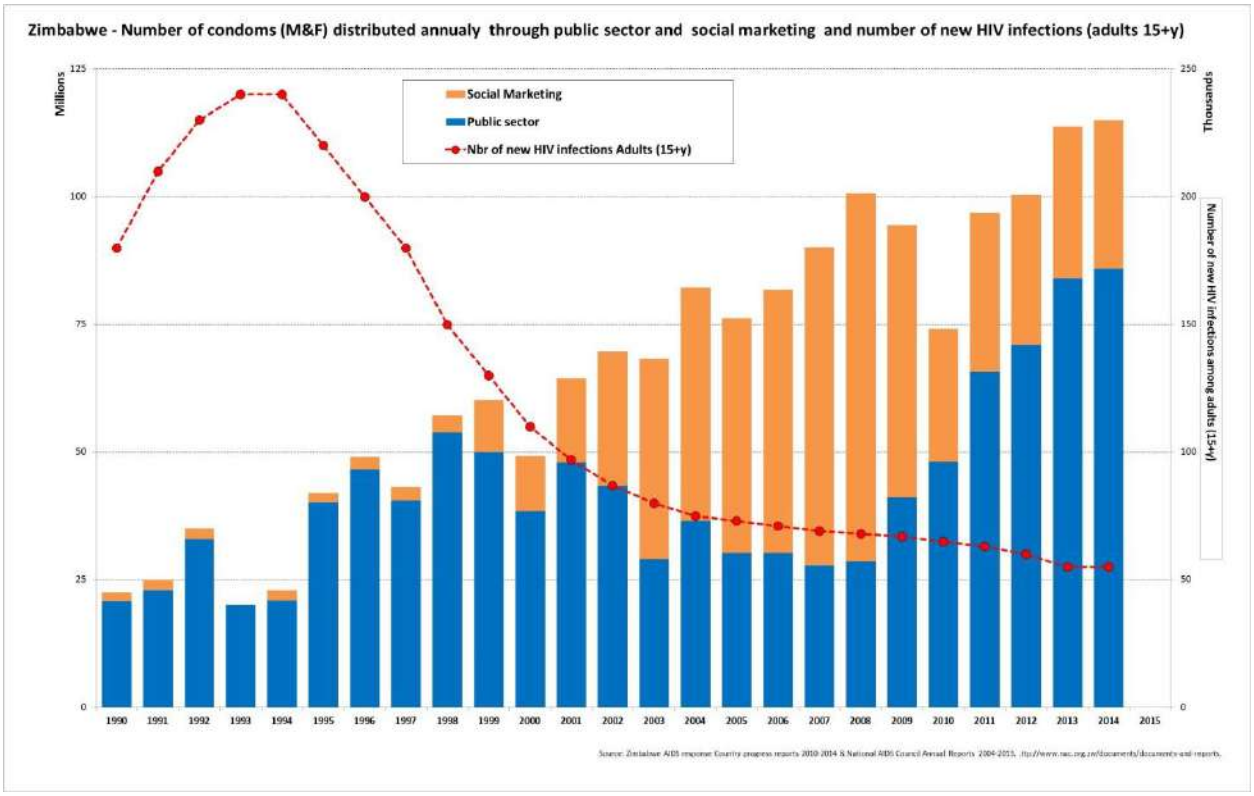
Through this targeted condom distribution approach, the availability and access to condoms for female sex workers has increased significantly in Gondar and other Ethiopian cities and towns. In Gondar, 654 new condom outlets in sex work venues were established, and condom distribution increased from 23 823 per month in 2011 to 64 333 per month by the end of August 2015.

A total-market approach to condoms in Zimbabwe[i]

Zimbabwe has one of the most successful condom programmes of the last 20 years. High levels of condom use has been identified as one of the interventions that have contributed to Zimbabwe's continuous decrease in the numbers of new HIV infections between 1994 and 2014 from an estimated 240,000 [220 000 - 250 000] to 55,000 [50 000 - 61 000].[ii]

Between 1990 and 2000 government-led condom promotion and free condom distribution was scaled up across the country. Zimbabwe was among the first African countries to use social marketing of subsidised male condoms (Protector Plus) and female condoms (Care) with the support of Population Services International to complement the governments free condom distribution scheme. In 2014, the 27 million socially marketed condoms sold were one quarter of Zimbabwe's total condom market.

Strategic condom targeting and distribution has maintained the market share of socially marketed condoms.[iii] More than 6200 retail outlets sell Protector Plus condoms, of which over 65% are locations where sex workers and their clients can easily access and purchase condoms, such as liquor stores, service stations, pharmacies and brothels. Between 2011 and 2013, these locations accounted for one third of the total sales of socially marketed male condoms. Protector Plus condom sales were also targeted to areas with higher HIV prevalence than the national average of 15%, such as border towns, economically growing towns, commercial farming areas and mining camps. These areas accounted for 16% of overall sales.



Targeted distribution of socially marketed female condoms has accounted for 10% of sales. Care condoms are available through over 1500 hair salons across the country. The hair salons are located near liquor stores that are open late and easily accessible to sex workers and their clients. Outreach workers, including hairdressers, educate sex workers on correct usage of the female condoms, answer their questions, and refer them to salons where they may purchase them. These hair salons accounted for almost half of female condom sales between 2011 and 2013, and 20% of all sales were to sex workers.

In 2013-2014 the public sector condom distribution programme alongside the condom social marketing programme in Zimbabwe availed on average 30 condoms per adult men in Zimbabwe. 75% of young men and 58% of young women aged 15-24 reported having used condoms during their last sexual intercourse with a non-marital, non-cohabiting sex partner in 2014.[iv]

---

[i] Case study is based on an informal report received from PSI.
[ii] Halperin DT et al. A surprising prevention success: Why did the HIV epidemic decline in Zimbabwe? PLoS Med. 2011. 8;8(2).
[iii] Evans WD, Taruberekera N, Longfield K and Snider J. Brand Equity and Willingness to Pay for Condoms in Zimbabwe. Reproductive Health 2011, 8:29. http://www.reproductive-health-journal.com/content/8/1/29
[iv] Zimbabwe National Statistics Agency (ZIMSTAT), 2015. Zimbabwe Multiple Indicator Cluster Survey 2014, Final Report. Harare, Zimbabwe.