THE CONDOM NEEDS ESTIMATION USER GUIDE

Moving from Commodity Focused To People Centred Condom Programming

2023

CONTENTS

GLOSSARY

See also CNET Vocabulary and Applications for more details.

Condom availability: The number of free, socially marketed and private-sector condoms in a country and distributed for population use in one year (often captured as condoms that have left the central warehouse).

Condom demand: A specific population's desire and perceived need for condoms.

Condom products: Commodities that include different types of male condoms, female condoms and lubricants.

Condom use: The reported number of sex acts protected by condoms by people from specific populations (including couples for family planning, people living with HIV, people with non-regular partners and people from key populations), often captured as a proxy through condom distribution and self-reported use data.

Cost-recovery condoms: Gradual increases in condom pricing to cover commodity, packaging, distribution and a portion of promotional costs. The aim is to make condom social marketing programmes less dependent on donor funding for sustainability and to improve programme efficiencies based on the willingness of people from specific subpopulations to pay.

Differentiated service delivery: A person-centred approach to deliver clinical services or products to clients to meet their needs, often outside facility settings, such as targeted mobile or outreach services, standalone programmes, community-led programmes (including peer support) and integrated services (one-stop shops).

Inequalities: Disparities and gaps among specific populations and different settings in relation to equal (same) status, rights and opportunities as other populations due to age, sex, sexual orientation, occupation, economic means or geographical location. Inequalities underscore the HIV vulnerability faced by people from certain populations who are not yet accessing HIV prevention, treatment, care and support services.

Inequity: A lack of fairness or justice in the distribution of costs, benefits and opportunities among certain populations due to specific social, economic, demographic or geographical considerations.

Last-mile distribution: Strategies in place to enhance the condom supply and distribution system to ensure commodity availability for easy access by people from priority populations, including in their various contexts.

Sex act: Each sexual encounter (intercourse); used for calculating protection needs.

Socially marketed condoms: Branded male and female condoms that use commercial marketing principles to increase demand and access among specific target populations. Condom brands are developed, packaged, marketed and sold at a subsidized cost to people from targeted populations who can afford to pay in places they frequent, such as bars, hotels and nightclubs.

Specialty condoms: Any male or female condoms that differ in size, smell or colour, or have other features that are different from standard condoms.

Sustainable condom programme: A condom programme that reduces long-term dependence on external donor funding for national condom programmes, while maintaining high levels of condom use over time. Strategies include expansion of private-sector condoms and strengthening health commodity supply chains to ensure last-mile coverage, with funds remaining to support access to free or reduced-price condoms, including population-specific demand-creation activities.

Targeted populations: Populations prioritized for free, socially marketed and private-sector condoms based on sexual activity, risk factors and barriers to access (e.g. adolescent girls and young women, adolescent boys and young men, people from key populations, people living with HIV (including discordant couples), people with sexually transmitted infections, people in prisons, other mobile populations) for condom estimations and programming.

Total market approach: A framework that recognizes and uses the full range of public, private-sector, non-profit-making and donor resources to sustainably, fairly and efficiently increase access to priority health information, products and services.

Unmet demand for family planning: Women who are fecund and sexually active but are not using any method of contraception and report wanting to delay or stop childbirth.

Wastage: Procured condoms that are not used because they have expired or degraded or been damaged in transportation or storage, or due to non-use.

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
AIS	AIDS Indicator Survey
CNET	Condom Needs Estimation Tool
COVID-19	coronavirus disease 2019
DHS	Demographic and Health Survey
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
IBBS	Integrated Biological and Behavioural Survey
MICS	Multiple Indicator Cluster Survey
NCPI	National Commitments and Policies Instrument
PEPFAR	United States President's Emergency Plan for AIDS Relief
PHIA	Population-based HIV Impact Assessment
PrEP	pre-exposure prophylaxis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNPD	United Nations Procurement Division

FOREWORD

The UNAIDS Global AIDS Strategy 2021–2026. End AIDS Strategy 2021-2026. End AIDS puts people at the centre of effective combination prevention responses with a resounding call for rights-based, evidence-informed and community-owned solutions to address growing inequalities and a public health crisis.

Although condom programmes are the mainstay of HIV prevention responses, countries have faltered in ensuring equitable condom access and use among people from populations most at risk. Investments have decreased, and poor quantification, planning and distribution have translated into insufficient supply, poor targeting and unused condoms. A new generation of condom programmes is needed that applies a people-centred and equality lens.

The UNAIDS Condom Needs Estimation Tool (CNET) provides a solution. It offers a people-centred methodology and process for data-driven, population-specific condom estimates and programmes linked to condom use targets, equitable access, and wider prevention programming for public health impact.

CNET is:

- **Targeted** – it highlights priority populations based on highest risk for HIV, sexually transmitted infections and unintended pregnancy.
- **Evidence-based** – it uses verified country data identified from national and global data sources and validated expert assumptions to understand population-specific condom needs and programme gaps for improved strategic responses to achieve targets for impact.
- **People-centred** – it outlines a facilitated participatory process that engages stakeholders and target populations in decision-making and programme planning to validate needs and strengthen the effectiveness of programmes provided.
- **Equity-focused** – it offers a road map to ensure free condoms are provided to people most at need, while growing sustainable financing solutions through total market approaches for people willing to pay.
- **Solutions-oriented** – it provides costed estimates and reports that can be used immediately for procurement, resource mobilization, strategy development and programme refinement. It also offers a process to institutionalize use of CNET based on stakeholder recommendations for enhanced programme review and refinement based on data, ongoing participation and coordination.
- **Flexible** – it is designed to meet country-specific needs based on their objectives and refinement based on their data, using as many features as needed.

Since 2017, more than 30 countries have used CNET successfully to strengthen the effectiveness of their condom programmes by:

- Estimating national condom quantification needs for procurement.
- Developing national condom strategies for priority populations.
- Reviewing and refining condom programmes at the national and subnational levels for specific populations.
- Expanding total market approaches.
- Mobilizing resources, such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).
- Advocating for increased condom investments for people from priority populations.

This user-friendly CNET guide was developed by the UNAIDS Global HIV Prevention Coalition as a companion to the updated CNET document *(1)* with funding from the Global Fund under the Strategic Initiative for Condom Program Stewardship 2021-2023. It responds to the need for an internationally recognized standard for more effective condom quantification processes to fast-track progress to meet global targets, country demand for a step-by-step approach to navigating the tool, and in-country introduction and process.

The guide is the result of expert consultation and review and includes country experiences of using CNET. The guide was pretested as part of a country process to develop estimates.

We welcome feedback from countries on areas for improvement, and we continue to document successes for other countries to learn from.

COUNTRY BENEFITS

"*We needed a robust tool. CNET is systematic and easy to use and provides concrete results period. The numbers speak for themselves. It tells us the gap and what needs to be taken forward*" – Thailand.

"*CNET helped us to use accurate demographic data to link to the needs and targets for different populations to prioritize for programmes*" – Uganda.

"*CNET is more than a quantification tool. It can be used for reporting back population needs and make meaningful decisions to programmes*" – Zambia.

INTRODUCTION

"Towards a new generation of comprehensive, data-driven and people-centred condom programmes" (2)

WHAT IS THE CONDOM NEEDS ESTIMATION TOOL USER GUIDE?

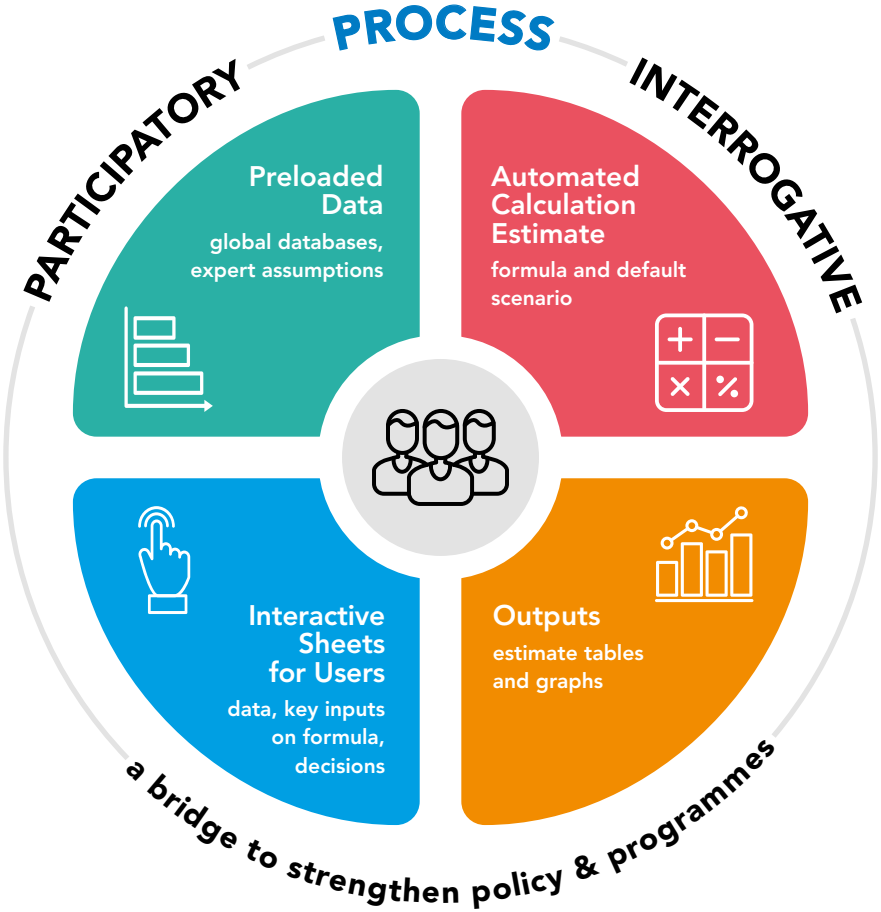
The UNAIDS Condom Needs Estimation Tool (CNET) user guide is a practical resource designed to support countries with *an effective tool and process* to strengthen robust people-centred condom programmes. It provides a comprehensive evidence-based methodology to quantify condom commodity estimates and targets for distribution based on priority population needs. It also offers a step-by-step process for active stakeholder engagement, dialogue and decision-making to strengthen programme applications and government stewardship.

CNET responds to the UNAIDS Global AIDS Strategy 2021–2026. End Inequalities. End AIDS – an urgent call to action to address a stagnating prevention response and growing inequalities among the populations most vulnerable to HIV, sexually transmitted infections and unintended pregnancy, and in need of effective programmes.

CNET uses a population and equity lens to facilitate quantification and planning of condom programmes for populations at highest risk by using population-specific data, validating condom use, and segmenting markets for different populations.

CNET generates estimates of total condom quantities (male, female, specialty and lubricants) and funding required to achieve national targets, aligned to global prevention and condom targets and commitments for 2022–2027. It highlights the gap between current condom use and estimated needs to achieve 95% use in high-risk sex acts and can help model a total market approach to sustainable condom markets, factoring in contributions across all channels of delivery.[1]

Figure 1. Building blocks of CNET

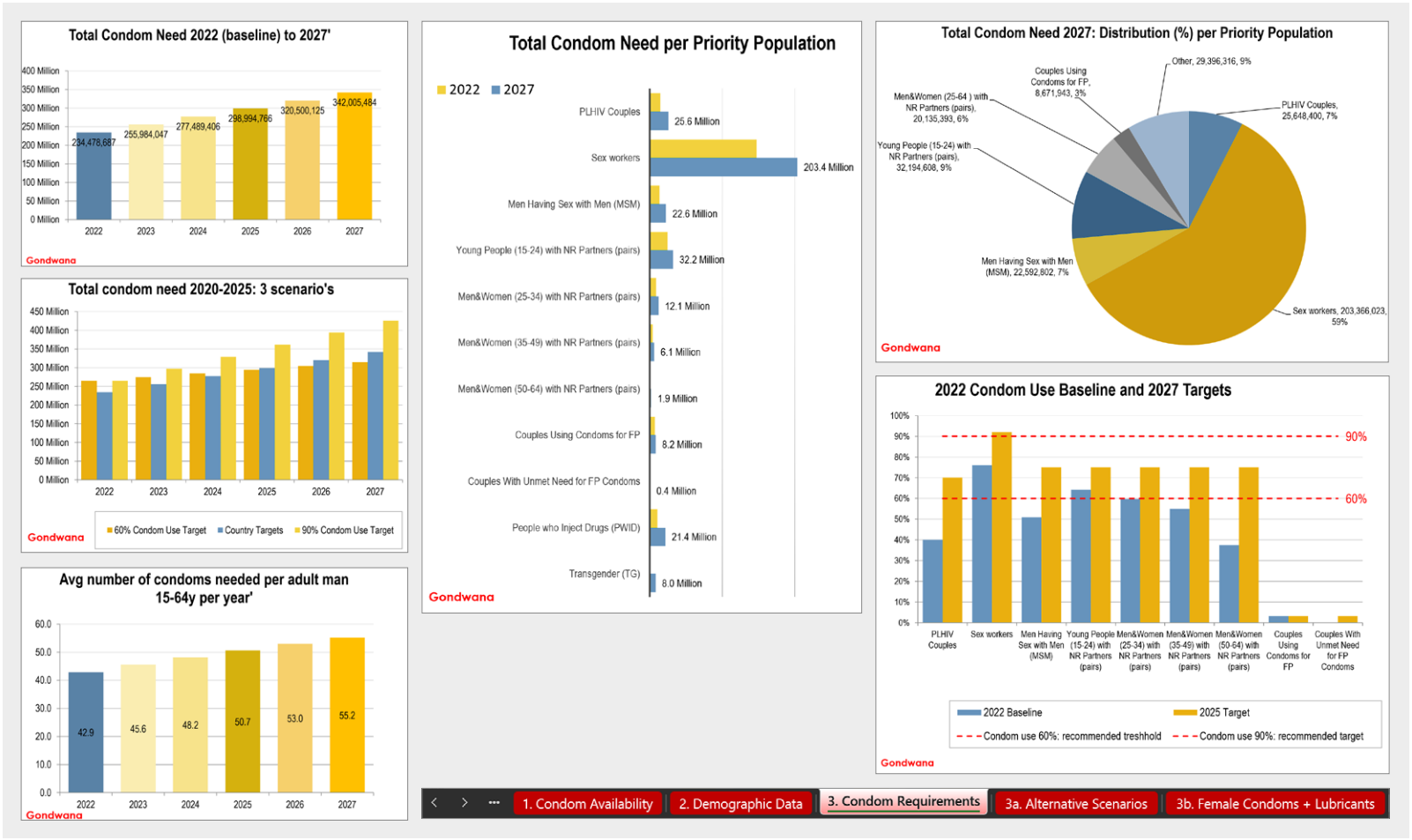


1 CNET provides default targets and different target scenarios for each population to help country teams develop ambitious, but realistic, targets.

The graphs and tables produced are used to inform gap analysis for decision-making, reporting and resource mobilization. Use of the tool is embedded within a broader process for preparation, effective stakeholder engagement throughout the exercise, and translation of estimates into programme and policy actions to strengthen country-owned national programmes that track results.

Final estimates are used for procurement, resource mobilization, national strategy development, programme refinement and capacity development, and provide countries with a tool to strengthen oversight, monitoring and accountability at the national and subnational levels.

Figure 2. Examples of outputs generated in CNET



WHO IS THIS USER GUIDE FOR?

This user guide is designed to support country teams to develop sound condom estimates using CNET within a national participatory process. It is a companion to the most recent version of CNET found on the UNAIDS website *(1)*. It provides guidance for using the tool, engaging stakeholders in condom programme review, and validating targets using a recommended road map.

Primary users are:

- Condom taskforce members responsible for quantification of condom estimates at the national and subnational levels.
- Facilitators responsible for leading the country process for condom review and strategy development.

OBJECTIVES OF THE CNET USER GUIDE

- Understand the key principles, building blocks and process of CNET.
- Develop data-driven condom estimates based on the needs of priority populations.
- Navigate through a recommended country-led process using CNET.
- Use the estimates to identify next steps for programme and policy directions.

In addition, the user guide provides important information for other stakeholders, including policy-makers, programme planners, donors, researchers, and programmes and civil society organizations at the national and subnational levels interested in effective population-centred condom programmes.

HOW IS THE USER GUIDE STRUCTURED?

The user guide is organized into four main sections:

Section 1: Understanding CNET principles and building blocks

– this provides essential background information on how CNET addresses weaknesses in current country quantification affecting programme effectiveness. It provides an overview of the tool's features, assumptions, process and use in different countries.

Section 2: Using CNET to develop estimates step by step

– this outlines the eight key steps for using CNET to develop estimates for stakeholder review and validation. It includes country examples to showcase experiences and lessons learned.

Section 3: A road map for the CNET process beyond quantification to dialogue for people-centred programmes

– this introduces a recommended country-led road map to integrate stakeholder engagement in informing, reviewing and validating estimates developed, and integrating key programmatic considerations for achievement of targets. It includes seven key processes in which CNET estimates are embedded.

Section 4: Optimizing CNET use for people-centred HIV programmes – key resources for facilitation, technical assistance and support

– this offers additional resources, including frequently asked questions, shortcuts for dealing with country-specific estimation needs, and further guidance on facilitating stakeholder meetings.

WHEN DO I USE THE TOOL AND USER GUIDE?

CNET is designed to be flexible to meet different objectives. Most countries use CNET to estimate national condom requirements or refine national strategies. Some countries use CNET to understand total market approaches, assess cost scenarios or develop subnational strategies. Some nongovernmental partners use CNET to advocate for further investment in priority populations.

- **New users** can access background information on how CNET works and the CNET process, and follow a step-by-step approach to using CNET within a country road map using **Sections 1–3**.
- **Advanced users** can build on their current use of CNET to update estimates or further adapt it for their country needs using **Sections 2–4**.
- **Facilitators** can use the notes and worksheets in **Sections 3 and 4** to lead a country process.
- **Programme managers and civil society organization representatives** can use the data from the tool and technical content to further strengthen their understanding of population-centred programmes within a total market approach, drawing content from **Sections 1 and 4** as needed.

COUNTRY OBJECTIVES

- **Rwanda** used CNET to assess its condom situation and design a new national condom strategy and operational plan based on meaningful targets.
- **South Africa** used CNET to streamline the effectiveness of its national programme. It reduced the number of condoms it needed to procure, leading to cost savings.
- **Sexual Reproductive Health Rights Africa Trust**, a civil society organization, used CNET findings to advocate for increased procurement and distribution of condoms among young people.
- **Thailand** needed a robust tool to justify increased funding and discovered the important role of private-sector partnership for total market approaches.
- **Uganda** used CNET to identify opportunities to strengthen its total market approach and used the findings to reprogramme Global Fund condom funding for demand creation.

SECTION 1

UNDERSTANDING CNET PRINCIPLES AND BUILDING BLOCKS

This section explains how CNET addresses weaknesses in current country quantification affecting programme effectiveness. It provides an overview of the tool's features, assumptions, recommended process and use in different countries.

SUMMARY OF GUIDING PRINCIPLES AND BUILDING BLOCKS

BACKGROUND	KEY POINTS
Three key facts CNET responds to	▪ The UNAIDS Global Update 2022 underscored major failings in the HIV prevention response due to growing inequalities affecting populations most at risk of HIV, sexually transmitted infections and unintended pregnancy *(3)* ▪ Despite condom cost-effectiveness, lack of investment in effective condom programmes is at the heart of the prevention crisis ▪ Weak government stewardship and country quantification processes are delinked from programme and population needs and lead to over- and underestimates of condom needs, with wastage and missed opportunities to meet access and demand requirements with condom preferences ▪ Country teams need to tailor the condom response for each priority population
CNET: a practical guide to connect the dots for new-generation condom programmes	▪ The UNAIDS Global HIV Prevention Coalition has laid out a people-centred vision and strategy to reinvigorate condom programmes as part of broader prevention efforts and tools; increasing condom reach is vital to reaching global targets to end AIDS ▪ CNET can help country teams operationalize key guiding principles for effective, data-driven, population-centred condom programmes to close the inequality gap by offering a tool and process that are evidenced-based, match condom needs to priority populations, factor in supply chain issues, and create a platform for broad stakeholder engagement to link condoms to programme needs and priorities ▪ CNET includes four key building blocks – preloaded data, an automated estimate calculation formula, interactive sheets for country engagement and inputs, and outputs such as graphs that assist in collective analysis and reporting ▪ The step-by-step road map optimizes CNET use for decision-making; it incorporates ways for enhanced community engagement for more accurate condom estimates and effective programme application
Different country approaches to CNET use	▪ CNET is adaptable to different country needs, whether as a quantification exercise or programme strategy, or for programme refinement or advocacy ▪ CNET can accommodate the needs of country teams with lots of data and robust programmes, and country teams with fewer data or that require more guidance ▪ Country teams use different features of CNET based on their objectives; some country teams are interested in estimations by population, but others use the tool to further expand their total market approaches ▪ Country teams that have used CNET highlight specific benefits that have enhanced their national programmes

THREE KEY FACTS CNET RESPONDS TO

HIV prevention responses are failing to reach populations most at risk of HIV, sexually transmitted infections and unintended pregnancy

Marked inequalities within and between countries are stalling progress in the HIV response, and HIV is further widening those inequalities.

There is a prevention crisis. The UNAIDS Global AIDS Update 2022 underscored major failings in the global response to reduce new HIV infections, despite major gains in achieving the 95–95–95 targets (3). In 2021, there were approximately 1.5 million new HIV infections – over 1 million more than the global prevention targets. The devastating impacts of COVID-19 have widened existing inequalities within and between countries, with vulnerable populations at even greater risk of HIV.

Women and people from key populations (sex workers, gay men and other men who have sex with men, transgender people) continue to be disproportionally affected by new infections due to inequities and insufficient investment in an effective mix of combination prevention (structural, behavioural and biomedical) interventions designed to reach them and people from other vulnerable populations. Numbers of teenage pregnancies are escalating, and there is a high incidence of HIV and sexually transmitted infections, affecting sexual and reproductive health and rights outcomes.

Without increased investment in robust prevention responses, countries will continue to face a triple threat of HIV, sexually transmitted infections and unintended pregnancy, and an enduring cycle of disease, poverty and inequality, with long-lasting impacts on country health, well-being and development.

Every two minutes in 2021, an adolescent girl or young woman was newly infected with HIV. The COVID-19 pandemic led to disruptions to key HIV treatment and prevention services, millions of girls being out of school, and spikes in rates of teenage pregnancy and gender-based violence (3).

POPULATIONS MOST IN NEED OF CONDOMS REQUIRE DIFFERENT SOLUTIONS

Populations at higher risk for HIV, sexually transmitted infections and unintended pregnancy face various challenges to condom use and access. Responsive condom programmes determine population-specific needs and provide the right amount and type of condom products and other services required.

Learn more about priority population condom needs and solutions

Source: UNAIDS Global AIDS Strategy, 2022.

DESPITE THE EFFECTIVENESS OF CONDOMS, THEIR USE IS DECLINING

Countries are missing a cost-effective opportunity to increase the contribution of condoms to preventing new cases of HIV and sexually transmitted infections and reducing the numbers of unintended and teenage pregnancies. Despite significant evidence for condom effectiveness and the impact condom programmes have played in reducing the risk of HIV in people from high-risk populations, condom programmes have stagnated.

There is a perception that condoms are old technology and a mindset that investments in other prevention methods such as antiretroviral therapy, voluntary medical male circumcision and pre-exposure prophylaxis (PrEP) are better. There is less focus on condoms in family planning services.

Investment in condom social marketing programmes has declined, with a decrease in condom demand generation and sales. International funding for condom procurement has decreased, and there is little domestic funding to meet the gap.

There is weak government stewardship of condom programmes due to insufficient capacity and lack of political interest. COVID-19 restrictions reduced availability and access to condoms.

Inequities in access to condoms are increasing, with people from vulnerable and marginalized populations most affected by poor quality of condom programmes. In 2018, many country programme reviews identified a clear urban/rural divide in reported condom use, which affected poor and uneducated women most. This suggests there are barriers to condom availability, access and use that need to be addressed (Figure 3).

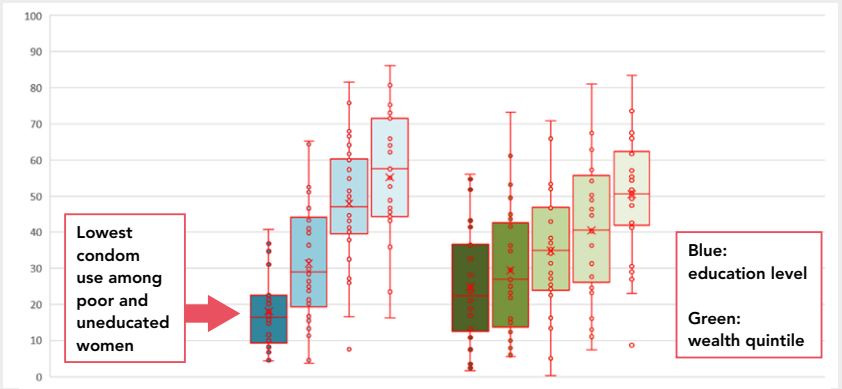
Click here for more evidence on why condoms work.

CONDOMS WORK

Condoms remain one of the most cost-effective ways to prevent HIV and sexually transmitted infections and reduce the number of unintended and teenage pregnancies:

- Condoms are effective – they have a high protection rate of 80–90% when used consistently and correctly.
- Condoms are cheap – from 1990 to 2019, each male condom distributed cost US$ 0.18, and each HIV infection averted by condom use cost US$ 230.
- Condoms are convenient – no prescriptions or medical visits are needed, and they are easy to store and carry.
- There is high acceptance around the use of condoms.
- Condoms can be integrated easily and sustainably into other programmes, and they offer an important choice for protection.
- Evidence shows that condom use has had an enormous impact on the global HIV pandemic and is a critical part of combination prevention.

Figure 3. Poor, uneducated women aged 15–49 years reported lowest condom use at last high-risk sex, sub-Saharan African countries, *n* = 30



Source: 2018 Demographic and Health Survey Statcompiler.

CONDOM QUANTIFICATION PROCESSES ARE DELINKED FROM PROGRAMME PRIORITIES

Weak stewardship of condom programmes has led to a mismatch between condom supply and demand, with insufficient data and targeting for condoms to get where they need to be. Country quantification processes for condom programmes are not aligned to programme priorities (Figure 4).

Many country teams:

- Have *inadequate or incomplete data* about the populations they serve and programme data.
- *Do not have any standardized methodology* to estimate condom needs and use various practices to calculate annual condom programme needs, often with limited engagement, buy-in and consensus of policy-makers, programme managers, communities and end-users.
- *Lack knowledge of the benefits of promoting condoms*, which populations are served by socially marketed and private-sector condoms, and how to grow the presence of condoms for sustainability.
- *Over- and underquantify condom needs*, leading to wastage, low access, or funds not going into other aspects of programmes, such as demand creation.

Figure 4. A cycle of demand and supply challenges perpetuates lower access, use and demand and system-wide gaps

Examples of challenges in quantification processes

- Overestimates using general population data and based on the number of condoms needed per man per year for all men in the population.
- Underestimates using historical data, based on last year plus population growth.
- Budget-driven decisions – what can we buy?
- Capacity-based decisions – what we can store, transport and distribute – with limited focus on the contribution of private-sector condom delivery systems.
- Demand-based decisions, based on past condom use rates.
- Estimates as part of family planning needs estimates, based on couple-years of protection methodology.
- Estimates focused on people with non-regular or multiple partners (i.e. people from key populations and people living with HIV).
- Quantification with limited or no stakeholder engagement.

CNET: A PRACTICAL GUIDE TO CONNECT THE DOTS FOR NEW-GENERATION CONDOM PROGRAMMES

Effective condom programming requires a population lens and a data-driven and inclusive planning process that examines the current situation and develops interventions to address specific challenges.

ALIGNMENT TOWARDS GLOBAL COMMITMENTS TO EQUITABLE, PEOPLE-CENTRED CONDOM SOLUTIONS

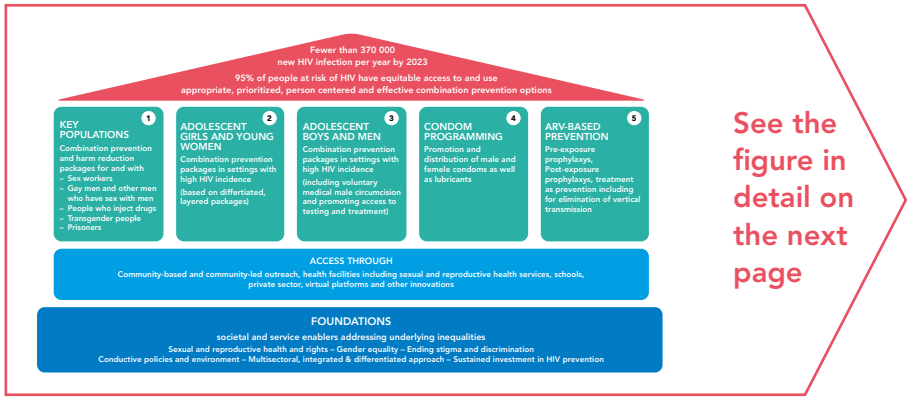
CNET is designed to address many of the challenges faced by condom programmes. It aligns with a new people-centred global vision and strategy for reinvigorating condom programmes and offers countries an internationally accepted standard methodology to fast-track achievement of global targets.

Drawing on global strategy documents (4, 5), the UNAIDS Global HIV Prevention Coalition recognized a need for a new generation of condom programmes that applies a people-centred and equality lens (Figure 5). This required a shift from a business-as-usual programme design (often fragmented, single-issued, commodity-driven, vertical and short-term) to effective condom programmes that start with understanding population-specific needs, prioritize reach based on data, and use strategies that engage and facilitate priority populations and community ownership of condom programmes that are accessible, tailored to needs, and integrated into other needed services and supports (Table 1).

There is now global commitment to strengthen condom programmes within combination prevention. Under the UNAIDS HIV Prevention 2025 Road Map, renewed global condom targets were set for priority populations and called for condom programme approaches to address barriers to condom access and use at the individual, family, community and system levels (6).

CNET helps country teams operationalize key guiding principles for effective, data-driven and population-centred condom programmes to close inequality gaps. The tool facilitates a population-tailored quantification process linked to condom use targets by using population data to match condom needs to priority populations, factoring in supply chain issues and creating a platform for broad stakeholder engagement to address population-specific programme needs and priorities.

Figure 5.



See the figure in detail on the next page

Figure 5. UNAIDS Global HIV Prevention Coalition: five prevention pillars

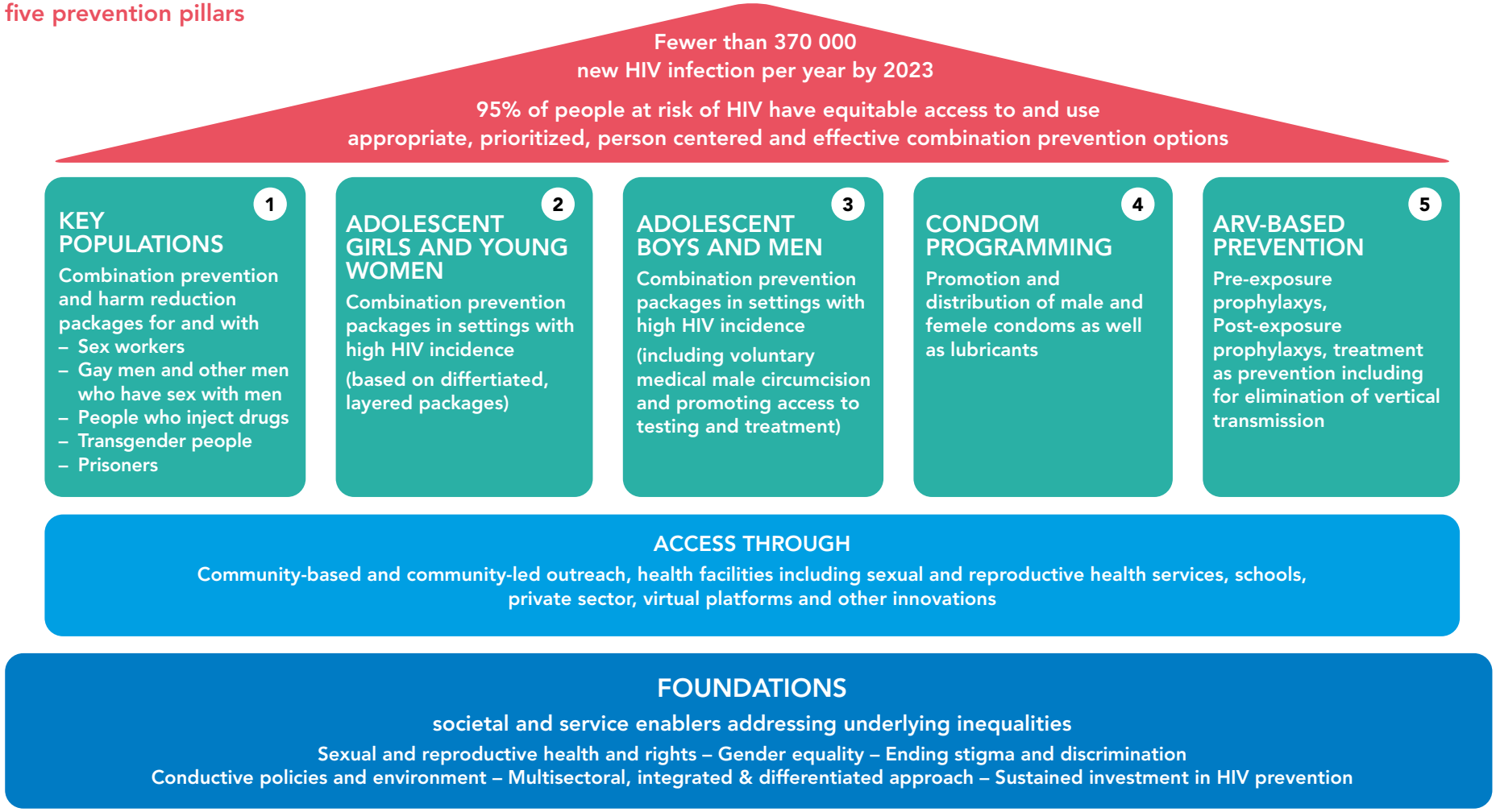


Table 1. Towards a new generation of people-centred condom solutions

From	Towards	This means ...
Single-issue, fragmented approach	**One comprehensive and coordinated programme**	▪ Condom interventions are embedded within broader prevention interventions that highlight the benefits of triple protection to prevent HIV, sexually transmitted infections and unintended pregnancy and to facilitate access to other needed sexual and reproductive health and rights services ▪ Design uses total market approach to segment populations for different condom products (male, female, specialty, lubricant), preferred types and channels ▪ Programmes prioritize free condom distribution for people from vulnerable populations and builds sustainable financing through socially marketed and private-sector condoms for people from populations who are willing and able to pay ▪ Strong government stewardship ensures national condom programme is well coordinated to provide preferred condoms and services where and when people need them, and monitors shifts in market demand for response
Commodity-driven	**People-centred and tailored**	▪ Programmes are responsive to needs, context and barriers that different people from priority populations face in programme design ▪ Programmes are most effective when designed with active participation of priority populations in planning and implementation to ensure products and channels used are trusted and accessible
Business-as-usual	**Evidence-informed to drive local solutions and innovation**	▪ Tailored programmes are based on evidence, using population-specific size estimates, reported risk behaviours, and condom use for prioritization ▪ Market research is used to segment free, socially marketed and private-sector condom products and programmes based on population preferences and geographical locations ▪ Costing includes demand creation, distribution, coordination, and monitoring and evaluation investments to optimize condom intervention strategies
Donor-driven	**Owned by country and community**	▪ There is government leadership on development of national strategies and stewardship, domestic funding allocations, and community-led programmes for sustainability
Vertical	**Integrated**	▪ Condoms are a core part of combination prevention packages offered to people from key populations, adolescent girls and young women, men, and people living with HIV ▪ Appropriate channels along the continuum of care services are used to reinforce condom demand, access and use (e.g. HIV testing and counselling, antiretroviral therapy, voluntary medical male circumcision and PrEP services) ▪ Condoms are always offered as part of integrated sexual and reproductive health and rights and family planning services for dual protection and prevention of sexually transmitted infections

From	Towards	This means ...
Disease-focused	**Rights-based sexual and reproductive health and rights education and services, and gender equity**	▪ Country team recognizes and responds to rights of people from priority and key populations, such as inclusion of sex-affirmative and pleasure-centred approaches in condom programmes regardless of gender, age and sexual identity; and access to comprehensive sexuality education and preventive services and products ▪ Deliberate efforts are made to promote gender equality and remove structural barriers to condom access and availability ▪ Condom programmes are integrated and linked to nonjudgemental and population-friendly sexual and reproductive health and rights, HIV and gender-based violence services for adolescents, youth and people from key populations ▪ Condom programmes offer an optimal mix of programme packages using community outreach, peer support, mobile outreach services, drop-in centres and digital platforms
Short-term budgets and funding gaps	**Long-term financing and sustainability**	▪ Programmes are cost-effective, with measurable impact ▪ Programmes consider low unit costs of condoms for targeted prevention and use total market approaches to optimize sustainable financing by segmenting condom markets into people who need free condoms and people who are willing to pay for condoms
Peripheral	**Ambitious and at the centre – 20 billion condoms**	▪ Countries reprioritize investment in robust condom programmes as central to combination prevention and sexual and reproductive health and rights based on past and future public health impact, with ambitious reach of 20 billion condoms per year globally and 90% use of condoms with non-regular partners

UNDERSTANDING HOW CNET WORKS AND ITS APPLICATIONS

Understanding how CNET works can help users produce accurate estimates and apply their findings to country needs. CNET consists of four key building blocks and a recommended road map to optimize decision-making. CNET incorporates ways for enhanced community engagement and institutionalization for more accurate condom estimates and effective programme application.

Building blocks of CNET

CNET consists of four key building blocks:

- **Preloaded data** – based on global databases, national validated data and expert assumptions.
- **Automated calculation estimate** – uses a formula to develop estimates and provides default scenarios for priority populations selected.
- **Interactive sheets** – allow users to review and modify data, provide inputs on formula, and shape final estimates based on different scenarios.
- **Outputs** – provide tables and graphs of estimates that can be used for presentations, reports and funding applications.

A participatory, interrogative process is the foundation to the effectiveness of CNET and provides a bridge between the estimates made and policy and programme decisions. Each step allows for engagement and decision-making based on the data collected, prioritization of populations, and decisions made to inform estimates and targets (Figure 6).

Figure 6. Building blocks of CNET

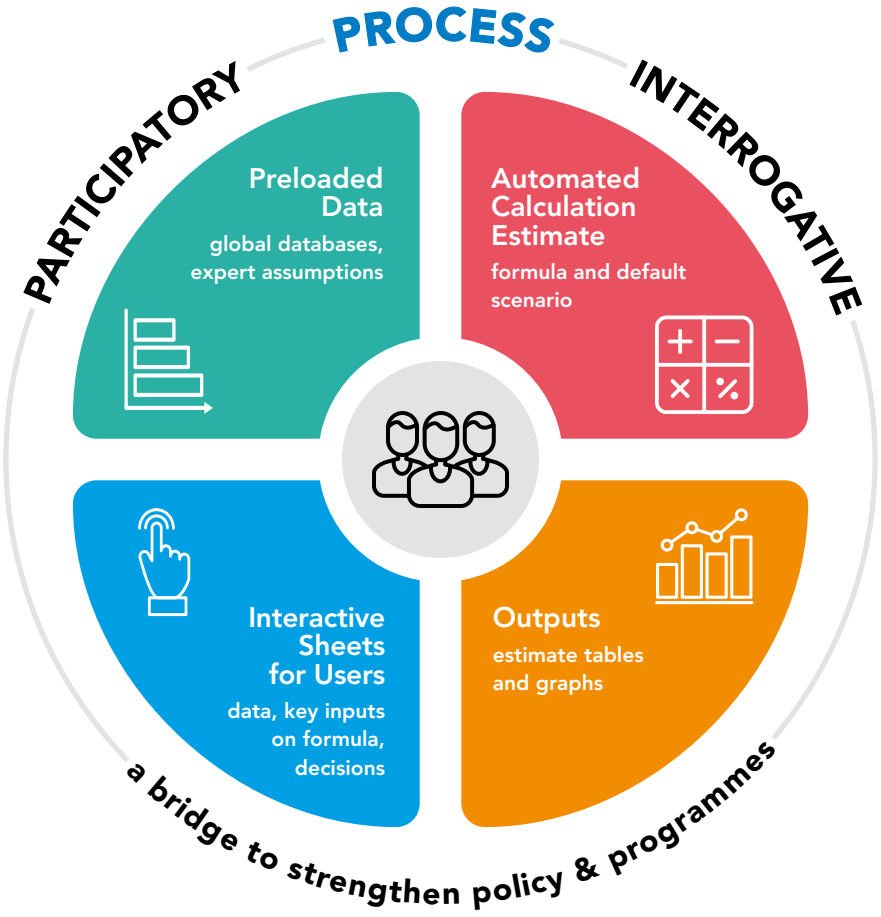
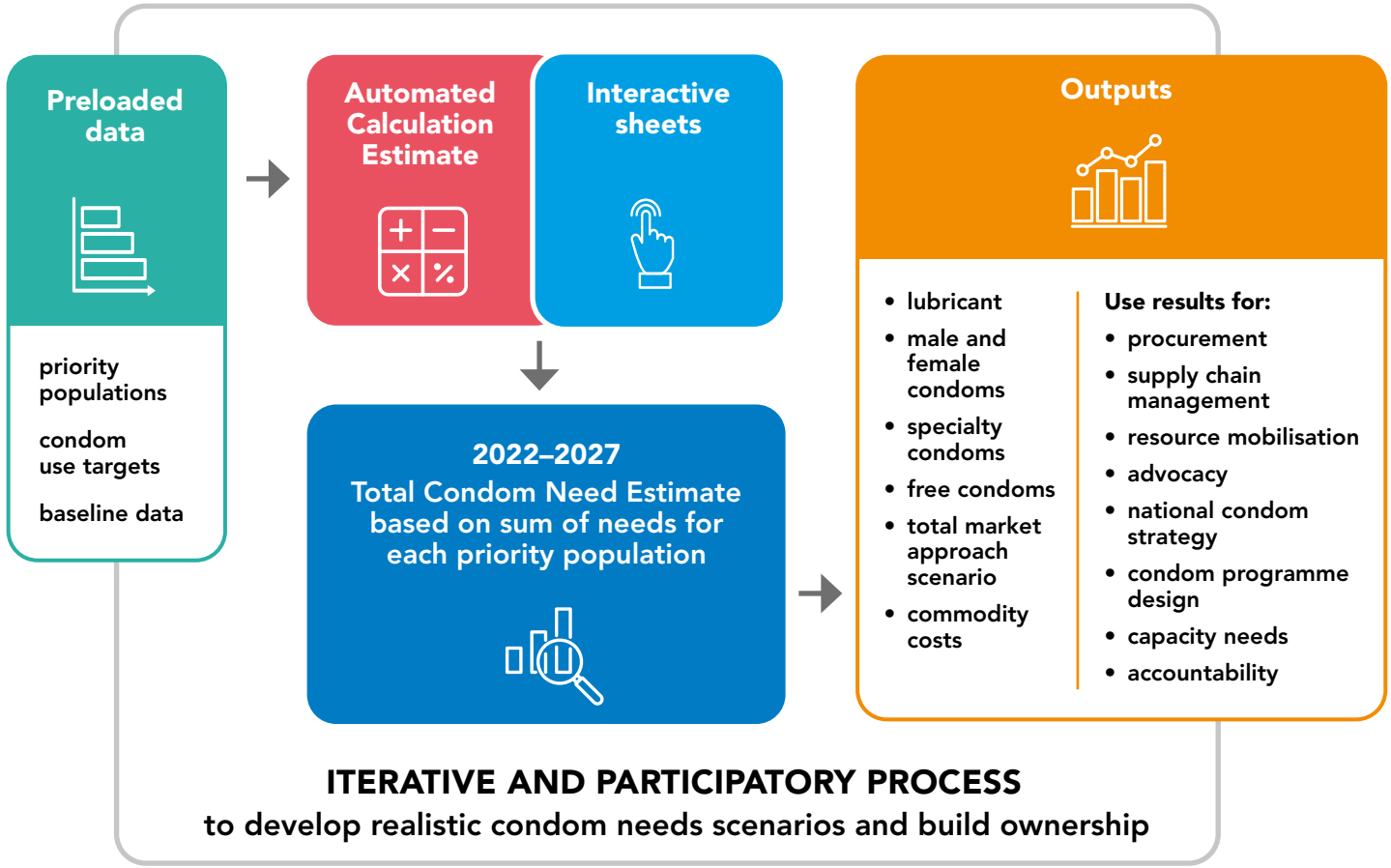


Figure 7 shows how the CNET building blocks work together. Specific inputs on priority populations, condom use targets and baseline data are used to generate the total condom need estimate through an iterative and participatory process. The tool produces priority population condom needs based on type, distribution mechanisms and cost, which can be used to inform procurement, resource mobilization, national strategy development or refinement, and coordination and capacity needs.

Figure 7. CNET process: putting the components together



Preloaded data

CNET uses *preloaded validated data* to give countries a starting place to develop sound estimates. Countries can also identify and use other locally available data sources to validate the data provided, or revise the data with more updated information.

Default priority populations are selected based on evidence of higher risk for HIV, sexually transmitted infections and unintended pregnancy. These populations include:

- Discordant and concordant couples living with HIV aged 15–64 years.
- Sex workers aged 18–49 years, and their clients and regular partners.
- Gay men and other men who have sex with men aged 15–64 years, and their regular and non-regular partners.
- Sexually active young people aged 15–24 years with non-regular partners.
- Adults aged 25–34 years, 35–49 years and 50–64 years with non-regular partners.
- Couples aged 15–49 years who use condoms for family planning, including those wanting to use condoms for unmet family planning needs.
- People who inject drugs aged 15–64 years, and their regular and non-regular partners.
- Transgender people aged 15–64 years, and their regular and non-regular partners.
- People from other populations at higher risk, defined by countries.

See Sections 2 and Section 4 for details on adding populations.

Global databases updated within the past 5 years provide country- and population-specific default baseline and target values. If data are missing, CNET proposes literature-based, expert-vetted assumptions based on subregional proxies and default values. Data include size estimates, current condom use and condom availability for priority populations. General population contraceptive coverage and unmet demand are also factored in.

Table 2 summarizes data sources used and default data for validation or revision. Details on indicators used and links to data sources are provided in Section 4.

Table 2. Summary of data sources used

Default data	Sources
Population size estimates and behaviour	▪ United Nations Development Programme census ▪ Demographic and Health Survey (DHS) (Statcompiler) ▪ Key Population Atlas and expert assumptions ▪ UNAIDS Spectrum Data
Country condom availability and condom use baseline (by population)	▪ DHS ▪ Key Population regional proxy, Integrated Biological and Behavioural Survey (IBBS)/Key Population Atlas ▪ Global AIDS Monitoring/UNAIDS Spectrum ▪ DKT social marketing and Reproductive Health Interchange donor data databases
Sexual frequency	▪ Literature and expert assumptions: ▪ Stover (1997, 2000, 2011, 2022): family planning standard (couple-years of protection, 120/year) as basis ▪ Expert assumptions for sex workers informed by IBBS
Wastage (20%)	▪ Stover (1997, 2000)
Targets (75%)	▪ Aligned to UNAIDS 2020–2025 targets

Learn more about the data and links.

Baseline data for population size estimates, sexual behaviour and condom use are sourced from census data, DHS, Spectrum, the Key Population Atlas and expert assumptions.

Baseline data on country condom availability are sourced from the DKT/Reproductive Health Interchange commodities databases and other relevant sources.

Default targets for condom estimates are aligned to global UNAIDS recommendations and include default targets for market (free, socially marketed, private sector) and commodities (male, female, specialty, lubricants). These can be modified through consultations as appropriate.

Default values for each priority population's *average number of sex acts per year requiring protection* and *condom wastage* are drawn from the literature and expert-vetted assumptions and can be modified as appropriate. See understanding sex acts by population and understanding wastage for details on assumptions.

Automated calculation estimate

CNET applies a formula to develop estimates and provides default scenarios. Using the data provided, the tool estimates the total condom need based on the sum of specific condom needs per year for each of the priority populations selected.

Condom need = ∑ needs of all priority populations

[(Population size × number of sex acts in a year × percentage condom use target) + percentage wastage]

- ∑ is the sum of the needs estimate for each priority population for condom programming.
- **Population size** is an estimate for the number of people from priority populations (data preloaded) for validation.
- **Number of sex acts per year** uses default values provided by the population.
- **Condom use target** is the user-defined condom use target (default value proposed by CNET).
- **Condom wastage** is a percentage of the product of the number of sex acts per year × the condom use target × the condom wastage (default value 20%).

Example: applying the estimate to sex workers

100 000 female sex workers × 450 (average sex acts per year) × 95% (targeted condom use coverage for 5 years) = 42 750 000 + 5% wastage (condoms not used).

Total condom need = 44 887 500.

Standard target scenarios are provided. The preloaded values for population size, number of sex acts per year, condom use targets and wastage provide a default condom estimate for each priority population using 75% target coverage for most populations. Sex workers have a higher default target coverage of 95%. Other default target scenarios (35%, 60%, 75%, 90%, 100%) are provided for comparison with country final targets.

CNET shows the expected annual increases from baseline to 2027 to achieve the targets.

Interactive tables

Interactive tables allow users to review and modify the data used, provide inputs on the formula, and shape final estimates based on different scenarios. Interactive sheets allow users to review and update baseline data inputs and targets that the formula uses and document references. Interactive cells are blue and then change to orange when amended:

- **Review and adjust baseline:** users must review all preloaded data and update with more recent validated data sources if available (e.g. new IBBS studies, DHS, market research, qualitative studies) to update size estimates and adjust baseline condom availability and use.
- **Add populations:** two additional populations can be added.
- **Adjust condom targets:** default targets for condom use are very ambitious and should be informed by the country baseline, need, capacity and resources to determine what is feasible over five years. Other default inputs (e.g. sex acts, wastage) are country- and population-specific and can be modified based on data and programme review.
- **Determine population-specific commodity needs based on total market approach scenarios, condom needs and commodity costs:** default targets for selected commodity needs (male, female, specialty, lubricant) and market source (free, socially marketed, private sector) are not based on any assumptions and should be modified. These should be linked to agreed national documents that specify total market approach targets or use the CNET process to make allocations based on stakeholder inputs.

Outputs

CNET produces tables and graphs that facilitate review, gap analysis and reporting. They can also be used for presentations, reports and funding applications.

KEY CNET TABLES AND GRAPHS

- Condom availability by sector.
- Use versus availability.
- Target scenarios, including total market approaches.
- Condom requirements by population:
  - Male, female, specialty, lubricant.
  - Free, socially marketed, private sector.
- Commodity costs.

Final estimates produced are used for procurement, resource mobilization, national strategy development, programme refinements and capacity development. CNET provides a tool to strengthen oversight, monitoring and accountability at the national and subnational levels.

OPTIMIZING CNET USE FOR DECISION-MAKING THROUGH THE RECOMMENDED ROAD MAP PROCESS

The CNET road map described in Section 3 outlines a means to codify stakeholder engagement processes and recommendations for programme and policy improvements (Figure 8). It is essential to establish national and subnational coordination platforms that continue wide stakeholder representation, and to integrate routine monitoring, data collection and stakeholder consultation to address population or sector gaps.

Why community engagement in the CNET process strengthens results

Integrating stakeholder and priority population perspectives in the process adds value. It improves the data used, informs decision-making, builds consensus, facilitates programme application use and ownership of outputs, and allows for follow-up. Ultimately, the estimates developed need to be linked with people-centred programme design and results.

The recommended road map for CNET use in Section 3 provides country teams with an opportunity to address gaps in population data, take stock of their current programmes to determine what does and does not work, and discuss ways to address bottlenecks in supply and demand. Stakeholders provide insights on how programmes are currently reaching populations, gaps, and what needs to be done to strengthen demand, access and consistent use.

CNET IS MORE THAN A QUANTIFICATION TOOL – THE ROAD MAP PROCESS IS KEY

The road map recommends having a core task team to lead national processes, but all condom players have an important role in informing inputs into the tool and guide programme and policy investments needed for achievement.
Key stakeholders include:

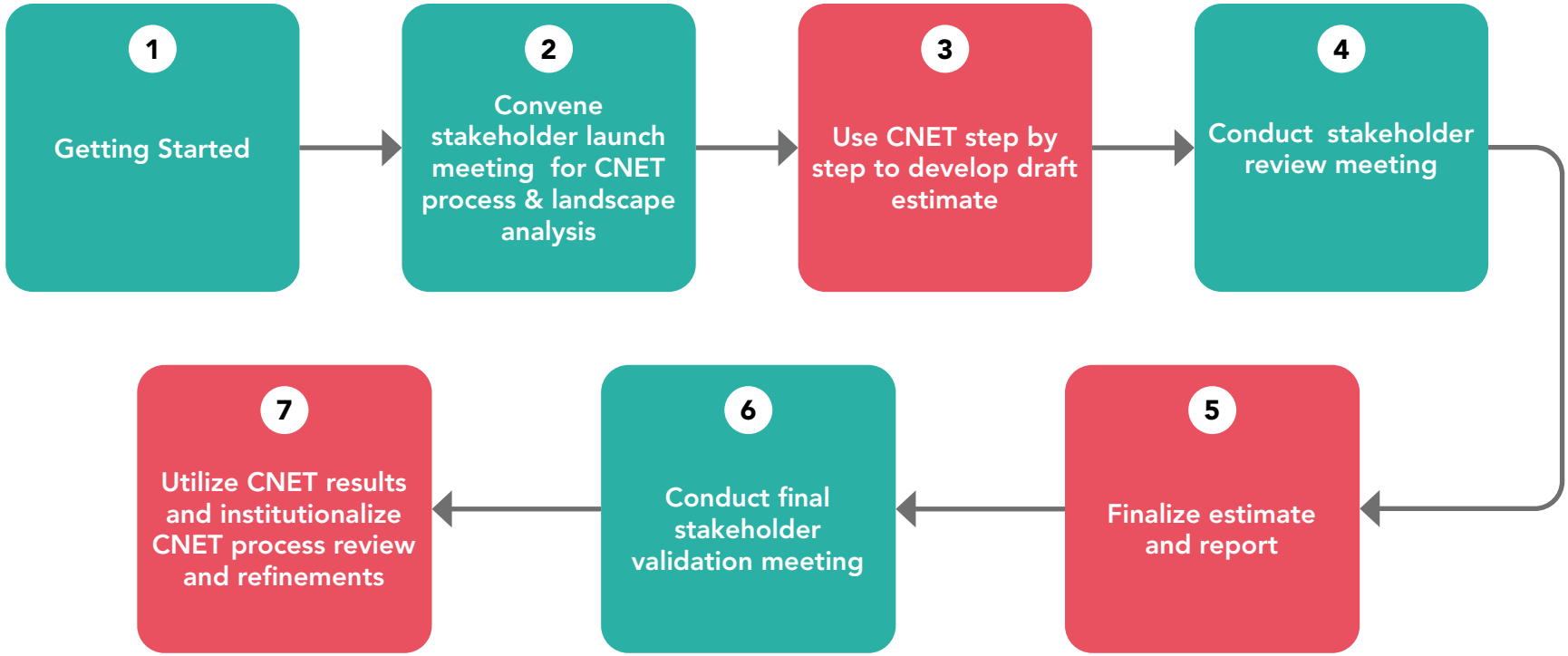
- National programme planners from the ministry of health departments of sexual and reproductive health and rights, family planning and HIV.
- National AIDS council representatives.
- Ministry of health strategic information representatives.
- Supply chain management (quantification and forecasting units, warehouses, procurement agencies) representatives.
- Condom donors.
- Social marketing organizations.
- Private-sector representatives.
- Representatives of priority populations, including sex workers, gay men and other men who have sex with men, transgender people, adolescents, young people, people living with HIV and high-risk males.
- Representatives from subnational sexual and reproductive health and rights and HIV teams (district health offices, service delivery points, community distributors).

How the CNET process strengthens government stewardship

Country ownership of the CNET process is key. By implication, the process is government-led by broader HIV and sexual and reproductive health and rights programme leadership, and builds on national HIV and condom strategies in place to facilitate operationalization of the targets. Institutionalization of the CNET process improves the accuracy of the estimates generated and efficiency in systems and data management over time.

The process should be linked to national forecasting and quantification processes for sexual and reproductive health and rights and HIV commodities and reviews to enhance integrated supply chain management. It also has implications for reporting systems in place to capture population-specific reach and effectiveness of different distribution channels and condom types for course correction.

Figure 8. CNET road map



DIFFERENT COUNTRY APPROACHES TO CNET USE

Each country team should adapt CNET to its needs: teams do not have to use all of the features, or use them all at once.

Different teams will approach the CNET process in different ways, based on their objectives and the data sources available. The country team must decide what outcomes it needs from the estimation exercise and use the road map to guide the process.

Most country teams use CNET to estimate condom requirements, but some teams use it to understand and expand total market approaches, assess cost scenarios, or develop subnational strategies.

CNET can accommodate the needs of country teams with lots of data and robust programmes, and the needs of teams with fewer data or that require more guidance.

DEVELOPING CONDOM REQUIREMENTS BY POPULATION

The Condom Requirements worksheet is used to develop or validate overall population targets for 2027. Users review and update the baseline data for condom availability and use and population baseline information as the basis for country dialogue and finalization.

COUNTRY EXPERIENCES WITH CNET

"*CNET brought different players from maternal, newborn and child health, family planning and HIV together and helped us to use accurate demographic data to link to population needs. It was an effective advocacy tool to develop our national strategy operational plan, with increased targets. It also showed us what we still need to do to deepen participation, understanding and use of other aspects like [total market approaches]*" – Rwanda.

"*We needed a robust tool to justify increased funding. CNET was systematic, easy to use, and provided concrete results. We were able to use the tool to explain our condom needs at the national level in a comprehensive manner – and used the results for our national condom strategy. We presented our results to the Universal Health Coalition and increased our budget to more than US$ 3 000 000 of additional funds*" – Thailand.

UNDERSTANDING AND EXPANDING TOTAL MARKET APPROACHES

Some country teams build on the basic quantification of condom requirements conducted. They seek to understand and influence the market share by population, strengthen access to condoms of choice, increase cost savings based on the ability and willingness of people to pay, and ensure free condoms and lubricants are targeted at the most vulnerable people.

Under the total market approach section of CNET, market share targets are set or adopted for each population based on country data, dialogue and potential for new programme approaches. Country teams determine different population needs and access to female condoms, specialty condoms and lubricants, and identify commodity targets, appropriate channels, and further data needs to understand population preferences.

CNET IDENTIFIED COVERAGE GAPS IN MOZAMBIQUE

Mozambique used its CNET findings to address gaps in geographical coverage and priority populations. CNET helped Mozambique think through the market share of socially marketed condoms with high reach in Maputo and the need for increased free condom distribution. The findings led to a reinvigorated programme for last-mile reach for investment.

INSIGHTS FROM CNET INFORM UGANDA'S TOTAL MARKET APPROACH

Uganda realized the benefits of segmentation for total market approaches. The National Condom Assessment showed that free condom distribution was 80% of the total market. Nevertheless, 8% of total condoms sold were free condoms – meaning more people could pay for condoms than was previously thought. The private sector was brought into the national condom coordination committee to understand the challenges, and direct actions were identified to fast-track post-shipment testing and showcase their adverts.

A Uganda Country Team members said: "*The private sector would expand faster if they could advertise. We are looking at cost recovery mechanisms for people who can afford to pay and utilize the Global Fund to strengthen social marketing entities.*"

The country team reduced public sector targets to 60–70% from over 80%, with an aim to be at 50/50 by 2025. Although this is a long process, the country is taking proactive action. Some Global Fund condom procurement resources have been refocused to strengthen social marketing and demand creation. Representatives from the group sit on the national condom coordination committee permanently and are starting to see an increase in cost recovery after COVID-19. They are also developing national condom distribution guidance to help districts understand total market approaches at the local level.

USING COMMODITY COSTS TO BENCHMARK BUDGET NEEDS FOR RESOURCE MOBILIZATION

The costing section provides unit costs for various commodities drawn from the United Nations Population Fund (UNFPA) price lists. These are applied to estimates to calculate commodity costs by population. The costs provided do not include programming costs, including investments needed for demand creation, warehousing, storage and distribution. Understanding the cost scenarios may lead to reconsideration of targets or prioritization of specific populations. Numbers are also used to inform funding applications and domestic resource mobilization.

ADAPTING CNET FEATURES TO FINETUNE PROGRAMME APPROACHES

Some countries have robust quantification processes in place and use CNET for specific subpopulations or commodities (e.g. lubricants), or for subnational estimates, rather than using the overall condom need estimates provided.

Modifying CNET formulas can increase country ownership of the tool, but it requires work and sometimes the value added is not significant. Country teams may not get different answers after manipulating formulas. It is worth exploring the reconstructing and weighting shortcuts in Section 4 to see whether modification will be worthwhile. Seek UNAIDS technical assistance if required.

WHEN TO SEEK TECHNICAL ASSISTANCE

- Country-driven processes may need facilitation support.
- CNET is designed to be adapted for country use, but some countries request technical assistance with manipulating the formulas.

CNET USE INFORMS ZAMBIA'S GLOBAL FUND APPLICATION

Zambia used CNET to develop its national HIV strategic plan and quantify funds needed for the next five years: "*CNET is a wonderful tool... we used it as part of our Global Fund application. It provided data sources and graphs. It also gave us an opportunity to bring in [sexual and reproductive health and rights representatives] to talk about the needs of adolescent boys and girls.*"

MODIFYING CNET FORMULAS

Country teams must understand what they want to modify, and why:

- Are there wide variations in the epidemic that require subnational estimates?
- Are there large populations that are not covered for quantification and that need to be reflected?

South Africa and Thailand used CNET for subnational quantification and for specific subpopulations. South Africa undertook subnational estimates for people living with HIV in Kwazulu-Natal, the state with the country's highest rate of HIV. It had a huge impact on the total estimates and led to an open discussion about viral suppression.

South Africa used CNET to refocus its condom programme on populations that needed condoms most and subsequently reduced wastage.

Thailand adapted CNET to address the needs of three different types of sex workers – venue-based and non-venue-based female sex workers, male sex workers, and transgender sex workers. The disaggregation for Thailand were considered important because these were sizeable populations for quantification with different programme implications for reach.

DIFFERENT COUNTRY APPROACHES TO CNET USE

Each country team should adapt CNET to its needs and requirements. Countries do not have to use all of the features, or use them all at once.

Countries are at different stages in understanding their populations' needs and developing robust condom programmes that provide condoms of choice where and when they are needed. Countries have different levels of experience and expertise in quantification based on use of robust local data sources and consultation processes. CNET is designed to be flexible to these needs and requirements.

CNET gives countries with data or programme gaps a starting point:

- Some country teams do not have reliable data sources for all their populations or a clear idea of their targets. They need an evidence-based approach to estimate their five-year condom needs for strategic planning and resource mobilization (e.g. Global Fund applications).
- CNET provides a solution with minimum guidance required to get relatively sound estimates that can be validated. Country teams can identify the data sources available to validate the assumptions and populations in the tools and focus on engaging stakeholders and key and priority population representatives who understand specific end user needs and channels in a participatory process.
- Countries can use the target scenarios provided to understand what is feasible and identify short-term strategies to build programme reach through new channels and distribution mechanisms.

CNET IDENTIFIES AREAS FOR PROGRAM IMPROVEMENT

Different countries have different challenges regarding the recency of available data or the need for a standardized approach to develop meaningful targets and estimates.

Malawi recognized its processes were not standardized or aligned to global best practices for condom quantification and saw an opportunity to address challenges around reporting and coordination.

Mozambique discovered a need to update its data collection tools to capture population-specific data.

Rwanda used CNET to develop a new comprehensive condom strategy and operational plan that brought together HIV, maternal, neonatal and child health and family planning services:

"We realized there were gaps in what we were doing, and CNET helped us to use accurate demographic data to link targets with needs." – Rwanda

CNET gives countries with mature programmes a tool for validating and refining their condom data and programmes, including total market approaches:

CNET provides a quick way for country teams to validate what they are already doing. They may have more comprehensive, more reliable or more recent data than the data in the database (e.g. recent DHS, epidemiological risk and availability, key population size estimates, total market approach data). They can quickly update the data provided for baseline, refine targets by population and reduce wastage rates as needed. They have confidence in their annual targets and the feasibility of effective demand creation and distribution strategies, and they use the CNET process to further refine and expand their programme reach.

CNET VALIDATES STRONG PROGRAM APPROACHES

Zimbabwe has a robust national programme with strong data. It understands the needs of its different priority populations, and always has a close match with condom availability and use. CNET provided Zimbabwe with a way to validate what it was already doing and to use targets to further understand the reach of specific subpopulations or strengthen its total market approach.

Other stakeholders use CNET to better understand population-specific needs and market share:

Other stakeholders use CNET estimates developed at the country level or based on analysis of needs and gaps to advocate for increased distribution and community-driven solutions.

CNET CAN INFORM ADVOCACY PRIORITIES

The Botswana Southern African Trust, a civil society organization, used CNET estimates to advocate for more rigorous people-centred condom programmes. The organization engaged parliamentarians to address local shortages and provide condoms for young people by asking "*Do you have a programme in place? What are you going to invest to do this?*"

SECTION 2

USING CNET TO DEVELOP ESTIMATES STEP BY STEP

This section focuses on developing the draft estimate. It provides a step-by-step process for the core task team to navigate through the CNET spreadsheets to develop draft estimates, and references stakeholder engagement to inform, review and validate the draft estimates developed. Final cost and programme implications are important to consider when refining estimates and agreed targets.

SUMMARY OF STEP BY STEP GUIDANCE FOR ESTIMATE DEVELOPMENT USING THE CNET

STEP	REFERENCE	KEY TASKS
Introduction to navigating through the tool	**Worksheet:** ▪ Introduction	▪ CNET is structured in a Microsoft Excel worksheet that can be downloaded from the UNAIDS website ▪ The tool includes five main sections and subsections that are linked together for estimate development ▪ The CNET guiding principles provide key lessons learned based on country experiences of the tool and process
Step 1: set up country dashboard	**Worksheets:** ▪ Intro: Dashboard ▪ Condom Requirements ▪ Database Index	▪ Download the latest version of CNET as a master copy ▪ Set up country data and language on the Dashboard worksheet ▪ Be familiar with default data sources and links available in the tool ▪ Review the Condom Requirements worksheet to understand how data are used to develop condom estimates ▪ Use updated country data sources to review and validate default data
Step 2: confirm priority populations using checklist	**Worksheets:** ▪ Intro: Target Populations	▪ Review default priority populations included ▪ Complete the priority population checklist to determine whether additional priority populations should be added ▪ Assess whether technical assistance is needed for further modification
Step 3: determine baseline for current condom availability	**Worksheets:** ▪ Condom Availability	▪ Update the number of male and female condoms available in the country and distributed for free, through socially marketed programmes and through the private sector ▪ Allocate the number of female condoms, specialty condoms and lubricants provided ▪ Review and confirm whether condom availability aligns with DHS data on condom use ▪ Use findings from the Condom Landscape Analysis to validate availability numbers and type by sector and assess effectiveness of distribution channels for populations.
Step 4: validate population size estimates and condom use data	**Worksheets:** ▪ Demographic Data	▪ Review key demographic and behavioural data provided for populations ▪ Revise data provided based on locally available updated data sources and references ▪ Populate up to two additional populations if data are available (based on checklist) ▪ Document all decisions and sources used for stakeholder review and validation meetings

> continued on next page

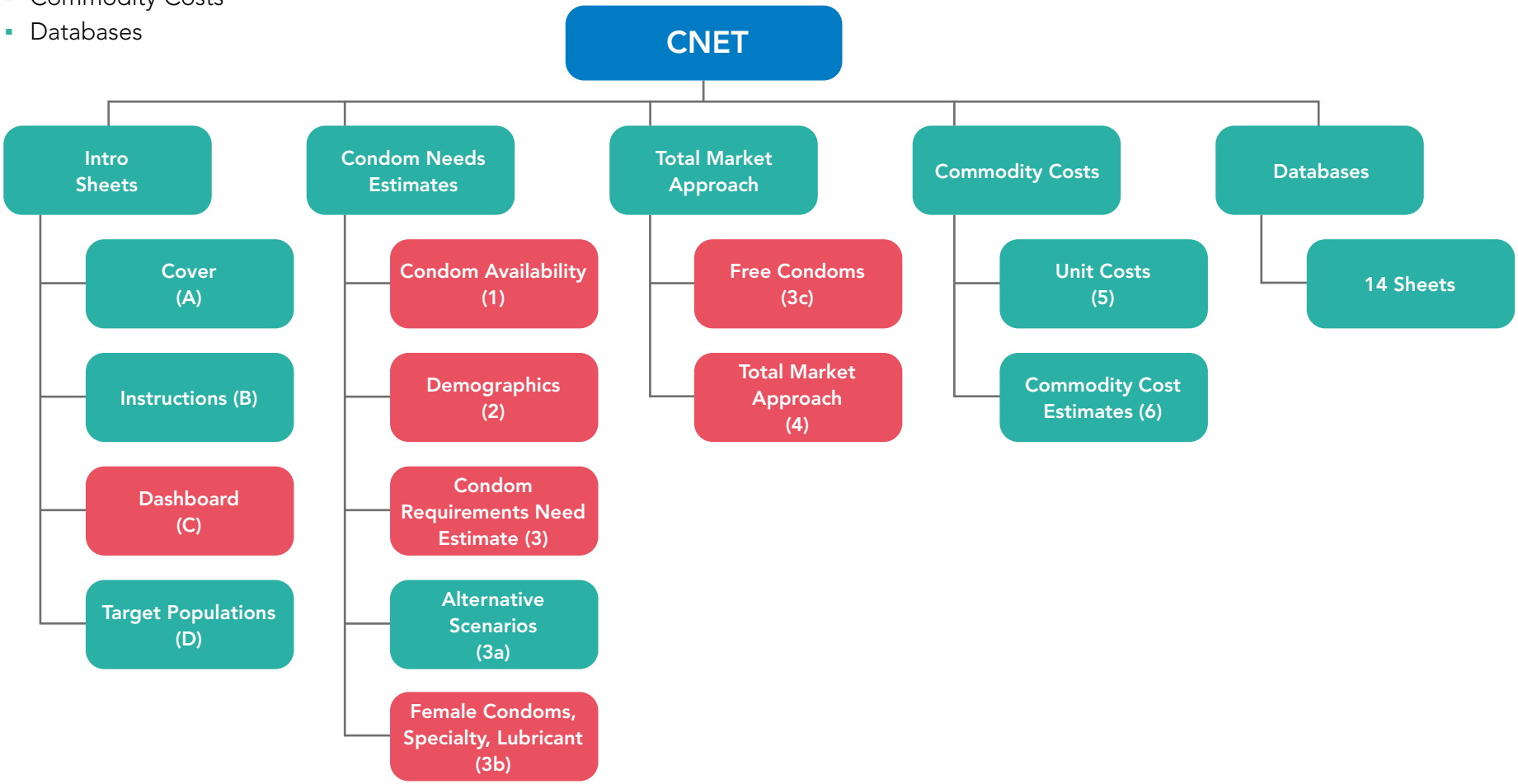
STEP	REFERENCE	KEY TASKS
Step 5: develop condom needs estimate	**Worksheets:** ▪ Condom Requirements ▪ Alternative Scenarios	▪ Understand assumptions behind default numbers for each population targets, number of sex acts and wastage ▪ Review baseline condom use and conduct gap analysis before setting 5-year condom use targets for each population ▪ Refine and adjust targets based on review of alternative scenarios for 5-year targets by population and finalize after review of costs ▪ Review and modify number of sex acts per year by population based on data and stakeholder recommendation to determine condom quantities needed for protection ▪ Review and modify percentage wastage for each population based on stakeholder consultation ▪ Understand other helpful references provided on worksheet ▪ Document key issues and revise targets with programme implications for stakeholder review
Step 6: determine female condom, specialty condom and lubricant needs	**Worksheets:** ▪ Female Condoms and Lubricant	▪ Use baseline condom availability data to review and modify percentage of female condoms, specialty condoms and lubricants needed by population ▪ Use graphs to guide analysis of population-specific needs, demand and access to condoms and lubricants ▪ Discuss implications of condom type allocations and distribution points to increase demand and use during stakeholder review
Step 7: establish total market approach targets, including free condom distribution by population	**Worksheets:** ▪ Free Condoms ▪ Condom Distribution – TMA	▪ Understand the current contribution of other sectors and benefits of using a total market approach to refine understanding of population needs and preferences for condom products. ▪ Use baseline condom availability data and stakeholder guidance as a starting place to review and modify percentage of free condoms for distribution by population ▪ Review and modify targets for free, socially marketed and private-sector condom products by population based on stakeholder guidance
Step 8: identify resource needs based on commodity costs	**Worksheets:** ▪ Condom Unit Cost ▪ Results – Commodities	▪ Review costing estimates for commodities based on 5-year targets and related programme costs ▪ Revise Condom Requirements worksheet as needed based on budget parameters, or present several funding scenarios for consideration

INTRODUCTION TO NAVIGATING THROUGH THE TOOL

CNET is structured in a Microsoft Excel worksheet that can be downloaded from the UNAIDS website *(1)*. It has five main sections and subsections (Figure 9):

- Intro Worksheets
- Condom Needs Estimates
- Total Market Approach
- Commodity Costs
- Databases

Figure 9. CNET worksheet architecture



The Intro worksheets provide an overview on using the tool and show how the different tabs are linked to each other. Key country inputs into all interactive worksheets are highlighted in *red*.

Users select their country under the dashboard to set up the model with the most recent global data available as default. They can then review and update the baseline data on condom availability and demographics using the default or most recent data sources available.

The Condom Requirements worksheet is the hub of the tool. It uses the baseline information provided to develop condom needs estimates by population for review and revision. Subsequent worksheets focus on allocation of commodity types needed and proposed distribution channels (free, socially marketed, private sector). Commodity costs are provided to benchmark the resources needed. Databases and links are referenced for use.

Section 2 outlines a step-by-step approach to navigating the tool based on Figure 10 and references specific sheets for each step:

Step 1:
set up country dashboard.

Step 2:
confirm priority populations using checklist.

Step 3:
determine baseline for current condom availability.

Step 4:
validate population size estimates and condom use data.

Step 5:
develop condom needs estimate.

Step 6:
determine female condom, specialty condom and lubricant needs.

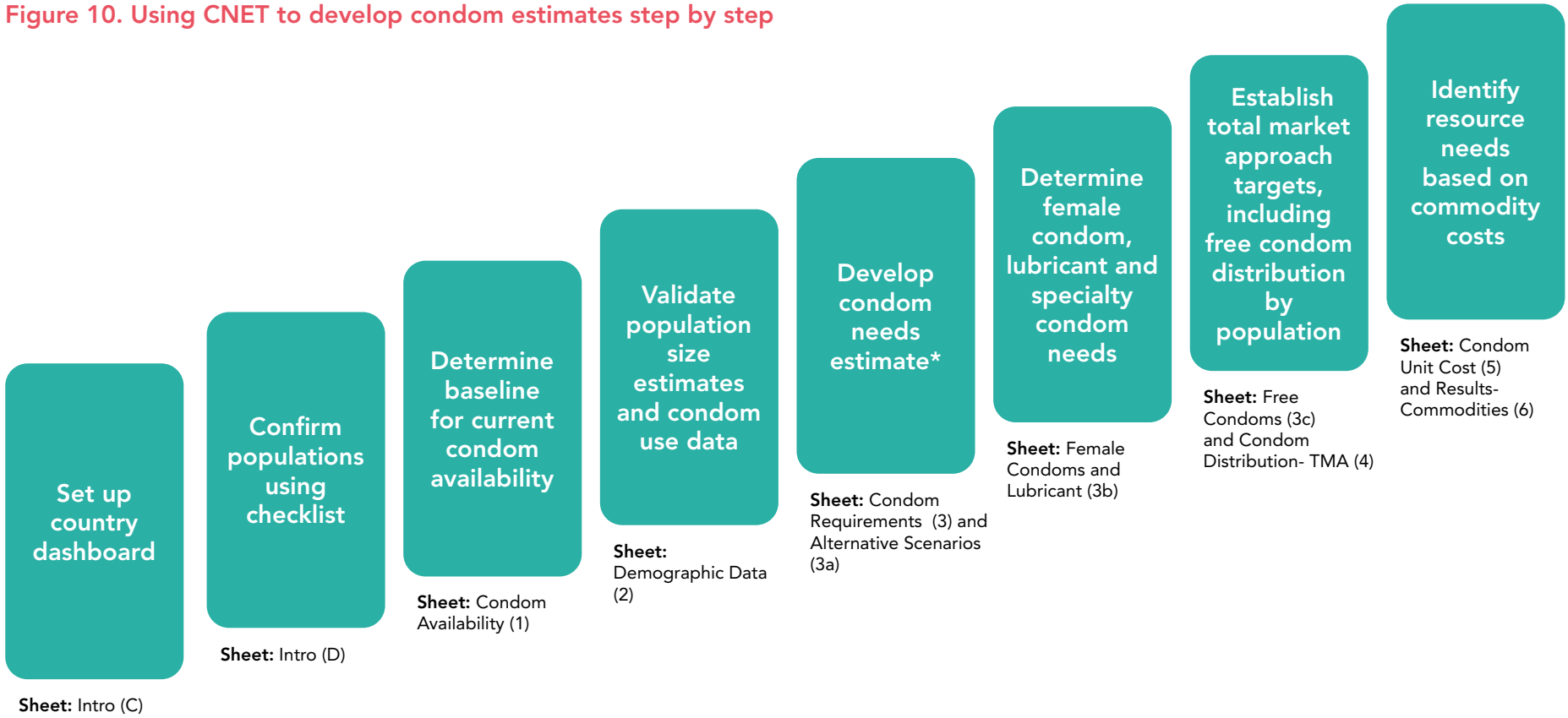
Step 7:
establish total market approach targets, including free condom distribution by population.

Step 8:
identify resource needs based on commodity costs.

Figure 10.

See the figure in detail on the next page

Figure 10. Using CNET to develop condom estimates step by step



* Gap analysis: the condom availability graph, condom requirement, and alternative scenario should inform estimates and program/policy decisions.

Each step is covered separately in this user guide and can be located using the links provided. Each step includes a summary of key actions, a brief description and a detailed explanation. Where possible, country experiences are shared to illustrate specific processes. Links are provided to frequently asked questions in **Section 4**. There are also links to guidance for group work in Section 4 to document analysis and decisions undertaken through the process. Key messages are provided at the end of each step.

The summary table provides a quick reference to key actions under each step. **The CNET guiding principles** are an important reminder of key lessons learned based on country experiences of the tool and process.

CNET GUIDING PRINCIPLES

- **CNET is designed to be interactive so that countries adapt it to their own contexts and needs.**
- **Start with well-defined at-risk and vulnerable populations** (based on data) with higher risk for HIV, sexually transmitted infections and unintended pregnancy and who can use condoms to protect themselves. Countries can add and change populations but should base their decisions on evidence-based data. It is important to delineate populations as much as possible to avoid overlap and duplication. Be realistic about the average number of sex acts per year, and know your population definitions.
- **Use robust data** (validated or best possible) to inform estimates. Even if you use country-based qualitative data and local experts, provide references and rationale in your documentation.
- **Make sure you have participation or review by stakeholders to validate data sources used** – in particular, include representatives of the priority populations highlighted in CNET. Often, key in-depth discussions do not happen beyond checking the box on participation. Without real engagement, condom programmes will fail to achieve the outcomes needed to reach targets.
- **Own your targets** – understand why you set them based on the needs of priority populations, ability to grow demand, and capacity.
- **Be conservative** – learn from best practices in your country and in the region. Build your understanding of what is needed, and check progress overtime.
- **Understand these are estimates**, and be prepared to accept a certain level of uncertainty. CNET may propose robust data due to its perceived coherence, but there are a lot of checks and balances to consider. Beware of false precision, and work with any uncertainty around estimates. The tool has limitations, and you may need to address data gaps, monitor progress and revise targets as needed.
- **CNET can be used to validate and shape programme quantification**, but no process is perfect. It is important to insist on stakeholder review of assumptions around sex, frequency and targets. CNET is used by many country teams, and it is improving with feedback and country experience. Everything can be checked, changed and validated based on your inputs.
- **CNET has a built-in tool to externally check the validity of its estimates**, including comparing condom needs estimates with the availability for baseline year, and comparing population-specific needs and use with estimate targets.
- **Qualitative data and stakeholder consultation** can validate whether targets are reasonable given current resources and reach.

STEP 1: SET UP COUNTRY DASHBOARD

Worksheets: Intro Dashboard, Condom Requirements, Database Index

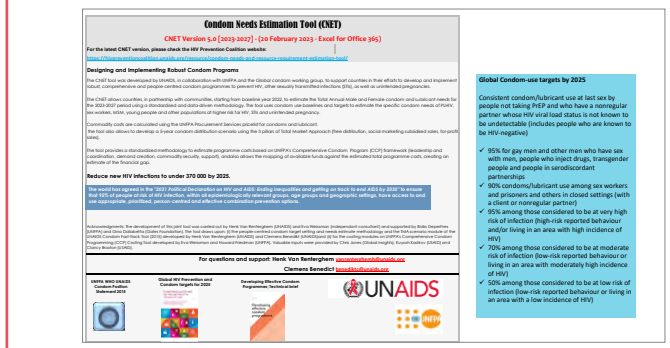
- Download the latest version of CNET as a master copy.
- Set up country data and language on the Dashboard worksheet.
- Be familiar with default data sources and links available in the tool.
- Review the Condom Requirements worksheet to understand how data are used to develop condom estimates.
- Use updated country data sources to review and validate default data.

Description: The Intro worksheets provide background information on the tool and its architecture and how data worksheets are linked to each other. Users set up the model with country-specific data sources and language in the **Country Dashboard worksheet**. It also provides important practical information about moving through different sheets, a summary table of available data sources used, the database index, databases and resource links. Users should become familiar with the **Condom Requirements worksheet** to understand the country data sources that may be required when developing condom estimates.

DOWNLOAD THE LATEST VERSION OF CNET AS A MASTER COPY

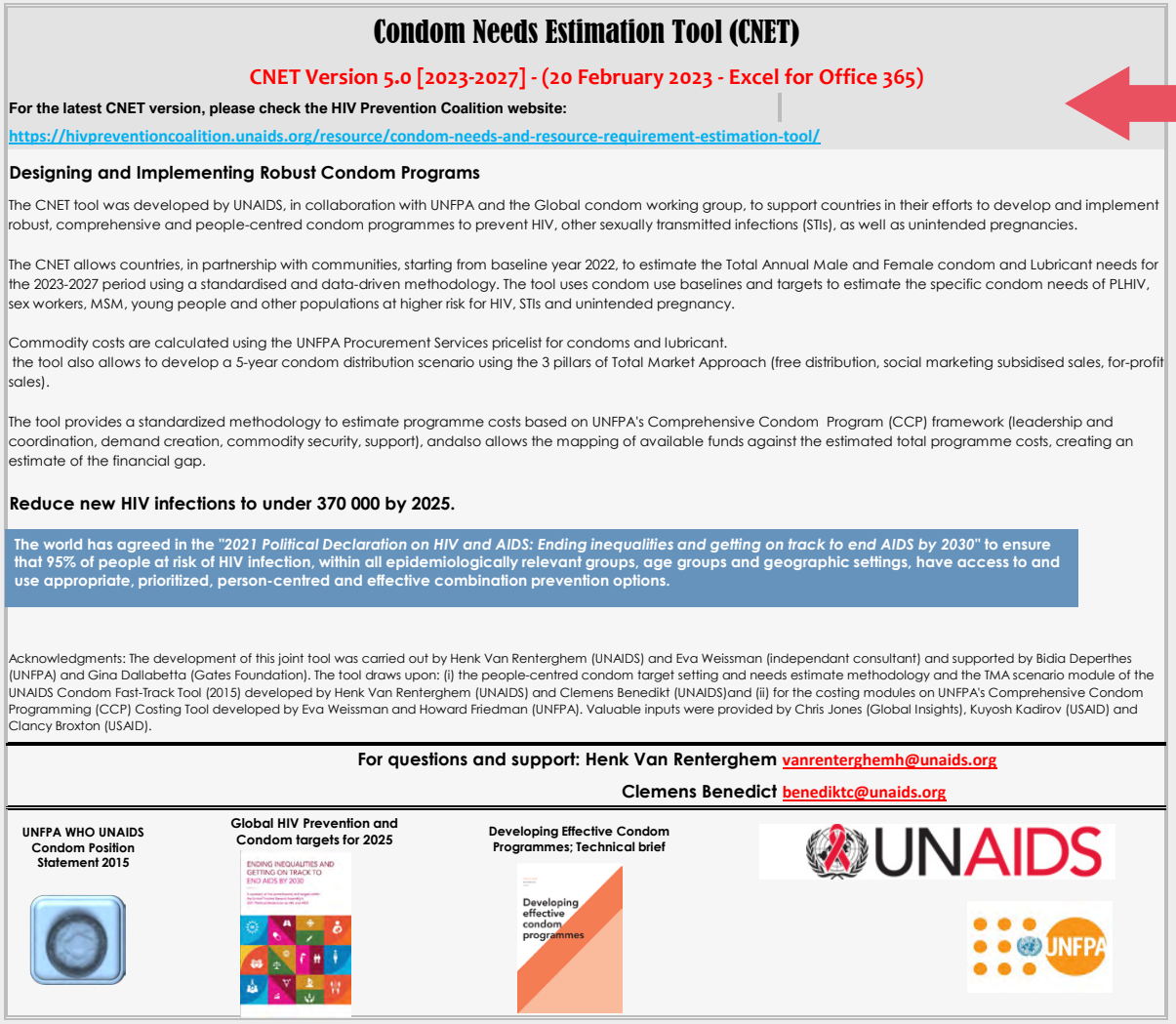
- Get the latest version of CNET from the UNAIDS website *(1)*. Country team members can have their own copies of CNET, but it is important that a single master copy is used for final data entry.
- Use a computer with Excel for Office 365 software, because incompatibilities exist with older versions of Excel.
- Check you have the latest version of the tool by reviewing the tool version number on the Cover worksheet (Figure 11).
- Always select "**Enable Macros**" to automate calculations and formulas throughout the tool.

Figure 11.



See the figure in detail on the next page

Figure 11. Confirm you are using the latest version of CNET



Condom Needs Estimation Tool (CNET)

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

For the latest CNET version, please check the HIV Prevention Coalition website:

https://hivpreventioncoalition.unaids.org/resource/condom-needs-and-resource-requirement-estimation-tool/

Designing and Implementing Robust Condom Programs

The CNET tool was developed by UNAIDS, in collaboration with UNFPA and the Global condom working group, to support countries in their efforts to develop and implement robust, comprehensive and people-centred condom programmes to prevent HIV, other sexually transmitted infections (STIs), as well as unintended pregnancies.

The CNET allows countries, in partnership with communities, starting from baseline year 2022, to estimate the Total Annual Male and Female condom and Lubricant needs for the 2023-2027 period using a standardised and data-driven methodology. The tool uses condom use baselines and targets to estimate the specific condom needs of PLHIV, sex workers, MSM, young people and other populations at higher risk for HIV, STIs and unintended pregnancy.

Commodity costs are calculated using the UNFPA Procurement Services pricelist for condoms and lubricant.
the tool also allows to develop a 5-year condom distribution scenario using the 3 pillars of Total Market Approach (free distribution, social marketing subsidised sales, for-profit sales).

The tool provides a standardized methodology to estimate programme costs based on UNFPA's Comprehensive Condom Program (CCP) framework (leadership and coordination, demand creation, commodity security, support), andalso allows the mapping of available funds against the estimated total programme costs, creating an estimate of the financial gap.

Reduce new HIV infections to under 370 000 by 2025.

The world has agreed in the *"2021 Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030"* to ensure that 95% of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options.

Acknowledgments: The development of this joint tool was carried out by Henk Van Renterghem (UNAIDS) and Eva Weissman (independant consultant) and supported by Bidia Deperthes (UNFPA) and Gina Dallabetta (Gates Foundation). The tool draws upon: (i) the people-centred condom target setting and needs estimate methodology and the TMA scenario module of the UNAIDS Condom Fast-Track Tool (2015) developed by Henk Van Renterghem (UNAIDS) and Clemens Benedikt (UNAIDS)and (ii) for the costing modules on UNFPA's Comprehensive Condom Programming (CCP) Costing Tool developed by Eva Weissman and Howard Friedman (UNFPA). Valuable inputs were provided by Chris Jones (Global Insights), Kuyosh Kadirov (USAID) and Clancy Broxton (USAID).

For questions and support: Henk Van Renterghem vanrenterghemh@unaids.org

Clemens Benedict benediktc@unaids.org

UNFPA WHO UNAIDS Condom Position Statement 2015

Global HIV Prevention and Condom targets for 2025

Developing Effective Condom Programmes; Technical brief

Developing effective condom programmes

UNAIDS

UNFPA

Confirm you have the latest version number of the tool

Global Condom-use targets by 2025

Consistent condom/lubricant use at last sex by people not taking PrEP and who have a nonregular partner whose HIV viral load status is not known to be undetectable (includes people who are known to be HIV-negative)

- ✓ 95% for gay men and other men who have sex with men, people who inject drugs, transgender people and people in serodiscordant partnerships
- ✓ 90% condoms/lubricant use among sex workers and prisoners and others in closed settings (with a client or nonregular partner)
- ✓ 95% among those considered to be at very high risk of infection (high-risk reported behaviour and/or living in an area with high incidence of HIV)
- ✓ 70% among those considered to be at moderate risk of infection (low-risk reported behaviour or living in an area with moderately high incidence of HIV)
- ✓ 50% among those considered to be at low risk of infection (low-risk reported behaviour or living in an area with a low incidence of HIV)

SET UP COUNTRY DATA AND LANGUAGE ON THE DASHBOARD WORKSHEET

Enter your country and language of preference (English, French or Portuguese) (Figure 12). **The default start and end years for targets are currently set for 2023 and 2027, with 2022 as the baseline.** The defaults will be updated routinely by UNAIDS as needed.

Press "**Set up Model**" to show your country data. Selecting the country and timeframe will pull in all the country-specific data from the model's databases and set up the model in the spreadsheets.

NAVIGATING THE TOOL IS EASY

Each worksheet has the following navigation buttons:

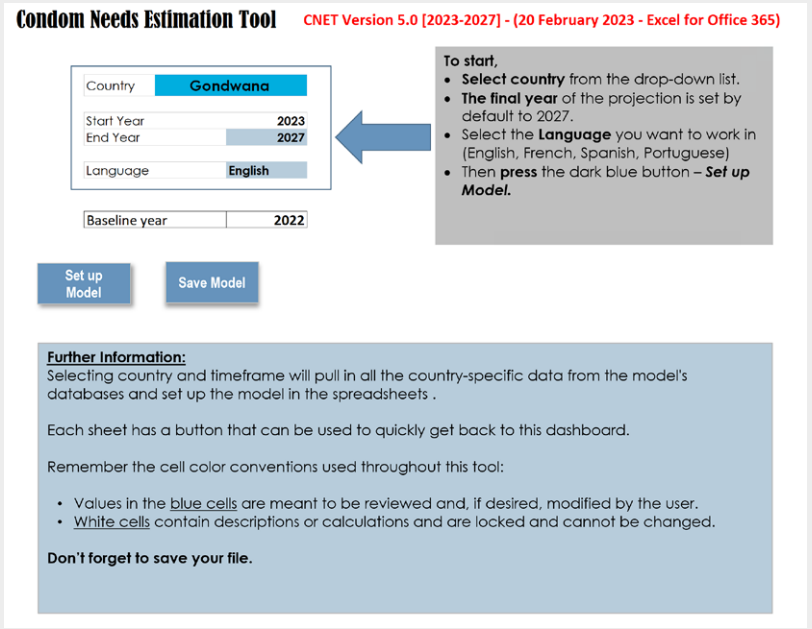
- **Back to Dashboard:** returns you to the Dashboard worksheet.
- **Move to Next Sheet:** takes you to the next worksheet in the tool.
- **Reset to Original Values:** resets all values in blue cells to default values.

The following colour conventions are used throughout the tool:

- Values in *blue cells* are meant to be reviewed and, if needed, modified by the user. The cells turn *orange* after they are modified.
- *White cells* contain descriptions or calculations, are locked and cannot be changed.
- Country selection is done on the **Dashboard worksheet** from the dropdown menu at the top. This automatically sets up the standard Condom Needs Estimate for the selected country for 2023–2027.
- Worksheets are protected but can be unprotected by right-clicking.

Before making changes, always save a copy of the original file and then regularly save copies.

Figure 12. Select your country and language



BE FAMILIAR WITH DEFAULT DATA SOURCES AND LINKS

CNET provides a wealth of default data and links for country reference and additional calculations:

- The **Data Availability table** on the right of the **Dashboard worksheet** shows highlighted data sources used for default calculations (Figure 13). The fields in this table are protected but can be edited by expert users.
- **Full datasets are available if you scroll right to the green tabs** to the **Database Index** (Figure 14). This provides a summary of the default data sources used and data links for country teams to access and review the latest data (based on the UNAIDS update schedule).
- Default data are shown on the **Condom Availability worksheet** and the **Demographics worksheet** for country review and update as needed.
- It is helpful to check the data sources used in the default before starting manipulation. Select "**Show All Databases**" to show the databases by category and click on specific indicators to review the details.

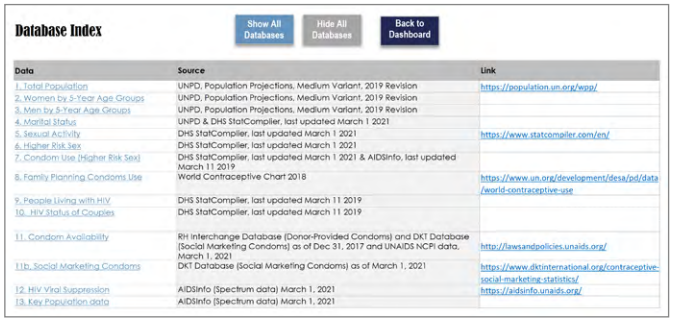
Default data drawn from global databases are based on the most recent data available and are updated annually as needed. Country teams should review the data sources provided to determine whether more recent validated country sources are available (e.g. Census, DHS, IBBS) and can use the Data Collection Checklist as reference.

Figure 13. Summary of available country data

Data Availability

Dataset	Source
People Living with HIV	AIDSInfo 2023 Data
Couples LHIV	2015-16 DHS
Sexual Activity	2015-16 DHS
High Risk Partners	2015-16 DHS
Family Planning	Gondwana 2015-2016 Demographic
Full dataset available	

Figure 14.



See the figure in detail on the next page

Figure 14. Review the database index for default data sources used

To hide or show all databases, press the respective button. To go to a specific sheet, press " **Show All Databases**", then click on the link

Database Index

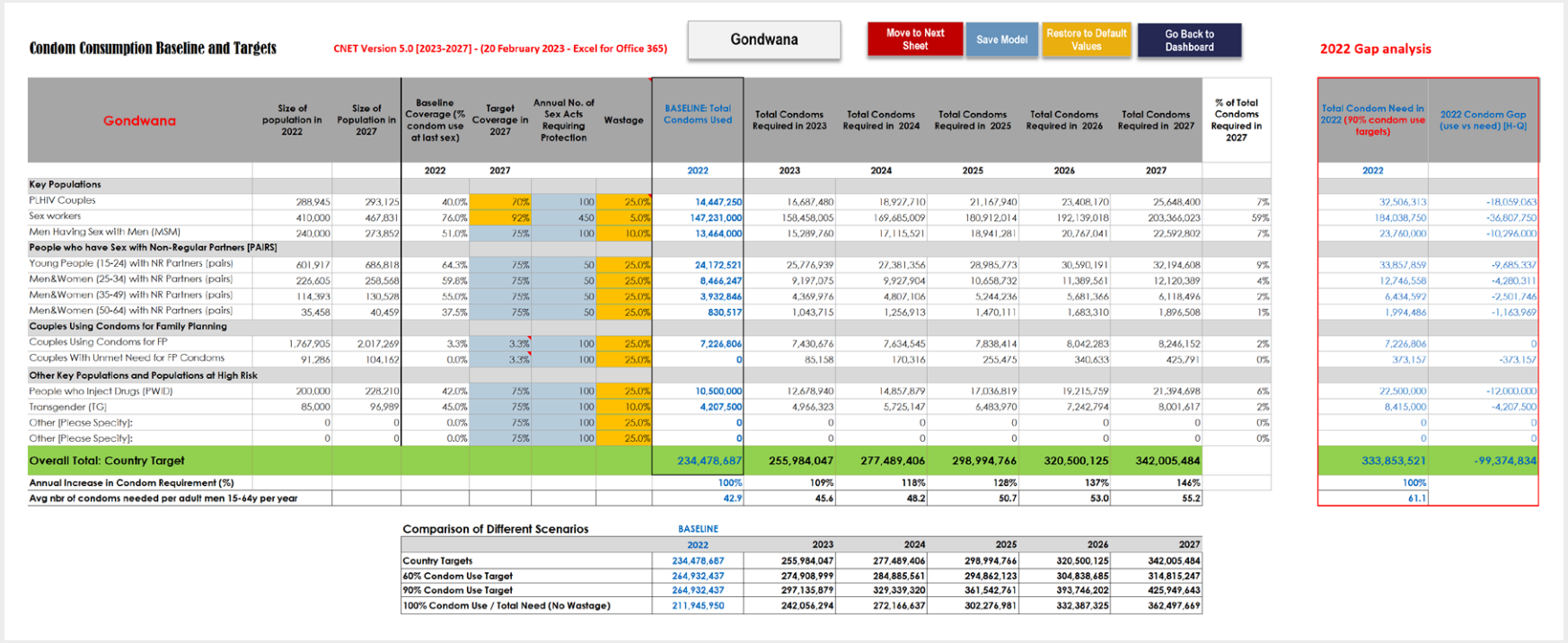
Show All Databases | Hide All Databases | Back to Dashboard

Data	Source	Link
1. Total Population	UNPD, Population Projections, Medium Variant, 2019 Revision	https://population.un.org/wpp/
2. Women by 5-Year Age Groups	UNPD, Population Projections, Medium Variant, 2019 Revision	
3. Men by 5-Year Age Groups	UNPD, Population Projections, Medium Variant, 2019 Revision	
4. Marital Status	UNPD & DHS StatComplier, last updated March 1 2021	
5. Sexual Activity	DHS StatComplier, last updated March 1 2021	https://www.statcompiler.com/en/
6. Higher Risk Sex	DHS StatComplier, last updated March 1 2021	
7. Condom Use (Higher Risk Sex)	DHS StatComplier, last updated March 1 2021 & AIDSInfo, last updated March 11 2019	
8. Family Planning Condoms Use	World Contraceptive Chart 2018	https://www.un.org/development/desa/pd/data/world-contraceptive-use
9. People Living with HIV	DHS StatComplier, last updated March 11 2019	
10. HIV Status of Couples	DHS StatComplier, last updated March 11 2019	
11. Condom Availability	RH Interchange Database (Donor-Provided Condoms) and DKT Database (Social Marketing Condoms) as of Dec 31, 2017 and UNAIDS NCPI data, March 1, 2021	http://lawsandpolicies.unaids.org/
11b, Social Marketing Condoms	DKT Database (Social Marketing Condoms) as of March 1, 2021	https://www.dktinternational.org/contraceptive-social-marketing-statistics/
12. HIV Viral Suppression	AIDSInfo (Spectrum data) March 1, 2021	https://aidsinfo.unaids.org/
13. Key Population data	AIDSInfo (Spectrum data) March 1, 2021	

REVIEW THE CONDOM REQUIREMENTS WORKSHEET TO UNDERSTAND HOW DATA ARE USED TO DEVELOP CONDOM ESTIMATES

This worksheet (Figure 15) is where country target estimates are reviewed, refined and validated based on default or revised data provided and stakeholder inputs (under Step 5). It is the hub of the tool that all other worksheets feed into.

Figure 15. Review the condom requirements worksheet to understand how data are used



Condom Consumption Baseline and Targets

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Gondwana | Move to Next Sheet | Save Model | Restore to Default Values | Go Back to Dashboard

Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027
			2022	2027			2022	2023	2024	2025	2026	2027	
Key Populations													
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%
Sex workers	410,000	467,831	76.0%	92%	450	5.0%	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	75%	100	10.0%	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%
People who have Sex with Non-Regular Partners [PAIRS]													
Young People (15-24) with NR Partners (pairs)	601,917	686,818	64.3%	75%	50	25.0%	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608	9%
Men&Women (25-34) with NR Partners (pairs)	226,605	258,568	59.8%	75%	50	25.0%	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389	4%
Men&Women (35-49) with NR Partners (pairs)	114,393	130,528	55.0%	75%	50	25.0%	3,932,846	4,369,976	4,807,106	5,244,236	5,681,366	6,118,496	2%
Men&Women (50-64) with NR Partners (pairs)	35,458	40,459	37.5%	75%	50	25.0%	830,517	1,043,715	1,256,913	1,470,111	1,683,310	1,896,508	1%
Couples Using Condoms for Family Planning													
Couples Using Condoms for FP	1,767,905	2,017,269	3.3%	3.3%	100	25.0%	7,226,806	7,430,676	7,634,545	7,838,414	8,042,283	8,246,152	2%
Couples With Unmet Need for FP Condoms	91,286	104,162	0.0%	3.3%	100	25.0%	0	85,158	170,316	255,475	340,633	425,791	0%
Other Key Populations and Populations at High Risk													
People who Inject Drugs (PWID)	200,000	228,210	42.0%	75%	100	25.0%	10,500,000	12,678,940	14,857,879	17,036,819	19,215,759	21,394,698	6%
Transgender (TG)	85,000	96,989	45.0%	75%	100	10.0%	4,207,500	4,966,323	5,725,147	6,483,970	7,242,794	8,001,617	2%
Other [Please Specify]:	0	0	0.0%	75%	100	25.0%	0	0	0	0	0	0	0%
Other [Please Specify]:	0	0	0.0%	75%	100	25.0%	0	0	0	0	0	0	0%
Overall Total: Country Target							234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484	
Annual Increase in Condom Requirement (%)							100%	109%	118%	128%	137%	146%	
Avg nbr of condoms needed per adult men 15-64y per year							42.9	45.6	48.2	50.7	53.0	55.2	

2022 Gap analysis

Total Condom Need in 2022 (90% condom use targets)	2022 Condom Gap (use vs need) [H-Q]
2022	
32,506,313	-18,059,063
184,038,750	-36,807,750
23,760,000	-10,296,000
33,857,859	-9,685,337
12,746,558	-4,280,311
6,434,592	-2,501,746
1,994,486	-1,163,969
7,226,806	0
373,157	-373,157
22,500,000	-12,000,000
8,415,000	-4,207,500
0	0
0	0
333,853,521	-99,374,834
100%	
61.1	

Comparison of Different Scenarios BASELINE

	2022	2023	2024	2025	2026	2027
Country Targets	234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484
60% Condom Use Target	264,932,437	274,908,999	284,885,561	294,862,123	304,838,685	314,815,247
90% Condom Use Target	264,932,437	297,135,879	329,339,320	361,542,761	393,746,202	425,949,643
100% Condom Use / Total Need (No Wastage)	211,945,950	242,056,294	272,166,637	302,276,981	332,387,325	362,497,669

All the cells in blue have defaults provided based on global data and expert assumptions (Figure 16). Country reviews, revisions and validations are reflected on this page.

- Populated numbers are used to produce population and national condom estimates with incremental annual breakdown provided based on five-year targets set and expected population growth.
- A gap analysis is provided based on baseline condom use versus needs or targets to facilitate analysis and target refinement.

For each subpopulation, global databases provide defaults for:

- Population size calculations (sourced from Demographic worksheet – census).
- Baseline condom use (sourced from Demographic worksheet – DHS).
- Five-year target coverage, annual numbers of sex acts requiring protection (expert assumptions), and projected wastage (expert assumptions).

Figure 16. Defaults sourced from global databases for country review and revision

Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025
			2022	2027			2022	2023	2024	2025
Key Populations										
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250	16,687,480	18,927,710	21,167,940
Sex workers	410,000	467,831	76.0%	92%	450	5.0%	147,231,000	158,458,005	169,685,009	180,912,014
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	75%	100	10.0%	13,464,000	15,289,760	17,115,521	18,941,281

USE UPDATED COUNTRY DATA SOURCES TO REVIEW AND VALIDATE DEFAULT DATA

After reviewing the country-specific default data and databases provided, use the Data Collection Checklist to determine whether more recent sources are available. Where multiple data sources are provided, you may need consensus on the best source to use. See Step 3 and Step 4 for more details on data choices.

Under the recommended road map, the stakeholder inputs on data and the condom landscape analysis help to identify other up-to-date data sources available (see Convene the Stakeholder Launch Meeting for CNET Process and Landscape Analysis).

KEY MESSAGES

- Setting up the model is key to bringing up global country data for team review, validation and update.
- The default start and end years are 2022 and 2027. Default data are based on global databases, but the country team should review and reference the latest data and sources for condom availability and demographics.
- It is good to have a master worksheet and backup copies in case files become corrupted. Always save your work!
- Everything you need for national estimates by population can be found on the Condom Requirements worksheet.
- Country teams with a lot of data can quickly update the different cells based on the latest information for stakeholder review, validation and refinement.
- Countries with fewer data should still validate the default data provided using the data links and unhidden database green tabs.

STEP 2: CONFIRM PRIORITY POPULATIONS USING CHECKLIST

***Worksheets:* Intro – Target Populations, Priority Populations Checklist**

- Review the default priority populations included.
- Complete the Priority Population Checklist to determine whether additional priority populations should be added.
- Assess whether technical assistance is needed for further modification.

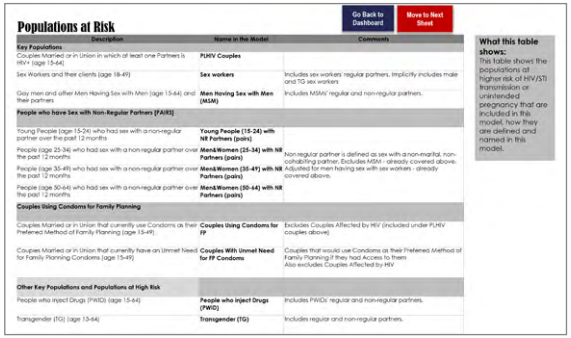
Description: The country team identifies the priority populations for quantification before putting together baseline data. The table provided on the **Intro – Target Population worksheet** (Figure 17) identifies default target populations included in the tool based on evidence of higher risk for HIV, sexually transmitted infections, or unintended or teenage pregnancy. This worksheet is not interactive, but all other interactive CNET worksheets use the preloaded default data on these populations for country review, validation and revision.

REVIEW DEFAULT PRIORITY POPULATIONS INCLUDED

CNET includes the following populations:

- People from key populations:
  - Discordant and concordant couples living with HIV.
  - Sex workers aged 18–49 years, and their clients and regular partners.
  - Gay men and other men who have sex with men, and their regular and non-regular partners.
- People who have sex with non-regular partners:
  - Young people aged 15–24 years.
  - Men and women aged 25–34 years.
  - Men and women aged 35–49 years.
  - Men and women aged 50–64 years.
- Couples using condoms for family planning and couples with unmet need for family planning condoms.
- Other people from key populations and populations at high risk:
  - People who inject drugs aged 15–64 years.
  - Transgender people.
  - Others (to be added by countries as needed).

Figure 17.



See the figure in detail on the next page

Figure 17. Review the default priority populations within CNET

Go Back to Dashboard | Move to Next Sheet

Populations at Risk

Description	Name in the Model	Comments
Key Populations		
Couples Married or in Union in which at least one Partners is HIV+ (age 15-64)	**PLHIV Couples**	
Sex Workers and their clients (age 18-49)	**Sex workers**	Includes sex workers' regular partners. Implicitly includes male and TG sex workers
Gay men and other Men Having Sex with Men (age 15-64) and their partners	**Men Having Sex with Men (MSM)**	Includes MSMs' regular and non-regular partners.
People who have Sex with Non-Regular Partners [PAIRS]		
Young People (age 15-24) who had sex with a non-regular partner over the past 12 months	**Young People (15-24) with NR Partners (pairs)**	Non regular partner is defined as sex with a non-marital, non-cohabiting partner. Excludes MSM - already covered above. Adjusted for men having sex with sex workers - already covered above.
People (age 25-34) who had sex with a non-regular partner over the past 12 months	**Men&Women (25-34) with NR Partners (pairs)**	
People (age 35-49) who had sex with a non-regular partner over the past 12 months	**Men&Women (35-49) with NR Partners (pairs)**	
People (age 50-64) who had sex with a non-regular partner over the past 12 months	**Men&Women (50-64) with NR Partners (pairs)**	
Couples Using Condoms for Family Planning		
Couples Married or in Union that currently use Condoms as their Preferred Method of Family Planning (age 15-49)	**Couples Using Condoms for FP**	Excludes Couples Affected by HIV (included under PLHIV couples above)
Couples Married or in Union that currently have an Unmet Need for Family Planning Condoms (age 15-49)	**Couples With Unmet Need for FP Condoms**	Couples that would use Condoms as their Preferred Method of Family Planning if they had Access to them Also excludes Couples Affected by HIV
Other Key Populations and Populations at High Risk		
People who Inject Drugs (PWID) (age 15-64)	**People who inject Drugs (PWID)**	Includes PWIDs' regular and non-regular partners.
Transgender (TG) (age 15-64)	**Transgender (TG)**	Includes regular and non-regular partners.

What this table shows:
This table shows the populations at higher risk of HIV/STI transmission or unintended pregnancy that are included in this model, how they are defined and named in this model.

COMPLETE THE PRIORITY POPULATION CHECKLIST TO DETERMINE WHETHER ADDITIONAL PRIORITY POPULATIONS SHOULD BE ADDED

The Priority Population Checklist is designed to help country teams determine whether additional populations should be considered for condom estimates. It provides a simple way to assess whether populations should be added and when UNAIDS technical support may be required.

Note there is an important difference between adding populations for estimates based on need versus consideration of all vulnerable populations for programming.

CRITERIA IN THE PRIORITY POPULATION CHECKLIST

- Country data.
- Potential overlap or duplication.
- Higher risk and vulnerability.
- Significant population size and increased numbers of sex acts.
- Existing programmes.
- Value added.

The stakeholder launch meeting provides an opportunity to discuss current efforts, recommendations and data sources needed to consider any additional populations based on review of the checklist.

Based on recommendations, the country team assesses whether additional populations should be added under the Demographic worksheet (see Step 4) and reports any revisions made during the review meeting. If you are not sure whether additional populations should be added, make a copy of the template to see whether the numbers are significant.

COUNTRY DECISIONS ON PRIORITY POPULATIONS

Malawi wanted to prioritize condom needs for adolescent girls and young women aged 20–29 years as a separate priority population to align with its Global Fund application. Although the default included these populations under non-regular partners, they used the DHS Stat compiler to determine potential gaps in coverage or deduct 50% from each of the young people categories (15–24 years, 25–34 years) to determine additional needs.

Rwanda and Thailand recognized the triple burden of HIV, sexually transmitted infections and family planning and included people with sexually transmitted infections in their CNET condom estimates as a separate population.

Table 3 covers many of the questions countries have about populations for inclusion.

Table 3. Understand assumptions around selecting populations for quantification

What are the key population assumptions for inclusion?	Condom needs for people living with HIV: ▪ If viral load suppression is high, the condom needs of people living with HIV in stable relationships are assumed to be low ▪ People living with HIV who are single need condoms ▪ People living with HIV in stable relationships may want condoms for protection from sexually transmitted infections or for family planning, or if they are newly on antiretroviral therapy ▪ Consult with antiretroviral therapy providers and people living with HIV to assess condom needs
	Other prevention methods: ▪ Contributions of other prevention methods (PrEP, voluntary medical male circumcision, antiretroviral therapy) for specific populations (young people, people from key populations, people living with HIV, men with non-regular partners) may depend on current coverage (e.g. in most countries, PrEP coverage is low) ▪ Condoms are always an option for prevention of sexually transmitted infections and family planning
	Subpopulations with non-regular partners: ▪ These include fisherfolk, military personnel and truckdrivers and are generally included under populations with non-regular partners ▪ Generally, populations of significant size or of significantly different sexual behaviour are required for them to change condom estimates ▪ Unless you can demonstrate these subpopulations are excluded in surveys, it may not be worthwhile quantifying their needs separately, as there is a risk of double-counting ▪ It is imperative to programme condom promotion and distribution to all subpopulations
	Gay men and other men who have sex with men: ▪ Default data for numbers of sex acts are based on men in stable relationships ▪ If male sex worker data are available and sizeable, their needs should be considered separately
	Migrants: ▪ Migrants and people in camps are not covered in population-based surveys ▪ It is not difficult to do a separate calculation for their condom needs as numbers are well monitored
	Young people with non-regular partners: ▪ If there is high HIV prevalence in young people, countries may want to extend this population to include all sexually active young people ▪ Note that young people are included in population size estimates as married couples aged 15–49 years
	Stakeholder meetings will identify all populations who need condoms Copy the template to determine whether additional populations should be entered separately for quantification purposes There is a risk of duplication and overlap, but it is better to have some overlap than underestimate condom needs

> continued on next page

What should we do for populations not covered that should be part of condom estimates?	The decision to add additional populations to the demographic worksheet relies on the country's access to up-to-date data sources
	Many country teams are unsure how granular to be with subpopulations Key questions include: ▪ Is this subpopulation already included? ▪ Is the number of sex acts significantly different from the default? ▪ Is the subpopulation size substantial enough to impact on condom use?
	People with sexually transmitted infections are not covered specifically, but they are captured indirectly under all age groups with non-regular partners for condom estimates The assumption is that people with non-regular partners are more likely to have sexually transmitted infections It is good practice to note these people and ensure sexually transmitted infection clinics are included in condom distribution
	If the data exist and the contribution is significant, new populations can be added (e.g. people with sexually transmitted infections)
What if there is a high prevalence of HIV among young people or a high rate of teenage pregnancy?	HIV prevalence among young people should be addressed for condom needs under the category of people aged 15–24 and 25–34 years with non-regular partners If HIV prevalence among young people aged 15–24 years is high, the non-regular category can be extended to include all sexually active young people
	Teenage pregnancy is included under family planning for stable married relationships in people aged 15–49 years and under non-regular partners Unmet family planning needs of people aged 15–19 years to prevent unintended pregnancy are covered, but the needs of young women should be considered No country has targets for family planning, but it may be useful to consider condom needs for new couples or as part of unmet need for family planning
What if we do not have the data?	The default data provided are based on global databases that have been updated within the past 18 months Assumptions have been developed based on published literature and expert consultation If you have data from more recent studies, do your best to update the data sources and validate the information used with your programme teams and community representatives; otherwise, use what you have and plan for future assessments to refine condom estimates in subsequent years
	Beware of false precision when using default data Validate data with stakeholders

> continued on next page

How do we decide whether we should add a population?	CNET allows for up to two populations to be added
	Country teams should be cautious about adding populations without sufficient evidence of the value added
	Add populations if population size estimate data are available, if the population is not covered adequately under other categories, and if you are prepared to programme for this population
	People in prisons are included in the tool as a priority population, but few countries have programmes in place to reach them
	Some countries have added other populations such as people with sexually transmitted infections (based on high incidence and increased condom needs) or people living in refugee camps
	Be systematic in assessing quantification needs versus programming decisions
	Use the Priority Population Checklist to determine whether you should add specific identified populations
How much disaggregation is needed within populations?	Use the Priority Population Checklist to determine whether further disaggregation is needed
	Make a copy of the template and do the additions separately to check whether the difference is significant – some countries that have done detailed disaggregation based on additional population data have found little difference in overall estimates
	Stakeholder meeting discussions can identify programme implications and future refinements
How do we interrogate the demographics with what is currently happening in our programme?	During the stakeholder meeting, the Group Work Guidance for the Condom Landscape Analysis can be used to validate demographic data and sexual activity baseline assumptions with who is being reached, where and how
	Dialogue among stakeholders is key to interpret the implications of the data and determine what needs to be done differently to achieve the desired results

KEY TIPS

- **Accurate population size estimates are only as good as the data provided.** Country teams should review and update their data, particularly for other priority populations if available.
- **Other populations to consider if data are available include:**
  - All young people aged 15–24 years in high-prevalence or high-incidence settings to promote condom use at first sex for those not yet sexually active as part of comprehensive sexuality education.
  - Refugees, internally displaced people and migrants (including irregular migrants).
  - People with disabilities aged 15–64 years.
  - People in prisons, if programming is possible.
- **Other specific priority populations to be defined in the country context to confirm condom needs are covered:**
  - Subpopulations under the category of people with non-regular partners and covered by default in the tool include truck drivers, mobile populations, military personnel and fisherfolk.
  - People with sexually transmitted infections and their partners are not included but may be captured under the category of people with non-regular partners. Validate whether their needs are covered.
- **People who do not need condoms include the following:**
  - People not having sex.
  - People in stable relationships, with one regular partner with known HIV-negative status, no sexually transmitted infections, and using other family planning methods.
  - People living with HIV on antiretroviral therapy who know they are virally suppressed – but consider other sexually transmitted infection and family planning needs.
- People using PrEP may not need condoms for HIV prevention, but they may choose to use condoms for sexually transmitted infection or family planning needs.

ASSESS WHETHER TECHNICAL ASSISTANCE IS NEEDED FOR FURTHER MODIFICATION

CNET allows up to two additional priority populations to be added. If a country team needs to add more than two populations, contact UNAIDS for technical assistance.

KEY MESSAGES

- The decision to add a population should be based on whether the population is excluded and whether its size estimate or number of sex acts is significant.
- Use the Priority Populations Checklist to review and justify decisions.
- Highlight during stakeholder meetings that resource estimate decisions are different from programming decisions.
- During stakeholder meetings, all subpopulations identified should be documented to inform programming decisions.

STEP 3: DETERMINE BASELINE FOR CURRENT CONDOM AVAILABILITY

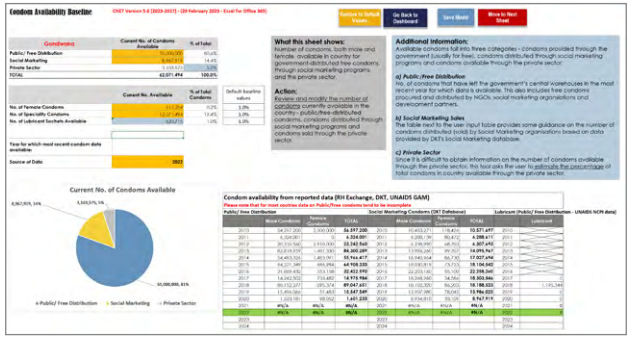
Worksheet: Condom Availability

- Update the number of male and female condoms available in the country and distributed for free, through socially marketed programmes and through the private sector.
- Allocate the number of female condoms, specialty condoms and lubricants provided.
- Review and confirm whether condom availability aligns with DHS condom use data.
- Use findings from the Condom Landscape Analysis to validate availability numbers and type by sector, and assess effectiveness of distribution channels for populations.

Description: Most country teams start with current condom and lubricant availability data to establish a baseline. **The Condom Availability worksheet** provides tables that can be reviewed and modified using the most recent local data on free, socially marketed and private-sector male and female condoms available in the country for distribution. It also breaks down condom types procured (including female condoms, specialty condoms and lubricants) and provides comparative graphs for review. The values provided are used to benchmark the status of the current programme. Allocations made by sector and condom type are used as a baseline for allocations for female condoms, specialty condoms and lubricants and for the total market approach worksheets. The latest data available in a given year should be used.

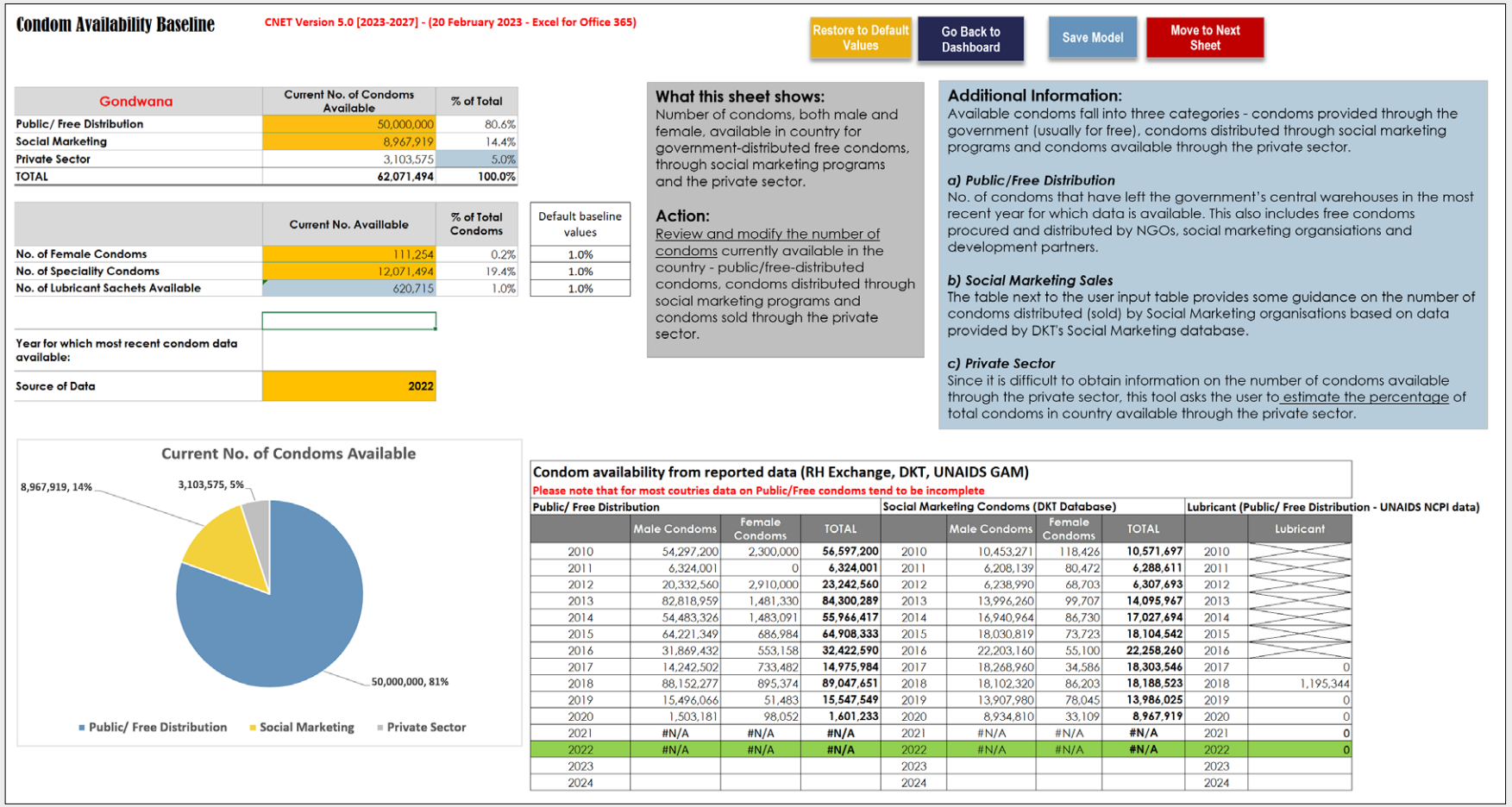
Note that the condom availability from the reported data table shown in Figure 18 is based on global reports and is out of date. Although these numbers are used as defaults in the blue cells, your country team will have better data.

Figure 18.



See the figure in detail on the next page

Figure 18. Use the Condom Availability worksheet to establish the baseline of condoms and lubricant available in the country



Condom Availability Baseline

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Restore to Default Values | Go Back to Dashboard | Save Model | Move to Next Sheet

Gondwana	Current No. of Condoms Available	% of Total
Public/ Free Distribution	50,000,000	80.6%
Social Marketing	8,967,919	14.4%
Private Sector	3,103,575	5.0%
TOTAL	62,071,494	100.0%

	Current No. Availlable	% of Total Condoms	Default baseline values
No. of Female Condoms	111,254	0.2%	1.0%
No. of Speciality Condoms	12,071,494	19.4%	1.0%
No. of Lubricant Sachets Available	620,715	1.0%	1.0%

Year for which most recent condom data available:	
Source of Data	2022

What this sheet shows:
Number of condoms, both male and female, available in country for government-distributed free condoms, through social marketing programs and the private sector.

Action:
Review and modify the number of condoms currently available in the country - public/free-distributed condoms, condoms distributed through social marketing programs and condoms sold through the private sector.

Additional Information:
Available condoms fall into three categories - condoms provided through the government (usually for free), condoms distributed through social marketing programs and condoms available through the private sector.

a) Public/Free Distribution
No. of condoms that have left the government's central warehouses in the most recent year for which data is available. This also includes free condoms procured and distributed by NGOs, social marketing organsiations and development partners.

b) Social Marketing Sales
The table next to the user input table provides some guidance on the number of condoms distributed (sold) by Social Marketing organisations based on data provided by DKT's Social Marketing database.

c) Private Sector
Since it is difficult to obtain information on the number of condoms available through the private sector, this tool asks the user to estimate the percentage of total condoms in country available through the private sector.

Condom availability from reported data (RH Exchange, DKT, UNAIDS GAM)

Please note that for most coutries data on Public/Free condoms tend to be incomplete

	Public/ Free Distribution				Social Marketing Condoms (DKT Database)				Lubricant (Public/ Free Distribution - UNAIDS NCPI data)
	Male Condoms	Female Condoms	TOTAL		Male Condoms	Female Condoms	TOTAL		Lubricant
2010	54,297,200	2,300,000	**56,597,200**	2010	10,453,271	118,426	**10,571,697**	2010	
2011	6,324,001	0	**6,324,001**	2011	6,208,139	80,472	**6,288,611**	2011	
2012	20,332,560	2,910,000	**23,242,560**	2012	6,238,990	68,703	**6,307,693**	2012	
2013	82,818,959	1,481,330	**84,300,289**	2013	13,996,260	99,707	**14,095,967**	2013	
2014	54,483,326	1,483,091	**55,966,417**	2014	16,940,964	86,730	**17,027,694**	2014	
2015	64,221,349	686,984	**64,908,333**	2015	18,030,819	73,723	**18,104,542**	2015	
2016	31,869,432	553,158	**32,422,590**	2016	22,203,160	55,100	**22,258,260**	2016	
2017	14,242,502	733,482	**14,975,984**	2017	18,268,960	34,586	**18,303,546**	2017	0
2018	88,152,277	895,374	**89,047,651**	2018	18,102,320	86,203	**18,188,523**	2018	1,195,344
2019	15,496,066	51,483	**15,547,549**	2019	13,907,980	78,045	**13,986,025**	2019	0
2020	1,503,181	98,052	**1,601,233**	2020	8,934,810	33,109	**8,967,919**	2020	0
2021	#N/A	#N/A	**#N/A**	2021	#N/A	#N/A	**#N/A**	2021	**0**
2022	#N/A	#N/A	**#N/A**	2022	#N/A	#N/A	**#N/A**	2022	**0**
2023				2023				2023	
2024				2024				2024	

UPDATE THE NUMBER OF MALE AND FEMALE CONDOMS AVAILABLE IN THE COUNTRY AND DISTRIBUTED FOR FREE, THROUGH SOCIALLY MARKETED PROGRAMMES AND THROUGH THE PRIVATE SECTOR

Using your last full year of data, populate the blue cells with the latest country data. After the data have been entered, the cells will turn orange (Figure 19).

The number of free condoms provided by the government includes all male and female condoms procured and distributed from central warehouses during the most recent year. It also includes free condoms procured and distributed by nongovernmental organizations, social marketing organizations and development partners, and free specialty condoms.

Condom sales distributed through social marketing programmes include male, female and specialty condoms. Countries can also refer to the table that provides data sourced by the DKT Social Marketing Database.

Since it is difficult to obtain information on the number of condoms available through the private sector, the tool asks users to estimate the percentage of total condoms in the country sold through the private sector.

It is recommended to include cost-recovery condoms under socially marketed condoms as a subcategory, unless the condoms sold are fully costed and competing with private-sector brands.

Figure 19. Review and modify condom numbers and types, by sector

Gondwana	Current No. of Condoms Available
Public/ Free Distribution	50,000,000
Social Marketing	8,967,919
Private Sector	3,103,575
TOTAL	62,071,494

	Current No. Availlable
No. of Female Condoms	111,254
No. of Speciality Condoms	12,071,494
No. of Lubricant Sachets Available	620,715
Year for which most recent condom data available:	
Source of Data	2022

HOW DO WE ENGAGE THE PRIVATE SECTOR?

In many countries, the private sector share is very small. The sector may have not participated in country-led processes in the past, may be difficult to identify, or may see little benefit in engaging in national processes.

This is a missed opportunity to capture condom demand by specific segments of the population who are willing to pay and prefer to use shops and pharmacies. The CNET process creates a good opportunity for the national programme and the private sector to work together.

Country teams should identify who is importing private-sector condoms. Sources may include the country revenue authority and regulation body for pharmaceuticals and poisons.

In Malawi, Pharmamed and PharmaNova have the largest chunk of commercial sales but there may be other players operating in the informal sector. They may not see any value in coming around the table to share market data. We need to assure them that we do not want to compete with them by flooding the market with subsidized condoms in high-end market areas. We need to work together to grow the private sector share for populations who are willing to pay – Malawi.

In Uganda, Samasha actively engaged the private sector in national quantification processes and identified specific bottlenecks they faced which impacted on their ability to grow their sector. Their participation led to establishment of a commercial medical stores which sourced wholesale commercial condoms and delivered them to retail outlets in select districts – Uganda.

It is a good idea to invite private-sector representatives and private-sector distributers to participate in the landscape analysis and ongoing condom technical working group meetings.

ALLOCATE THE NUMBER OF FEMALE CONDOMS, SPECIALTY CONDOMS AND LUBRICANTS PROVIDED

Country teams should enter the total number of female condoms, specialty condoms and lubricants distributed for the last full year of data from all three sectors (free, socially marketed, private sector).

Specialty condoms are any male or female condoms that differ in size, smell or colour, or have other features different from standard condoms. Specialty condoms may be distributed free, socially marketed or sold through the private sector.

The default baseline values provided are used only if the country team has no other data sources. The percentage will change when numbers are updated (shown in orange in Figure 20).

It is important to capture all sources of specialty condoms. National reporting tools may not capture different types of condom distributed, but most socially marketed and private-sector condoms are likely to be specialty condoms.

Figure 20. Enter the number of all female and specialty condoms and lubricants available

	Current No. Availlable	% of Total Condoms	Default baseline values
No. of Female Condoms	111,254	0.2%	1.0%
No. of Speciality Condoms	12,071,494	19.4%	1.0%
No. of Lubricant Sachets Available	620,715	1.0%	1.0%

The **Condom Availability table** shown in Figure 21 provides a historical picture of free and socially marketed condoms reported within global databases as reference). The country team can update the table to assist with calculations of condoms distributed by sector and type.

COUNTRY INSIGHTS ON CONDOM AVAILABILITY

Malawi identified multiple suppliers of a wide range of specialty condoms targeting different segments of the population at different prices and distributed for free. Because the reporting tools did not capture which brands were being distributed or where, this became an action point for potential revision.

Several countries were surprised to find that more condoms were being purchased by consumer segments then they initially thought and wanted to understand its impact on future programming. Other country teams realized there was a gap between what was procured versus what was reported consumed, with increased wastage.

Figure 21. Review and update historical data reported in global databases

Condom availability from reported data (RH Exchange, DKT, UNAIDS GAM)

Please note that for most coutries data on Public/Free condoms tend to be incomplete

Public/ Free Distribution				Social Marketing Condoms (DKT Database)				Lubricant (Public/ Free Distribut	
	Male Condoms	Female Condoms	TOTAL		Male Condoms	Female Condoms	TOTAL		Lubricant
2010	54,297,200	2,300,000	**56,597,200**	2010	10,453,271	118,426	**10,571,697**	2010	
2011	6,324,001	0	**6,324,001**	2011	6,208,139	80,472	**6,288,611**	2011	
2012	20,332,560	2,910,000	**23,242,560**	2012	6,238,990	68,703	**6,307,693**	2012	
2013	82,818,959	1,481,330	**84,300,289**	2013	13,996,260	99,707	**14,095,967**	2013	
2014	54,483,326	1,483,091	**55,966,417**	2014	16,940,964	86,730	**17,027,694**	2014	
2015	64,221,349	686,984	**64,908,333**	2015	18,030,819	73,723	**18,104,542**	2015	
2016	31,869,432	553,158	**32,422,590**	2016	22,203,160	55,100	**22,258,260**	2016	
2017	14,242,502	733,482	**14,975,984**	2017	18,268,960	34,586	**18,303,546**	2017	0
2018	88,152,277	895,374	**89,047,651**	2018	18,102,320	86,203	**18,188,523**	2018	1,195,344
2019	15,496,066	51,483	**15,547,549**	2019	13,907,980	78,045	**13,986,025**	2019	0
2020	1,503,181	98,052	**1,601,233**	2020	8,934,810	33,109	**8,967,919**	2020	0
2021	#N/A	#N/A	**#N/A**	2021	#N/A	#N/A	**#N/A**	2021	0
2022	#N/A	#N/A	**#N/A**	2022	#N/A	#N/A	**#N/A**	2022	0
2023				2023				2023	
2024				2024				2024	

Country team members can update the numbers in the table together or create a copy to do the calculations needed to revise the default numbers

REVIEW AND CONFIRM WHETHER CONDOM AVAILABILITY ALIGNS WITH DHS CONDOM USE DATA

Figure 22 shows a comparison of availability from default DHS reported population use **(in green)** versus country reported condom distribution **(in orange)**. It provides a baseline to calibrate condom need and can be reviewed throughout the process to check assumptions regarding the estimates provided.

At this stage, the country team can check to see whether reported use and reported distribution are close. If they are close, the country team can be confident with the (historical) estimate. If they are different, there may be a problem with the estimate or the reporting (e.g. incorrect or incomplete data).

Note the green bar is generated by the tool as a baseline using reported DHS condom use data. Once you start doing your condom requirements, this will correct automatically. The orange bar shows what countries report as baseline. The bottom blue bars benchmarks where the country is starting from in terms of different target use scenarios baseline.

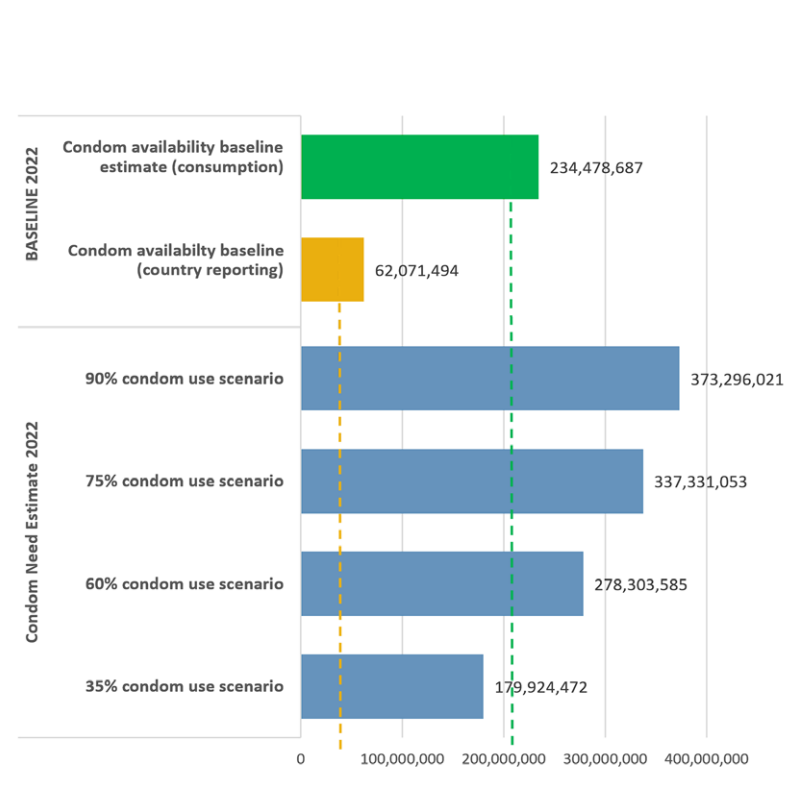
Not all condoms that are distributed are used.

KEY TIPS FOR INTERPRETING GRAPHS

Comparing condom availability baseline with estimated condom use baseline provides a way to externally check the validity of the baseline data. Ideally, availability and reported use should be closely matched. If they are not, there may be something wrong with the reporting:

- If availability is greater than use, is there wastage?
- If use is greater than availability, are there missing contributions from other sectors or poor reporting?

Figure 22. Compare condom availability baseline (reported data) with estimated condom use for baseline year



COUNTRY INSIGHTS ON CONDOM DATA USED

Zimbabwe's programme has robust data to inform condom estimates using CNET and always has a close match between condom availability and reported use for a given year. Other countries, however, face challenges in reconciling which data to use (e.g. electronic systems or issued stock cards) or capturing different streams of condom types reported. It is important to use the most accurate data that captures the number distributed. The condom landscape analysis is an essential exercise to capture condoms distributed from all condom sources.

KEY QUESTIONS ON REPORTING

- What data source do we use?
- Do we trust the numbers, and are we comfortable using them for the baseline?
- What can we do to improve the validity of the reporting tools and systems we use?

Note that female condoms, specialty condoms and lubricants are important for the baseline when making allocations for population-specific needs for quantification.

USE FINDINGS FROM THE CONDOM LANDSCAPE ANALYSIS WITH STAKEHOLDERS TO VALIDATE AVAILABILITY NUMBERS AND TYPE BY SECTOR AND ASSESS EFFECTIVENESS OF DISTRIBUTION CHANNELS FOR POPULATIONS

Validating the baseline condom availability with key stakeholders and priority populations is a critical step before developing new estimates. The stakeholder launch meeting is an opportunity to review the status of the current condom programme to understand where condoms are being distributed, who they do or do not reach, and whether there is wastage through distribution channels.

It is important to discuss population-specific condom needs and priorities for target setting on the **Condom Requirements worksheet** and allocations around condom type and distribution priorities to achieve reach.

KEY MESSAGES

- Country teams will likely have better or updated data on condom and lubricant distribution than the defaults provided.
- Most country teams experience challenges in getting good estimates for private-sector distribution. When engaging the private sector, try to identify benefits for them to support national processes, such as growing their market as part of a total market approach for specific condom users.
- **You will revisit the Condom Availability worksheet again when refining estimates and costing:**
  - The graphs show important information about the difference between population-reported use on the Requirements worksheet and what is available. Differences can provide key information to identify bottlenecks that contribute to wastage or impact on access. Baseline and capacity are also factors in determining national and sector targets.
  - Once targets are set, the Condom Availability baseline is used to inform allocation of types of condom by population and by sector.

STEP 4: VALIDATE POPULATION SIZE ESTIMATES AND CONDOM USE DATA

Worksheet: Demographic Data

- Review key demographic and behavioural data for populations.
- Revise data based on locally available updated data sources and references.
- Populate up to two additional populations if data are available (based on checklist).
- Document all decisions and sources used for stakeholder review and validation meetings.

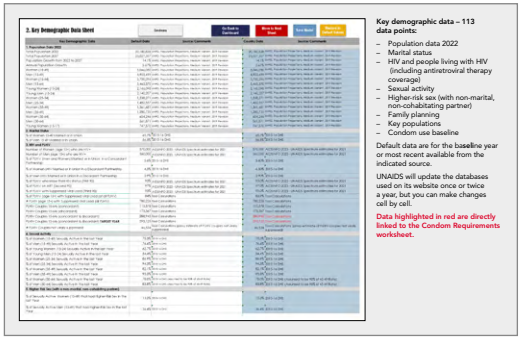
Description: Confirming the population data baseline in the tool is an important step before developing condom estimates for each priority population. The **Key Demographic Data worksheet** shows key demographic and behavioural data, by source, for country review, revision and validation (Figure 23).

REVIEW KEY DEMOGRAPHIC AND BEHAVIOURAL DATA FOR POPULATIONS

The default for priority populations identified for condoms calculates their size estimate, sexual risk and condom use as a baseline for condom requirements and target setting.

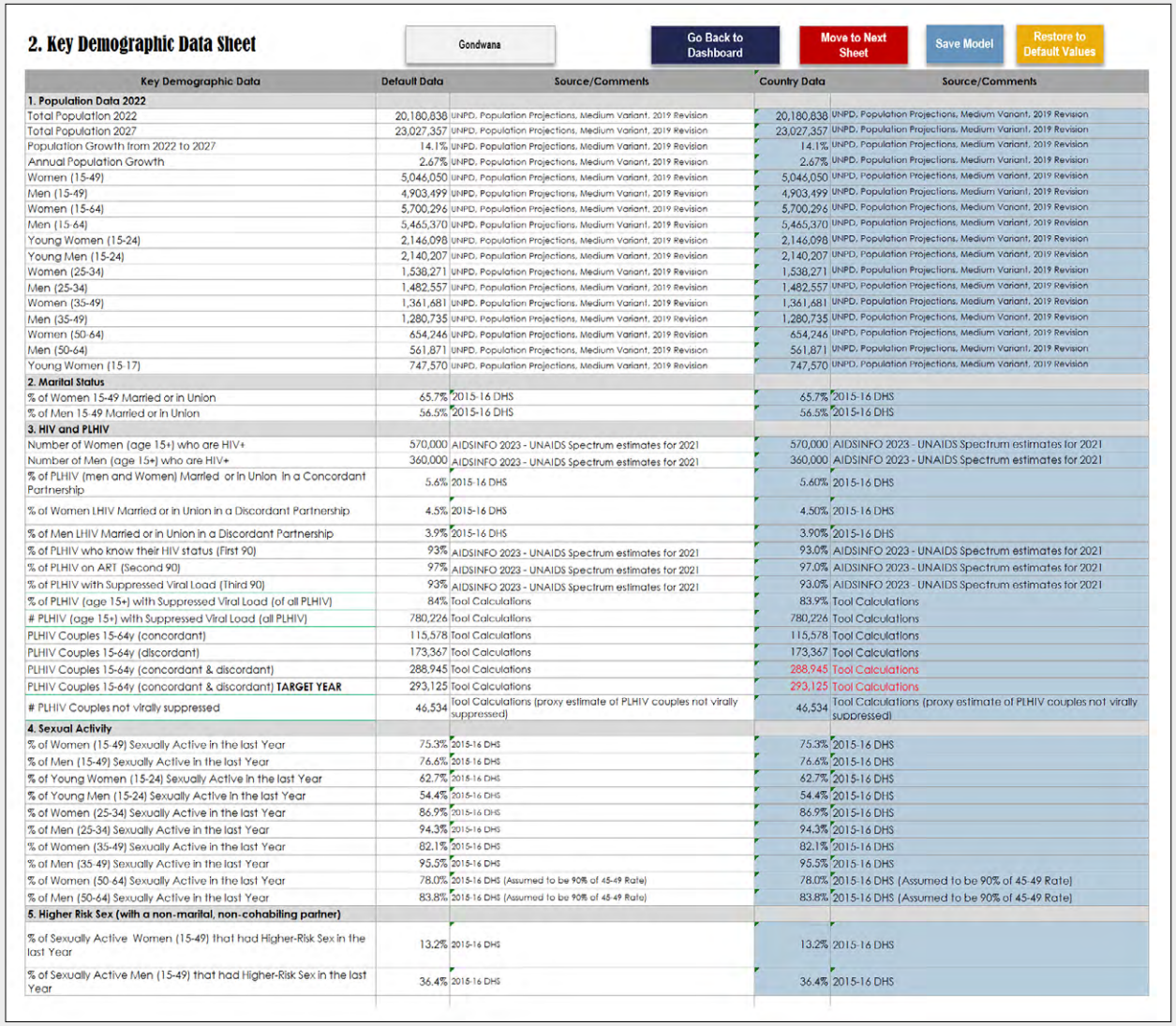
Default values are derived from existing global databases, expert estimates and assumptions. **There are 8 sections and 113 data points**, including country-specific population numbers by age, marital status, HIV and people living with HIV, sexual activity, higher-risk sex with non-marital and non-cohabitating partners, family planning and unmet need, key populations, and condom use baseline.

Figure 23.



See the figure in detail on the next page

Figure 23. Use the Key Demographic Data worksheet to establish population baseline



2. Key Demographic Data Sheet

Gondwana | Go Back to Dashboard | Move to Next Sheet | Save Model | Restore to Default Values

Key Demographic Data	Default Data	Source/Comments	Country Data	Source/Comments
1. Population Data 2022				
Total Population 2022	20,180,838	UNPD. Population Projections, Medium Variant, 2019 Revision	20,180,838	UNPD. Population Projections, Medium Variant, 2019 Revision
Total Population 2027	23,027,357	UNPD. Population Projections, Medium Variant, 2019 Revision	23,027,357	UNPD. Population Projections, Medium Variant, 2019 Revision
Population Growth from 2022 to 2027	14.1%	UNPD. Population Projections, Medium Variant, 2019 Revision	14.1%	UNPD. Population Projections, Medium Variant, 2019 Revision
Annual Population Growth	2.67%	UNPD. Population Projections, Medium Variant, 2019 Revision	2.67%	UNPD. Population Projections, Medium Variant, 2019 Revision
Women (15-49)	5,046,050	UNPD. Population Projections, Medium Variant, 2019 Revision	5,046,050	UNPD. Population Projections, Medium Variant, 2019 Revision
Men (15-49)	4,903,499	UNPD. Population Projections, Medium Variant, 2019 Revision	4,903,499	UNPD. Population Projections, Medium Variant, 2019 Revision
Women (15-64)	5,700,296	UNPD. Population Projections, Medium Variant, 2019 Revision	5,700,296	UNPD. Population Projections, Medium Variant, 2019 Revision
Men (15-64)	5,465,370	UNPD. Population Projections, Medium Variant, 2019 Revision	5,465,370	UNPD. Population Projections, Medium Variant, 2019 Revision
Young Women (15-24)	2,146,098	UNPD. Population Projections, Medium Variant, 2019 Revision	2,146,098	UNPD. Population Projections, Medium Variant, 2019 Revision
Young Men (15-24)	2,140,207	UNPD. Population Projections, Medium Variant, 2019 Revision	2,140,207	UNPD. Population Projections, Medium Variant, 2019 Revision
Women (25-34)	1,538,271	UNPD. Population Projections, Medium Variant, 2019 Revision	1,538,271	UNPD. Population Projections, Medium Variant, 2019 Revision
Men (25-34)	1,482,557	UNPD. Population Projections, Medium Variant, 2019 Revision	1,482,557	UNPD. Population Projections, Medium Variant, 2019 Revision
Women (35-49)	1,361,681	UNPD. Population Projections, Medium Variant, 2019 Revision	1,361,681	UNPD. Population Projections, Medium Variant, 2019 Revision
Men (35-49)	1,280,735	UNPD. Population Projections, Medium Variant, 2019 Revision	1,280,735	UNPD. Population Projections, Medium Variant, 2019 Revision
Women (50-64)	654,246	UNPD. Population Projections, Medium Variant, 2019 Revision	654,246	UNPD. Population Projections, Medium Variant, 2019 Revision
Men (50-64)	561,871	UNPD. Population Projections, Medium Variant, 2019 Revision	561,871	UNPD. Population Projections, Medium Variant, 2019 Revision
Young Women (15-17)	747,570	UNPD. Population Projections, Medium Variant, 2019 Revision	747,570	UNPD. Population Projections, Medium Variant, 2019 Revision
2. Marital Status				
% of Women 15-49 Married or in Union	65.7%	2015-16 DHS	65.7%	2015-16 DHS
% of Men 15-49 Married or in Union	56.5%	2015-16 DHS	56.5%	2015-16 DHS
3. HIV and PLHIV				
Number of Women (age 15+) who are HIV+	570,000	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021	570,000	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021
Number of Men (age 15+) who are HIV+	360,000	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021	360,000	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021
% of PLHIV (men and Women) Married or in Union in a Concordant Partnership	5.6%	2015-16 DHS	5.60%	2015-16 DHS
% of Women LHIV Married or in Union in a Discordant Partnership	4.5%	2015-16 DHS	4.50%	2015-16 DHS
% of Men LHIV Married or in Union in a Discordant Partnership	3.9%	2015-16 DHS	3.90%	2015-16 DHS
% of PLHIV who know their HIV status (First 90)	93%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021	93.0%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021
% of PLHIV on ART (Second 90)	97%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021	97.0%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021
% of PLHIV with Suppressed Viral Load (Third 90)	93%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021	93.0%	AIDSINFO 2023 - UNAIDS Spectrum estimates for 2021
% of PLHIV (age 15+) with Suppressed Viral Load (of all PLHIV)	84%	Tool Calculations	83.9%	Tool Calculations
# PLHIV (age 15+) with Suppressed Viral Load (all PLHIV)	780,226	Tool Calculations	780,226	Tool Calculations
PLHIV Couples 15-64y (concordant)	115,578	Tool Calculations	115,578	Tool Calculations
PLHIV Couples 15-64y (discordant)	173,367	Tool Calculations	173,367	Tool Calculations
PLHIV Couples 15-64y (concordant & discordant)	288,945	Tool Calculations	288,945	Tool Calculations
PLHIV Couples 15-64y (concordant & discordant) **TARGET YEAR**	293,125	Tool Calculations	293,125	Tool Calculations
# PLHIV Couples not virally suppressed	46,534	Tool Calculations (proxy estimate of PLHIV couples not virally suppressed)	46,534	Tool Calculations (proxy estimate of PLHIV couples not virally suppressed)
4. Sexual Activity				
% of Women (15-49) Sexually Active in the last Year	75.3%	2015-16 DHS	75.3%	2015-16 DHS
% of Men (15-49) Sexually Active in the last Year	76.6%	2015-16 DHS	76.6%	2015-16 DHS
% of Young Women (15-24) Sexually Active in the last Year	62.7%	2015-16 DHS	62.7%	2015-16 DHS
% of Young Men (15-24) Sexually Active in the last Year	54.4%	2015-16 DHS	54.4%	2015-16 DHS
% of Women (25-34) Sexually Active in the last Year	86.9%	2015-16 DHS	86.9%	2015-16 DHS
% of Men (25-34) Sexually Active in the last Year	94.3%	2015-16 DHS	94.3%	2015-16 DHS
% of Women (35-49) Sexually Active in the last Year	82.1%	2015-16 DHS	82.1%	2015-16 DHS
% of Men (35-49) Sexually Active in the last Year	95.5%	2015-16 DHS	95.5%	2015-16 DHS
% of Women (50-64) Sexually Active in the last Year	78.0%	2015-16 DHS (Assumed to be 90% of 45-49 Rate)	78.0%	2015-16 DHS (Assumed to be 90% of 45-49 Rate)
% of Men (50-64) Sexually Active in the last Year	83.8%	2015-16 DHS (Assumed to be 90% of 45-49 Rate)	83.8%	2015-16 DHS (Assumed to be 90% of 45-49 Rate)
5. Higher Risk Sex (with a non-marital, non-cohabiting partner)				
% of Sexually Active Women (15-49) that had Higher-Risk Sex in the last Year	13.2%	2015-16 DHS	13.2%	2015-16 DHS
% of Sexually Active Men (15-49) that had Higher-Risk Sex in the last Year	36.4%	2015-16 DHS	36.4%	2015-16 DHS

Key demographic data – 113 data points:

- Population data 2022
- Marital status
- HIV and people living with HIV (including antiretroviral therapy coverage)
- Sexual activity
- Higher-risk sex (with non-marital, non-cohabitating partner)
- Family planning
- Key populations
- Condom use baseline

Default data are for the baseline year or most recent available from the indicated source.

UNAIDS will update the databases used on its website once or twice a year, but you can make changes cell by cell.

Data highlighted in red are directly linked to the Condom Requirements worksheet.

REVISE DATA BASED ON LOCALLY AVAILABLE UPDATED SOURCES AND REFERENCES

Country teams should review and modify values in the blue cells with more recent validated data where possible. Up to two populations can be added if data are available. Examples of new data sources include recent IBBS, census, Multiple Indicator Cluster Survey (MICS) and updated DHS information.

Validating or revising the tool is straightforward. The country team should review the demographic worksheet to collect key data for entry in advance of the stakeholder launch meeting or make recommended changes based on stakeholder inputs. The blue cells can be updated with more recent country data; they change to orange once updated (Figure 24). References to any updated information used should be included if default assumptions are changed.

- **Cells highlighted in red are linked to the Condom Requirements worksheet**. The red text is used for tool calculations and is locked.
- Zero (0) shows that no expert assumptions are provided. This means there are no globally agreed data on that population. If you do not have any data on this population, consult with stakeholders or omit the population from the estimates. These populations tend to be small and are not likely to change the condom estimates, although they may be important for programming. Zero (0) should be changed to N/A so that users do not assume there are no people in this population.
- Other populations can be added in the two rows provided. Data sources should be given if you are not using the defaults provided. Make sure you are not double-counting populations already covered by using the **Priority Population Checklist**.
- Country teams with a target for modern contraceptive use can increase this on the **Demographic Data worksheet** (*highlighted in green*). This will increase the overall share of condoms for dual protection.
- Country teams should have consensus on which data source to use and apply it for all data points in that section for internal consistency.

Figure 24. Revise default data and sources with more recent validated sources if available

7. Key populations				
% of Women Age 18-49 that are Sex Workers	1.0%	Default Assumption: 1% of Female Population (age 18-49). Use country-specific data if available	1.0%	Default Assumption: 1% of Female Population (age 18-49). Use country-specific data if available
Women Age 18-49 that are Sex Workers	42,985	Default Assumption: 1% of Female Population (age 18-49). Use country-specific data if available	410,000	UNAIDS Atlas (2019)
% of Men Age 15-64 that have Sex with Men	1.5%	Default Assumption: 1.5% of Male Population (age 15-64). Use country-specific data if available	1.5%	Default Assumption: 1.5% of Male Population (age 15-64). Use country-specific data if available
Men Age 15-64 that have Sex with Men	81,981	Default Assumption: 1.5% of Male Population (age 15-64). Use country-specific data if available	240,000	UNAIDS Atlast 2019
People who Inject Drugs (PWID)	0	Enter last available estimate of population size	200,000	UNAIDS Atlas (2019)
Transgender (TG)	0	Enter last available estimate of population size	85,000	Enter last available estimate of population size
People Diagnosed with an STI	0	Enter last available estimate of population size	0	Enter last available estimate of population size
Prisoners	0	Enter last available estimate of population size	0	Enter last available estimate of population size
People living with disabilities	0	Enter last available estimate of population size	0	Enter last available estimate of population size
Other [Please Specify]:	0	Enter last available estimate of population size	0	Enter last available estimate of population size
Other [Please Specify]:	0	Enter last available estimate of population size	0	Enter last available estimate of population size

Table 4. Tips for reviewing and updating default data in the Demographic worksheet

Population estimates	Sourced from the United Nations Procurement Division (UNPD) population projections, which are updated every two years and recommended for use Country teams often prefer to use national census data, but the overall difference may be small and not important to change; teams can change the data used in the blue cells if preferred *Population size is the most important data point used for overall estimates*; if the census was conducted more than 10 years ago, the team should review and update the cells provided, particularly if the most recent data have not been integrated into the UNAIDS system (e.g. census data for the Democratic Republic of the Congo and Mozambique are over 20 years old) Global database links provided, such as the DHS Stat Compiler, can help country teams calculate different priority age group segments needed to inform decisions around estimates
Marital estimates	Sourced from DHS and used to calculate size of family planning needs
HIV and people living with HIV	Sourced from AIDS Spectrum data, DHS and tool calculations Data are used to calculate estimates for discordant and concordant couples (highlighted in red)
Sexual activity	Sourced from general DHS-based population-reported data
Higher-risk sex	Based on calculation of the average number of male–female couples to estimate the number of people with non-regular partners Overall rates of who is sexually active do not change much, but country teams can use more recent MICS or sometimes MPHIA data if preferred; internal coherency and consistency are important and should be validated with other available data sources The number of male–female pairs engaging in sex with non-regular partners is highlighted in red and also adjusted for gay men and other men who have sex with men by age
Family planning	Sourced from DHS or other data sources indicated to estimate proportion of condom users among users of modern family planning as a backup method Because there are no agreed country targets for family planning (percentage satisfied with modern method or percentage of unmet need), the targets for condom users in this category remain the same as the baseline There is an option to set targets for increased use of condoms for family planning (in green)

> continued on next page

Key populations	Based on default proportions of total population (e.g. 1% for sex workers, 1.5% for gay men and other men who have sex with men) Defaults can be adjusted to reflect the latest global UNAIDS Key Population Atlas data (in orange); these will be used for calculating estimates, unless changed The global estimate of people from key populations is incomplete, with too many countries missing values; country teams should review and use country-specific data if available – changing the number will override the estimate provided People who inject drugs, transgender people and people with sexually transmitted infections are listed, but size estimates are 0 – available country data can be added People with sexually transmitted infections should already be covered under people with non-regular partners and do not need to be listed as a separate population unless data are available and there is a clear indication of increased need There is space for two additional populations if needed and data sources are available – use the Priority Populations Checklist to ensure there is no double-counting
Condom use baseline	Sourced from UNAIDS AIDSInfo, UNAIDS subregional proxy data or Key Population Atlas Teams should use updated country data if available; if data are not available, use the best guess for population-specific condom use baseline or use the default provided

ADD UP TO TWO POPULATIONS IF DATA ARE AVAILABLE

Based on stakeholder recommendations, revisit the Priority Population Checklist to check data and assess scenarios for including additional populations. *If the country team is unsure whether additional populations should be added, use a copy of the template to see whether the numbers are significant.* If there are data gaps, the country team should consult with specific stakeholders to strengthen inputs.

DOCUMENT ALL DECISIONS AND SOURCES USED FOR STAKEHOLDER REVIEW AND VALIDATION MEETINGS

The country team should always document assumptions and references for decisions made in determining populations used for estimates and report back to the stakeholder group for review and validation.

KEY MESSAGES

- The defaults provided are based on global data from the past five years. Country teams should review the data and links provided and update where possible.
- No country has perfect data. Defaults should be updated where possible, but country teams can trust the quality of the default data provided. It is important to draw on stakeholder engagement throughout the process to use the best data available.
- The default data can be modified if needed, although many updates made are minimal and do not change the overall estimates (e.g. population growth).
- It is important to be consistent with modifications. If data sources are updated, ensure the same data source is used for all the fields in that section.
- The key population size is the most important data to revise. Default proportions are provided, but these should be reviewed and updated based on the country's most recent IBBS or other data such as the Key Population Atlas.
- The completed priority population checklist should guide any additional populations to be included under the Demographic worksheet.
- Country teams interested in conducting subregional estimates can use the template provided and fill in subregional data, using shortcuts where provided to address data gaps.
- Changing data points can lead to false precision. Most data changes made by countries will not change overall condom estimates.
- See the frequently asked questions for more details and seek technical assistance from UNAIDS if needed.

STEP 5: DEVELOP CONDOM NEEDS ESTIMATES

Worksheets: Condom Requirements, Alternative Scenarios

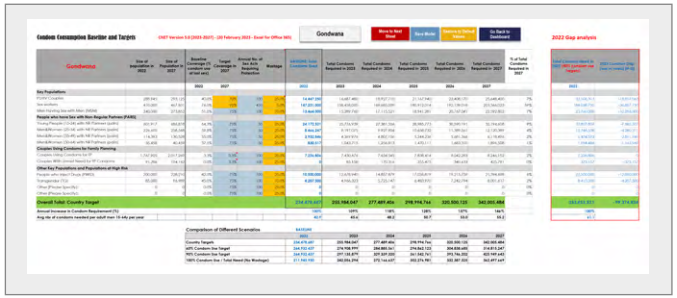
- Understand assumptions behind default numbers for each population targets, number of sex acts and percentage wastage.
- Review baseline condom use and conduct a gap analysis before setting five-year condom use targets for each population.
- Refine and adjust targets based on review of alternative scenarios for five-year targets by population and finalize after review of costs.
- Review and modify the number of sex acts per year by population based on data and stakeholder recommendations to determine condom quantities needed for protection.
- Review and modify the percentage wastage for each population based on stakeholder consultation.
- Understand other helpful references provided on the worksheet.
- Document key issues and revise targets with programme implications for stakeholder review.

Description: The Condom Requirements worksheet shown on Figure 25 is the hub of the tool, where all adjustments and modifications made for condom baselines, target setting and condom types are reflected.

THE WORKSHEET INCLUDES:

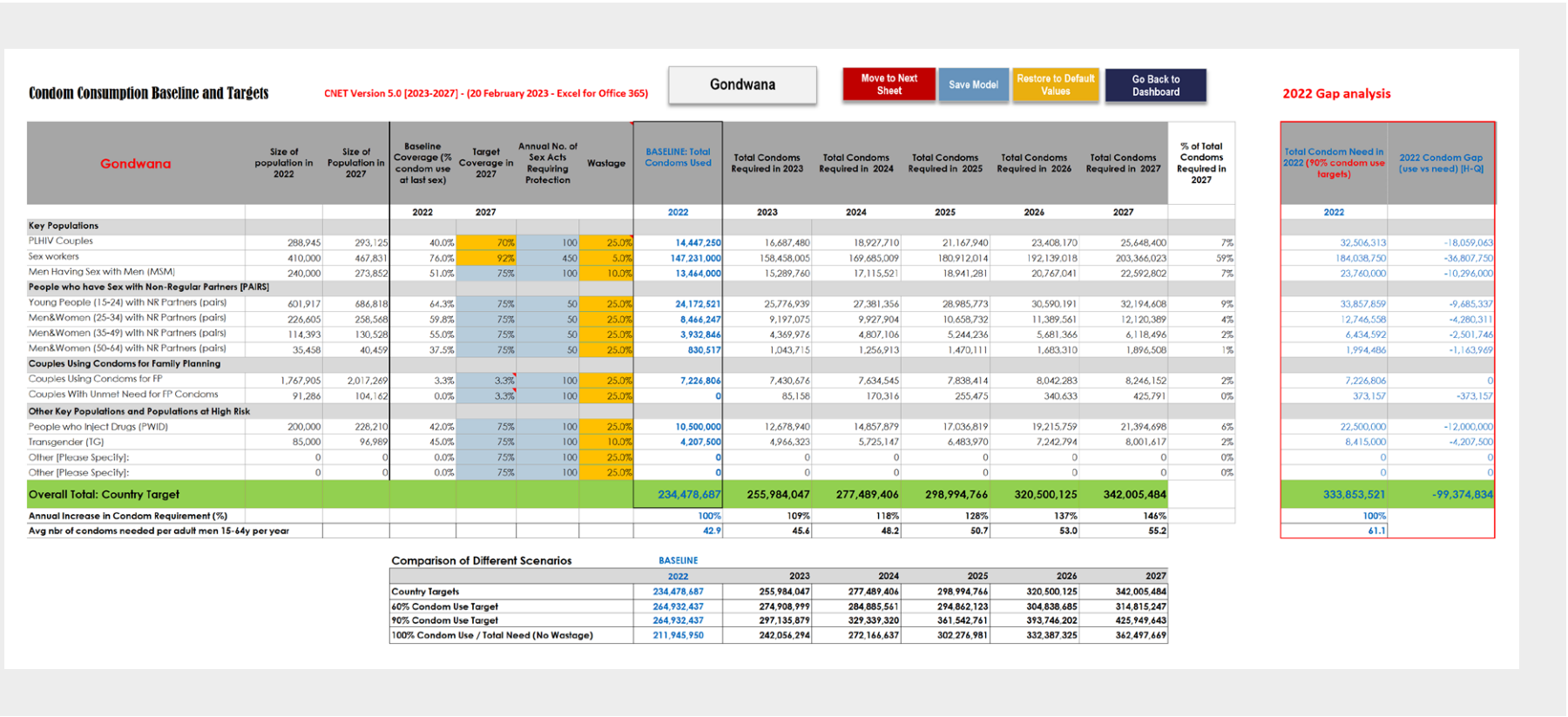
- **Baseline condom** use based on subpopulation demographics and coverage rates entered on the previous **Demographic worksheet**.
- Standard **condom use target scenario** of reaching 75% condom use across all populations by 2027 as a default for review and modification.
- Population-specific **numbers of sex acts** (default) and percentage wastage for country review and revision.
- Summary **targets** and condom requirements by year.
- Gap analysis of condom needs VERSUS consumption.
- **Graphs** to compare ambitious targets by population and year.
- Baselines for **female condoms, specialty condoms and lubricants**, which can be manually updated and used as a starting point for decisions around population-specific condom types.

Figure 25.



See the figure in detail on the next page

Figure 25. Use the Condom Requirements worksheet to develop condom estimates by population



Condom Consumption Baseline and Targets

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Gondwana | Move to Next Sheet | Save Model | Restore to Default Values | Go Back to Dashboard

Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex) 2022	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027
Key Populations													
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%
Sex workers	410,000	467,831	76.0%	92%	450	5.0%	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	75%	100	10.0%	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%
People who have Sex with Non-Regular Partners [PAIRS]													
Young People (15-24) with NR Partners (pairs)	601,917	686,818	64.3%	75%	50	25.0%	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608	9%
Men&Women (25-34) with NR Partners (pairs)	226,605	258,568	59.8%	75%	50	25.0%	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389	4%
Men&Women (35-49) with NR Partners (pairs)	114,393	130,528	55.0%	75%	50	25.0%	3,932,846	4,369,976	4,807,106	5,244,236	5,681,366	6,118,496	2%
Men&Women (50-64) with NR Partners (pairs)	35,458	40,459	37.5%	75%	50	25.0%	830,517	1,043,715	1,256,913	1,470,111	1,683,310	1,896,508	1%
Couples Using Condoms for Family Planning													
Couples Using Condoms for FP	1,767,905	2,017,269	3.3%	3.3%	100	25.0%	7,226,806	7,430,676	7,634,545	7,838,414	8,042,283	8,246,152	2%
Couples With Unmet Need for FP Condoms	91,286	104,162	0.0%	3.3%	100	25.0%	0	85,158	170,316	255,475	340,633	425,791	0%
Other Key Populations and Populations at High Risk													
People who Inject Drugs (PWID)	200,000	228,210	42.0%	75%	100	25.0%	10,500,000	12,678,940	14,857,879	17,036,819	19,215,759	21,394,698	6%
Transgender (TG)	85,000	96,989	45.0%	75%	100	10.0%	4,207,500	4,966,323	5,725,147	6,483,970	7,242,794	8,001,617	2%
Other [Please Specify]:	0	0	0.0%	75%	100	25.0%	0	0	0	0	0	0	0%
Other [Please Specify]:	0	0	0.0%	75%	100	25.0%	0	0	0	0	0	0	0%
Overall Total: Country Target							234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484	
Annual Increase in Condom Requirement (%)							100%	109%	118%	128%	137%	146%	
Avg nbr of condoms needed per adult men 15-64y per year							42.9	45.6	48.2	50.7	53.0	55.2	

2022 Gap analysis

Total Condom Need in 2022 (90% condom use targets)	2022 Condom Gap (use vs need) [H-Q]
2022	
32,506,313	-18,059,063
184,038,750	-36,807,750
23,760,000	-10,296,000
33,857,859	-9,685,337
12,746,558	-4,280,311
6,434,592	-2,501,746
1,994,486	-1,163,969
7,226,806	0
373,157	-373,157
22,500,000	-12,000,000
8,415,000	-4,207,500
0	0
0	0
333,853,521	-99,374,834
100%	
61.1	

Comparison of Different Scenarios — BASELINE

	2022	2023	2024	2025	2026	2027
Country Targets	234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484
60% Condom Use Target	264,932,437	274,908,999	284,885,561	294,862,123	304,838,685	314,815,247
90% Condom Use Target	264,932,437	297,135,879	329,339,320	361,542,761	393,746,202	425,949,643
100% Condom Use / Total Need (No Wastage)	211,945,950	242,056,294	272,166,637	302,276,981	332,387,325	362,497,669

Country teams use their baseline data by priority population to input five-year country targets. The tool uses an algorithm to provide default targets, based on population estimates (identified in the **Demographic worksheet**), numbers of sex acts and percentage wastage (in blue cells) for review and modification. Target coverage for 2027 is highly ambitious and should be discussed at length during the stakeholder process.

Based on inputs, the team modifies the targets, numbers of sex acts and percentage wastage to best reflect the country's strategy and programme implications, factoring population-specific need, current coverage, capacity, demand-creation efforts and budget.

In addition to the **Condom Requirements worksheet**, alternative target scenario tables are provided for reference and comparison.

UNDERSTAND THE ASSUMPTIONS BEHIND DEFAULT NUMBERS FOR EACH POPULATION TARGETS, NUMBERS OF SEX ACTS AND PERCENTAGE WASTAGE

Before making any adjustments to the blue cells, it is important to understand the assumptions used to populate the worksheet for each priority population (Figure 26).

Figure 26. Understand default data provided for each population before adjustment

A	B	C	D	E	F	G	H
Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used
			2022	2027			2022
Key Populations							
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250

KEY ACTIONS SUMMARIZED

After consultation with key stakeholders, including priority populations served, the country team should *adjust* the following variables to better reflect the country data and to arrive at an **ambitious but realistic target** that reflects need, sufficiency of supply systems, demand creation and budget:

- **Target coverage**: desired percentage of the target populations that will use condoms by the target year, based on ability of the country to distribute condoms to them and do consumer marketing.
- **Average annual number of sex acts** that require protection.
- **Wastage**: percentage of procured condoms that are not used due to system-level problems (e.g. expiration, loss at warehouse) or non-use by users. The same value should be applied across all populations and is input only once.

Information is limited on how to estimate numbers of female condoms and lubricants needed. In CNET, need is based on a percentage of total male condoms. Estimates should be provided for the percentage of total condoms that are female, and the percentage of total condoms that require lubricant.

Table 5. Default values and data sources for condom baseline and targets

Population	Size estimate	Number of sex acts (default)	Condom use at last baseline (default values)	Condom use targets for 2027 (default values)
Couples living with HIV	Spectrum and DHS concordance/discordancy rates	100	DHS-based subregional proxy estimate	75%
Sex workers	1% of women aged 18–49 years, or user-defined based on sex worker size estimates	450	IBBS-based (UNAIDS Key Population Atlas) subregional proxy estimate	95%
Gay men and other men who have sex with men	1.5% of men aged 15–64 years, or user-defined based on gay men and other men who have sex with men size estimates	100	IBBS-based (UNAIDS Key Population Atlas) subregional proxy estimate	75%
Young people aged 15–24 years with non-regular partners [a]	UNPD demographic age-specific estimates and DHS rates: population size × sexually active percentage × non-regular sex partner percentage	50	Most recent DHS/AIDS Indicator Survey (AIS)	75%
Adult men and women aged 25–64 years with non-regular partners [a]	UNPD demographic age-specific estimates and DHS rates: population size × sexually active percentage × non-regular sex partner percentage	50	Most recent DHS/AIS (including proxy estimate for people aged 50–64 years)	75%
Current users of condoms for family planning (6.4%) (proportion using modern family planning using condoms as well)	UNPD demographic age-specific estimates and DHS rates: population size × couples × modern methods percentage × condom use for family planning percentage	100	Most recent DHS/AIS (current percentage family planning condom use) and condom use at last sex by default 100%	3.3% (maintain baseline percentage of family planning condom use)
Condoms for family planning – unmet need	UNPD demographic age-specific estimates and DHS rates: population size × couples × modern methods of family planning percentage × condom use for family planning percentage	100	Most recent DHS and condom use by default 0%	3.3% (reach percentage of current family planning condom use)
People who use drugs	None – user-defined based on people who use drugs population size estimate	100	IBBS-based (Key Population Atlas) subregional proxy estimate	75%
Transgender people	None – user-defined based on transgender population size estimate	100	IBBS-based (Key Population Atlas) subregional proxy estimate	75%
Other	User-defined size estimates			75%

[a] Teenage pregnancy is covered under non-regular partners for HIV and dual protection.

The default annual number of sex acts is based on modelling and expert consultation. Many country teams question the default numbers used and overestimate the annual number of sex acts. It is important to remember that sex acts are averages. Stakeholder meetings should unpack the data available and use consultations with priority populations to inform any recommended changes to the default number of sex acts (see frequently asked questions and understanding sex acts).

The default percentage wastage is 20% for all populations (3% system wastage, 17% user wastage *(7, 8)*, although wastage varies by country and population (see understanding wastage).

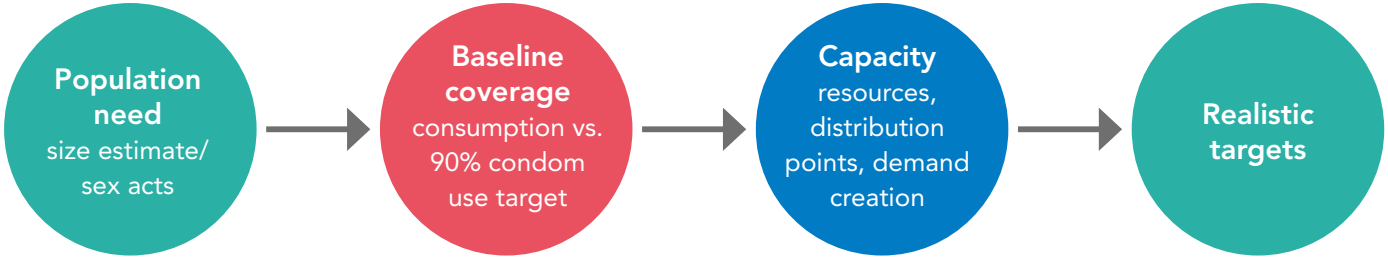
Setting ambitious but feasible targets in the Condom Requirements worksheet is essential. Based on stakeholder guidance, the country team should input targets by population. The global recommended target for 2022 is 75% condom use at last sex with a non-regular partner for various subpopulations, and this is used as the default. Country strategies vary, however, based on population need, baseline coverage and capacity for growth (Figure 27). Planned investments for responsive demand creation and expanding channels should also be considered (see setting realistic targets).

TIP

The preloaded target is the most important element to change for each population. Increasing condom use by 3% per year is a large change, especially with the resources available.

Stakeholder meetings should be used to discuss the programming implications in detail. Programme staff and beneficiaries are best placed to determine what is feasible to achieve over five years.

Figure 27. Setting realistic targets builds on needs, coverage and capacity



REVIEW THE BASELINE CONDOM COVERAGE AND CONDUCT A GAP ANALYSIS BEFORE YOU SET FIVE-YEAR CONDOM USE TARGETS FOR EACH POPULATION

CNET provides a starting point to determine realistic five-year targets for each population. It uses key metrics for a gap analysis within the **Condom Availability graph**, the **Condom Requirements worksheet** and the **Alternative Scenarios worksheet**.

The **Condom Requirements worksheet** provides several ways of looking at current coverage and effectiveness of the country's programme.

Reported condom use versus estimate population size

The baseline coverage of condom use at last sex (based on reported condom use at last sex in 2022) is expressed as a percentage and a number by population, after factoring in the number of annual sex acts and percentage wastage (Figure 28). This provides the first indication of the programme's effectiveness in reaching people from high-risk populations with condoms based on reported use by the total population.

Condom current targets versus need

A gap analysis table (Figure 29) provides a picture of condom need in 2022 using a 90% target scenario. Country-adjusted targets versus need are shown, based on population size estimates. The need estimate is based on the default or adjusted target estimates (including target, number of sex acts and wastage) and changes with country inputs. The country team can look at the difference between use and population-specific need to understand current country coverage and gaps.

Figure 28. Review baseline coverage to determine feasible target increases by population

Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used
			2022	2027			2022
Key Populations							
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250

Is it feasible to increase coverage by 30% in 5 years given baseline coverage?

Figure 29. Use the gap analysis to assess population condom needs

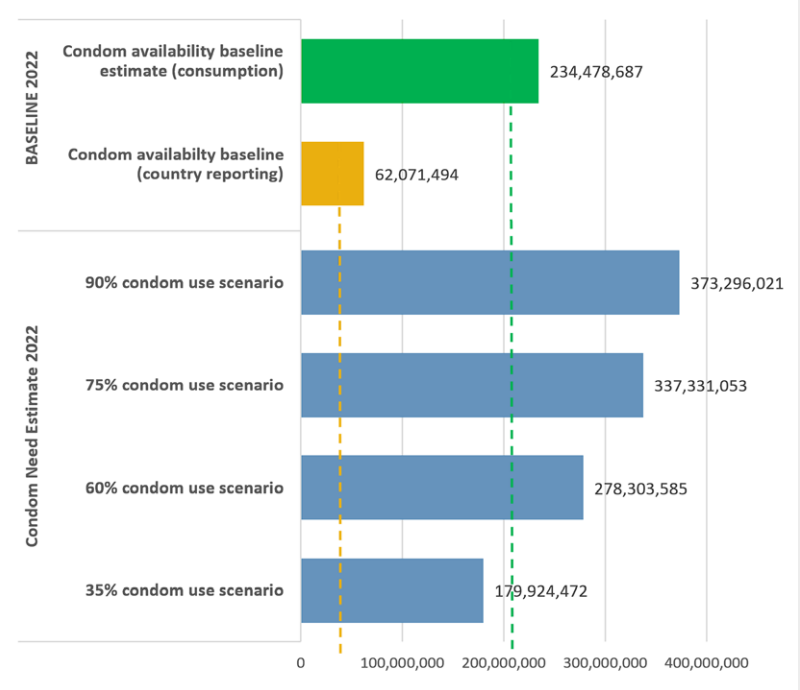
2022 Gap analysis

Total Condom Need in 2022 (90% condom use targets)	2022 Condom Gap (use vs need) [H-Q]	% Gap	Total Condom Need in 2022 (country 2027 targets)	2022 Condom Gap (use vs need) [H-Q]	% Gap
2022			2022		
32,506,313	-18,059,063	-56%	25,282,688	-10,835,438	-43%
184,038,750	-36,807,750	-20%	178,227,000	-30,996,000	-17%
23,760,000	-10,296,000	-43%	19,800,000	-6,336,000	-32%

Reported current condom baseline availability versus coverage

The Condom Availability graph provides an important reminder of the country baseline availability versus current coverage, and allows the team to review different default target scenarios (30%, 60%, 75%, 90%) to understand country-specific gaps (Figure 30).

Figure 30. Compare current condom baseline availability versus coverage



REFINE AND ADJUST TARGETS BASED ON REVIEW OF ALTERNATIVE SCENARIOS FOR FIVE-YEAR TARGETS BY POPULATION AND FINALIZE AFTER REVIEW OF COSTS

The greatest challenge is creating realistic but ambitious targets based on priority population need, current coverage and effectiveness with the resources available (Figure 31).

Every target has a programme implication. Every country has strategic targets within its national documents, but there needs to be a discussion around what is realistic in terms of expansion of distribution points and investments in demand creation – otherwise programmes risk wastage with no real shifts in reach or epidemic control.

Country teams should start by reviewing programme trends to understand where uptake is increasing or sliding back among specific priority population segments.

Table 6 provides a checklist for assessing need, demand, capacity and impact of other prevention methods.

Figure 31. Adjust population targets based on review and discussion

Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used
2022	2027			2022
40.0%	70%	100	25.0%	14,447,250

Table 6. Checklist for realistic target setting

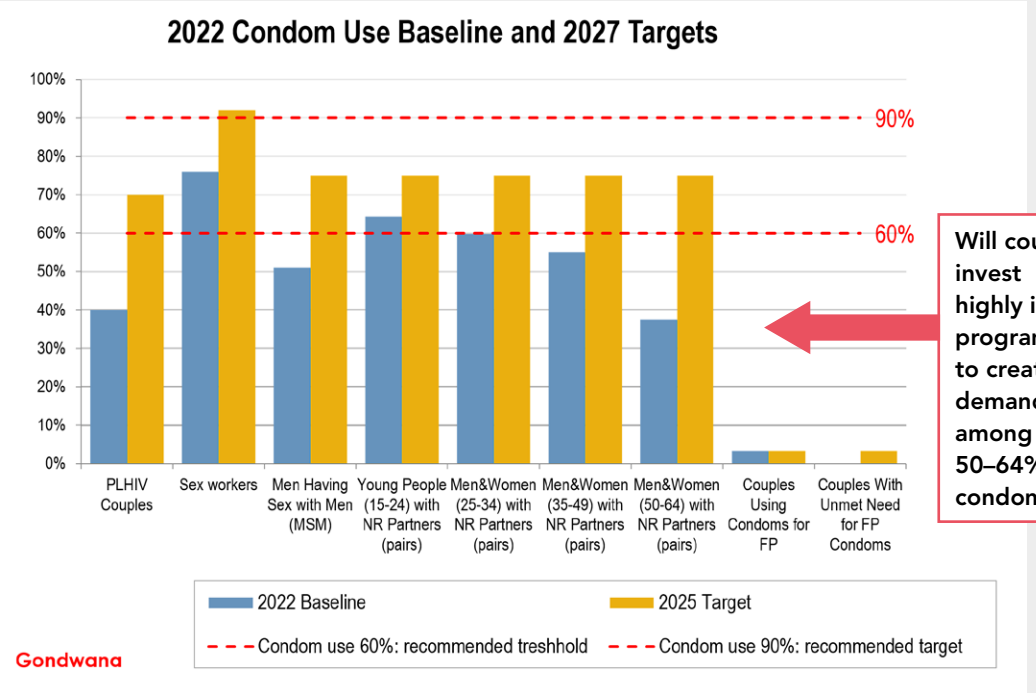
Considerations	Key questions
Global and national targets	How far has the country gone in meeting national targets for specific priority populations at highest risk?
Priority population need	What are the current trends in reported condom use among the populations most at risk for HIV, sexually transmitted infections and unintended pregnancy (adolescent girls and young women, female sex workers, gay men and other men who have sex with men, transgender people, males and females with non-regular partners)? Are other prevention services provided that might reduce their need for condoms for HIV? ▪ PrEP rollout, uptake and retention? ▪ Viral load suppression among people living with HIV? Are we seeing increases in incidence of HIV or prevalence of sexually transmitted infections reported by people from subpopulations or unmet demand for contraceptives or teenage pregnancy? Are there geographical differences to address?
Demand	What programmatic interventions are currently in place to create demand and facilitate access and consistent use of condoms among priority populations? Do people have condom knowledge and recognize the benefits to using condoms to prevent HIV, sexually transmitted infections and unintended pregnancy? Do people have the capacity to use condoms and negotiate their use with partners? Has stigma been reduced around condom use? Can we normalize condom use in society? Do we understand condom and lubricant preferences among specific priority populations, and can we promote more choice? Are condoms accessible when and where they people them (e.g. differentiated service delivery programme investments, location)? Are condoms affordable? What percentage of free condoms are being wasted? Can we integrate condom promotion and use within broader sexual and reproductive health and rights campaigns for people from priority populations and through targeted distribution sites?
Capacity	Is our budget going to increase? Do we have plans to strengthen national coverage and involve stakeholders? Can we scale up or increase the number of condom distribution points? Can we invest in targeted condom promotion for different priority populations, including point-of-distribution promotion (e.g. health facilities, shops, condom promotion)? Do we have capacity to invest in coordination and improved monitoring (e.g. improve reporting to capture condom information, condom dashboards)?

TIPS FOR TARGET SETTING

- Set the targets within the 60–90% range based on current baseline and balancing ambition and feasibility (e.g. demand, capacity) with a potential 5% increase each year.
- Use the baseline as a starting point for setting targets. There are unlikely to be large increases if you are starting at less than 50% condom use.
- Consider opportunities to reach specific populations such as young people if programmes are in place for older people who may not have as much non-regular sex, have sex with younger partners, or are not influenced by demand-creation efforts or increased access.
- Leverage availability and use of other prevention services for HIV, sexually transmitted infections and family planning to reach populations with condoms for dual protection.

The **Condom Needs Scenario graph** provides a quick comparison of the population-specific baseline with draft condom use targets to facilitate analysis (Figure 32). It is recommended to stay in the 60–90% range, based on the ambitious Global Fund targets – but every target requires investment in programmes.

Figure 32. Condom Needs Scenario: setting ambitious but realistic targets by population



REVIEW AND MODIFY THE NUMBER OF SEX ACTS PER YEAR BY POPULATION BASED ON DATA AND STAKEHOLDER CONSULTATION TO DETERMINE CONDOM QUANTITIES NEEDED FOR PROTECTION

Calculation of the annual number of sex acts is used to refine condom estimate needs by population per year (Figure 33). Countries should revise the number of sex acts provided *only* if they have better data to justify increases or decreases and can validate the changes with specific populations (see Understanding sex acts).

REVISE AND MODIFY PERCENTAGE WASTAGE FOR EACH POPULATION BASED ON THE BEST AVAILABLE DATA AND STAKEHOLDER ASSESSMENT

Most countries do not have data to inform projected wastage for populations (condoms that are not distributed or used). Stakeholder processes will have informed recommendations for population-specific adjustments needed to the default percentage provided (see Understanding Wastage).

Figure 33. Review and revise default sex acts and wastage with validated data

Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used
2022	2027			2022
40.0%	70%	100	25.0%	14,447,250

FREQUENCY OF SEX VARIES WIDELY BY POPULATION AND COUNTRY

It is important to take into account individual variation due to age, sex, location, and practical realities such as sickness, tiredness, stress or access. For example, sex workers have comparably higher numbers of sex acts that need protection, but people in stable relationships are more likely to have sex than people who are non-regular non-cohabitating partners.

KEY TIPS

- The default of 20% wastage is only a starting point. Most countries do not have good wastage data, which is why a default based on expert assumptions is provided. You can manually change specific wastage rates by specific priority population (even if it is in orange). For example, female sex workers are less likely to waste condoms. Subpopulations benefiting from socially marketed or cost-recovery condoms may have lower wastage rates than populations receiving free condoms.
- As distribution channels improve, wastage should decrease.

EVERY COUNTRY PROGRAMME HAS CONDOMS THAT ARE NOT DISTRIBUTED OR USED

There are many reasons for condoms being wasted. The greatest losses occur when condoms remain in warehouses or distribution points or when stock expires. Poorly targeted condom programmes can end up in places where they are not needed or with people who do not want them, or people who collect condoms in bulk may not use them all.

A default is provided for all populations, but not all populations waste condoms. Sex workers are more likely to use the condoms distributed to them. People who buy socially marketed or private-sector condoms are less likely to waste them.

Country wastage varies:

- The programme in **Mozambique** was largely driven by social marketing organizations, so the estimate for wastage was expected to be much lower.
- In **South Africa**, the team estimated 33% of its condoms were wasted due to lack of targeted distribution, although this percentage may have been higher.
- **If a country faces a shortage of condoms**, wastage may be lower, particularly if monitoring systems allow for rapid redistribution at subnational levels.
- **If a robust monitoring system is in place to compensate for shortages** and move condoms based on geographical need, wastage may be lower.

Using the targets set for 2027 (target, number of sex acts, wastage), CNET proportions condom requirements for each year based on a 2–3% annual increase for each population (based on growth), total population-specific requirements, and the overall country target (Figure 34).

Figure 34. Annual condom requirements reflect 2–3% increases in population growth

Gondwana	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	BASELINE: Total Condoms Used	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027
			2022	2027			2022	2023	2024	2025	2026	2027	
Key Populations													
PLHIV Couples	288,945	293,125	40.0%	70%	100	25.0%	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%
Sex workers	410,000	467,831	76.0%	92%	450	5.0%	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	75%	100	10.0%	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%
People who have Sex with Non-Regular Partners [PAIRS]													
Overall Total: Country Target							234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484	

Figure 35. Number of condoms needed per year

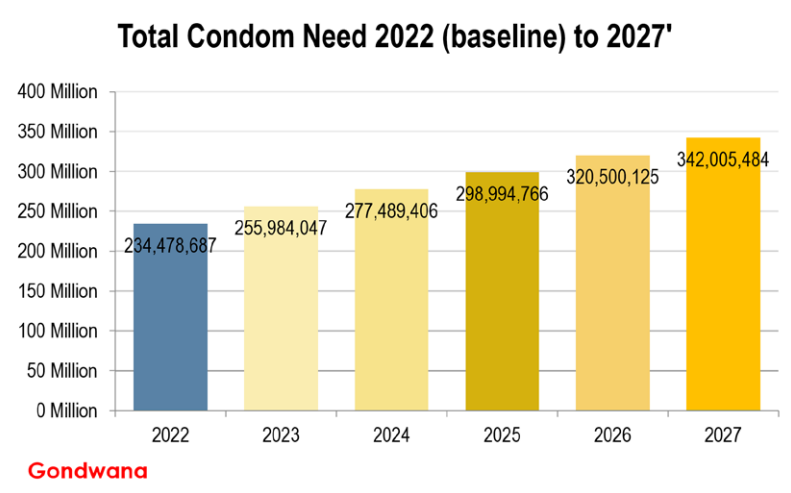
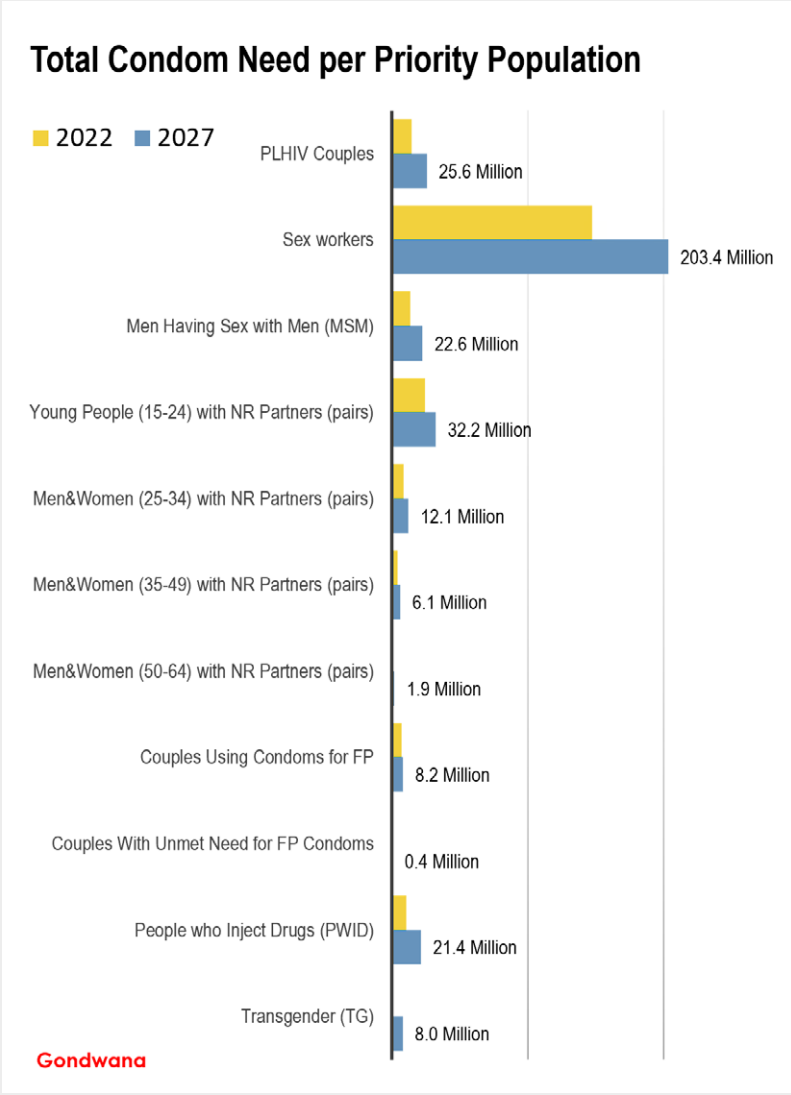


Figure 36. Number of condoms needed per population over five years



Other graphs show the number of condoms needed per year and by population (Figures 35 and 36). These can be used for review, further analysis, and final outputs for reporting and monitoring.

The **Alternative Scenarios reference worksheet** replicates the **Condom Requirements worksheet** for comparison of country targets with different percentage default target coverage scenarios (35%, 60%, 75%, 90%, 100%). This is also a helpful reference for the task team to review population-specific condom needs and gaps and to compare scenarios using the graph (Figure 37).

Figure 37. Compare target scenarios on the alternative scenarios reference worksheet

Alternative Scenarios | Gondwana | CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

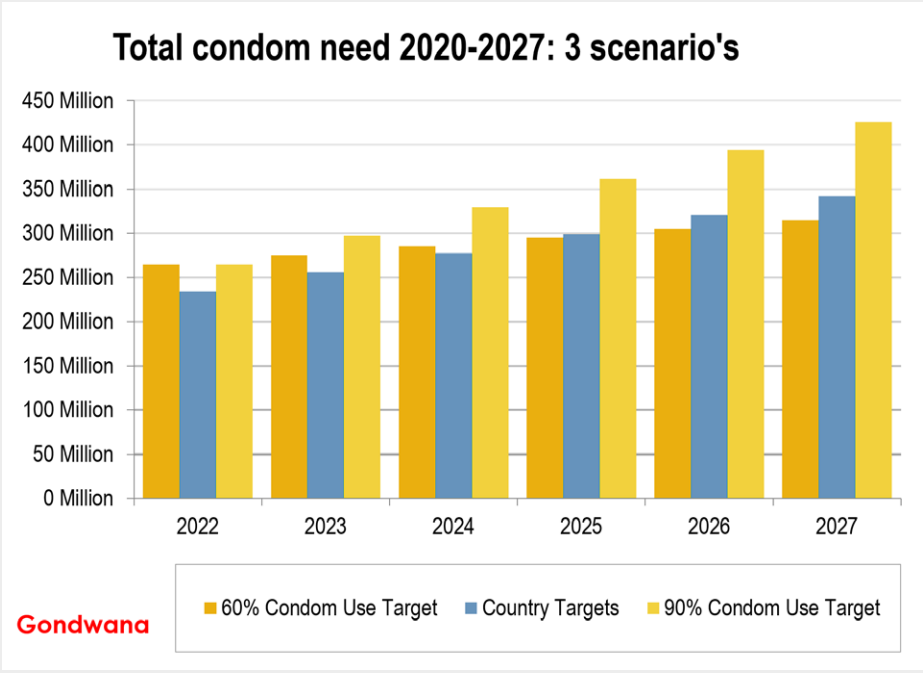
Country Defined Target for 2027	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	Total Condoms Used in 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027
			2022	2027			2022	2023	2024	2025	2026	2027
Key Populations										End Sub		
PLHIV Couples	288,945	293,125	40.0%	70%	100	25%	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400
Sex workers	410,000	467,831	76.0%	92%	450	25%	175,275,000	188,640,482	202,005,963	215,371,445	228,736,926	242,102,408
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	75%	100	25%	15,300,000	17,374,728	19,449,455	21,524,183	23,598,911	25,673,638
People who have Sex with Non-Regular Partners [PAIRS]												
Young People (15-24) with NR Partners (pairs)	601,917	686,818	64.3%	75%	50	25%	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608
Men&Women (25-34) with NR Partners (pairs)	226,605	258,568	59.8%	75%	50	25%	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389
Men&Women (35-49) with NR Partners (pairs)	114,393	130,528	55.0%	75%	50	25%	3,932,846	4,369,976	4,807,106	5,244,236	5,681,366	6,118,496
Men&Women (50-64) with NR Partners (pairs)	35,458	40,459	37.5%	75%	50	25%	830,517	1,043,715	1,256,913	1,470,111	1,683,310	1,896,508
Couples Using Condoms for Family Planning												
Couples Using Condoms for FP	1,767,905	2,017,269	3.3%	3.3%	100	25%	7,226,806	7,430,676	7,634,545	7,838,414	8,042,283	8,246,152
Couples With Unmet Need for FP Condoms	91,286	104,162	0.0%	3.3%	100	25%	0	85,158	170,316	255,475	340,633	425,791
Other Key Populations and Populations at High Risk												
People who Inject Drugs (PWID)	200,000	228,210	42.0%	75%	100	25%	10,500,000	12,678,940	14,857,879	17,036,819	19,215,759	21,394,698
Transgender (TG)	85,000	96,989	45.0%	75%	100	25%	4,781,250	5,643,549	6,505,849	7,368,148	8,230,447	9,092,747
Other [Please Specify]:	0	0	0.0%	75%	100	25%	0	0	0	0	0	0
Other [Please Specify]:	0	0	0.0%	75%	100	25%	0	0	0	0	0	0
60% Condom Use Target	**4,061,509**	**4,597,811**					**264,932,437**	**288,928,717**	**312,924,997**	**336,921,276**	**360,917,556**	**384,913,836**
Annual Increase in Condom Requirement (%)							**100%**	**109%**	**118%**	**127%**	**136%**	**145%**
Avg nbr of condoms needed per adult men 15-64y per year							**48.5**	**51.5**	**54.4**	**57.1**	**59.7**	**62.1**

a) 60% Condom Use Target	Size of population in 2022	Size of Population in 2027	Baseline Coverage (% condom use at last sex)	Target Coverage in 2027	Annual No. of Sex Acts Requiring Protection	Wastage	Total Condoms Used in 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027
			2022	2027			2022	2023	2024	2025	2026	2027
Key Populations										End Sub		
PLHIV Couples	288,945	293,125	40.0%	60%	100	25%	14,447,250	15,954,669	17,462,087	18,969,506	20,476,925	21,984,343
Sex workers	410,000	467,831	76.0%	75%	450	25%	175,275,000	179,693,219	184,111,437	188,529,656	192,947,875	197,366,093
Men Having Sex with Men (MSM)	240,000	273,852	51.0%	60%	100	25%	15,300,000	16,347,782	17,395,564	18,443,346	19,491,128	20,538,911
People who have Sex with Non-Regular Partners [PAIRS]												
Young People (15-24) with NR Partners (pairs)	601,917	686,818	64.3%	60%	50	25%	24,172,521	24,489,154	24,805,787	25,122,420	25,439,053	25,755,686
Men&Women (25-34) with NR Partners (pairs)	226,605	258,568	59.8%	60%	50	25%	8,466,247	8,712,260	8,958,273	9,204,286	9,450,299	9,696,311
Men&Women (35-49) with NR Partners (pairs)	114,393	130,528	55.0%	60%	50	25%	3,932,846	4,125,236	4,317,626	4,510,017	4,702,407	4,894,797
Men&Women (50-64) with NR Partners (pairs)	35,458	40,459	37.5%	60%	50	25%	830,517	967,855	1,105,193	1,242,530	1,379,868	1,517,206
Couples Using Condoms for Family Planning												
Couples Using Condoms for FP	1,767,905	2,017,269	3.3%	3.3%	100	25%	7,226,806	7,430,676	7,634,545	7,838,414	8,042,283	8,246,152
Couples With Unmet Need for FP Condoms	91,286	104,162	0.0%	3.3%	100	25%	0	85,158	170,316	255,475	340,633	425,791
Other Key Populations and Populations at High Risk												
People who Inject Drugs (PWID)	200,000	228,210	42.0%	60%	100	25%	10,500,000	11,823,152	13,146,304	14,469,455	15,792,607	17,115,759
Transgender (TG)	85,000	96,989	45.0%	60%	100	25%	4,781,250	5,279,839	5,778,429	6,277,018	6,775,608	7,274,197
Other [Please Specify]:	0	0	0.0%	60%	100	25%	0	0	0	0	0	0
Other [Please Specify]:	0	0	0.0%	60%	100	25%	0	0	0	0	0	0
60% Condom Use Target	**4,061,509**	**4,597,811**					**264,932,437**	**274,908,999**	**284,885,561**	**294,862,123**	**304,838,685**	**314,815,247**
Annual Increase in Condom Requirement (%)							**100%**	**104%**	**108%**	**111%**	**115%**	**119%**
Avg nbr of condoms needed per adult men 15-64y per year							**48.5**	**49.0**	**49.5**	**50.0**	**50.4**	**50.8**

Figure 38. Summary of different target scenarios provided by year

Comparison of Different Scenarios	BASELINE					
	2022	2023	2024	2025	2026	2027
Country Targets	234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484
60% Condom Use Target	264,932,437	274,908,999	284,885,561	294,862,123	304,838,685	314,815,247
90% Condom Use Target	264,932,437	297,135,879	329,339,320	361,542,761	393,746,202	425,949,643
100% Condom Use / Total Need (No Wastage)	211,945,950	242,056,294	272,166,637	302,276,981	332,387,325	362,497,669

Figure 39. Three scenarios for total condom needs 2022–2027



UNDERSTAND OTHER HELPFUL REFERENCES PROVIDED ON THE CONDOM REQUIREMENTS WORKSHEET

Comparison of different target scenarios

The table in Figure 38 summarizes outputs for country targets with different default target scenarios by year, as provided on the Alternative Scenarios reference worksheet. The country target baseline is different from the 60% and 90% targets due to adjustments made to numbers of sex acts and percentage wastage. The 100% condom use calculation reflects total need with no wastage factored in. The graph in Figure 39 shows a visual comparison of country targets versus default scenarios.

Figure 40. Standard measurement of condoms needed by men (for global comparison)

Overall Total: Country Target						234,478,687	255,984,047	277,489,406	298,994,766	320,500,125
Annual Increase in Condom Requirement (%)						100%	109%	118%	128%	137%
Avg nbr of condoms needed per adult men 15-64y per year						42.9	45.6	48.2	50.7	53.0

Average number of condoms needed based on total male population

The average number of condoms needed per adult aged 15–64 years is shown based on the total number of men in the country (Figure 40). This provides a standard way of comparing overall country estimates and is not meant to be used for target setting. At the global level, it is difficult to compare countries, because programmes are driven by population needs. UNAIDS uses the total condom estimate and divides it by the total number of men.

Annual target increases

Country teams cannot manipulate the annual targets in the worksheet. A linear increase is shown based on the 2027 target. To understand the increases, take the country baseline number and target estimate, and divide by annual steps. There is no standard proportional increase included. It is difficult to use CNET to manipulate the targets for a specific year, but you can do this on a separate worksheet based on scale-up scenarios.

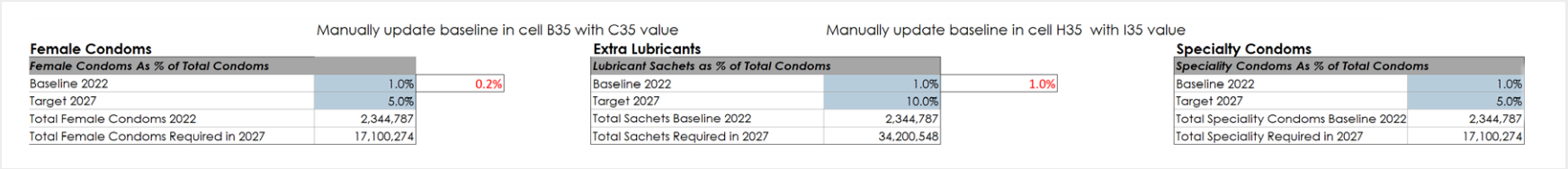
ANNUAL TARGETS

Annual targets cannot be adjusted, but it is helpful to show what linear increased need would look like. Country teams should be realistic in what they can achieve and use monitoring to assess reach, learn, adapt or refine programme approaches. Final targets agreed upon and validated should be embedded within country strategies and plans.

Quality check

The quality check provides two ways of looking at the estimates: using the sum of subpopulations for non-regular partners, and based on DHS. The numbers are standard and should not be more than a 10% difference.

Figure 41. Summary baseline and target allocations for female condoms, specialty condoms and lubricants



Manually update baseline in cell B35 with C35 value

Female Condoms

Female Condoms As % of Total Condoms		
Baseline 2022	1.0%	0.2%
Target 2027	5.0%	
Total Female Condoms 2022	2,344,787	
Total Female Condoms Required in 2027	17,100,274	

Manually update baseline in cell H35 with I35 value

Extra Lubricants

Lubricant Sachets as % of Total Condoms		
Baseline 2022	1.0%	1.0%
Target 2027	10.0%	
Total Sachets Baseline 2022	2,344,787	
Total Sachets Required in 2027	34,200,548	

Specialty Condoms

Speciality Condoms As % of Total Condoms	
Baseline 2022	1.0%
Target 2027	5.0%
Total Speciality Condoms Baseline 2022	2,344,787
Total Speciality Required in 2027	17,100,274

Summary tables

Summary tables for female condom, specialty condom and lubricant baseline allocations are provided (Figure 41). After condom estimates are developed, users can manually allocate female condom, specialty condom and lubricant targets using the **Condom Availability worksheet** final percentage default baselines as reference. **The Female and Specialty Condoms and Lubricants worksheet** focuses on these allocations, but the **Condom Requirements worksheet** provides a good starting point and summary for population-specific allocations.

DOCUMENT KEY ISSUES AND REVISE TARGETS WITH PROGRAMME IMPLICATIONS FOR STAKEHOLDER REVIEW

It is recommended to save various versions of the condom estimate so the team can explore different scenarios for specific populations. You can copy the templates and create a working file with a copy of everything to experiment. Documentation of key points for the stakeholder review meeting is important to flag programmatic implications for different target scenarios.

KEY TIP FOR TARGET SETTING

Target setting should be based on analysis using the checklist. In countries with specific populations with lower condom use at baseline (less than 50%), the teams may want to focus on a target range of 70–75%. Mature programmes can focus on control over total market approach segmentation and wastage.

Condom availability should be reviewed to understand the **gap between the use baseline versus the reported availability with population-specific baselines.** This is an important reminder of potential gaps in demand and access, particularly if overall condom availability is low.

KEY MESSAGES

- The **Condom Requirements worksheet** is central to all decisions made on population-specific targets and estimates based on need, demand and capacity. You will refer to it throughout the review process to refine targets based on stakeholder review, validation and funding. The graphs can be used to compare baseline and targets by population and by year for stakeholder discussion and validation.
- Target setting does not start from scratch. Teams should review baselines on reported condom use by populations to understand gaps and refer to the **Condom Availability worksheet** to see where use aligns with availability.
- Every target has a programme implication. Setting realistic targets calibrates need, demand and capacity. Country teams can use the checklist provided to determine targets based on review of current programme data points but should follow guidance on remaining within the range of 60–90% (with populations most at risk requiring priority). Capacity to expand the number of distribution points to reach priority populations with free or affordable condom products is key to achieving targets.
- The **Summary Table** and **Alternative Scenarios reference worksheet** provides a useful reference for comparing different target scenarios.

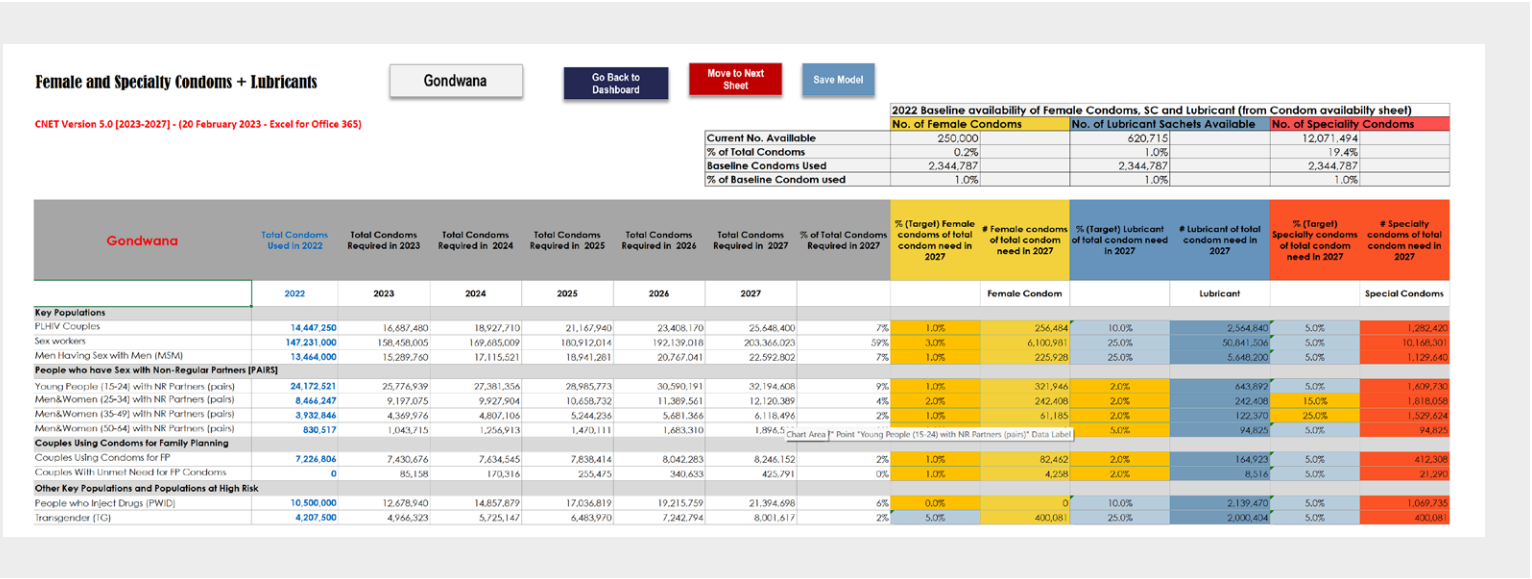
STEP 6: DETERMINE FEMALE CONDOM, SPECIALTY CONDOM AND LUBRICANT NEEDS

Worksheet: Female and Specialty Condoms + Lubricants

- Use baseline condom availability data to review and modify the percentage of female condoms, specialty condoms and lubricants needed by population.
- Use graphs to guide analysis of population-specific need, demand and access to condoms and lubricants.
- Discuss implications of condom type allocations and distribution points to increase demand and use during stakeholder review.

Description: Condom preferences differ by population and can determine future demand and use. **The Female and Specialty Condoms + Lubricants worksheet** guides country teams to allocate needs for female condoms, specialty condoms and lubricants by population (Figure 42). The default provided in the tool is 5% for female condoms, specialty condoms and lubricants across populations, but country teams should find a percentage that suits them.

Figure 42. Use the Female and Specialty Condoms + Lubricants worksheet for population specific needs



Female and Specialty Condoms + Lubricants | Gondwana | Go Back to Dashboard | Move to Next Sheet | Save Model

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

2022 Baseline availability of Female Condoms, SC and Lubricant (from Condom availabilty sheet)	No. of Female Condoms		No. of Lubricant Sachets Available		No. of Speciality Condoms	
Current No. Availlable	250,000		620,715		12,071,494	
% of Total Condoms	0.2%		1.0%		19.4%	
Baseline Condoms Used	2,344,787		2,344,787		2,344,787	
% of Baseline Condom used	1.0%		1.0%		1.0%	

Gondwana	Total Condoms Used in 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027	% (Target) Female condoms of total condom need in 2027	# Female condoms of total condom need in 2027	% (Target) Lubricant of total condom need in 2027	# Lubricant of total condom need in 2027	% (Target) Specialty condoms of total condom need in 2027	# Specialty condoms of total condom need in 2027
	2022	2023	2024	2025	2026	2027			Female Condom		Lubricant		Special Condoms
Key Populations													
PLHIV Couples	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%	1.0%	256,484	10.0%	2,564,840	5.0%	1,282,420
Sex workers	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%	3.0%	6,100,981	25.0%	50,841,506	5.0%	10,168,301
Men Having Sex with Men (MSM)	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%	1.0%	225,928	25.0%	5,648,200	5.0%	1,129,640
People who have Sex with Non-Regular Partners [PAIRS]													
Young People (15-24) with NR Partners (pairs)	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608	9%	1.0%	321,946	2.0%	643,892	5.0%	1,609,730
Men&Women (25-34) with NR Partners (pairs)	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389	4%	2.0%	242,408	2.0%	242,408	15.0%	1,818,058
Men&Women (35-49) with NR Partners (pairs)	3,932,846	4,369,976	4,807,106	5,244,236	5,681,366	6,118,496	2%	1.0%	61,185	2.0%	122,370	25.0%	1,529,624
Men&Women (50-64) with NR Partners (pairs)	830,517	1,043,715	1,256,913	1,470,111	1,683,310	1,896.5				5.0%	94,825	5.0%	94,825
Couples Using Condoms for Family Planning													
Couples Using Condoms for FP	7,226,806	7,430,676	7,634,545	7,838,414	8,042,283	8,246,152	2%	1.0%	82,462	2.0%	164,923	5.0%	412,308
Couples With Unmet Need for FP Condoms	0	85,158	170,316	255,475	340,633	425,791	0%	1.0%	4,258	2.0%	8,516	5.0%	21,290
Other Key Populations and Populations at High Risk													
People who Inject Drugs (PWID)	10,500,000	12,678,940	14,857,879	17,036,819	19,215,759	21,394,698	6%	0.0%	0	10.0%	2,139,470	5.0%	1,069,735
Transgender (TG)	4,207,500	4,966,323	5,725,147	6,483,970	7,242,794	8,001,617	2%	5.0%	400,081	25.0%	2,000,404	5.0%	400,081

Chart Area | " Point "Young People (15-24) with NR Partners (pairs)" Data Label

USE BASELINE CONDOM AVAILABILITY DATA TO REVIEW AND MODIFY THE PERCENTAGE OF FEMALE CONDOMS, SPECIALTY CONDOMS AND LUBRICANTS NEEDED BY POPULATION

The baseline data provided from the **Condom Availability worksheet** are a helpful starting point to determine percentage needed (Figure 43). Some country teams may have used the summary tables on the **Condom Requirements worksheet** to assign initial target allocations using the baseline.

- Defaults for target percentage for priority populations (in blue) are all the same at 5%, but it is unlikely that transgender people or gay men and other men who have sex with men will use female condoms.
- Lubricant needs are specific and should consider the priority needs of people from key populations and perhaps young people before other populations.
- Female condom targets rarely go above 5% for any country.
- A comparison of baseline and targets shown on the graphs can flag issues related to where to increase or decrease, based on programmatic priorities and population preferences.
- Using the worksheet, country teams should consider what share of female condoms, specialty condoms and lubricants will be distributed free.
- Country teams should discuss channels for distribution. Review the landscape analysis by population and identify what percentage of free condoms and lubricants will be allocated to community-based distribution to ensure access. This is particularly important when considering effective channels to reach people from key populations and young people through peer educators, navigators and mobile outreach.

Figure 43. Baseline condom availability provides a starting point for target setting

	2022 Baseline availability of Female Condoms, SC and Lubricant (from Condom availabilty sheet)					
	No. of Female Condoms		No. of Lubricant Sachets Available		No. of Speciality Condoms	
Current No. Availlable	250,000		620,715		12,071,494	
% of Total Condoms	0.2%		1.0%		19.4%	
Baseline Condoms Used	2,344,787		2,344,787		2,344,787	
% of Baseline Condom used	1.0%		1.0%		1.0%	

USE GRAPHS TO GUIDE ANALYSIS OF POPULATION-SPECIFIC NEEDS, DEMANDS AND ACCESS TO CONDOMS AND LUBRICANTS

The graphs can facilitate review, discussion and reporting. They include female condoms, specialty condoms and lubricants by population, total numbers for procurement and a comparison of baseline with 2027 targets (Figures 44–46).

Figure 44. Total needs for female condoms, specialty condoms and lubricants, 2027

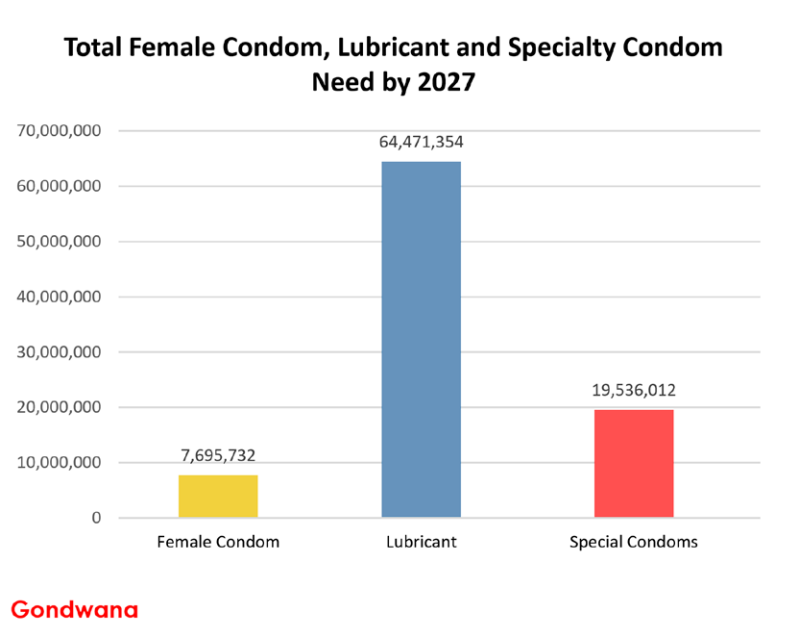


Figure 45. Female condom, specialty condom and lubricant needs, baseline and 2027 targets (as percentage of total condom needs)

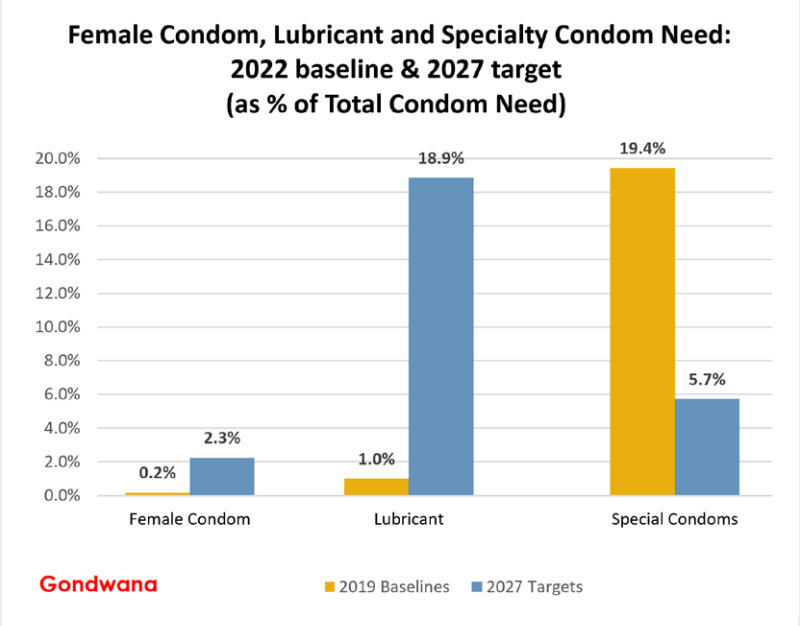
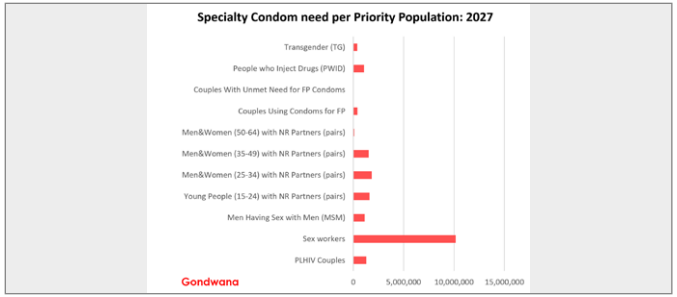
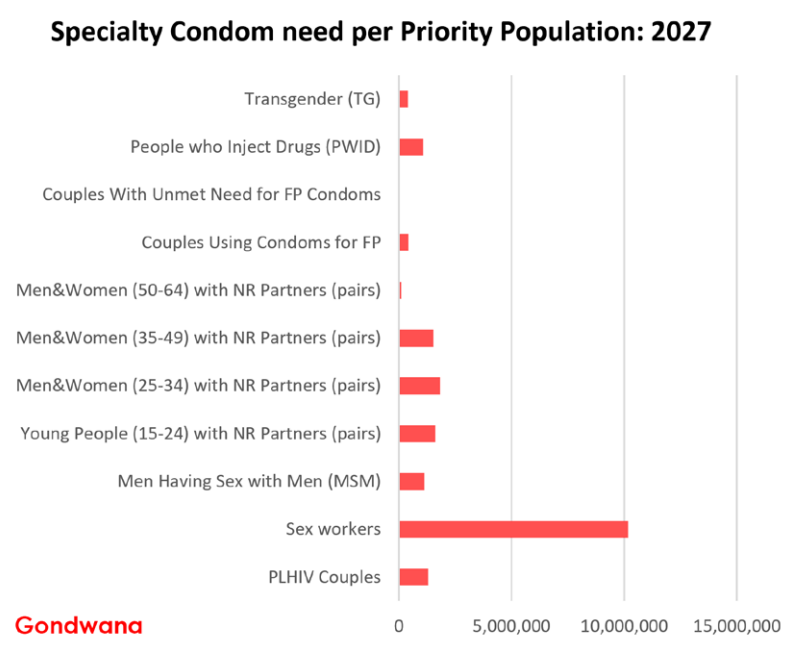


Figure 46.



See the figure in detail on the next page

Figure 46. Specialty condom needs per priority population, 2027



DISCUSS IMPLICATIONS OF CONDOM TYPE ALLOCATIONS AND DISTRIBUTION POINTS TO INCREASE DEMAND AND USE DURING STAKEHOLDER REVIEW

It is critical to engage stakeholders and priority population representatives in discussions around target allocation by commodity type. Each allocation requires discussion around related demand creation efforts and ability to pay.

WARNING!

The graphs can highlight unintended reductions in condom needs or a potential misallocation of condom need by population. Consider the following:

- Which populations have the highest need and demand for different types of condoms and lubricants?
- Which populations will be prioritized for free promotion and distribution?
- Which channels will be used to promote and distribute these products?

BALANCING DEMAND AND COST FACTORS FOR SPECIALTY CONDOMS

Population-specific targets for female condom and lubricant distribution are easier to determine using key population size estimates and historical data on female condom distribution points and sales, often in urban or peri-urban settings. Country teams often need more discussion to assess prioritization around allocation of specialty condoms under their targets.

Specialty condoms are often preferred by priority populations because of their attributes (e.g. different smell, colour or size). Specialty condoms are more likely to be branded, packaged and sold under socially marketed brands at different price thresholds or by the private sector.

Should people always pay for specialty condoms?

With donor support, market research for different social marketing organization brands can be developed for specific segmented populations with an ability and willingness to pay. Mapped distribution points and sales can help country teams profile users of specialty condoms for social marketing organizations. This is important in ensuring well-targeted and well-priced condoms for a range of population segments with some level of demand for specialty products perceived to be of higher quality and value.

Within CNET, however, the UNFPA price for standard male condoms and specialty condoms is the same (US$ 0.032).

Why make people pay?

Evidence suggests that well-researched pricing of condoms in the marketplace can increase the value of and willingness to use condoms and promote their use as a positive lifestyle choice.

The ultimate goal is to ensure there is demand for and acceptability around condom use for all population segments for public health impact. It is important to consider people from key populations and young people who may have a high need for condoms but do not use them because they do not like the smell or size of standard male condoms and cannot afford to buy specialty condoms.

How do we strengthen demand creation for free condoms, reduce stigma and increase the acceptability of condom use? It may be simpler to relegate standard male condoms for free distribution and promote demand and access for specialty condoms for the socially marketed and private sectors, but there is no easy solution. There is merit in creating value around a good-quality product without making affordability a barrier. Not all specialty condoms should be priced high for cost recovery, and nor should they always be sold.

Balancing demand and cost is an important discussion within the stakeholder consultation meetings to find solutions that increase reach of targets for public health impact, particularly the most vulnerable people (adolescent girls and young women, people from key populations), without creating tension in the condom marketplace.

KEY MESSAGES

- Condom preferences differ by population and can determine future demand and use. This worksheet uses the condom availability baseline to facilitate specific condom commodity allocations using baseline current demand and use to reach country targets.
- The defaults provided are not based on expert assumptions or data. Country teams should draw on programme and community perspectives to understand current programme reach for specific condom products (female condoms, specialty condoms, lubricants) by population for target setting. Female condom use never goes above 5%.
- Allocations should consider free distribution versus socially marketed and private-sector condoms.

STEP 7: ESTABLISH TOTAL MARKET APPROACH TARGETS, INCLUDING FREE CONDOM DISTRIBUTION BY POPULATION

Worksheet: Free Condoms, Condom Distribution – Total Market Approach

"We all talk about total market approach but are not held accountable. This is the only tool that picks up private and socially marketed condoms which are critical for programming decisions" – Uganda.

"Free condoms should be made available to people at higher risk who cannot afford condoms from social marketing and private sector sales" – Rwanda CNET findings.

- Understand the current contribution of other sectors and benefits of using a total market approach to refine understanding of population needs and preferences for condom products.
- Use baseline condom availability data and stakeholder guidance as a starting place to review and modify the percentage of free condoms for distribution by population.
- Review and modify targets for free, socially marketed and private-sector condom products by population based on stakeholder guidance.

Description: Under the total market approach section, market share targets are set or adopted for each population based on country data, dialogue and potential for new programme approaches. Country teams determine different population needs and access to female condoms, specialty condoms and lubricants, and identify commodity targets, appropriate channels and further data needs to understand population preferences.

Some country teams build on the basic quantification of condom requirements conducted. They seek to understand and influence the market share by population, strengthen access to condom of choice, build cost savings based on a population's ability and willingness to pay, and ensure free condoms and lubricants are targeted to the most vulnerable people.

Once overall targets have been set and needs for female condoms, specialty condoms and lubricants have been identified, it is important to determine how condoms will be distributed to each population by sector. Determining the percentage of free condoms for distribution to people who cannot afford to pay is a critical first step before making allocations for distribution through social marketing and private-sector sales.

Figure 47. Use the free condom worksheet to allocate population needs for free condom distribution

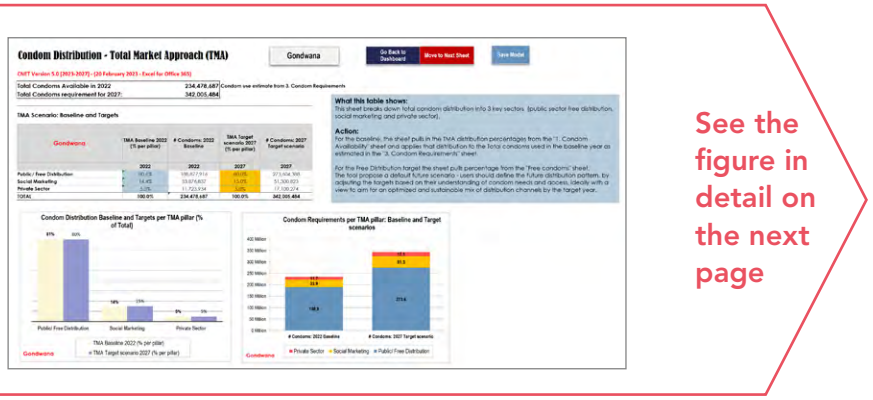
Free Condoms | Gondwana | CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365) | Save Model | Go Back to Dashboard | Move to

Gondwana	Total Condoms Used in 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027	% (Baseline) Free condoms of total condom need in 2022	% (Target) Free condoms of total condom need in 2027	# Free condoms needed
	2022	2023	2024	2025	2026	2027		2022	2027	
Key Populations										
PLHIV Couples	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%	80.6%	90.0%	
Sex workers	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%	80.6%	90.0%	
Men Having Sex with Men (MSM)	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%	80.6%	90.0%	
People who have Sex with Non-Regular Partners [PAIRS]										
Young People (15-24) with NR Partners (pairs)	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608	9%	80.6%	90.0%	
Men&Women (25-34) with NR Partners (pairs)	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389	4%	80.6%	85.0%	
Men&Women (35-49) with NR Partners (pairs)	3,932,846	4,369,976	4,807,106	5,244,236	5,681,366	6,118,496	2%	80.6%	75.0%	
Men&Women (50-64) with NR Partners (pairs)	830,517	1,043,715	1,256,913	1,470,111	1,683,310	1,896,508	1%	80.6%	75.0%	

The **Free Condoms worksheet** uses baseline use data and condom requirements by year for each population's targets to determine the percentage of free condoms for the current and target years (Figure 47). The default numbers provided for the baseline draw from the condom availability data for all populations and 75% for the target year and need to be adjusted based on programme data and stakeholder engagement. Graphs show the percentage baseline and target by population and the total numbers needed.

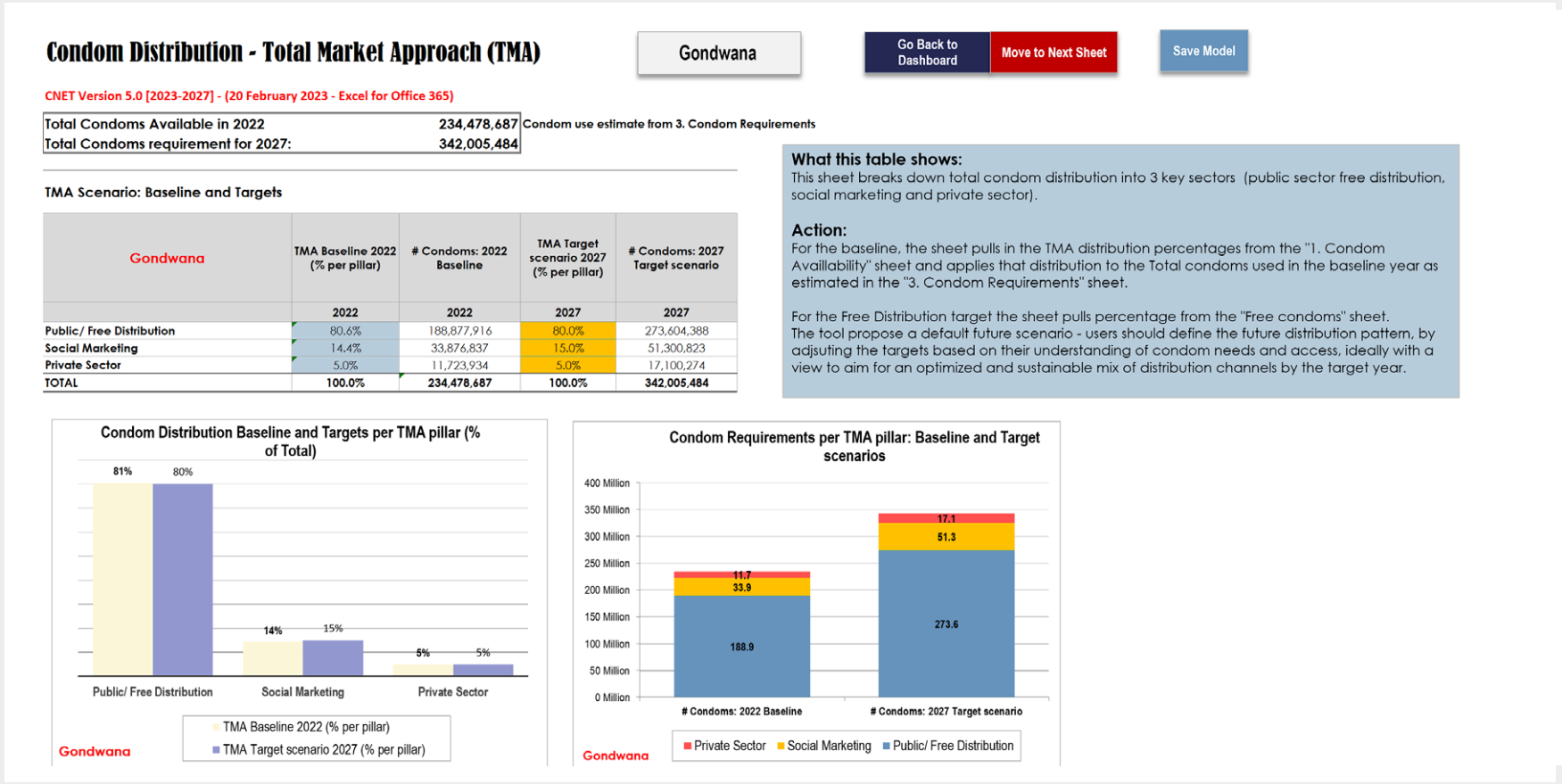
The **Condom Distribution – Total Market Approach worksheet** supports country teams to allocate distribution of target condom products for each population by breaking down the three sectors (free distribution, social marketing, private sector) (Figure 48). Graphs are provided to show percentage at baseline, targets and by population.

Figure 48.



See the figure in detail on the next page

Figure 48. Use the Condom Distribution – Total Market Approach worksheet to determine free, social market and private sector allocations



Condom Distribution - Total Market Approach (TMA)

Gondwana

Go Back to Dashboard | Move to Next Sheet | Save Model

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Total Condoms Available in 2022	234,478,687
Total Condoms requirement for 2027:	342,005,484

Condom use estimate from 3. Condom Requirements

What this table shows:
This sheet breaks down total condom distribution into 3 key sectors (public sector free distribution, social marketing and private sector).

Action:
For the baseline, the sheet pulls in the TMA distribution percentages from the "1. Condom Availability" sheet and applies that distribution to the Total condoms used in the baseline year as estimated in the "3. Condom Requirements" sheet.

For the Free Distribution target the sheet pulls percentage from the "Free condoms" sheet.
The tool propose a default future scenario - users should define the future distribution pattern, by adjsuting the targets based on their understanding of condom needs and access, ideally with a view to aim for an optimized and sustainable mix of distribution channels by the target year.

TMA Scenario: Baseline and Targets

Gondwana	TMA Baseline 2022 (% per pillar)	# Condoms: 2022 Baseline	TMA Target scenario 2027 (% per pillar)	# Condoms: 2027 Target scenario
	2022	2022	2027	2027
Public/ Free Distribution	80.6%	188,877,916	80.0%	273,604,388
Social Marketing	14.4%	33,876,837	15.0%	51,300,823
Private Sector	5.0%	11,723,934	5.0%	17,100,274
TOTAL	100.0%	234,478,687	100.0%	342,005,484

UNDERSTAND THE CURRENT CONTRIBUTION OF OTHER SECTORS AND BENEFITS OF USING A TOTAL MARKET APPROACH TO REFINE UNDERSTANDING OF POPULATION NEEDS AND PREFERENCES FOR CONDOM PRODUCTS

No one condom fits all. Understanding unique condom needs for quantification is the first step to growing a total market to increase condom diversity and maximize channels for reach and cost recovery. Once you know your targets, you can start looking at the types of condoms and lubricants needed for your country's programme. The availability of good-quality total market approach data is critical to reflect the contribution of other sectors and raises important questions around procurement, coordination and distribution points (facilities, communities, through partners).

Several country teams that have used the total market approach section discovered condom and lubricant needs varied for different subpopulations. In some cases, people from specific populations were buying their condoms, and a hidden private sector could contribute more than expected to overall targets.

Who is using which condoms?

The **Condom Availability worksheet** shows the market share of free, socially marketed and private-sector condoms (including female condoms, specialty condoms and lubricants), but many countries do not know what different people are receiving, their willingness to pay, or whether they face barriers to access.

Access issues (e.g. physical, cost-related or location challenges) to condoms are cited as a key barrier to condom use. Free condoms are often stuck at the health facility level as a result of behavioural and structural issues, which can lead to wastage.

Young people and people from key populations highlight challenges in using health-care facilities as access points for condoms due to perceived lack of population-friendly services.

THAILAND'S TOTAL MARKET APPROACH

Thailand's 2018 programme highlighted the strength of the private sector, with 72 million condom sales and 59 million free condoms distributed.

"Thailand's data showed that a third of condom sales were for specialty condoms... This seemed to point to an important demand for specialty condoms and a comparative advantage of the private sector to meet that need. The public sector did not want to distort the specialty condom market by providing large amounts of specialty condoms for free. The suggestion was to be very cautious about providing special condoms for free if at all. In addition, we do not know who and how to target them" – Assistant Prof. Pudtan Phanthuanane, Naresuan University.

As an outcome, Thailand developed a new national condom strategy with plans to transition to full domestic funding.

USE BASELINE CONDOM AVAILABILITY DATA AND STAKEHOLDER GUIDANCE AS A STARTING PLACE TO REVIEW AND MODIFY THE PERCENTAGE OF FREE CONDOMS FOR DISTRIBUTION BY POPULATION

Once overall targets are set under the **Condom Requirements worksheet**, country teams should start with the most vulnerable populations that need condoms from a public health perspective and face access challenges (Figure 49).

The baseline on the **Free Condoms worksheet** comes from the **Condom Availability worksheet**. The defaults used for the percentage of condoms for 2022 and for target setting are standard default numbers with no data assumptions and should be defined for each population during the stakeholder meetings. People who cannot afford to pay may be younger or may be from key populations with high numbers of sex acts. People who have sex with non-regular partners from older age groups may buy socially marketed or private-sector condoms.

Geographical differences are not captured on quantification forms but could be part of calculations based on weighting due to population sizes. Country teams should review historical data based on condom availability to understand the overall numbers for increase and consult with programme staff and priority population representatives to understand their preferences.

Figure 49. Determine vulnerable populations who need free condoms before allocating other sector contributions

Free Condoms | Gondwana | CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365) | Save Model | Go Back to Dashboard | Move to Next Sheet

Gondwana	Total Condoms Used in 2022	Total Condoms Required in 2023	Total Condoms Required in 2024	Total Condoms Required in 2025	Total Condoms Required in 2026	Total Condoms Required in 2027	% of Total Condoms Required in 2027	% (Baseline) Free condoms of total condom need in 2022	% (Target) Free condoms of total condom need in 2027	# Free condoms of total condom need in 2027
	2022	2023	2024	2025	2026	2027		2022	2027	2027
Key Populations										
PLHIV Couples	14,447,250	16,687,480	18,927,710	21,167,940	23,408,170	25,648,400	7%	80.6%	90.0%	23,083,56
Sex workers	147,231,000	158,458,005	169,685,009	180,912,014	192,139,018	203,366,023	59%	80.6%	90.0%	183,029,42
Men Having Sex with Men (MSM)	13,464,000	15,289,760	17,115,521	18,941,281	20,767,041	22,592,802	7%	80.6%	90.0%	20,333,52
People who have Sex with Non-Regular Partners [PAIRS]										
Young People (15-24) with NR Partners (pairs)	24,172,521	25,776,939	27,381,356	28,985,773	30,590,191	32,194,608	9%	80.6%	90.0%	28,975,14
Men&Women (25-34) with NR Partners (pairs)	8,466,247	9,197,075	9,927,904	10,658,732	11,389,561	12,120,389	4%	80.6%	85.0%	10,302,33
Men&Women (35-49) with NR Partners (pairs)	3,833,841	4,269,976	4,706,106	5,141,236	5,581,366	6,118,496	2%	80.6%	75.0%	4,588,87

The graphs provided show a comparison of baseline and targets for free condom distribution by population (Figure 50).

Review and modify targets for free, socially marketed and private-sector condom products by population based on stakeholder guidance.

The Condom Distribution – Total Market Approach worksheet shown in Figure 51 provides a total breakdown of baseline and targets for the three key condom sectors (free, socially marketed, private sector).

For the baseline, the worksheet pulls in the total market approach distribution percentages from the **Condom Availability worksheet** and applies that distribution to the total number of condoms used in the baseline year, as estimated in the **Condom Requirements worksheet**.

For the Free Distribution target, the worksheet pulls percentage from the **Free Condoms worksheet**.

The tool proposes a default future scenario. Country teams should define the future distribution pattern by adjusting the targets based on their understanding of population-specific condom needs and access, ideally to optimize a sustainable mix of distribution channels by the target year.

The graphs produced show baseline and target condom distribution by percentage and total numbers for stakeholder review and discussion.

Figure 50. Baseline and targets for free condoms by 2027

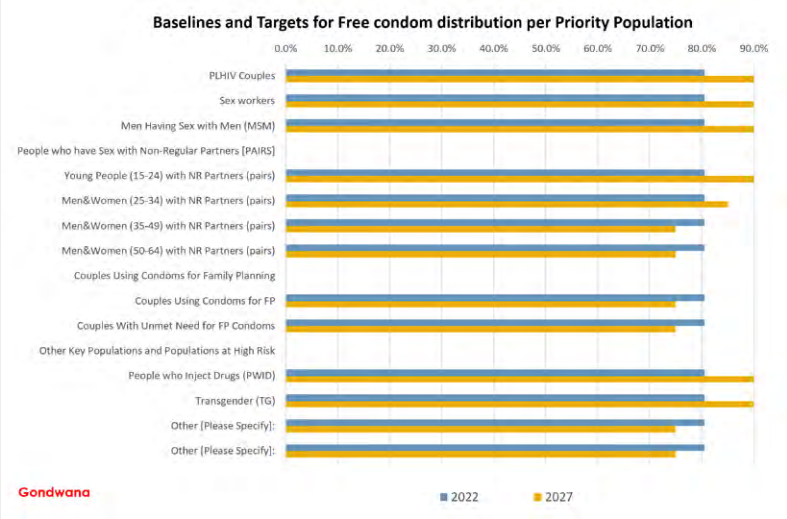
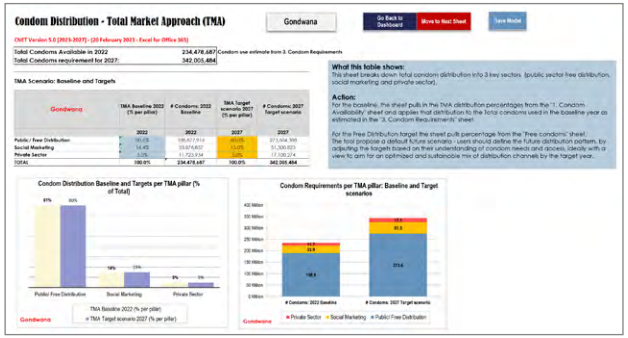
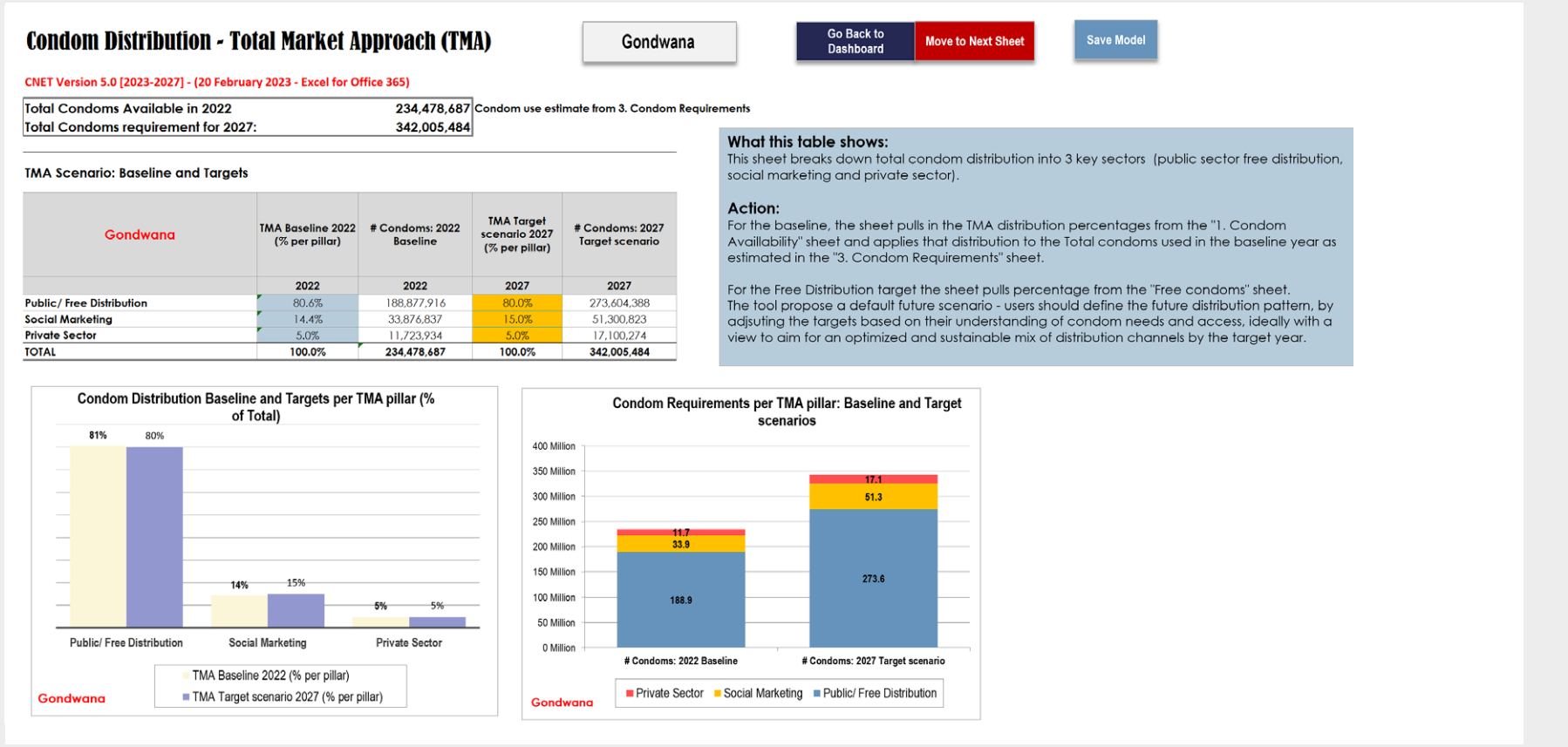


Figure 51.



See the figure in detail on the next page

Figure 51. Use the Condom Distribution – Total Market Approach worksheet to allocate other market sector shares for condom distribution



Condom Distribution - Total Market Approach (TMA)

Gondwana

Go Back to Dashboard | Move to Next Sheet | Save Model

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Total Condoms Available in 2022	234,478,687
Total Condoms requirement for 2027:	342,005,484

Condom use estimate from 3. Condom Requirements

What this table shows:
This sheet breaks down total condom distribution into 3 key sectors (public sector free distribution, social marketing and private sector).

Action:
For the baseline, the sheet pulls in the TMA distribution percentages from the "1. Condom Availlability" sheet and applies that distribution to the Total condoms used in the baseline year as estimated in the "3. Condom Requirements" sheet.

For the Free Distribution target the sheet pulls percentage from the "Free condoms" sheet.
The tool propose a default future scenario - users should define the future distribution pattern, by adjsuting the targets based on their understanding of condom needs and access, ideally with a view to aim for an optimized and sustainable mix of distribution channels by the target year.

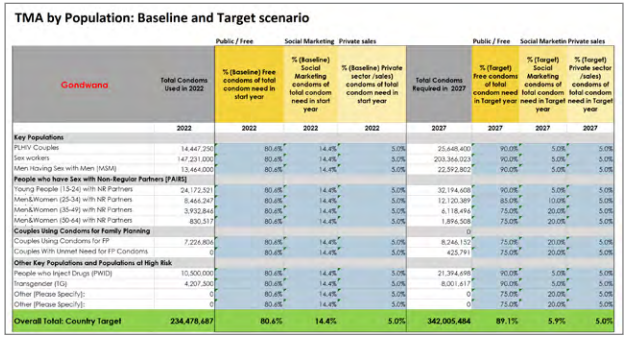
TMA Scenario: Baseline and Targets

Gondwana	TMA Baseline 2022 (% per pillar)	# Condoms: 2022 Baseline	TMA Target scenario 2027 (% per pillar)	# Condoms: 2027 Target scenario
	2022	2022	2027	2027
Public/ Free Distribution	80.6%	188,877,916	80.0%	273,604,388
Social Marketing	14.4%	33,876,837	15.0%	51,300,823
Private Sector	5.0%	11,723,934	5.0%	17,100,274
TOTAL	100.0%	234,478,687	100.0%	342,005,484

On the same worksheet, you can manipulate baseline and targets for different types of condom products by population (Figure 52). Most countries do not have insights into what populations want in terms of condoms and channels. Social marketing organizations do market research on their specific condom markets; these findings are not always adapted to the national level, but they provide an important starting place for discussion. Stakeholder meetings should provide guidance for estimates and define action points for further investigation.

A graph with population-specific market segmentation is provided to help country teams understand which populations are being reached with which types of condom (Figure 53).

Figure 52.

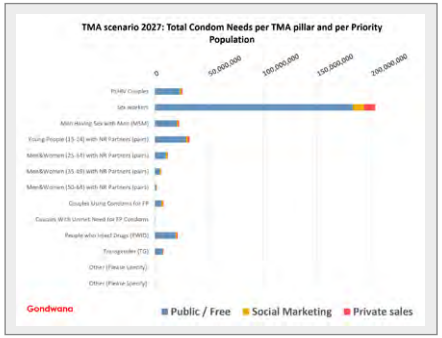


TMA by Population: Baseline and Target scenario

Gondwana	Total Condoms Used in 2022	% (Baseline) Free condoms of total condom need in start year (Public / Free)	% (Baseline) Social Marketing condoms of total condom need in start year (Social Marketing)	% (Baseline) Private sector /sales) condoms of total condom need in start year (Private sales)	Total Condoms Required in 2027	% (Target) Free condoms of total condom need in Target year (Public / Free)	% (Target) Social Marketing condoms of total condom need in Target year (Social Marketin)	% (Target) Private sector /sales) condoms of total condom need in Target year (Private sales)
	2022	2022	2022	2022	2027	2027	2027	2027
Key Populations								
PLHIV Couples	14,447,250	80.6%	14.4%	5.0%	25,648,400	90.0%	5.0%	5.0%
Sex workers	147,231,000	80.6%	14.4%	5.0%	203,366,023	90.0%	5.0%	5.0%
Men Having Sex with Men (MSM)	13,464,000	80.6%	14.4%	5.0%	22,592,802	90.0%	5.0%	5.0%
People who have Sex with Non-Regular Partners [PAIRS]								
Young People (15-24) with NR Partners	24,172,521	80.6%	14.4%	5.0%	32,194,608	90.0%	5.0%	5.0%
Men&Women (25-34) with NR Partners	8,466,247	80.6%	14.4%	5.0%	12,120,389	85.0%	10.0%	5.0%
Men&Women (35-49) with NR Partners	3,932,844	80.6%	14.4%	5.0%	6,118,494	75.0%	20.0%	5.0%
Men&Women (50-64) with NR Partners	830,517	80.6%	14.4%	5.0%	1,896,508	75.0%	20.0%	5.0%
Couples Using Condoms for Family Planning					0			
Couples Using Condoms for FP	7,226,804	80.6%	14.4%	5.0%	8,244,152	75.0%	20.0%	5.0%
Couples With Unmet Need for FP Condoms	0	80.6%	14.4%	5.0%	425,791	75.0%	20.0%	5.0%
Other Key Populations and Populations at High Risk								
People who Inject Drugs (PWID)	10,500,000	80.6%	14.4%	5.0%	21,394,698	90.0%	5.0%	5.0%
Transgender (TG)	4,207,500	80.6%	14.4%	5.0%	8,001,617	90.0%	5.0%	5.0%
Other (Please Specify):	0	80.6%	14.4%	5.0%	0	75.0%	20.0%	5.0%
Other (Please Specify):	0	80.6%	14.4%	5.0%	0	75.0%	20.0%	5.0%
Overall Total: Country Target	**234,478,687**	**80.6%**	**14.4%**	**5.0%**	**342,005,484**	**89.1%**	**5.9%**	**5.0%**

See the figure in detail on the next page

Figure 53.



See the figure in detail on the page 102

THAILAND'S TOTAL MARKET APPROACH

Thailand's 2018 programme highlighted the strength of the private sector, with 72 million condom sales and 59 million free condoms distributed.

"*Thailand's data showed that a third of condom sales were for specialty condoms... This seemed to point to an important demand for specialty condoms and a comparative advantage of the private sector to meet that need. The public sector did not want to distort the specialty condom market by providing large amounts of specialty condoms for free. The suggestion was to be very cautious about providing special condoms for free if at all. In addition, we do not know who and how to target them*" – Assistant Prof. Pudtan Phanthuanane, Naresuan University.

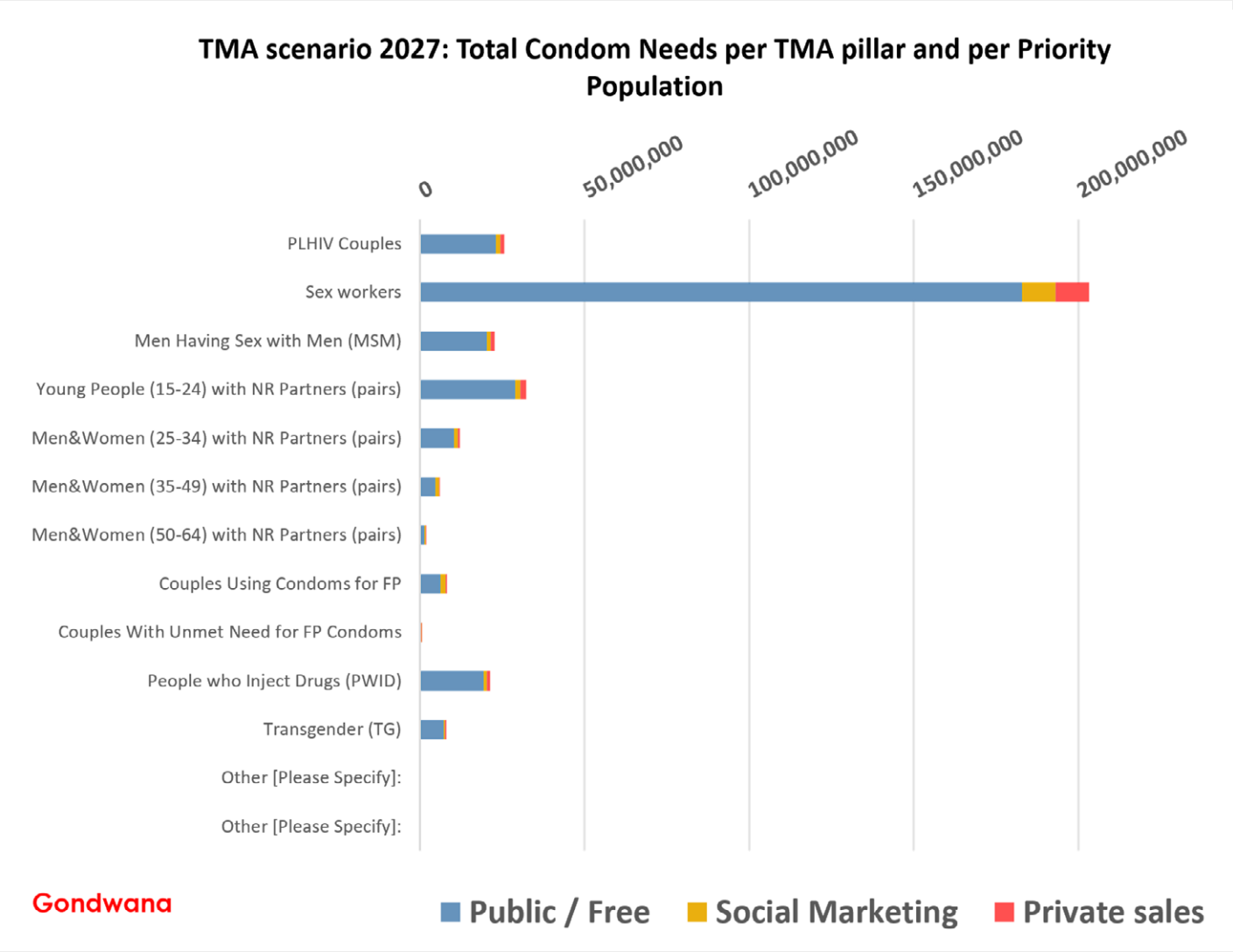
As an outcome, Thailand developed a new national condom strategy with plans to transition to full domestic funding.

Figure 52. Determine baseline and target scenarios for population specific sector distribution

TMA by Population: Baseline and Target scenario

Gondwana	Total Condoms Used in 2022	Public / Free	Social Marketing	Private sales	Total Condoms Required in 2027	Public / Free	Social Marketin	Private sales
		% (Baseline) Free condoms of total condom need in start year	% (Baseline) Social Marketing condoms of total condom need in start year	% (Baseline) Private sector /sales) condoms of total condom need in start year		% (Target) Free condoms of total condom need in Target year	% (Target) Social Marketing condoms of total condom need in Target year	% (Target) Private sector /sales) condoms of total condom need in Target year
	2022	2022	2022	2022	2027	2027	2027	2027
Key Populations								
PLHIV Couples	14,447,250	80.6%	14.4%	5.0%	25,648,400	90.0%	5.0%	5.0%
Sex workers	147,231,000	80.6%	14.4%	5.0%	203,366,023	90.0%	5.0%	5.0%
Men Having Sex with Men (MSM)	13,464,000	80.6%	14.4%	5.0%	22,592,802	90.0%	5.0%	5.0%
People who have Sex with Non-Regular Partners [PAIRS]								
Young People (15-24) with NR Partners	24,172,521	80.6%	14.4%	5.0%	32,194,608	90.0%	5.0%	5.0%
Men&Women (25-34) with NR Partners	8,466,247	80.6%	14.4%	5.0%	12,120,389	85.0%	10.0%	5.0%
Men&Women (35-49) with NR Partners	3,932,846	80.6%	14.4%	5.0%	6,118,496	75.0%	20.0%	5.0%
Men&Women (50-64) with NR Partners	830,517	80.6%	14.4%	5.0%	1,896,508	75.0%	20.0%	5.0%
Couples Using Condoms for Family Planning					0			
Couples Using Condoms for FP	7,226,806	80.6%	14.4%	5.0%	8,246,152	75.0%	20.0%	5.0%
Couples With Unmet Need for FP Condoms	0	80.6%	14.4%	5.0%	425,791	75.0%	20.0%	5.0%
Other Key Populations and Populations at High Risk								
People who Inject Drugs (PWID)	10,500,000	80.6%	14.4%	5.0%	21,394,698	90.0%	5.0%	5.0%
Transgender (TG)	4,207,500	80.6%	14.4%	5.0%	8,001,617	90.0%	5.0%	5.0%
Other [Please Specify]:	0	80.6%	14.4%	5.0%	0	75.0%	20.0%	5.0%
Other [Please Specify]:	0	80.6%	14.4%	5.0%	0	75.0%	20.0%	5.0%
Overall Total: Country Target	**234,478,687**	**80.6%**	**14.4%**	**5.0%**	**342,005,484**	**89.1%**	**5.9%**	**5.0%**

Figure 53. Total market approach scenario by priority population



TIPS FOR DETERMINING TOTAL MARKET APPROACH TARGET ALLOCATIONS

Determine the extent to which the cost of paying for condoms is an important barrier for accessing and using condoms for priority populations, especially for the most vulnerable and poorest (e.g. people living with HIV, people from key populations, young people):

- Use the stakeholder condom landscape analysis to understand current condom market segments, pricing, distribution points and populations reached.
- **Segment populations by their ability to pay using data sources.** Estimate in your overall population to understand which proportion fits into the category that could be expected to pay for condoms:
  - To benchmark free condom distribution, use the DHS Stat compiler to segment priority populations using the standard quintile of wealth. The bottom two categories would be impacted by ability to pay. Assume in sub-Saharan Africa a minimum of 50% public sector distribution.
  - To benchmark for socially marketed and private-sector condoms, assume these sectors should aim for the top two quintiles of the population.
  - Assume 20–30% of the population as a threshold to find populations that may be able and willing to pay, with targets set based on market price variations.
- **Consider the maturity and size of your condom social marketing programme** and its capacity to scale up towards 70% market share. It is unlikely that you are going to scale up the programme beyond 5% per year, unless you make massive investment in capacity (expanded distribution points) and condom promotion.
- **Explore the potential to provide some socially marketed condoms at subsidized prices.** Most socially marketed condoms are now working on a cost-recovery basis (including marketing and programming costs), but there is a missed opportunity to create demand and value for condoms for the wider population. Segmentation is key. Mature social marketing programmes can focus on reaching middle-class people, but subsidized condoms need to reach out more to the most vulnerable people. Determine the extent to which social marketing can start working with subsidized prices through differentiated products – for example, "luxury" condoms could be sold at a cost-recovery price and "plainer" condoms at subsidized rates.
- **Make sure socially marketed and private-sector condoms are not pushed out of the condom market** due to flooding the market with free condoms. It is important to discuss this with all actors around the table and to reach agreements based on targeted and differentiated distribution and sales, stratification of priority populations and clients, geographical coordination and differentiation of products.

IS THERE A PLACE FOR SUBSIDIZED CONDOMS IN A COST-RECOVERY AGE?

Social marketing organizations play a critical role in creating demand and acceptability for condoms, but pricing is key. Socially marketed condoms bring value to national condom programmes. Although they tend to be marketed to urban, educated, wealthier people, their promotion of condoms as a positive lifestyle choice can increase the overall acceptability of condoms in society and among populations seen as role models.

Some of the most successful early social marketing programmes sold condoms at heavily subsidized prices, which made condoms accessible for the vast majority of people, while creating value for condom use. Notably, this worked well in Burkina Faso (one of the poorest countries in the world). In Burkina Faso in 1990, the cost for four condoms was US$ 0.08 (US$ 0.02 per condom). Today, targeted camouflage-packaged condoms are distributed in Côte d'Ivoire to military personnel at the same cost as standard male condoms.

Table 7 provides answers to common questions about setting targets for total market approach to help teams with their analysis.

Table 7. Common questions about setting targets for total market approach

Who needs free condoms?	People from populations at high risk who cannot afford to pay for condoms or are unable to access condoms through other sites need condoms, including: ▪ Adolescents and young people ▪ Female sex workers, gay men and other men who have sex with men, and transgender people ▪ People with sexually transmitted infections ▪ Rural and poor people, including people living with HIV and couples who attend for family planning To benchmark needs, it is recommended to factor in populations within the lowest two wealth quintiles as a starting place to understand free condom needs (in high HIV prevalence/incidence countries, free condom distribution should never be less than 50% of the total allocation) Making condoms available for free does not mean they are accessible – use the stakeholder landscape analysis and review meetings to assess the effectiveness of distribution and promotion efforts and expand targeted community distribution points where populations most at risk can access condoms when and where they are needed
As we expand our total market approach, should distribution of free condoms increase or decrease?	Allocations for each sector depend on the country context (baseline total market share, population characteristics, wealth, access); population growth also be a factor in total numbers The intention of the total market approach is to streamline cost-effectiveness by capturing market shares of socially marketed and private-sector condoms without losing sight of reaching the most vulnerable people with free and accessible condoms or inadvertently flooding the market with free condoms, which are then wasted Use the tips provided to understand your starting point and the feasibility of creating highly subsidized condoms for an expanded market

> continued on next page

How do we capture shifts made towards cost-recovery condoms and better segmentation of the market so the private sector can grow its own share?	Social marketing organizations are at different phases of pricing condoms to recover costs of condom sales for their programmes – there are several country examples of condom programmes that no longer require external funding for operations (e.g. Thailand, Uganda) The contributions of social marketing organizations to national condom programmes are critical to promoting condom demand and creating value around good-quality condom products both for protection and to enhance pleasure Social marketing organizations and private-sector stakeholders should be actively engaged in discussions and target setting throughout the CNET process to: ▪ Map out markets and populations reached, including condom type, cost, location and sales information for better segmentation ▪ Determine and address barriers that impact on, for example, socially marketed and private-sector condom procurement, distribution and tax ▪ Strategize on ways to enhance the total market approach by segmenting distribution points for lower-end socially marketed and free condoms so they do not inadvertently flood the condom market ▪ Establish mechanisms for capturing cost-recovery and private-sector condom sales by distribution points to assess effectiveness and revisit total market approach targets
How should we monitor shifts in our total market approach and reallocate targets?	The CNET process facilitates action planning to address bottlenecks in supply chains and demand creation and additional market research to inform decision-making Strengthening government stewardship through the condom technical working group is key to facilitating strategic segmentation of the market and establishing routine reviews to assess progress Reviewing reporting mechanisms to capture types of condom distributed and sold and distribution points facilitates country tracking of demand and effectiveness of condom promotion and sales

KEY MESSAGES

- Priority population condom needs, preferences and access vary. Country teams must assess which sectors are reaching priority populations first using the available market segmentation research and landscape analysis conducted with stakeholders.
- Miscalibration of demand for and access to free condoms can lead to wastage of condoms for specific populations and crowd out the social marketing and private sectors, which are reaching populations with the ability and willingness to pay.
- Free condom distribution is a priority for people from specific populations that cannot afford to pay. Expanded distribution channels and demand creation in locations to reduce barriers to access and use should be considered.
- Target setting for expansion of the total market approach should consider current and future investments in enhanced market segmentation data; continued engagement of social marketing and the private sector in technical working groups to identify and address market barriers; and robust government stewardship for strategy development and monitoring *(9)*.

  See also Understanding the Benefits of a Total Market Approach to Enhance Your Programme.

STEP 8: IDENTIFY RESOURCE NEEDS BASED ON COMMODITY COSTS

***Worksheets:* Condom Unit Costs, Results-Commodities**

- Review costing estimates for commodities based on five-year targets and related programme costs.
- Revise the **Condom Requirements worksheet** as needed based on budget parameters, or present several funding scenarios for consideration.

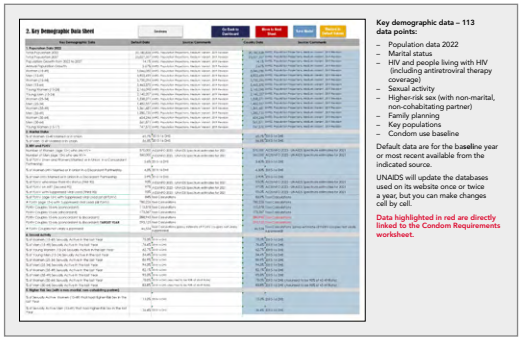
Description: Once targets are set and types of condom product identified, country teams can use commodity costs provided to benchmark budget needs for resource mobilization. The **Condom Unit Costs reference worksheet** provides unit costs for various commodities drawn from the UNFPA price lists. These are applied to estimates to calculate commodity costs by population on the **Results-Commodities worksheet**. The costs provided do not include programming costs, such as investments for demand creation, warehousing, storage and distribution. Country teams may find that understanding the cost scenarios leads to reconsideration of targets or prioritization of specific populations. Numbers are also used to inform funding applications and domestic resource mobilization.

REVIEW COSTING ESTIMATES FOR COMMODITIES BASED ON FIVE-YEAR TARGETS AND RELATED PROGRAMME COSTS

CNET generates country-specific costs by year, by type of commodity, by total mix and by population using standard UNFPA condom and lubricant costs on the **Results-Commodities worksheet worksheet**.

The Condoms Unit Costs reference worksheet provides UNFPA standard costs for each commodity (Figure 54).

Figure 54.

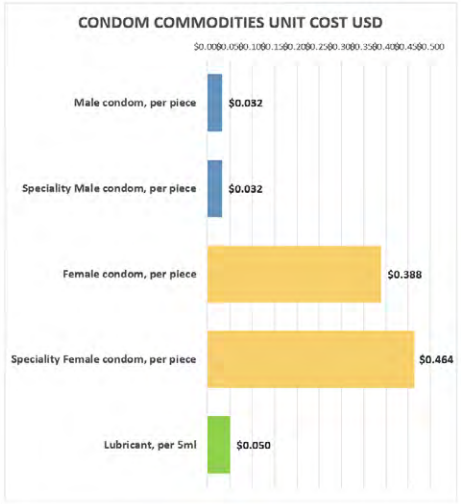


See the figure in detail on the next page

Figure 54. UNFPA reference list: condom and lubricant unit costs

Unit Costs Condoms

	UNIT COST USD
Male condom, per piece	$0.032
Speciality Male condom, per piece	$0.032
Female condom, per piece	$0.388
Speciality Female condom, per piece	$0.464
Lubricant, per 5ml	$0.050



UNFPA Reference List: Condom + Lubricants Unit Costs

https://www.unfpaprocurement.org/products

Source: UNFPA Catalogue as of 22 February 2023

Go Back to Dashboard

Avg Unit cost (USD) used by CNET for Commodity costing

MALE CONDOMS STANDARD		PRODUCTNAME	UNFPA Price	CURRENCY	UNITOFMEASURE	UNITS	UNIT COST USD	LAST UPDATED	0.032
Male Condoms	STANDARD	Condom 49, Natural, standard	4.61	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	STANDARD	Condom 53, Natural, Standard	4.61	USD	Gross (144 pieces)	144	0.032	10-Jan-2023	
Male Condoms	STANDARD	Condom 53, Logo Condomize	4.77	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	STANDARD	Condom 49, Rhino Condomize	4.51	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	
Male Condoms	STANDARD	Condom 49, Natural, None, Thin	4.75	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	STANDARD	Condom 53, Dancers Condomize	4.77	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
MALE CONDOMS SPECIALTY		PRODUCTNAME	UNFPA Price	CURRENCY	UNITOFMEASURE		UNIT COST USD	LAST UPDATED	0.032
Male Condoms	SPECIALTY	Condom 49, Pink, Jasmine	4.70	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Yellow, Banana	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 53, Pink, Jasmine	4.70	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 53, Pink, TuttiFrutti	4.55	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 53, Yellow, Banana	4.77	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Blue	4.62	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Red	4.69	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Yellow	4.69	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Green	4.62	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Banana, Thin	4.78	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Brown	4.62	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Orange	4.69	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Black	4.69	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Gold	4.50	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Purple	4.50	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Light Pink	4.69	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Black, Chocolate	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Red, Cherry	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Purple, Grape	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Yellow, Lemon	4.70	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Green, Mint	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Orange, Orange	3.89	USD	Gross (144 pieces)	144	0.027	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Red, Strawberry	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Pink, TuttiFrutti	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Blue, Vanilla	4.72	USD	Gross (144 pieces)	144	0.033	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Yellow, Vanilla	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Dotted	4.62	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Apple	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Banana	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Cherry	4.29	USD	Gross (144 pieces)	144	0.030	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Chocolate	4.51	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Coffee	4.29	USD	Gross (144 pieces)	144	0.030	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Grape	4.60	USD	Gross (144 pieces)	144	0.032	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Jasmine	4.51	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Kiwi fruit	4.29	USD	Gross (144 pieces)	144	0.030	21-Dec-2022	
Male Condoms	SPECIALTY	Condom 49, Natural, Lemon	4.45	USD	Gross (144 pieces)	144	0.031	21-Dec-2022	

Figure 55. Country-specific commodity needs and costs by year

Gondwana

CNET Version 5.0 [2023-2027] - (20 February 2023 - Excel for Office 365)

Go Back to Dashboard

Condoms and Lubricants — Total Needs & Costs

1. Total Condoms required (from country needs estimate)

Gondwana	2022	2023	2024	2025	2026	2027		TOTAL 2023-27
Total	234,478,687.4	255,984,046.8	277,489,406.2	298,994,765.6	320,500,125.0	342,005,484.4		1,494,973,828
Public/ Free Distribution	188,877,916.0	205,823,210	222,768,505	239,713,799	256,659,093	273,604,387.5	80%	1,387,446,911
Social Marketing	33,876,837.0	37,361,634	40,846,431	44,331,228	47,816,026	51,300,822.7	15%	255,532,979
Private Sector	11,723,934.4	12,799,202	13,874,470	14,949,738	16,025,006	17,100,274.2	5%	86,472,626

2. Total cost condoms (100% standard male condoms - no extra lubricant)

Gondwana	2022	2023	2024	2025	2026	2027		TOTAL 2023-27
Total	$7,530,592	$8,221,265	$8,911,938	$9,602,611	$10,293,284	$10,983,957		$55,543,649
Public/ Free Distribution	$6,066,063	$6,610,284	$7,154,504	$7,698,725	$8,242,945	$8,787,166	80%	$44,559,688
Social Marketing	$1,087,999	$1,199,918	$1,311,837	$1,423,756	$1,535,675	$1,647,594	15%	$8,206,779
Private Sector	$376,530	$411,063	$445,597	$480,131	$514,664	$549,198	5%	$2,777,182
TOTAL (EXCL. PRIVATE SECTOR)	$7,154,063	$7,810,202	$8,466,341	$9,122,481	$9,778,620	$10,434,760		$52,766,467

Costs of condoms provided by the private sectors assumed to be borne by the private sector, therefore not be included in total

3. Total Condoms required by commodity type (from country needs estimate)

Gondwana	2022	2023	2024	2025	2026	2027		TOTAL 2023-27
Total	234,478,687	255,984,047	277,489,406	298,994,766	320,500,125	342,005,484		1,494,973,828
Male condoms	229,789,114	246,786,039	263,782,964	280,779,890	297,776,815	314,773,740	92%	1,403,899,448
Female Condoms	2,344,787	3,414,976	4,485,165	5,555,354	6,625,543	7,695,732	2%	27,776,769
Specialty Condoms	2,344,787	5,783,032	9,221,277	12,659,522	16,097,767	19,536,012	6%	63,297,611
Extra Lubricant needed	2,344,787	14,770,100	27,195,414	39,620,727	52,046,041	64,471,354		198,103,637

4. Total cost commodities (Commodity mix scenario: Mix of Male, Female, Special condoms & extra lubricant)

Gondwna	2022	2023	2024	2025	2026	2027		TOTAL 2023-27
Total	$8,365,313	$9,436,199	$10,507,086	$11,577,972	$12,648,858	$13,719,744		$57,889,859
Male condoms	$7,379,981	$7,925,859	$8,471,738	$9,017,617	$9,563,495	$10,109,374	74%	$45,088,083
Female Condoms	$910,782	$1,326,474	$1,742,166	$2,157,858	$2,573,550	$2,989,242	22%	$10,789,291
Specialty Condoms	$74,550	$183,866	$293,181	$402,497	$511,813	$621,128	5%	$2,012,485
Extra Lubricant	$116,484	$733,750	$1,351,015	$1,968,280	$2,585,546	$3,202,811	19%	$9,841,402
Total cost incl. Lubricant	$8,481,797	$10,169,949	$11,858,101	$13,546,252	$15,234,404	$16,922,555		$67,731,261

5. Total cost commodities by population (100% standard male condoms - no extra lubricant)

Gondwana	2022	2023	2024	2025	2026	2027		TOTAL 2023-27
Total cost	$7,530,592	$8,221,265	$8,911,938	$9,602,611	$10,293,284	$10,983,957		$48,013,057
Key Populations								
PLHIV Couples	$463,992	$535,940	$607,888	$679,836	$751,784	$823,732	7%	$3,399,182
Sex workers	$4,728,518	$5,089,088	$5,449,658	$5,810,228	$6,170,798	$6,531,368	59%	$29,051,140
Men Having Sex with Men (MSM)	$432,414	$491,051	$549,688	$608,324	$666,961	$725,598	7%	$3,041,621
People who have Sex with Non-Regular Partners [PAIRS]								
Young People (15-24) with NR Partners (pairs)	$776,332	$827,860	$879,388	$930,916	$982,444	$1,033,972	9%	$4,654,582

The Results-Commodities worksheet provides tables and graphs on costs by year, population and type of commodity, based on the condom estimates created (Figure 55).

Table estimates of total commodity cost are broken down by:

- Year: 2023–2027 and baseline 2022.
- Total market approach pillar.
- Type of commodity.
- Population.

The costing provided is for commodities only (Figure 56). It does not include costs for population-specific demand-creation efforts, distribution, supply chain management, or national coordination and monitoring and evaluation.

Figure 56. UNFPA unit costs, 2023

Unit Costs Condoms

	UNIT COST USD
Male condom, per piece	$0.032
Speciality Male condom, per piece	$0.032
Female condom, per piece	$0.388
Speciality Female condom, per piece	$0.464
Lubricant, per 5ml	$0.050

Graphs are provided that show total commodity cost analysis by product, total market approach and population (Figures 57–60).

Figure 57. Total male condom costs, by year

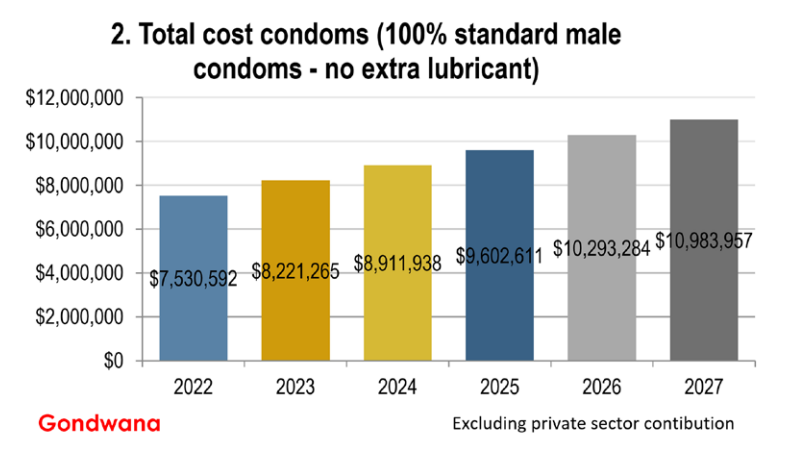


Figure 58. Cost comparison for commodity mix

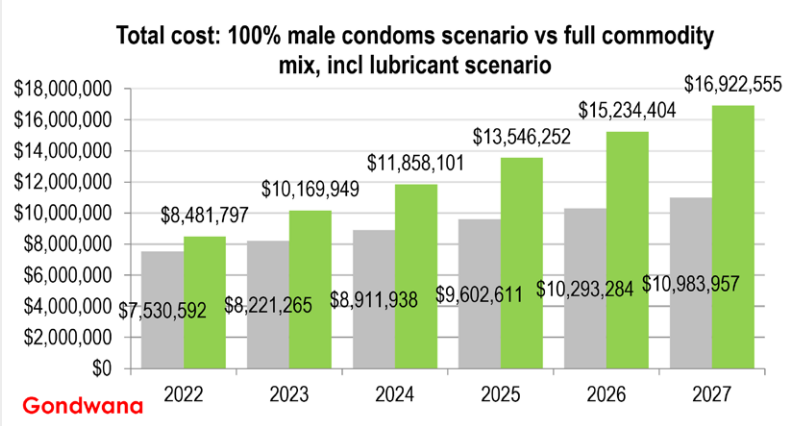
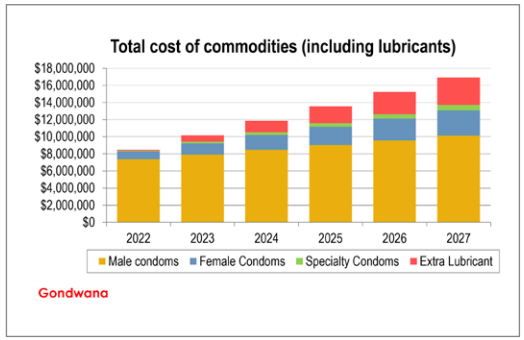
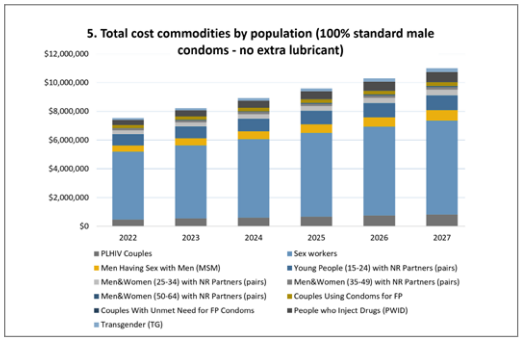


Figure 59.



See the figure in detail on the next page

Figure 60.



See the figure in detail on the next page

Figure 59. Annual trends for commodity costs

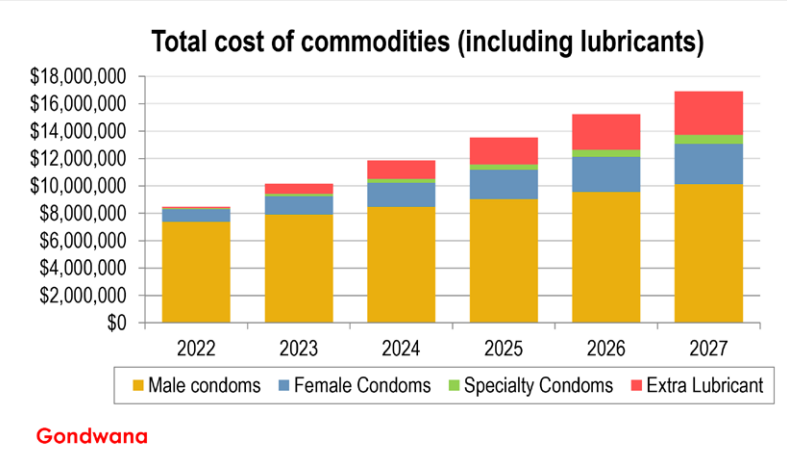
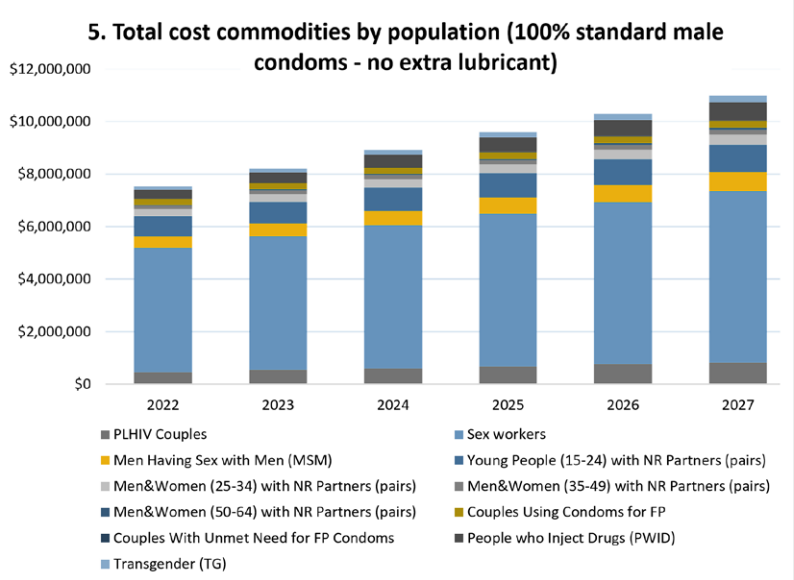


Figure 60. Population condom costs by year



REVISE THE CONDOM REQUIREMENTS WORKSHEET AS NEEDED BASED ON BUDGET PARAMETERS, OR PRESENT SEVERAL FUNDING SCENARIOS FOR CONSIDERATION

Country teams should use the outputs generated to report initial costs by target scenario and population for stakeholder review, further gap analysis and next steps. Parameters for target and estimate finalization need to consider the resource envelope, contributions from different donors, and opportunities to advocate for increased resources.

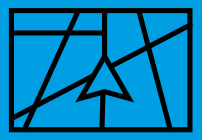
WHAT HAPPENS IF A COUNTRY TEAM CANNOT AFFORD ITS PROGRAMME?

Based on further stakeholder guidance, country teams can revise targets, consider specific populations for omission, or change wastage rates. Populations most in need should always be prioritized for resource allocation (e.g. people from key populations, young women). For broader costing implications, models for people-centred integrated key population programmes and the United States President's Emergency Plan for AIDS Relief (PEPFAR) Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) initiative can give some indication of wider costs.

KEY MESSAGES

- Costing information generated from country targets includes only commodity pricing based on UNFPA price lists. It does not include other key costs, such as demand creation, distribution, supply chain management, or national coordination and monitoring and evaluation. These other costs are critical to consider when determining final budgets for the condom programme.
- Private-sector male condoms are not included in country commodity costs. If cost-recovery condoms cover the purchase of commodities, then countries may choose to include them under the private sector and exclude them from costing.
- Standard male and specialty condoms are the same price.
- The graphs show different funding scenarios, which can help when adjusting estimates. This may include revision of wastage rates or targets for specific populations.

SECTION 3



A ROAD MAP FOR THE CNET PROCESS: BEYOND QUANTIFICATION TO DIALOGUE FOR PEOPLE-CENTRED PROGRAMMES

This section provides guiding principles to the CNET process and describes each component of the process in more detail. It summarizes specific activities and decisions and points to resources available in Section 4 to facilitate an effective participatory process.

SUMMARY OF ROAD MAP PROCESS

Process	Key activities	Decisions	References
Get started (5 days)	▪ Understand the CNET process and tool ▪ Identify objectives for use of CNET ▪ Develop terms of reference for CNET process, budget and expected outcomes ▪ Identify initial core task team for data collection, tool management and facilitation ▪ Mobilize resources ▪ Organize stakeholder launch meeting ▪ Collect most recent local data and consult key stakeholders and beneficiaries on current programmes and needs	▪ Objectives for CNET process are identified ▪ Terms of reference for process are adopted or adapted ▪ Preliminary core task team is formed ▪ Date and agenda for stakeholder launch meeting are established ▪ Preliminary data sources are identified and collected for condom programme review and tool use	UNAIDS website *(1)* CNET terms of reference Data collection checklists Facilitator notes and group work guidance
Convene stakeholder launch meeting for CNET process and landscape analysis (1–2 days)	▪ Invite all key stakeholders to be part of the exercise ▪ Introduce CNET and proposed objectives and outline the process ▪ Constitute the core task team and validate the terms of reference ▪ Understand the benefits of using a total market approach to refine understanding of population needs and preferences for condom products ▪ Conduct rapid condom programme review with partner updates to assess reach, gaps and inequities ▪ Recommend priority populations, data needs and sources ▪ Develop road map (timeline) for additional data collection and meetings ▪ Discuss expectations of what the tool will produce versus programme and policy outcomes	▪ CNET terms of reference and task team members are confirmed ▪ Confirmed priority populations are included in draft CNET estimates ▪ Timelines are established for additional data collection and consultation ▪ Condom landscape review is analysed to inform population-specific condom needs, wastage calculations and targets ▪ Key programme and policy decisions and recommendations are highlighted	Draft CNET estimation agenda Priority population checklist review Programme review group work guidance CNET slide deck (UNAIDS website *(1)*

> continued on next page

Process	Key activities	Decisions	References
Develop draft estimates using CNET (5 days)	▪ Develop draft estimates by population ▪ Consult with key stakeholders as needed ▪ Organize a stakeholder review meeting to present draft findings	▪ Draft estimate is developed for stakeholder review ▪ Additional questions are identified for stakeholder input or consensus ▪ Summary of key findings of draft estimate are shared with stakeholders in advance for next meeting	See Section 2 for step-by-step process
Conduct stakeholder meeting to review draft estimates and discuss programme implications (1 day)	▪ Present draft estimates of target condom needs for priority populations ▪ Interrogate data and assumptions (population-specific needs and targets) and address questions raised through estimate development for further refinement ▪ Discuss programme implications and coordination needs to achieve targets (optimize promotion and distribution for specific populations, differentiate service delivery mechanisms, cost implications, advocacy messages)	▪ Condom availability (numbers and types) and condom use baseline by population are updated as needed ▪ Population-specific decisions are made based on best data, decisions and consensus ▪ Revised condom estimates are confirmed based on population size estimates, specific targets, numbers of sex acts and wastage ▪ Types of condom needed for each population are determined ▪ Segmentation of populations prioritized for free, socially marketed and private-sector condoms and preferred channels is completed ▪ Proposed costed scenarios are identified to reach targets (commodity, programme) ▪ Recommendations for programme and policy needs are documented for advocacy messages	See facilitation guidance resources in Section 4.
Finalize condom needs estimate and report, including key programme and policy recom-mendations (5 days)	▪ Finalize estimates based on stakeholder inputs, with additional consultation as needed ▪ Document the CNET process, assumptions and outcomes for the final report ▪ Organize a final stakeholder meeting for endorsement	▪ Revised estimate is developed based on stakeholder inputs ▪ Final report that documents process, results and recommendations is developed and circulated in advance of stakeholder endorsement meeting ▪ Date, format and key individuals invited for final stakeholder meeting are agreed	See Section 2

> continued on next page

Process	Key activities	Decisions	References
Conduct stakeholder validation meeting to present final estimate and identify key outcomes and next steps (1 day)	▪ Present CNET report findings and recommendations for validation and approval ▪ Determine key resource and programme decisions ▪ Develop a draft action plan to address data gaps, refine programme and create milestones for revisiting progress towards targets (funding, coordination needs for leadership) ▪ Speak to senior government and donor leadership and media to galvanize support and action for the condom programme (monitoring and evaluation resources, partnership and coordination, lessons learned)	▪ Final estimates are endorsed, and immediate and long-term recommendations are documented ▪ Draft action plan to address programme, policy and advocacy issues for finalization is created ▪ Awareness by media and government and donor leadership of needs of national condom programme is expanded	CNET outbrief agenda (draft)
Use CNET results and institutionalize CNET process, review and refinements (ongoing)	▪ Use the CNET findings for strategy development, funding applications (resource mobilization) and advocacy ▪ Institutionalize the findings into programme coordination and monitoring and evaluation systems based on action plan developed (capacity-building, experience, reflecting on lessons learned)	▪ Estimates and costing are used for country objectives ▪ A clear plan is developed to institutionalize the CNET process and recommendations	

INTRODUCTION

CNET is best used in a systematic country process that mobilizes key stakeholders under the guidance of a government-led core task team. Figure 61 shows a recommended road map for the condom taskforce to facilitate effective stakeholder engagement and dialogue to inform, review and validate national condom estimates developed, and to integrate key programmatic considerations for achievement of targets.

The road map has seven key steps:

1 **Getting started**

2 **Convene stakeholder launch meeting**

3 **Use CNET**

4 **Conduct stakeholder review meeting**

5 **Finalize condom needs estimate, programme and policy recommendations**

6 **Conduct final stakeholder validation meeting**

7 **Use CNET results and recommendations**

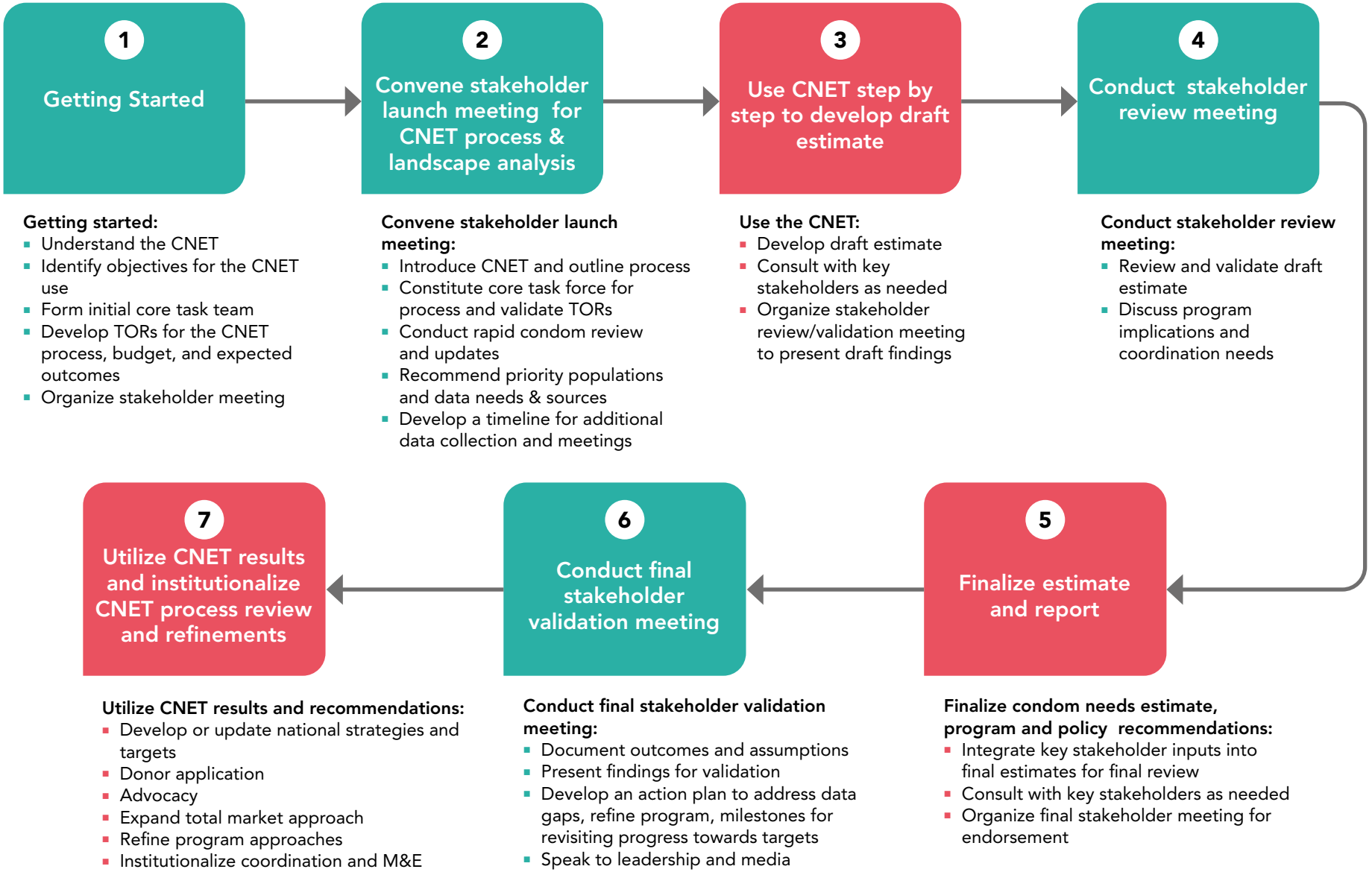
Although countries should adapt the road map to their own country contexts, objectives and timeframes, overarching activities and decisions should remain the same. The most important components are to:

- Include programme, strategic information and quantification experts as part of the core team.
- Agree on data sources together.
- Integrate a robust consultation and validation process for draft estimates developed and validated – particularly around population-specific assumptions, target setting and programme planning.

Documentation of challenges, recommendations and actions points is essential to foster collective accountability and stewardship to make target achievement a reality.

Timing is key. Although it is feasible to complete the steps within 21 days, the process should consider alignment with national quantification exercises conducted in January.

Figure 61. Road map for the CNET process: beyond quantification to dialogue for people-centred condom programmes



GETTING STARTED

Key activities	Decisions
▪ Understand the CNET process and tool ▪ Identify objectives for use of CNET ▪ Develop terms of reference for CNET process, budget and expected outcomes ▪ Identify initial core task team for data collection, tool management and facilitation ▪ Mobilize resources ▪ Organize a stakeholder launch meeting ▪ Collect most recent local data and consult key stakeholders and priority populations on current programme and needs	▪ Objectives for CNET process are identified ▪ Terms of reference for process are adopted or adapted ▪ Preliminary core task team is formed ▪ Date and agenda for stakeholder launch meeting are established ▪ Preliminary data sources are identified and collected for condom programme review and use of CNET

Preparation, planning and vision are key

Country teams should define their objectives before organizing, collecting data, convening stakeholders, and undertaking and validating the quantification exercise. It is important to define outcomes and next steps and be prepared to reassess and refine your programme based on the targets set.

UNDERSTAND THE CNET PROCESS AND TOOL

The most current CNET, user guide and companion slide deck can be downloaded from the UNAIDS website *(1)*. Country teams can request a short orientation in the tool from a UNAIDS representative. Country teams may also decide to assign one or two facilitators to take the core team and partners through the entire process.

IDENTIFY OBJECTIVES FOR USE OF CNET

Determine what the main objectives will be for the CNET exercise. Countries use CNET for many different reasons, including:

- Developing or updating national strategies and targets.
- Donor applications.
- Advocacy.
- Expanding their total market approach.
- Refining programme approaches.

CNET OBJECTIVES AND PROCESS: KEY QUESTIONS

- What do we need to know?
- How will the CNET results be used?
- Can we link this to our ongoing processes, such as Global Fund applications?
- Do we have the data, time and resources?
- Who needs to be on board?
- Who needs to approve our decisions?

DEVELOP TERMS OF REFERENCE FOR CNET PROCESS, BUDGET AND EXPECTED OUTCOMES

Country teams should be prepared to formalize and document roles and responsibilities for the estimation process, including decisions around who has the ultimate say on which numbers will be used (e.g. Spectrum, programme staff, monitoring and evaluation staff).

The following key questions should be asked:

- Who owns the estimate and is responsible for taking the next steps?
- Who will manipulate the estimate tool?
- What are the unit costs the country team will use for working groups?
- When will we do the exercise?

A budget for key meetings should be mobilized. Dialogue is key to the success of CNET. Key stakeholders need to come together to discuss the needs estimates and programme elements for decisions taken, including representatives of HIV and family planning services and priority populations served. Teams should identify who will lead the core task team, call the meetings, and be responsible for a clearly documented process.

TIMING IS KEY

The task team should be formed in November to begin orientation and data-collection processes in order to align with annual forecast and quantification exercises finalized in January.

Outcomes must be shared, with clear next steps for approval, and measures should be in place to monitor progress and report back.

The process is a success when everyone – programme staff, coordinators, strategic information staff, supply chain management and donors – are accountable for programme implications based on commodity needs estimates.

CHECKLIST FOR DATA NEEDS

- Computerized management information systems, social marketing organizations, donors, ministry of health, and HIV and sexual and reproductive health and rights services – latest condom procurement, distribution and sales data by sector (free, socially marketed, private sector).
- Latest demographic and behavioural data by population:
  - Recent DHS
  - Recent MICS
  - IBBS survey
  - Condom market research

IDENTIFY INITIAL CORE TASK TEAM FOR DATA COLLECTION, TOOL MANAGEMENT AND FACILITATION

The core task team is responsible for data collection, tool management, and organization and presentation of stakeholder meetings, including incorporation of inputs needed to populate the tool for estimates. Team members should be comfortable with the tool and understand the key data sources needed and what must be populated.

The team should be small enough to manage routine meetings and data input processes, and lead planning for key stakeholder engagement meetings and consultations.

The team may include:

- Two tool manipulators (monitoring and evaluation, strategic information) responsible for data inputs into the master tool.
- Two or three programme and policy leads who can provide insights on the national condom programme and policy decisions.
- A social marketing organization representative to provide key guidance on socially marketed condom programmes.
- A designated representative from the community to provide priority population perspectives.

Draft terms of reference for the CNET core team and process are provided in Section 4. A preliminary team should be put together to get the process moving, but the final membership of the team can be confirmed at the first stakeholder or national condom technical working group meeting.

THAILAND'S CNET CHAMPION

Thailand found this step critical to the success of its process. Having a trained champion leading the process ensured all the key recent data needed were collected in advance. The champion understood the tool and started the process by asking what parameters were needed to put into the tool. The champion assigned a team to collect the data before starting the process and could report back on the strengths and weaknesses of country implementation.

ORGANIZE A STAKEHOLDER LAUNCH MEETING

The launch meeting should be used to review the current condom programme strengths and weaknesses. The most current available data should be used for validation to inform collective decision-making using CNET before draft estimate development.

As part of the preparation for the stakeholder launch meeting, the task team should become familiar with the tool, paying attention to similarities and differences to the country's current quantification processes. The team may collect the most recent local data and consult key stakeholders and beneficiaries on current programmes and needs to fast-track presentation of the programme review.

The task team may take the first step in conducting the condom landscape analysis to understand the current national condom programme before convening stakeholders, including access and use, barriers and bottlenecks, and inequities and gaps. This includes data about condom availability from all distribution channels, including private-sector market research on free, socially marketed

organizations and private-sector condoms. Data should be collected for key subpopulation parameters, including annual numbers of sex acts and condoms used and access points for team review and validation.

CONDOM LANDSCAPE ANALYSIS: KEY QUESTIONS

- What are our current priorities for the condom programme?
- Are there problems with our current estimates?
- What questions does CNET need to answer?
- How will the results from the process be used?
- What is the current state of our national condom programme?
  - **Condom stakeholders** – who are the main suppliers of condoms in the country?
  - **Procurement** – how many condoms are being procured, and by whom?
  - **Key channels** – where are condoms being distributed?
  - **Population reach** – who is being reached, with what types of condom, and how?
  - **Challenges** – what are the challenges to our condom programme?
    - **Supply** – are there enough? Are there stockouts, distribution issues or procurement issues? How is this reported?
    - **Demand** – which populations are we reaching with demand creation? What methods are we using? Are there gaps? How do we know?

CONVENE A STAKEHOLDER LAUNCH MEETING FOR THE CNET PROCESS AND LANDSCAPE ANALYSIS

"*The value added is using the tool to ask the right questions*" –
Patchara Benjarattanaporn, UNAIDS Country Director, Thailand

Key activities	Decisions
▪ Invite all key stakeholders to be part of the exercise ▪ Introduce CNET and proposed objectives and outline the process ▪ Constitute the core task team and validate the terms of reference ▪ Understand the benefits of using a total market approach to refine understanding of population needs and preferences for condom products ▪ Conduct rapid condom programme review with partner updates to understand reach, gaps and inequities ▪ Recommend priority populations, data needs and sources ▪ Develop road map (timeline) for additional data collection and meetings ▪ Discuss expectations of what the tool will produce versus programme and policy outcomes	▪ CNET terms of reference are confirmed ▪ Task team is confirmed ▪ Priority populations to be included in draft CNET estimates are confirmed ▪ Road map is developed for additional collection and consultation ▪ Condom landscape review is analysed to inform population-specific condom needs, wastage calculations and targets ▪ Key programme and policy decisions and recommendations are highlighted

The stakeholder launch meeting is an important step to set the tone for a people-centred estimating process and to ensure all stakeholders understand the value added of linking condom distribution to population-specific targets. The meeting provides country teams with an opportunity to take stock of their current condom programmes to discuss what does and does not work, and how best to address bottlenecks to strengthen demand, access and consistent use for populations that need condoms most.

Key objectives include:

- Orienting stakeholders to the CNET process and tool.
- Validating the objectives, terms of reference and core task team membership.
- Reviewing condom programme strengths and weaknesses.
- Confirming priority populations for condom use and inclusion in condom estimates.
- Discussing considerations for setting population-specific targets (e.g. national strategy).
- Establishing a road map for data needs and estimate review and validation.

NATIONAL CONDOM PROGRAMME REVIEW

As part of the condom needs estimate process, country teams should undertake a review of the national condom programme to:

- Listen to perspectives on programme effectiveness from national stakeholders, planners, implementers and communities.
- Pull together and analyse updated research, survey and programme data.
- Map the condom landscape, including stakeholders, procurement chain, funds, condom availability, distribution networks, populations and locations reached.
- Focus on identifying trends, gaps, inequities, barriers and bottlenecks.
- Make a case for more deliberate targeting and tailoring of the programme towards people at higher risk for HIV, sexually transmitted infections and unintended pregnancy.

INVITE ALL KEY STAKEHOLDERS TO BE PART OF THE EXERCISE

It is important that all condom stakeholders, including community representatives, participate in the condom review process and are oriented to the CNET process and tool, the proposed road map, and the timelines for development of the estimates. Creating shared ownership of the process through clearly defined roles and responsibilities for all stakeholders is key.

INTRODUCE CNET AND PROPOSED OBJECTIVES AND OUTLINE THE PROCESS

All stakeholders should be clear on the objectives for the exercise, the process used, documentation for programmatic actions, and expected outcomes (e.g. presentation of findings, validation and approval, proposed next steps). The core task team membership should be discussed, including roles and responsibilities.

CNET IS MORE THAN A DATA TOOL

CNET brings together people from key populations, programme experts with strategic information, supply chain managers and donors to ensure feasible target estimates are backed by programmes, including representatives from the following:

- Condom coordinating committee
- Strategic information committee
- Central medical stores
- Ministry of health (HIV and sexual and reproductive health and rights)
- National AIDS body
- Condom donors
- Social marketing organizations
- Provincial and district planners
- Private sector
- Local civil society organizations that implement programmes
- Key populations (e.g. female sex workers, gay men and other men who have sex with men, transgender people)
- People living with HIV
- Young people
- Community-led organizations

THAILAND'S PERSPECTIVE

"The value added is using the tool to ask the right questions. Programme and strategic information teams need to come together to be part of this process. The numbers speak for themselves and tell us the gap and what needs to be taken forward. The results can strengthen programming and be an advocacy tool for more resources."

"In order to populate the condom needs for different subgroups, we had to think about where we are, and what we need to do to get to the targets. By shining the light on different population needs, we can look at outcomes related to HIV, sexually transmitted infections and teenage pregnancy together."

"We had to understand the "why" behind each number and population. We broke into groups to discuss and came back to answer."

"Bring in high-level people at the beginning of the process to understand what questions they need to have answered."

The CNET core task team can adapt the slides provided to introduce the step-by-step process of CNET and the benefits of using a population lens to determine targets for distribution and a total market approach for programming. It is helpful to emphasize the key principles of the process:

- The role of stakeholders is to provide data sources, validate current programme data, and support development of feasible targets.
- The process may highlight additional questions to be answered, which can be taken forward as next steps.
- The role of follow-up review and validation meetings is to confirm estimates and discuss programming implications for programmes.
- Consensus and approval around data sources and assumptions for final estimates are important.

CONSTITUTE THE CORE TASK TEAM AND VALIDATE THE TERMS OF REFERENCE

Although an initial task team will have been formed, the stakeholder meeting provides an important opportunity to ensure inclusion of social marketing organizations and a representative of priority populations for the detailed estimate development. The draft terms of reference should be reviewed, refined and adopted. Core team roles and responsibilities should be discussed.

UNDERSTAND THE BENEFITS OF USING A TOTAL MARKET APPROACH TO REFINE UNDERSTANDING OF POPULATION NEEDS AND PREFERENCES FOR CONDOM PRODUCTS

Introduce the benefits in understanding the total market approach and explain how CNET captures current different sector contributions to the national condom programme to inform population-specific needs and targets. This will be taken forward in the next step in understanding current condom reach, distribution channels and sales (see understanding TMA).

CONDUCT A RAPID CONDOM PROGRAMME REVIEW WITH PARTNER UPDATES TO UNDERSTAND REACH, GAPS AND INEQUITIES

Understanding the successes and weaknesses of the current condom programme, including bottlenecks in storage, distribution and demand creation, is important before setting ambitious targets. This is a good time to discuss what is and is not working and where further information is needed. The worksheets on condom programme review can be used as a guide and to document actions to be taken. Some countries have used this step to take stock of their total market approach.

ASK THE RIGHT QUESTIONS AT EACH STEP

- Where are we now?
- Who is being reached, and where?
- What are the key barriers identified in timely procurement, supply chain management and demand creation?
- What are the expected condom needs for specific populations given other prevention methods in place?

If data have already been collected and consultations done in advance, a summary of the initial findings can be presented for group discussion and feedback.

RECOMMEND PRIORITY POPULATIONS, DATA NEEDS AND SOURCES

Confirming the priority populations to be covered is one of the most important initial steps for stakeholder consideration. Country teams must be comfortable with how populations have been defined, when to add more populations, and how to deal with potential duplications.

Consultation and dialogue are key to understanding who needs condoms. A detailed review of subpopulation needs will not necessarily change the overall estimates, but it is important to know who you want to reach, where and how.

Country teams often have many questions about population choices. Key assumptions and clarifications are provided in **Section 2** (Confirm Priority Populations Using the Checklist) and **Section 4** (Frequently asked questions).

This session should outline the criteria used to identify priority populations based on increased risk and equity issues that impact on access and use, and to emphasize the importance of alignment to national strategies for public health and the data available. **It should distinguish between priority populations that need to be included for country estimates, and the importance of certain subpopulations for programming and reach.**

Stakeholders should review the priority population checklist provided to determine whether additional populations should be added for estimate development, assumptions and data sources. Examples of priority population-specific analysis are included to facilitate an analysis of current population reach, barriers and preferred channels.

PRIORITY POPULATION DISCUSSION: OUTCOMES

- Identify key condom needs, gaps and priorities for populations using the worksheets provided as a guide.
- Identify data gaps and sources for follow-up.
- Determine whether additional populations are needed for the estimates and assumptions versus programme reach.
- Based on stakeholder recommendations, review the priority population checklist to check data and assess scenarios for additional population inclusion.
- Assess whether UNAIDS technical assistance is needed for further modification of the tool.

DISCUSS INITIAL CONSIDERATIONS FOR SETTING POPULATION-SPECIFIC TARGETS

Developing population-specific targets is informed by data inputs and draft CNET estimates. It is helpful to discuss in advance key considerations in developing the five-year targets and target scenarios, such as:

- **Alignment with the country's national strategy**, UNAIDS recommended global targets, and donor investments.
- **Programme performance and baseline coverage** to determine what is needed to reach annual targets.
- **Calibration of need** based on the availability and use of other prevention products and services for HIV, sexually transmitted infections and family planning.
- **Channels to reach priority populations** with condoms for dual protection.

The session should encourage stakeholders to ask questions about assumptions and data sources to be used to draft estimates, and strategies to address potential gaps in available data in calculations. This includes assumptions around default numbers of sex acts provided for populations and wastage considerations for different populations (see Realistic Target Setting Guidance).

DEVELOP A ROAD MAP AND TIMELINE FOR ADDITIONAL DATA COLLECTION AND MEETINGS

The road map provides a mechanism to ensure transparency for the process and accountability to ensure everyone is aware of what is needed, by whom and when. The road map should highlight timelines, resource documents and people for additional data collection (by population), subsequent taskforce team meetings to develop draft estimates, and follow-up stakeholder review meetings to share, refine and validate estimates.

DISCUSS EXPECTATIONS OF WHAT THE TOOL WILL PRODUCE VERSUS PROGRAMME AND POLICY OUTCOMES

Before the end of the meeting, a summary of decisions and initial recommendations should be presented. Stakeholders should be reminded of what the tool will produce versus recommendations needed to put any estimates into action. Targets set by population and by type of commodity will have programme implications for adjustments needed and policy considerations to be addressed.

Immediate next steps may include consultations with priority populations to understand data needed for the tool, an invitation for other groups (e.g. from the private sector) to participate in planned review and validation meetings, and immediate policy decisions for action.

RWANDA TAKES ACTION

Actions in Rwanda included the following:

- Conduct a quick survey with pharmaceutical wholesalers to get a better idea of private-sector imports, which may be substantial in the capital city.
- Invite private-sector representatives to participate in national condom coordination committee meetings.
- Include all condom availability sources for monitoring on a regular basis.

DEVELOP DRAFT ESTIMATES USING CNET

Key activities	Decisions
▪ Develop draft estimates by population ▪ Consult with key stakeholders as needed ▪ Organize a stakeholder review meeting to present draft findings	▪ Draft estimate is developed for stakeholder review ▪ Additional questions are identified for stakeholder input or consensus ▪ Summary of key findings of the draft estimate is shared with stakeholders in advance for next meeting

DEVELOP DRAFT ESTIMATES BY POPULATION

Section 2 provides a step-by-step approach to developing the draft estimates. Key recommendations from the stakeholder meeting should be considered, particularly in populating:

- **Priority populations** for condom estimates.
- **Validated condom availability** by sector (free, socially marketed, private sector) and type of condom (male, female, specialty, lubricant).
- **Estimates for percentage wastage** by population based on the condom landscape analysis.
- **Condom targets** based on need, gaps and programme priorities.
- **Country aims for strengthening total market approaches** by population.

CONSULT WITH KEY STAKEHOLDERS AS NEEDED

Specific questions may arise regarding population-specific condom use and wastage, including types and priorities for free condom distribution. Consultation with key stakeholders can be included throughout the CNET process to provide further inputs as needed.

ORGANIZE A STAKEHOLDER REVIEW MEETING TO PRESENT DRAFT FINDINGS

Key findings of the draft estimate should be summarized and shared in advance of the next meeting to expedite review, refinement and discussion around programme and policy implications.

CONDUCT A STAKEHOLDER MEETING TO REVIEW DRAFT ESTIMATES AND DISCUSS PROGRAMME IMPLICATIONS

Key activities	Decisions
▪ Present draft estimates of priority population target condom needs ▪ Interrogate data and assumptions (population-specific needs and targets) and address questions raised through estimate development for further refinement ▪ Discuss programme implications and coordination needs to achieve targets (optimize promotion and distribution for specific populations, differentiated service delivery mechanisms, cost implications, advocacy messages)	▪ Condom availability (numbers, types) and condom use baseline by population are updated as needed ▪ Population-specific decisions are made based on best data, decisions and consensus ▪ Revised condom estimates are confirmed based on population size estimates, specific targets, numbers of sex acts and wastage ▪ Types of condom (male, female, specialty, lubricant) are allocated for each population ▪ Populations prioritized for free, socially marketed and private-sector condoms and preferred channels are segmented ▪ Proposed costed scenarios are identified to reach targets (commodity, programme) ▪ Recommendations for programme and policy needs are documented for advocacy messages

PRESENT DRAFT ESTIMATES OF PRIORITY POPULATION TARGET CONDOM NEEDS

The stakeholder review meeting is a critical step to validate data assumptions used to develop draft estimates and refine targets based on population condom needs, preferred products and channels. Discussions around the target-setting process will reveal specific programme needs and gaps and potential policy shifts. The objectives of the stakeholder review meeting are to:

- **Review, refine and validate data** baseline, targets and condom product needs based on draft estimates.
- **Discuss programme and policy implications**, including costs.
- **Identify any additional steps** needed to finalize estimates and report, including documented recommendations to achieve proposed population-specific targets.
- **Determine advocacy needs** for national programmes.

A summary of the CNET baseline data (condom availability, priority population size estimates, condom use data, assumptions used) and draft estimate target scenarios should be presented to stakeholders for feedback and discussion.

It is likely there will be questions about the proposed priority populations used for the estimates and data sources used. The team should present the analysis referencing the priority population checklist and different calculations used to assess value added of including additional populations for estimates.

INTERROGATE DATA AND ASSUMPTIONS (POPULATION-SPECIFIC NEEDS AND TARGETS) AND ADDRESS QUESTIONS RAISED THROUGH ESTIMATE DEVELOPMENT FOR FURTHER REFINEMENT

If needed, stakeholder breakout groups can do a deeper dive of data inputs and target scenarios for different priority populations based on guiding questions. The aim is not to have "perfect" data but to make the best decisions based on the available data and experience. Remaining issues should be documented with clear action points identified for follow-up.

DISCUSS PROGRAMME IMPLICATIONS AND COORDINATION NEEDS TO ACHIEVE TARGETS

Ambitious targets cannot be achieved without sound programme investments to optimize strategies for tailored promotion and distribution of condoms.

A specific session should focus on population-specific strategies needed to expand access and use. Participation of priority populations in these discussions is key to highlight barriers, opportunities and preferences. This may include identifying community channels and messengers for reach, integrating condom products within other services, and offering recommendations on preferred condom types.

Related issues to strengthen supply chain management, reporting and coordination are also key to address. Cost implications should be factored in to determine realistic programme reach for target achievement.

Policy-related recommendations may be identified to address structural barriers and advocacy-related actions needed to finance programme shifts and reinvigorate effective stewardship.

FINALIZE THE CONDOM NEEDS ESTIMATE AND REPORT, INCLUDING KEY PROGRAMME AND POLICY RECOMMENDATIONS

Key activities	Decisions
▪ Finalize estimates based on stakeholder inputs, with additional consultation as needed ▪ Document CNET process, assumptions and outcomes for the final report ▪ Organize final stakeholder meeting for endorsement	▪ Revised estimates are developed based on stakeholder inputs ▪ Final report that documents process, results and recommendations is developed and circulated in advance of stakeholder endorsement meeting ▪ Date, format and key individuals are invited for the final stakeholder meeting

FINALIZE ESTIMATES BASED ON STAKEHOLDER INPUTS, WITH ADDITIONAL CONSULTATION AS NEEDED

The task team should make final adjustments to the estimates based on recommendations from the review meeting and conduct any additional consultations as needed.

DOCUMENT THE CNET PROCESS, ASSUMPTIONS AND OUTCOMES FOR THE FINAL REPORT

A report should be developed to document the objectives, baseline, the CNET process (including stakeholder consultations and inputs), assumptions used for data inputs and adjustments, targets, commodities, and key programme and policy recommendations to achieve results.

Cost implications for commodities and programmes must be captured for each population and can be aligned to broader country condom investments and gaps for funding applications and grant revision.

It is recommended that the CNET report is circulated to all stakeholders for any final clarifications before finalization.

ORGANIZE A FINAL STAKEHOLDER MEETING FOR ENDORSEMENT

A final stakeholder meeting should be arranged for endorsement of the country estimates and report findings. This meeting may include a broader group of stakeholders, including government decision-makers and donors. The meeting should focus on endorsement and next steps.

CONDUCT A STAKEHOLDER VALIDATION MEETING TO PRESENT THE FINAL ESTIMATE AND IDENTIFY KEY OUTCOMES AND NEXT STEPS

CNET is more than a quantification tool. It can be used for reporting back population needs, provide inputs to strengthen access and usage, and make meaningful decisions to the programme – Zambia.

Key activities	Decisions
▪ Present the CNET findings and recommendations for validation and approval ▪ Determine key resource and programme decisions ▪ Develop a draft action plan to address data gaps, refine programmes and create milestones for revisiting progress towards targets ▪ Speak to high-level government, donor and media representatives to galvanize support and action for the condom programme	▪ Final estimates endorsed with immediate and long-term recommendations documented ▪ A draft action plan is developed to address programme, policy and advocacy issues for finalization ▪ Awareness of high-level government, donor and media representatives on priority needs of the national condom programme is expanded

PRESENT THE CNET FINDINGS AND RECOMMENDATIONS FOR VALIDATION AND APPROVAL

CNET brings people together for discussion around key questions that can drive success to achieve programme targets. At each step, country teams should document assumptions, outcomes, gaps and key recommendations. Lessons learned and findings should be presented to senior management and extended stakeholder groups for validation and approval.

Key actions identified should be taken forward for transparency and accountability. Graphs produced by the tool can facilitate reporting of outputs.

RWANDA'S CNET OUTBRIEF

The Rwanda 2019 CNET outbrief highlighted the following:

- Adjustments made to the tool default data – inclusion of people with sexually transmitted infections, modifications to preloaded data for specific size estimates used, numbers of sex acts, and condom use baseline for specific populations.
- Key differences in availability versus reported use data and follow-up actions, including the need to capture private-sector contributions.
- CNET preliminary estimate outputs by population and market share, including who needs free condoms.
- Key recommendations – coordination, policy, advocacy, condom distribution and future needs estimates.

KEY ELEMENTS SHOULD INCLUDE THE FOLLOWING (see outbrief template):

- **Condom use trends and gaps**
- **Programme landscape analysis**
- **CNET objectives**
- **The process, including stakeholder engagement and adjustments made based on data review**
- **Outputs and issues, such as:**
  - Baseline condom availability, use and need
  - Priority populations for condoms, including assumptions
  - Estimates for population-specific targets, by year
  - Types of condoms and lubricants
  - Total market approach findings
  - Commodity and programme costs
- **Reflections on lessons learned**
- **Recommendations and immediate next steps, such as:**
  - Data gaps
  - Programme design and refinements
  - Monitoring
  - Coordination
  - Resource mobilization and advocacy

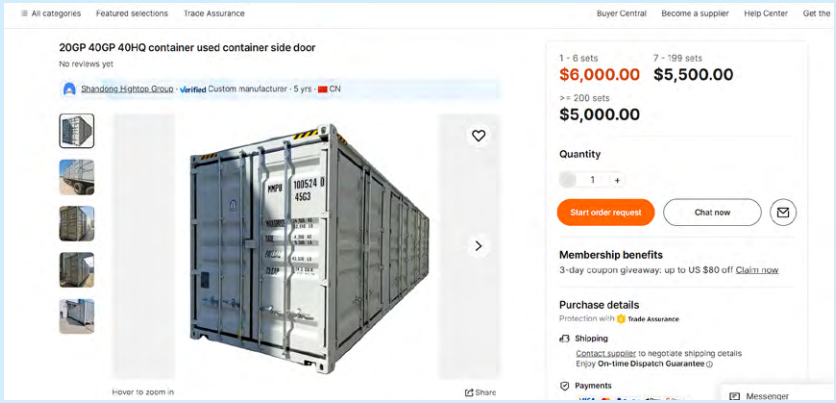
DETERMINE KEY RESOURCE AND PROGRAMME DECISIONS

In the face of compelling CNET findings, countries have two options: to increase resources for condom programming, or to decrease costs with optimal effectiveness. Countries should explore opportunities for both options:

- Diversify and increase funding sources:
  - Negotiate budget increase with current donors.
  - Find additional donors.
  - Use the Global Fund to focus condom resources where they are most needed.
  - Increase domestic funding.
  - Increase the contribution of the private sector (formal and informal).
  - Strengthen cost-recovery (social marketing) mechanisms for people from priority populations who can pay.
- Decrease costs:
  - Improve quantification and targeting of populations to decrease wastage.
  - Reduce cost of condoms and commodities.
  - Integrate programming and delivery.
  - Strengthen community-based services.
  - Develop innovative solutions for transport and storage.

INNOVATIVE LAST-MILE SOLUTIONS SOLVE STORAGE ISSUES

A 12-metre container can stock 7.5 million male condoms.



Documented efforts to improve programming based on CNET data and progress towards targets make a strong case for investment. Country programmes need to increase attention to responsive demand creation and access for priority populations and to improve monitoring and evaluation, oversight and coordination.

DEVELOP A DRAFT ACTION PLAN TO ADDRESS DATA GAPS, REFINE PROGRAMMES AND CREATE MILESTONES FOR REVISITING PROGRESS TOWARDS TARGETS

This broader stakeholder engagement meeting provides a critical opportunity to build collective momentum and advocate for action. Throughout the process, stakeholders identify population-specific data gaps, programme refinements needed, and mechanisms to enhance coordination and monitoring. Review and adoption of recommendations, with additions made during the meeting, should be translated into an immediate action plan with timelines and responsibilities allocated for next steps. Dialogue is the first step towards institutionalizing the CNET process into country programmes.

SPEAK TO HIGH-LEVEL GOVERNMENT, DONOR AND MEDIA REPRESENTATIVES TO GALVANIZE SUPPORT AND ACTION FOR THE CONDOM PROGRAMME

The final stakeholder meeting is an opportunity to raise awareness of the importance of population-centred condom programmes to the media and donors, and to advocate for additional resources, strengthened partnerships and coordination efforts. The meeting can be used to galvanize momentum for prevention across donors.

USE THE CNET RESULTS AND INSTITUTIONALIZE THE CNET PROCESS, REVIEW AND REFINEMENTS

Key activities	Decisions
▪ Use the CNET findings for strategy development, funding applications and advocacy ▪ Institutionalize the findings into programme coordination and monitoring and evaluation systems based on the action plan developed	▪ Estimates and costing are used for country objectives ▪ A clear plan is developed to institutionalize the CNET process and recommendations

USE THE CNET FINDINGS FOR STRATEGY DEVELOPMENT, FUNDING APPLICATIONS AND ADVOCACY

Based on careful consideration of resource and programme decisions, CNET can be used for:

- **Developing or updating national HIV and condom strategies and targets** – for example, some countries, such as Rwanda and Thailand, have used the findings to develop national targets by population, with specific focus on establishing new channels for distribution, expanding total market approaches, and revamping coordination mechanisms and supply chain management.

- **Funding applications** – the Global Fund is committed to using data-driven approaches to inform condom programming for priority populations. CNET provides an easy way to populate condom tables and provides graphs to compare condom availability with population need.

- **Advocacy** – CNET data provide a compelling case for strengthening equitable access to condoms through targeted people-centred programmes. By comparing condom availability, use and need, barriers and bottlenecks can be identified. Specific populations, such as young women and people from key populations, who often lack voice, are of particular priority. Organizations such as the Southern African Trust have used the data to highlight gaps in overall condom availability and the effects on young people with less access. Other country teams have used the data to refocus programmes for populations to reduce wastage and strengthen access.

- **Expand total market approaches** – some countries, such as Rwanda, Thailand and Uganda, have put in place specific programme actions to account for private-sector contributions and grow targeted socially marketed condom sectors. Other countries, such as Mozambique, have strengthened distribution of free condoms to populations and geographical areas not served by social marketing organizations.

INSTITUTIONALIZE THE FINDINGS INTO PROGRAMME COORDINATION AND MONITORING AND EVALUATION SYSTEMS BASED ON THE ACTION PLAN DEVELOPED

Country ownership and condom programme stewardship should be strengthened by institutionalizing use of CNET for routine monitoring and quantification. Transparency and accountability in processes should be amplified by ensuring wide partnership of key condom stakeholders, including beneficiaries, through inclusion in meetings and creating feedback loops.

Country teams should consider whether to institutionalize the stakeholder group for routine monitoring and review of target achievements. Other key actions may include the following:

- **Establish national and subnational coordination platforms** for adequate monitoring and evaluation and accountability mechanisms to monitor distribution and stockouts at national and local levels, including enhanced reporting tools to reflect condom types and channels and condom dashboard use.
- **Provide regular updates** based on the needs estimate action plan, which reports on population- or sector-specific gaps in data or capacity development priorities.
- **Improve coordination** of donor inputs, social marketing organizations and the private sector to optimize the total market approach. This may include dedicating efforts to understand and expand private-sector contributions through routine engagement in national coordination and reporting.
- **Prioritize capacity development** for population-centred design.
- **Improve future CNET quantification processes.**

UGANDA'S NEXT STEPS

Using CNET in Uganda led to research for private-sector assessment and community-based organization and peer educator mapping to develop a document for sustained social marketing. Key actions to strengthen the private sector included addressing the issues of tax on condoms and overzealous quality control.

SECTION 4

OPTIMIZING CNET USE FOR PEOPLE-CENTRED HIV PROGRAMMES: KEY RESOURCES FOR FACILITATION, TECHNICAL ASSISTANCE AND SUPPORT

This section offers additional resources for advanced users. It includes frequently asked questions, shortcuts for dealing with country-specific estimation needs, and guidance on facilitating stakeholder meetings.

KEY RESOURCES FOR FACILITATION, TECHNICAL ASSISTANCE AND SUPPORT

Additional resources and shortcuts to develop estimates using CNET	
CNET vocabulary and applications	Provides definitions of all terms used within CNET and its applications
Frequently asked questions	Offers responses to commonly asked questions: ▪ General questions about CNET ▪ Questions about priority populations, data and default assumptions ▪ Questions about the process and next steps
Considerations for adaptation of CNET and shortcuts	Guidance on shortcuts for adaptations, including subnational estimates and population additions
CNET checklists	Worksheets to facilitate specific decisions for CNET: ▪ When to add priority populations ▪ Target setting considerations
Data links and resources	Links to global databases used in CNET for country reference or to make additional calculations
Summary of resources to implement the CNET roadmap	
Facilitator notes on CNET components: ▪ Unpacking priority populations for quantification ▪ Setting realistic targets ▪ Understanding sex acts ▪ Understanding wastage ▪ Understanding the benefits of total market approach to enhance your programme	Additional explanation about key concepts and applications of CNET for estimate development Key notes for stakeholder discussion and estimate development are included
Summary of templates, group work guidance and sample agendas	
Getting started	Templates for adaptation of the task team terms of reference, roles and responsibilities and data collection checklist
Stakeholder meeting resources	Stakeholder meeting agendas and group work guidance to facilitate programme review and target setting (companion to slide deck) Outbrief presentation template
Further information on key topics	Evidence for why condoms work Using a population lens to understand and respond to condom needs Optimizing distribution and access to priority populations

INTRODUCTION TO FACILITATION AND TECHNICAL ASSISTANCE

YOUR ROLE AS AN ADVANCED USER

This section provides additional resources to support in-country use of CNET as part of a broader stakeholder engagement process. As an advanced user, your role is to help your country team navigate the CNET process and tool to develop actionable estimates. This might include the following tasks:

- Support the core team to develop a country-specific road map for use of CNET.
- Orient the core team on navigating CNET to develop estimate.
- Facilitate stakeholder consultation meetings and processes to inform data collection, analysis and target setting.
- Troubleshoot challenges in using the tool or processes.
- Facilitate validation of estimates and actions for programmes, policies and monitoring.

You might be an experienced quantifier who understands the numbers and processes but feels less comfortable facilitating a participatory process. Or you might be a programme planner who understands condom programme implementation but is participating for the first time in a national quantification exercise.

ADDITIONAL RESOURCES AND SHORTCUTS TO DEVELOP ESTIMATES USING CNET

The resources and shortcuts provided are complementary to Section 2. They provide a quick reference to key questions countries have around CNET vocabulary and applications, frequently asked questions, checklists and links to data sources used.

GUIDING THE CNET COUNTRY PROCESS: RESOURCES TO IMPLEMENT THE CNET ROAD MAP AND STAKEHOLDER MEETINGS

The resources provided are complementary to Section 3. They include additional notes to understand key CNET concepts used for estimate development and for stakeholder review and validation. There are templates to facilitate the CNET process, including group work guidance for breakout sessions, and additional information about condom programming applications.

CNET VOCABULARY AND APPLICATIONS

CONDOM NEED

CNET uses a formula to estimate the specific condom needs for each priority population identified and then aggregates it for the national estimate:

∑ [(population size × number of sex acts in a year × percentage condom use target) + percentage wastage]

where ∑ is the sum of the needs estimate for each priority population for condom programming; the *population size* is an estimate for the number of people from priority populations (data preloaded) for validation; the *number of sex acts* per year uses default values provided by the population; the *condom use target* is user-defined condom use targets; and *condom wastage* is a percentage of the product of the number of sex acts per year × the condom use target × the condom wastage (default value 20%).

CONDOM AVAILABILITY

Condom availability is used as a baseline for target setting in CNET. Countries calculate the number of free condoms that have left the government's central warehouses in the most recent year for which data are available. This includes free condoms procured and distributed by nongovernmental organizations, social marketing organizations and development partners. Numbers of socially marketed condoms are often calculated based on distribution and sales. Since it is difficult to obtain information on the number of condoms available through the private sector, users may need to *estimate the percentage* of total condoms available in the country through the private sector.

CONDOM USE

In CNET, reported condom use is used as the baseline for priority populations to understand current reach (based on condom availability). Couples that use condoms for family planning are considered to be using condoms systematically.

Data are derived from household surveys such as DHS, MICS and IBBS. Different indicators are used to measure reported condom use. Countries without recent granular data can use defaults provided by global databases. Countries can also capture the number of condoms distributed from the lowest service delivery point to the user point as a proxy.

CONDOM DEMAND

In CNET, condom demand is a key consideration for setting realistic targets by population, segmentation of condom products for total market approaches, and reducing wastage. Engagement of a wide number of stakeholders, including representatives of priority populations in the CNET process, is key to having discussions around current programme achievements, challenges and priorities to calibrate need, demand and capacity.

Consistent condom use is dependent not only on a reliable, widely available, accessible supply of condoms, but also on knowledge of the benefits of condoms, positive attitudes, skills in condom use and self-efficacy.

Partner support, family and peer influences, social and cultural norms, provider trust, stigma, and policy and legal barriers all impact on individual desire for condoms, access and consistent use.

Demand creation and social and behaviour change programmes work closely with priority populations to understand and address specific barriers to condom use and create an enabling environment for consistent use. Strategies include promotion and social marketing through different media channels, interpersonal communication to strengthen agency, skills and support, normative change, and facilitated access to preferred products and population-friendly services.

CONDOM PRODUCTS

CNET captures standard male condoms, female condoms, specialty condoms and lubricants to establish baselines for target setting by sector (free, socially marketed and private-sector condoms) and by priority population.

Social marketing organizations are an important source of market research surveys that seek to understand condom preferences and pricing for segmented populations, but they may not show the full picture. If countries do not have these data, or do not have reliable data, ensuring representative populations and civil society organizations participate in the CNET process is important for consultation and planning.

Conducting condom preference surveys within a total market approach framework could be identified as a next step after the CNET process to further refine condom planning. The UNFPA Condom Perception Study in South Africa is an example and includes a questionnaire for adaption *(10)*.

COST-RECOVERY CONDOMS

Socially marketed condom programmes are at different phases in moving towards cost recovery in pricing their condoms to cover commodity purchase, packaging and distribution based on segmented market analysis of populations to reach. CNET captures condoms in three main categories (free, socially marketed and private-sector condoms), and country teams may not be sure where to reflect their cost recovery efforts.

Country teams are recommended to put partial cost recovery condoms as a subcategory under social marketed condoms, while fully sustainable condom programmes (with all costs covered), competing with the private-sector market share, may be captured under the private sector.

DIFFERENTIATED SERVICE DELIVERY

The CNET road map process emphasizes the importance of a person-centred approach to designing and delivering condom programmes. Stakeholder engagement should inform effective approaches to reach priority populations, which may need further investment to achieve targets. Examples include targeted mobile/outreach services, standalone community-led programmes (including peer support), and integrated services (one-stop shops).

Moving away from a one-size-fits-all model, differentiated service delivery tailors HIV services to diverse populations of people living with or at risk of HIV to suit their specific contexts, while maintaining the principles of the public health approach. This ensures a focus on the people likely to be left behind due to sociocultural, economic or legal circumstances.

INEQUALITY

Inequalities underscore the HIV vulnerability faced by specific populations that are not yet accessing HIV prevention, treatment, care and support services. Prioritizing condom programmes for these people is central to achieving the 2025 fast-track targets. Rights-based and equitable condom programmes fostered by the CNET process use programme analytics to understand and address priority population-specific barriers to condom access and use through their participation in design and implementation of programmes responsive to their needs.

INEQUITY

CNET recognizes that priority populations that would benefit most from condoms may face a lack of fairness or justice around access and cost due to age, sex, sexual orientation, occupation or geographical location. Using a population lens in the tool, population-specific targets, condom types and total market approach targets should be informed by active community engagement and validation in the process to strengthen effective programming.

LAST-MILE DISTRIBUTION

The CNET process provides an opportunity for country teams to discuss effective solutions to achieve targets in condom supply, distribution and access. The process considers the total condom market, but with a focus on targeting free-to-user condoms at people who are unlikely to afford condoms at cost. In this context, the solution is not simply to procure more condoms (although more may be needed in some countries) but to identify gaps in access and apply a user-centred perspective on how best to cover these gaps sustainably, while strengthening data systems to determine where condoms are reaching and being used.

SEX ACTS

In CNET, the *average number of sex acts* per year that need protection with a condom is used to calculate the number of condoms needed per year for protection in the condom estimates formula. The tool uses global assumptions *(8)* and survey reports such as IBBS. The yearly average takes into account a range of other factors that impact on coital frequency, including age, sex, location, tiredness, sickness, travel, stress, access and sexual lifestyles.

SOCIALLY MARKETED CONDOMS

CNET factors in socially marketed (branded) male and female condoms that are sold as part of the baseline for condom availability and encourages countries to set targets for the socially marketed sector under the total market approach.

Condom brands are developed, packaged, marketed and sold at a subsidized cost to people from targeted populations who can afford to pay in places frequented, such as bars, hotels and nightclubs. Social marketing principles suggest that people will value and use condoms more if they are paid for and perceived to be of higher quality than free condoms.

Socially marketed condoms may be standard condoms with different packaging or specialty condoms that differ in size, colour, smell or other features (e.g. studded, ribbed, lubricated). Although they do not address equity barriers and should not replace targeted free condom distribution, they are an important part of total market approaches. They also contribute to effective condom promotion across populations and offer distribution innovations.

SPECIALTY CONDOMS

In CNET, specialty condoms are any male or female condoms that differ in size, smell or colour, or have other differentiating features from standard condoms that are distributed for free, socially marketed or sold through the private sector. Country teams report the number of specialty condoms available in the country to establish a baseline for population-specific targets and sectors responsible for distribution.

SUSTAINABLE CONDOM PROGRAMMES

The CNET process and tool encourage a total market approach to decrease long-term dependence on external donor funding for national condom programmes, while maintaining high levels of condom use over time. Strategies may include expansion of commercially sold condoms and strengthening health commodity supply chains to ensure last-mile coverage. Funds remain to support access to free or reduced-price condoms, including population-specific demand-creation activities.

TARGETED POPULATIONS

Targeted populations are prioritized for free, socially marketed and private-sector condoms based on higher risk for HIV, sexually transmitted infections or unintended pregnancy. Barriers to access are also important to consider. In CNET, default recommended priority populations include:

- Discordant and concordant couples living with HIV aged 15–64 years.
- Sex workers aged 18–49 years, and their clients and regular partners.
- Gay men and other men who have sex with men aged 15–64 years, and their regular and non-regular partners.
- Young people aged 15–24 years with non-regular partners.
- Adults aged 25–64 years with non-regular partners.
- Couples aged 15–49 years who use condoms for family planning, including those wanting to use condoms for unmet family planning need.
- People who used drugs aged 15–64 years, and their regular and non-regular partners.
- Transgender people aged 15–64 years, and their regular and non-regular partners.
- Other populations to consider include:
- People with disabilities aged 15–64 years.
- People in prison.
- All young people aged 15–24 years in high-prevalence or high-incidence settings (promotion of condom use at first sex for those not yet sexually active as part of comprehensive sexuality education).
- People diagnosed with or treated for sexually transmitted infections.

Other specific priority populations, such as truck drivers, mobile populations and military personnel, should be defined based on the country context and availability of data. These people tend to be from subcategories of "people with non-regular partners" and may already be covered by the tool.

TOTAL MARKET APPROACH

The CNET process and tool encourage countries to assess and expand effective use of the full range of public, commercial, non-profit-making and donor resources to sustainably, fairly and efficiently increase access to priority health information, products and services. Through a total market approach, subsidies are targeted so that condoms for all populations are available at affordable prices to varied market segments through effective coordination and collaboration between government, nongovernmental organizations and private companies, based on each sector's relative strengths and efficiency.

A total market approach is especially important when resources are scarce and must be allocated as efficiently as possible to maximize coverage and health impact and to strengthen the market for greater sustainability and equity in the long term.

A total market approach promotes condom use as a lifestyle for sexual health beyond specific disease prevention. Best practices entail targeted government distribution of free condoms for low-income and vulnerable people, private-sector condoms for people with higher earnings, and – in some contexts – socially marketed condoms for people with limited disposable income or in areas unlikely to be reached by the commercial sector.

UNMET DEMAND FOR FAMILY PLANNING

CNET factors in the needs of women who are fecund and sexually active but are not using any method of contraception and report wanting to delay or stop pregnancy as part of baseline calculations and for target setting (default 3.3%). CNET recognizes that many young women fit into this scenario and would benefit with condoms for dual protection.

WASTAGE

In CNET, countries are required to estimate the number of procured condoms that are not used because they have expired, been damaged or degraded in transportation, storage or non-use. The default provided is 20%, but country wastage rates vary greatly due to a range of factors, including over quantification, poor storage, distribution factors (last-mile distribution points failing to give out commodities to people in need), users receiving but not using condoms or receiving more condoms than they need, and users experiencing condom failure.

FREQUENTLY ASKED QUESTIONS

GENERAL QUESTIONS ABOUT CNET

Who are the priority populations?

The CNET process and tool are designed to be people-centred. The tool quantifies condom needs for people from populations at higher risk for HIV, sexually transmitted infections and unintended pregnancy, but it recommends population engagement to validate the targets and programme implications.

The model provides countries with data about young people, people from key populations, people living with HIV, and men and women with non-regular partners based on global data from the past five years. It uses an evidence-based algorithm to calculate needs and provide countries with a starting place to set annual targets.

Ultimately, country teams know best what their condom needs are based on local data, strategic priorities and resources. The tool is flexible to allow country teams to update the data provided and add additional populations that are important to target.

How does the tool help countries strengthen population-specific condom programmes?

The tool uses population-specific data for target setting, which creates an opportunity for dialogue among key stakeholders that work on condom programmes.

It challenges country teams to think about their current programmes – who they are and are not reaching – and explore new channels to bring condoms of choice closer to the people most in need.

How do we use the model?

The user guide provides a step-by-step approach to working through the CNET model, including:

- Bringing key stakeholders together to understand the current programme.
- Determining condom availability.
- Validating or updating population information.
- Setting annual targets by population, based on gaps and needs.
- Assessing total market approaches to be strengthened.

How do we get the model to address the needs of a particular community?

Engagement of civil society organizations and priority populations is key to understanding their needs and priorities and the best channels to reach them. Before the stakeholder meeting, it is important to consult with populations to understand where they get condoms from, the types used, and the number of condoms used per week.

During the quantification process, representatives should be included to participate in target setting and discussions around new programme approaches.

After the meeting, representatives should be engaged in monitoring reach and reporting on progress.

Where do the data come from?

CNET draws from global databases, including RH Interchange donor data, DKT social marketing database, UNPD population projections, country DHS data, AIDSInfo and key population size estimate reports. This information is supplemented with expert opinion and default estimates when no data are available.

The data can be updated under the Demographics worksheet with more recent census, DHS, IBBS, MPHIA and other local study data. Data provided on global database links should be validated. Consult with nongovernmental organizations, civil society organizations and priority population representatives to provide their inputs.

Where do the assumptions come from?

The assumptions for wastage and sex acts are based on the literature and expert consultation. Where key population size estimates are not available, defaults using proxy assumptions are used. Countries can change the numbers if they have better or more recent data.

Can we trust what CNET produces?

You can trust what the tool produces, but it is important to review the data provided and update with more recent available data sources where possible.

The model uses country data from global databases from the past five years and expert-vetted assumptions where data are not available. The default provides fairly accurate figures by population. It also includes automated formulas and protected sheets to maintain the integrity of the data provided. The targets, however, are ambitious and need to be discussed in terms of what is feasible on an annual basis.

Countries can also use the model to validate current country processes or test assumptions based on more recent data by copying sheets. Modifications to the tool can corrupt the formulas provided, so always copy sheets for manipulation to ensure there is a default version. Contact UNAIDS for technical support.

How do we validate what CNET produces?

CNET is a tool to facilitate country dialogue among stakeholders. The default data for the country draw on global data sources and expert consultation and provide countries with a starting place for review and revision based on locally available data sources.

Validation of data and assumptions occurs through consultation and inclusion of updated data sources. Default numbers provided under the Demographics worksheet and in finalizing the number of sex acts and targets need country inputs.

The data can be validated in the following steps:

- *Establishing a baseline for current programme reach* – under the Condom Availability worksheet, look at Figure 1 to see whether the condom use reported for the country is correct.
- *Condom availability* – the default numbers need to be validated through country discussions. Default targets are ambitious and need to be aligned with a review of current programme channels and expansion strategies.

- *Condom requirements* – a baseline of use versus need is provided. It is helpful for country teams to compare these numbers with any data on condom availability or distribution; for example, population-specific distribution data are often available for programmes for female sex workers, gay men and other men who have sex with men, and adolescent girls and young women, or for health facility entry points for HIV and family planning.

How do we address concerns over CNET for countries that already do quantification?

Country teams may want to know why CNET is more reliable than their current approach, or what variables and assumptions are used to feed into the system.

CNET provides important features to strengthen the accuracy of country condom estimates to achieve targets for populations most in need. It uses priority population size estimates and reported condom use to validate country-reported availability rather than quantification of procurement and availability data alone (which distribute based on push and pull factors).

CNET calculates the number of sex acts and percentage wastage to quantify sufficient numbers of condoms according to population targets and allocates condom types for distribution by sector to reduce wastage.

Importantly, CNET creates a platform to bring key new stakeholders to the discussion, including private-sector and community representatives, to inform current needs and realistic targets for total market approaches.

CNET provides a quick way to check costs by aligning targets with commodity costs.

Country teams may be concerned about over- or under quantifying condom needs. The global data sources used in CNET are recent, and assumptions have been vetted through expert consultation. Countries should update their data, however, and use the most recent data available in validating demographic data by population. The country team should discuss and agree on targets, because the default numbers are highly ambitious.

CNET is a tool and is not a replacement for active country team engagement and validation. The CNET process is participatory and requires inputs and discussion by the team. Monitoring use of the tool is key – it is important to document what is happening, and to identify improvements, innovations and challenges.

CNET is not perfect, but it is being used effectively by many countries, which see the benefits of applying a population lens to quantification, dialogue with stakeholders and programme improvements. It has also been used to generate simple graphs for reports and as an advocacy tool for resource mobilization.

What will CNET not tell us?

CNET is designed to facilitate country estimates and resources for programme planning or funding applications, but it does not provide all the answers.

CNET does not tell you the cost of a programme. CNET commodity costs are based on UNFPA pricing and do not include costs such as demand creation, supply chain, research and coordination. Country teams should look at other programme data to understand what overall budgets are needed.

Country teams should look at more recent guidance on condom systems to understand what it takes to strengthen country condom stewardship and programme costs linked to specific populations.

The Global Fund uses its own costing framework with completely different cost categories.

CNET is a tool for quantification, not programming. The population lens provides an important starting point to understand how well the national programme aligns with population needs, but there are limits to how granular it is at the subpopulation or subnational level. CNET does not tell you how to reach populations with a programme.

Can we modify the tool to our country's needs?

Country ownership is a key consideration in using CNET. The tool is designed to be adapted to each country by including updated country-specific data for the baseline and target requirements.

Some countries have modified the CNET formulas to their needs, but this must be done with caution. The amount of work involved in modifying the formulas may be extensive, and the benefits from using available granular data may not change the quantification outcomes significantly.

There are shortcuts to consider if you are not sure of the value added.

See also considerations for adaptive use of CNET and shortcuts for more insights on how countries have modified CNET for subnational calculations or more granular population-based calculations.

QUESTIONS ABOUT PRIORITY POPULATIONS, DATA AND DEFAULT ASSUMPTIONS

How granular does population disaggregation need to be for quantification?

Disaggregation of priority populations for quantification purposes ultimately is based on the country context. Generally, disaggregation is recommended when a population size is large or when condom needs for sex acts are different – for example:

- Young women disaggregated by married or not married, or all young women in high-prevalence HIV countries.
- People living with HIV disaggregated based on retention on antiretroviral therapy versus not on antiretroviral therapy and overall viral load suppression: because no disaggregation is provided, do not assume default numbers are correct – local data sources and consultation remain important.
- Transgender people – disaggregated by sex workers versus people in stable relationships if important for quantification purposes.
- Other populations not covered or counted where good data are available, such as people in refugee camps or people with sexually transmitted infections.

With subpopulations of people with non-regular partners, the number of sex acts based on available data guides whether or not additional condoms should be quantified.

With all changes, you may need to alter the default numbers downwards to avoid double counting.

Regardless of the quantification decisions made, disaggregation is important to track for programming purposes.

How do we set parameters if we do not have information such as population size estimates?

No country has perfect data. It is better to use poor-quality data to make a full estimate than not to provide condoms to people who need them. Country teams can always investigate where there are gaps and revise later.

CNET can create a sense of false precision, so it is important to review, revise and validate data based on stakeholder engagement.

Some surveillance data are weak but should be used if there are no other sources. If data do not exist, CNET uses proxy or assumptions.

Country teams should make plans to get better data, put in place touchpoints to monitor new strategies to see what is working well (particularly for first-year targets), and replan.

Some countries find they have overplanned for condom needs, and later reprofile funds for further demand-creation efforts. Learn by doing.

How do we confirm that we are not double-counting populations?

People grouped under the category of non-regular partners include military personnel, miners, fisherfolk, truckers, migrants and people in prisons. The same assumptions regarding sex acts apply to all these subpopulations under non-regular partners.

Country teams can compare the number of sex acts for people with non-regular partners to see whether any of the subpopulations are widely different from averages. If so, it may be worth separating them from the overall population but then consider reducing the overall non-regular number.

How do we factor condom needs if we are rolling out PrEP for specific subpopulations?

Most countries are at an early stage of PrEP rollout, and so PrEP initiation and retention are unlikely to have a major impact on condom estimates.

It is important to keep in mind the benefits of condom use for prevention of other sexually transmitted infections and unintended pregnancy – PrEP and condom use go hand in hand.

How do we adjust the average number of sex acts?

The average number of sex acts varies by population, and there is a wide range in the minimum and maximum numbers of sexual acts. The starting point for CNET was the value used by family planning programmes of 100 sex acts per year per couple:

- **Couples living with HIV** – use this standard, but adjust it if other data are available.
- **Sex workers** – up to 30 studies were reviewed, using the number of clients as proxy acts. The number of client sex acts is between 200 and 2000 per year, with a default value of 450. Country teams should use a meaningful average based on recent data such as IBBS and consult with sex workers.

- **Gay men and other men who have sex with men** – the default assumption is based on the global standard for men and women in stable relationships.

- **People with non-regular partners** – research suggests these people are not having more sex than those with regular partners, but access to condoms is key. (Note that people with regular partners are already covered under family planning numbers.)

CNET does not disaggregate by age group, as the information about sexual activity over the past four weeks in DHS is reasonably stable across age groups.

It is important for priority populations to be consulted, although they can overestimate averages.

How do we consider quantification needs at the subnational level? What happens if we have some but not all data?

Several options are available to address subnational level needs, but much depends on the amount of data available.

It is possible to reconstruct CNET and repopulate all the data points with subnational information. This involves a lot of work, but countries with very different HIV epidemics and large population sizes can benefit from a geographically targeted approach.

Country teams can use the estimates provided to proportion the need based on, for example, subnational population size estimates. This can be done on a separate worksheet or on a copy of the template. The results are not precise but give a reasonably good estimate.

How do we reflect cost-recovery condom programme investments in CNET?

Socially marketed condom programmes are at different phases in moving towards cost recovery in pricing to cover purchase, packaging and distribution based on segmented market analysis of populations to reach.

CNET captures condoms in three main categories (free, socially marketed and private-sector condoms), and teams may not be sure where to reflect their cost-recovery efforts. Partial cost-recovery condoms should form a subcategory of socially marketed condoms. Fully sustainable condom programmes (all costs covered), competing with commercial sector market share, may be captured under the private sector.

Country teams can revisit their estimates as social marketing organizations shift to fully sustainable programmes.

Note the costs for commodities provided by the private sector are not included in the total commodity costs. For many country teams, the commercial sector contribution is unknown, and the CNET process provides an opportunity to facilitate private-sector engagement, address any barriers, and expand access to market share in high-end areas for people who have the ability and willingness to pay. For example, commercial condoms may be available at supermarkets, fuel stations and pharmacies, but socially marketed condoms should target different distribution channels, such as markets and local shops.

Cost and access should never be a barrier to condom use, so segmentation is key when developing pricing and distribution plans.

How do we use the tool to strengthen discussion around what needs to happen for target setting?

Country teams can estimate realistic condom needs in CNET by looking at different scenarios for different priority populations (35%, 60%, 75%, 90%, 100%, 75%). A target-setting checklist is provided to help country teams with discussions, looking at national plans and baseline condom availability and population-specific use as a starting point.

Generally, it does not make sense to set targets of less than 60% for population impact. Key considerations should address need, demand and capacity:

- **Need** – sex workers need the highest coverage from a public health perspective and should be dominant for reach in target setting. Optimizing channels to reach them can include using sex worker peer educators and navigators, and condom sales in strategic hotspots.
- **Demand** – older men who are circumcised might have very low demand for condoms, but condoms should always be promoted for people with sexually transmitted infections and for pregnancy prevention.
- **Capacity** – country teams should look at the overall resources available for population-specific programming to address access and demand issues, and consider systems in place for efficient distribution.

Country teams should use the UNAIDS global guidance strategy documents (see Further reading) to determine high versus moderate risk for specific populations.

QUESTIONS ABOUT THE CNET PROCESS AND NEXT STEPS

How can we simplify the CNET process?

Preparation is key. It is important to know what needs to be answered and what the next steps will be. Be clear on your objectives (strategy development, donor application, programme refinements) for the data produced by the process.

Some country teams find that having a local CNET champion familiar with the tool helps with the pre-stakeholder consultation process. The champion can lead a smaller task team to pull together the country data needed for the tool review in advance and ensure the right people are invited for discussion, validation and finalization of targets for enhanced programme planning.

Are there any country examples on what has worked to involve the social market and commercial sectors in discussions?

Several country teams have actively used CNET to expand their total market approach and have experience working with the private sector as part of quantification exercises. Social marketing organizations are often part of condom discussions, given their close links with donor funding, but private-sector engagement takes more active work. For many countries, this may be the first-time efforts to understand private-sector market share have been included.

Invite key players, including pharmaceutical partners, to participate in the quantification processes to understand their data, challenges and recommendations. It is essential they see benefits for them to

participate in order to address procurement and supply chain issues and expand their market share.

How do we operationalize findings?

Translating target setting into meaningful action requires dialogue and active engagement by stakeholders, including programme staff and community representatives. CNET is not designed to facilitate programming for specific populations, but it can give country teams a starting point to understand what is and is not working well, and why. Having priority populations participate in the process is a key first step.

The group work guidance provided can be used to analyse current distribution channels and bottlenecks, and use targets to prioritize demand-creation activities and channels.

Assumptions used for validation should be documented, and key issues to address population-specific programmatic priorities should be identified.

Other country experiences are provided where possible, so use these insights to start a discussion with other country teams.

Ensure key recommendations and next steps are identified at the end of the process for validation and approval, and hold key stakeholders accountable for stewardship and active monitoring of progress.

How can we use CNET to support costing and address funding gaps?

CNET can provide the cost of condom commodities based on target scenarios for each population using UNFPA price lists. This can provide key insights on current over- or underestimates for condom procurement, and show whether condom funds are needed to address supply chain, demand-creation or system-strengthening issues.

The total market approach analysis can help countries understand how to grow socially marketed and private-sector contributions for condom funding and distribution over time.

Can we request technical assistance?

Country teams can request technical assistance to facilitate an in-country process of reflection, refinement and planning using CNET through a workshop. Country teams can also request technical assistance from the Global HIV Prevention Coalition if they would like to manipulate the formulas used within CNET to inform their estimates.

Will UNAIDS update CNET periodically? What do we do if we need a different timeframe?

CNET Version 5 has been updated for 2023–2027, with a baseline for 2022. If country teams need to consider other timeframes, the titles can be edited. UNAIDS will routinely update the CNET global databases with more recent data once or twice a year, but country teams should review the data provided and revise with any more recent verified data available.

Always use the most recent baseline data. This will not change the estimates, as most countries will not have 2022 data. The tool does not use the baseline data provided for condom availability to set targets but to benchmark where the programme is currently.

Can we make changes over the years?

Country teams can review and change the estimates provided at any time based on updated data available or review and replanning around programme priorities. Countries are recommended to institutionalize CNET use within routine technical working group programme review meetings and annual quantification exercises.

If we did a full road map last year but want to update the estimates this year, do we need to do a full road map again?

The road map provided is a guide for country teams to support institutionalization of CNET use. The guiding principles of stakeholder engagement to assess progress and programme effectiveness and identify a course correction remain important, regardless of the objectives for using CNET.

Country teams use CNET for programme strategies and five-year plans, but an annual review is important to determine progress. Country teams may not need to reapply CNET but can use it to check assumptions and progress towards progress and identify any new insights on specific populations targeted.

How do changes at the country level affect global estimates?

CNET is a country tool designed to support country processes alone, such as national condom strategy development or revision, Global Fund applications, and revisions to procurement and programme planning.

UNAIDS would like to receive feedback and suggestions on what does and does not work well to refine future versions, but the data produced will not affect global estimates.

Are there other condom estimate tools?

Other approaches for condom quantification may exist, but there are no documented tools or globally recognized standard for data-driven population-specific quantification based on current use, targets and potential for total market approaches.

CONSIDERATIONS FOR ADAPTATION OF CNET AND SHORTCUTS

Advanced users of quantification are often interested in potential adaptations of the tool and need additional guidance, such as:

- Using specific features of the tool to complement other quantification tools.
- Changing or adding populations beyond the two rows provided.
- Conducting subregional estimates of condom needs.
- Manipulating annual targets.

Some countries have robust quantification processes in place and want to use the tool for specific subpopulations or commodities (e.g. lubricants), or for subnational estimates but do not want to use the overall CNET estimates (e.g. for family planning or specific populations).

Advanced users need a good understanding of the different CNET features explained in Section 2.

It is still advisable to validate the condom requirements (total needs and costs) using CNET to make sure the numbers are similar to overall country estimates. Note that CNET can generate overall estimates and show how they link to targets by population. It can also help with rationalizing the figures provided for donor applications.

Country teams should make adjustments to the tool with caution. It is possible to be too granular without getting much more out. Be aware of what you know and need to know for quantification versus programming, and have the data available. Before making any adjustments, review the frequently asked questions and shortcuts in this section to guide decision-making. If you have questions about proposed modifications, contact UNAIDS for support.

DANGERS OF BEING TOO GRANULAR

Many country teams wonder whether they should add other priority populations not listed in CNET but that are factored under males and females with non-regular partners (e.g. fisherfolk, truck drivers). This may be because they have recent data from IBBS or other sources and want to strengthen programmes to reach these populations, or they may want to show alignment with national strategic documents (populations, targets).

This can lead to duplication and double-counting and an inability to track progress. Without evidence of increased numbers of sex acts and condom needs, rigour may be lost in how to define and prioritize populations for condom needs.

PITFALLS OF OVER- OR UNDERESTIMATION

CNET can give a false sense of confidence that a country team is doing all it can. It is possible to have ambitious targets, however, but hide a weak programme. Likewise, overestimating condom needs will lead to wastage. Country teams need to have due diligence and accountability for target setting.

Target setting needs to be informed. It is the most interesting part of the process, but also the most difficult. Understanding the number of sex acts and wastage has a huge impact. Every change in the tool can have huge impacts. Most countries do not have the data and a good rationale to change the defaults provided.

SUGGESTED SHORTCUTS

Subnational estimates

South Africa has used CNET for subnational estimates in Kwazulu-Natal. Key questions focused on the needs of people living with HIV with high antiretroviral therapy coverage.

To carry out subnational estimates, country teams need good data at the subnational level:

- Repopulate the CNET national template and input province, city or state data. This involves a lot of work because all the data need to be changed for assumptions, on the Demographic worksheet before adjusting the Condom requirements worksheet and breakdowns.
- Create a copy of the CNET template to weight the population by the subnational level on the Demographic worksheet. Use national estimates for condoms and proportions based on population size.
- If relevant, do an additional weighting by people living with HIV distribution as a proxy for all high-risk populations.

Additional subpopulation estimates

There are several options to consider before adding additional subpopulations to the estimate. Recent data are key. It is helpful to know whether the subpopulation is large or if the number of sex acts varies greatly.

- To avoid duplication or double-counting, determine whether the addition of specific populations will greatly change the condom resource estimate (versus programming considerations). Use the priority population checklist to help guide this decision.
- If data are available, it is possible to change the populations that are included or not included, ensuring you cater for the risk of double-counting (e.g. you may decide to reduce the numbers of males and females with non-regular partners). Often, the numbers are small and do not make much difference in overall condom needs.
- Make a copy of the CNET template to see what the additional numbers look like before making any changes. Always document on the group work guidance provided all subpopulations to be reached with condoms and any specific demand-creation or distribution channel priorities.
- CNET does not include specific populations (e.g. people with sexually transmitted infections, people in prisons, migrants, people with disabilities). Some countries, such as Rwanda and Thailand, have included people with sexually transmitted infections as a separate category due to high prevalence of sexually transmitted infections. All decisions made on additional targets for people from subpopulations need to be reflected in programme decisions and investments.

Modifications to CNET formulas and other features

Seek technical assistance from the Global HIV Prevention Coalition for proposed modifications.

CHECKLIST FOR PRIORITY POPULATION DECISIONS AND TARGET SETTING

Country teams should determine whether additional populations need to be considered for condom estimates. The checklist in Table 8 provides a simple way to assess whether populations should be added and when UNAIDS technical support from might be required. **For additions to be made, all questions (except 2) should be yes.**

Table 8. Checklist to determine whether additional populations should be added

Consideration for inclusion of additional populations	Yes	No	Guidance	Evidence and comments
Does the country have recent data on this priority population?			▪ If no recent data are available, this population should not be added ▪ The country team can make a plan to collect more data, including population size, number of sex acts, and condom use baseline and targets	
Is this population already included under default priority populations included in CNET?			▪ There is a risk of overlap and duplication if the population is already included under a default priority population ▪ The country team may need to evaluate the value added of including this population	
Is there evidence of higher risk or vulnerability?			▪ Condom estimates need to consider public health impact, including burden of HIV, sexually transmitted infections and unintended pregnancy ▪ Other considerations for vulnerability may be documented high rates of higher-risk sex, number of partners, unprotected sex or gender-based violence ▪ Barriers to promotion, provision, access or use of condoms for all subpopulations identified are important to address within programmes (versus need for separate estimates) ▪ Consider overall size estimate and number of sex acts below to determine whether adding them will change overall numbers	
Is the population size significant?			▪ If the population size is not significant, it is not recommended to add this population, as the overall change in estimate will be minimal	
Is the number of sex acts greater than the default?			▪ If the number is not significantly greater, then the overall change in estimate will be minimal and it is not recommended to add this population	
Do programmes exist to reach this population?			▪ If there are no plans to develop or expand programmes to reach this population with condom programmes, it should not be added	

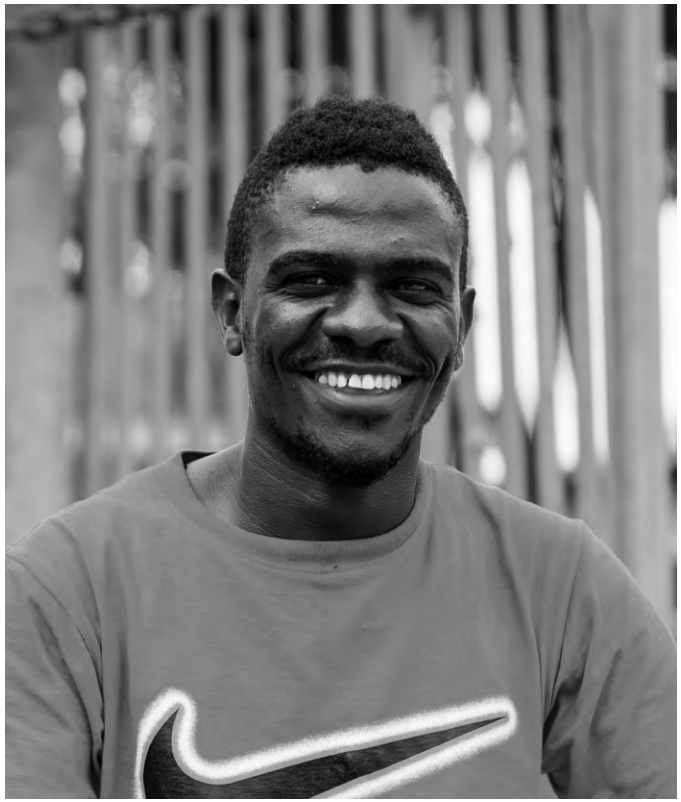
If appropriate, up to two additional populations can be added. It is important to ensure the additional populations do not overlap with other subpopulations already covered or to adjust the numbers accordingly. Note the population of people with no regular partners includes many of the more specific populations.

Data sources and justifications should be provided for all additions made.

If more than two additional populations are to be added, the tool requires modification – seek technical support from UNAIDS.

The country team should be confident that adding additional populations will make an overall difference to the estimate. Shortcuts are available to adjust estimates and determine benefits versus costs.

Although specific populations are selected for quantification purposes within CNET, all priority subpopulations identified by stakeholders and insights should be included for programming decisions.



Source: UNAIDS Global AIDS Strategy, 2022.

CHECKLIST FOR REALISTIC TARGET SETTING

Table 9. Checklist for realistic target setting

	Key questions
Global and national targets	How far has the country gone in meeting national targets for specific priority populations at highest risk?
Priority population need	What are the current trends in reported condom use among the most at-risk populations for HIV, sexually transmitted infections and unintended or teenage pregnancy (e.g. adolescent girls and young women, female sex workers, gay men and other men who have sex with men, transgender people, males and females with non-regular partners)? Are other prevention services provided that might reduce their need for condoms for HIV? ▪ PrEP rollout, uptake and retention? ▪ Viral load suppression among people living with HIV? Are there increases in incidence of HIV or prevalence of sexually transmitted infections reported by people from subpopulations, or unmet demand for contraceptives and teenage pregnancy services? Are there geographical differences that need to be addressed?
Demand	What programmatic interventions are in place to create demand and facilitate access to and consistent use of condoms among priority populations? (Use the Population-specific Programme Review Group Guidance to assess this.) Do people have condom knowledge and recognize the benefits to using condoms to prevent HIV, sexually transmitted infections and unintended pregnancy? Do people have the capacity to use condoms and negotiate their use with their partners? Has stigma around condom use been reduced? Can we normalize condom use in society? Do we understand condom and lubricant preferences among people from priority populations? Can we promote more choice? Are condoms accessible when and where people need them? (Consider differentiated service delivery programme investments and locations.) Are condoms affordable? What percentage of free condoms is being wasted? Can we integrate condom promotion and use within broader sexual and reproductive health and rights campaigns for priority populations and through targeted distribution sites?
Capacity	Is our budget going to increase? Do we have plans to strengthen national coverage and involve stakeholders? Can we scale up or increase the number of condom distribution points? Can we invest in targeted condom promotion for different priority populations, including point-of-distribution promotion (e.g. health facilities, shops, creating visibility through condom promotion)? Do we have capacity to invest in coordination and improved monitoring (e.g. improved reporting to capture condom information, condom dashboards).

DATA SOURCES AND LINKS

The CNET default information draws on global databases on the Demographic worksheet to provide countries with a starting point for data review, revision and validation with stakeholders. Further data sources and links are provided below.

Table 10. Database index

Data	Source	Link
Total population	UNPD population projections, medium variant, 2019 revision	https://population.un.org/wpp/
Women by 5-year age groups	UNPD population projections, medium variant, 2019 revision	https://population.un.org/wpp/
Men by 5-year age groups	UNPD population projections, medium variant, 2019 revision	https://population.un.org/wpp/
Marital status	UNPD and DHS StatComplier, last updated 1 March 2021	https://www.statcompiler.com/en/
Sexual activity	DHS StatComplier, last updated 1 March 2021	https://www.statcompiler.com/en/
Higher-risk sex	DHS StatComplier, last updated 1 March 2021	https://www.statcompiler.com/en/
Condom use (higher-risk sex)	DHS StatComplier, last updated 1 March 2021 AIDSInfo, last updated 11 March 2019	https://www.statcompiler.com/en/
Family planning condoms use	World contraceptive chart 2018	https://www.un.org/development/desa/pd/data/world-contraceptive-use
People living with HIV	DHS StatComplier, last updated 11 March 2019	https://www.statcompiler.com/en/
HIV status of couples	DHS StatComplier, last updated 11 March 2019	https://www.statcompiler.com/en/
Condom availability	RH Interchange database (donor-provided condoms) and DKT database (social marketing condoms), 31 December 2017 UNAIDS National Commitments and Policies Instrument (NCPI) data, 1 March 2021	http://lawsandpolicies.unaids.org/
Social marketing condoms	DKT database (social marketing condoms), 1 March 2021	https://www.dktinternational.org/contraceptive-social-marketing-statistics/
HIV viral suppression	AIDSInfo (Spectrum data), 1 March 2021	https://aidsinfo.unaids.org/
Key population data	AIDSInfo (Spectrum data), 1 March 2021	https://aidsinfo.unaids.org/

Table 11. Data sources and links

Data needs	Data sources	Type	Link
Population-specific indicators for HIV and contraceptive use	DHS/AIS	Reports and surveys	https://dhsprogram.com/publications/Publication-Search.cfm?shareurl=yes
By indicator		Data and analysis: DHS Statcompiler	http://statcompiler.com/en/
Population-specific indicators related to well-being of women and children	MICS	Reports	http://mics.unicef.org/surveys
HIV estimate	AIDSInfo	Spectrum	https://www.unaids.org/en/dataanalysis/datatools
Sex workers, gay men and other men who have sex with men, transgender people and people in prisons: population size estimates and condom use	Key Population Atlas	IBBS	http://www.aidsinfoonline.org/kpatlas/#/home
	Global AIDS monitoring/NCPI		http://www.aidsinfoonline.org/gam/libraries/aspx/Home.aspx
Public datasets and visualization tools that allow exploration of full range of survey results and building of charts and graphs (HIV-related indicators, non-regular partners, condom use)	Population-based HIV Impact Assessment (PHIA)	PHIA reports	https://phia.icap.columbia.edu/
Global demographic indicators	UNPD	Population statistics	https://esa.un.org/unpd/wpp/
Country-reported social marketing sales	DKT social marketing data	Data	https://www.dktinternational.org/contraceptive-social-marketing-statistics/
Condom unit costs	UNFPA Reproductive Health Interchange	Condom procurement and unit costs	https:/www.rhsupplies.org/gfpvan
Region-specific data and links on key indicators	UNAIDS Eastern and Southern Africa and Asia Pacific regional strategic information hubs	Data	http://www.aidsdatahub.org/ https://esahub.unaids.org/

FACILITATOR NOTES ON KEY THEMATIC AREAS

UNPACKING PRIORITY POPULATIONS FOR QUANTIFICATION

Priority populations for condom programming should be based on evidence of their higher risk for HIV, sexually transmitted infections and unintended pregnancy. The tool factors in the following default priority populations:

- Discordant and concordant couples living with HIV aged 15–64 years.
- Sex workers aged 18–49 years, and their clients and regular partners.
- Gay men and other men who have sex with men aged 15–64 years, and their regular and non-regular partners.
- Sexually active young people aged 15–24 years with non-regular partners.
- Adults aged 25–34 years, 35–49 years and 50–64 years with non-regular partners.
- Couples aged 15–49 years who use condoms for family planning (including those wanting to use condoms for unmet family planning need).
- People who used drugs aged 15–64 years, and their regular and non-regular partners.
- Transgender people aged 15–64 years, and their regular and non-regular partners.
- Other people from populations at higher risk, as defined by countries.[2]

2 Conduct a separate estimate using the CNET formula and methodology as needed.

DECISIONS AROUND PRIORITY POPULATIONS FOR QUANTIFICATION

Accurate population size estimates are only as good as the data provided. Country teams should review and update their data, particularly for key populations, if available.

Other populations to consider if data are available include:

- All young people aged 15–24 years in high-prevalence or high-incidence settings to promote condom use at first sex for those not yet sexually active as part of comprehensive sexuality education.
- Refugees, internally displaced people and migrants.
- People with disabilities aged 15–64 years.
- People in prisons, if programming is possible.

Other specific priority populations to be defined in the country context to confirm condom needs are covered:

- Subpopulations under the category of people with non-regular partners and covered by default by the condom tool include truck drivers, mobile populations, military personnel and fisherfolk.
- People with sexually transmitted infections and their partners are not included but may be captured under people with non-regular partners. Validate whether their needs are covered.

People who do not need condoms include:

- People not having sex.
- People in stable relationships, with one regular partner with known HIV negative status, no sexually transmitted infections and using other family planning methods.
- People living with HIV on antiretroviral therapy who know they are virally suppressed – but consider other sexually transmitted infection and family planning needs.
- People using PrEP – but consider other sexually transmitted infection and family planning needs.

Table 12. Tips for discussion or application

For stakeholder meetings	Teams need consensus on which priority populations are to be included, with data to support decisions; these populations decisions are for quantification purposes only and not exclusive of programming for all subpopulations that need condoms The facilitator can use the background information and slides provided to introduce why specific priority populations are included, any barriers and programme solutions before undertaking the landscape analysis The facilitator can use the population group work guidance to analyse the national programme reach, barriers and condom preferences The facilitator should use or review the team's findings from the priority population checklist to confirm there is a quantification need for additional populations and minimize duplication and double-counting
For estimate development	If additional priority populations are agreed, enter them on the Demographic worksheet; make sure data are available (e.g. population size estimates, numbers of sex acts)

SETTING REALISTIC TARGETS

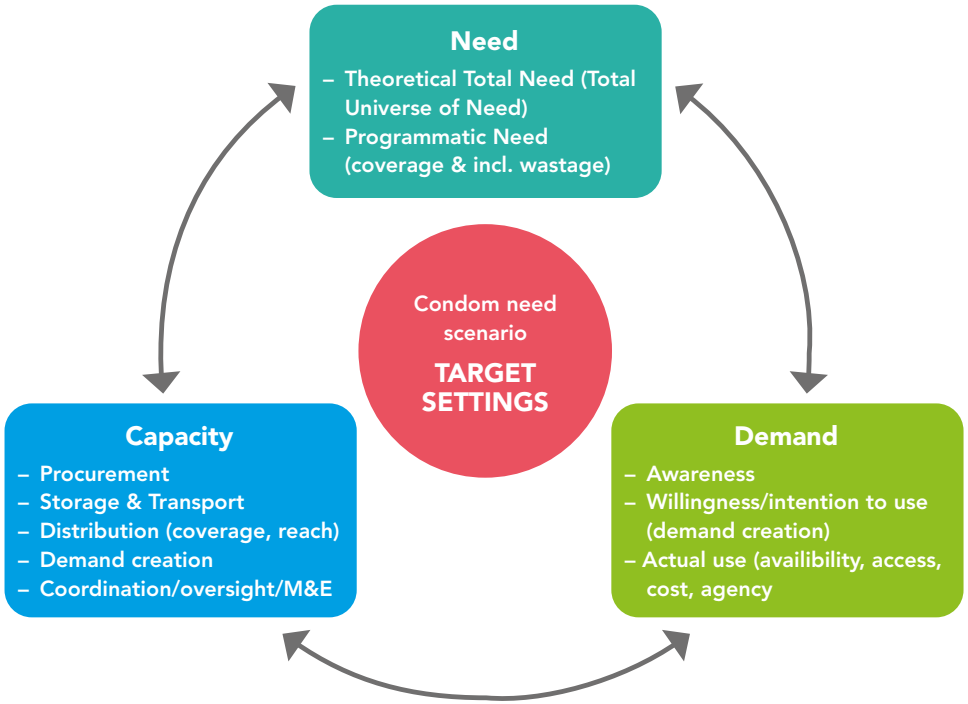
When setting realistic but ambitious targets, keep in mind the balance of need, demand and capacity by population. Need is based on population size, and risk and vulnerability for HIV, sexually transmitted infections and unintended pregnancy. Demand considers recent population-specific behavioural data available, including knowledge, attitudes and intention. Capacity considers a range of issues, including current and historical procurement and distribution.

Decision-making for target setting requires a good understanding of CNET assumptions around the contribution of condoms in light of other prevention methods in the country (e.g. voluntary medical male circumcision, PrEP, antiretroviral therapy coverage and viral suppression for U = U, undetectable = untransmittable). CNET estimates for condom needs by population do not take into consideration other prevention methods in place, for the following reasons:

- PrEP coverage is generally low and inconsistent.
- Numbers of sexually transmitted infections are often high, suggesting condoms still have a role to play.
- Adolescents always need condoms for prevention of pregnancy, and condoms go hand in hand with other innovative prevention methods.
- People using modern contraceptives still need condoms for dual protection and contraceptive failure.
- The condom needs for people living with HIV are still unknown. If viral suppression is 60%, country teams could consider reducing their targets.

Other considerations for target setting include increased opportunities to reach specific populations such as young people if programmes are in place for older people who may not have as much non-regular sex, have sex with younger partners, or are not influenced by demand-creation efforts or increased access.

Figure 62. Balancing need, capacity and demand



SETTING TARGETS NEEDS ACCOUNTABILITY

Needs to link with programmatic targets

Design of programme

Country teams need to calibrate need based on the availability and use of other prevention services for HIV, sexually transmitted infections and family planning (antiretroviral therapy, viral suppression, PrEP, voluntary medical male circumcision, behaviour change, partner reduction) and opportunities to use these channels to reach people with condoms for dual protection.

Programme analytics are critical to understand the gaps, inequities, barriers and bottlenecks that need to be addressed and to identify solutions to optimize condom programming. A people-centred programme cascade analysis can provide useful insights on how the national programme is performing compared with ambitious targets and identify key milestones for each step (Figure 63).

Figure 63. Do we know the critical gaps, inequities, barriers or bottlenecks that need to be addressed to reach our condom targets?

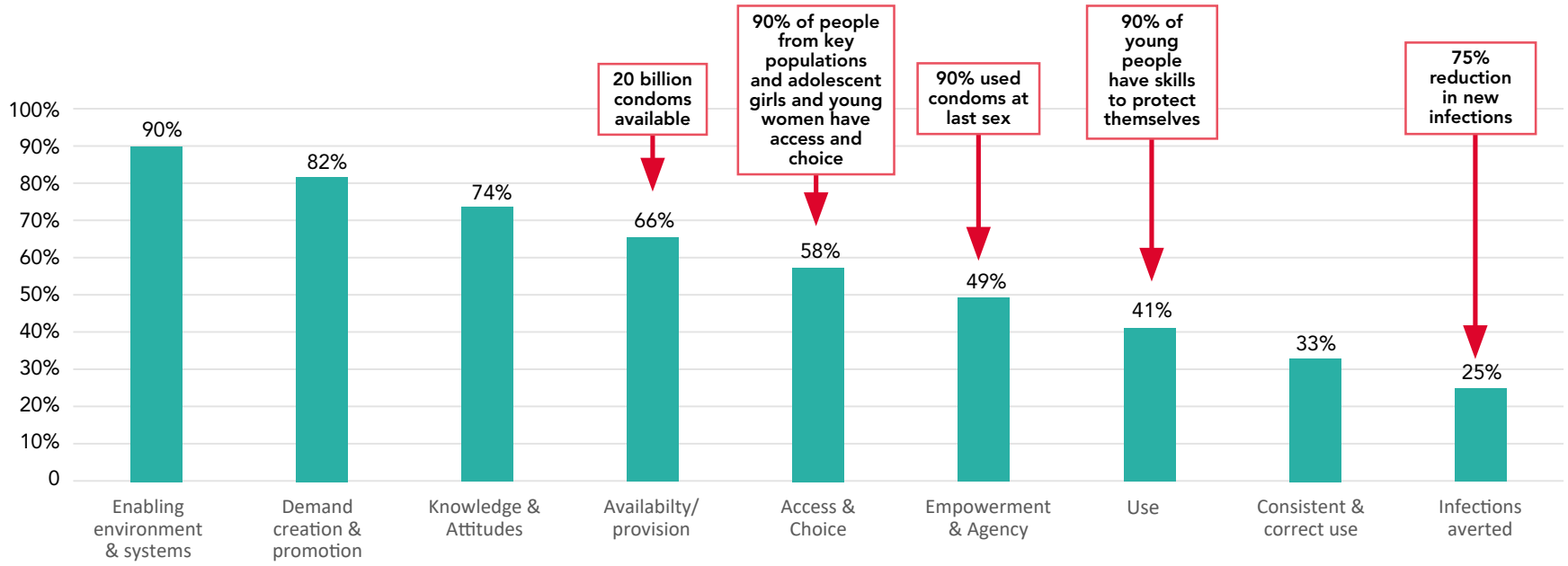


Table 13. Key tips for discussion and application

For stakeholder discussion	▪ Every target has a programme implication ▪ Discussion of realistic targets for each population needs to be addressed as part of the stakeholder launch and validated during the review meeting ▪ Country teams should start with analysis of the country's current reach and barriers faced using the population group work guidance ▪ The Target Setting Checklist can help country teams assess key factors around realistic target setting for each population
For estimate development	▪ The agreed targets will be entered into CNET under the Condom Requirements worksheet before allocation of type and sector for distribution

UNDERSTANDING SEX ACTS BY POPULATION

Sex acts are not aspirational targets! Many country teams are surprised to learn that men and women are still having more sex with stable partners than with non-regular partners – hence 50 versus 100 sex acts as default (Figure 64).

Numbers of sex acts are averages over a year. It is unlikely that people from different populations are having sex every day or every week, for several reasons:

- Individual variations (e.g. age, male/female).
- Regional, country and location (urban/rural) variations – it is important to focus on the population average.
- The general population range for couple-years of protection is 80–140 sex acts per year, with an average of 100 recommended for calculating family planning needs *(8)*.
- People with stable partners tend to have more sex.
- People with multiple partners are not necessarily having more sex (although there may be a slight increase).
- Health-related matters (e.g. general health, chronic and acute health problems, accidents, disabilities).
- Specific sexual health problems, including sexually transmitted infections:
  - One in 10 men is expected to have erectile dysfunction at some point in his lifetime, and prevalence increases with age.
  - Sexual problems experienced by women include low interest or motivation to engage in sexual activity (libido), diminished capacity for vaginal lubrication and arousal, difficulty achieving or absent orgasm, and painful intercourse.
- Stress, lack of time and mobility affect the number of sex acts.
- Access to partners, occasions and infrastructure (e.g. places to have sex).
- Sociocultural practices (e.g. pre- and postpartum, breastfeeding, menstruation).
- Demographic structure (e.g. cities, male labour migration).

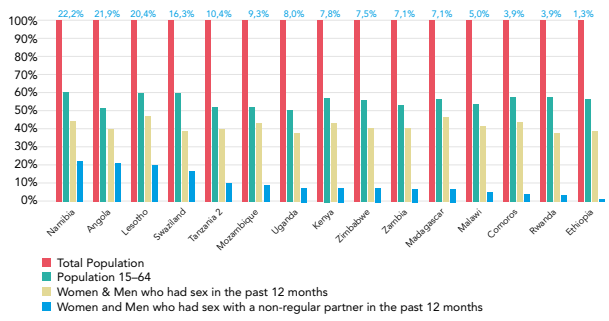
WARNING!

The number of sex acts per year is not a sign of masculinity. Remember we are thinking about averages over time. There are many reasons why the number of sex acts may not be as high as you think (e.g. age-specific shifts, illness, irregular clients for sex workers).

The number of 100 is based on Stover's modelling for family planning *(8)*.

Access is key: Evidence suggests that men with non-regular partners have less sex than men with stable partners. Some men have sex with sex workers, based on IBBS, and would be included under their condom needs. Note that a higher number of sex workers in a hotspot will reduce the number of clients, so there is a wide range for average.

Figure 63.



See the figure in detail on the next page

Figure 64. Country comparisons of sex with non-regular partners

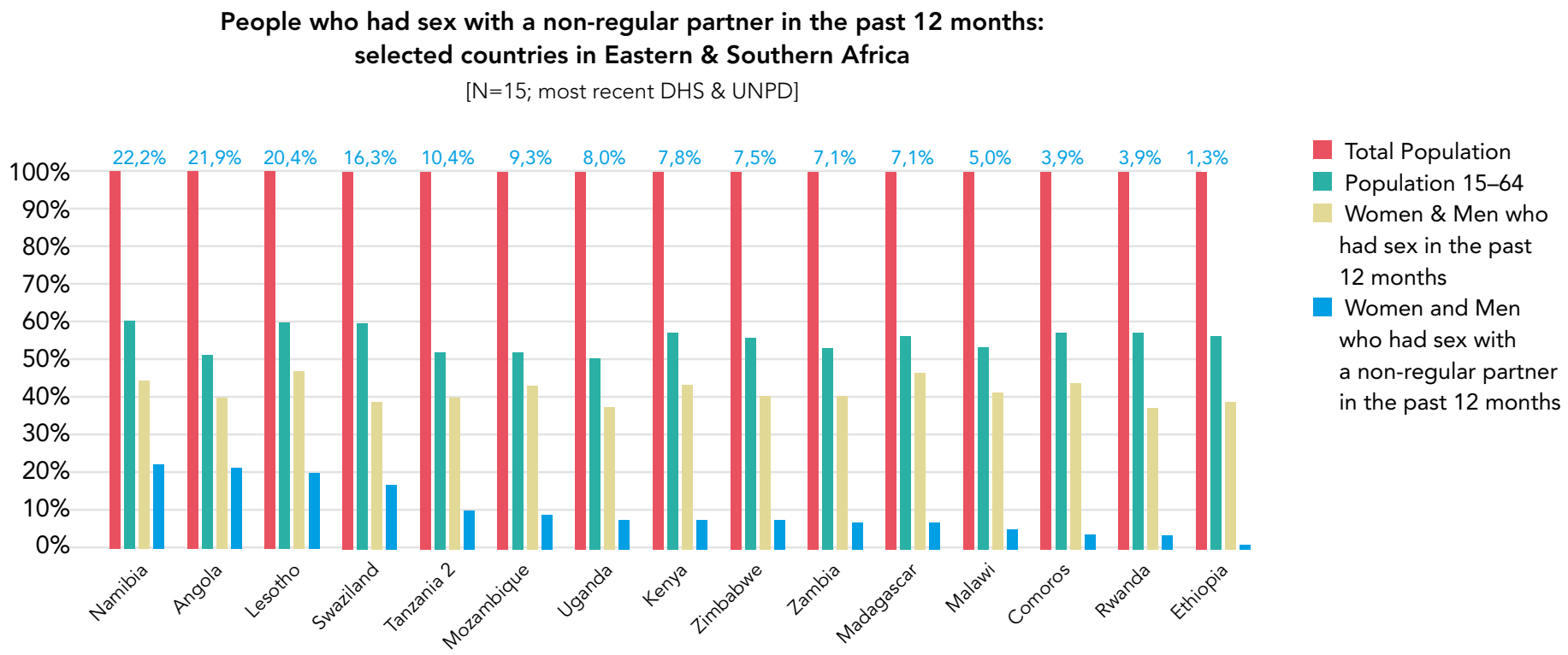


Table 14. Tips for discussion and application

During stakeholder discussions	Modification of the number of sex acts should be based on dialogue but backed by data; the discussion during the condom review meeting should challenge assumptions around numbers of sex acts for specific populations using the graphs and slides provided Country teams should see whether better data are available to justify increases or decreases or validate them for specific priority populations served
Developing estimates	Review the assumptions around default sex acts by population under the Condom Requirements worksheet and modify as needed

UNDERSTANDING WASTAGE

Every country programme has condoms that are not distributed or used. There are many reasons for this, but the greatest losses occur when condoms are stuck in warehouses or at distribution points or stock expires. Poorly targeted condom programmes may mean condoms end up in places and with people who do not want or use them. Wastage defaults are provided for all populations, but not all populations waste condoms. Sex workers are more likely to use condoms distributed to them. People who buy socially marketed or commercial sector condoms are also likely to waste condoms.

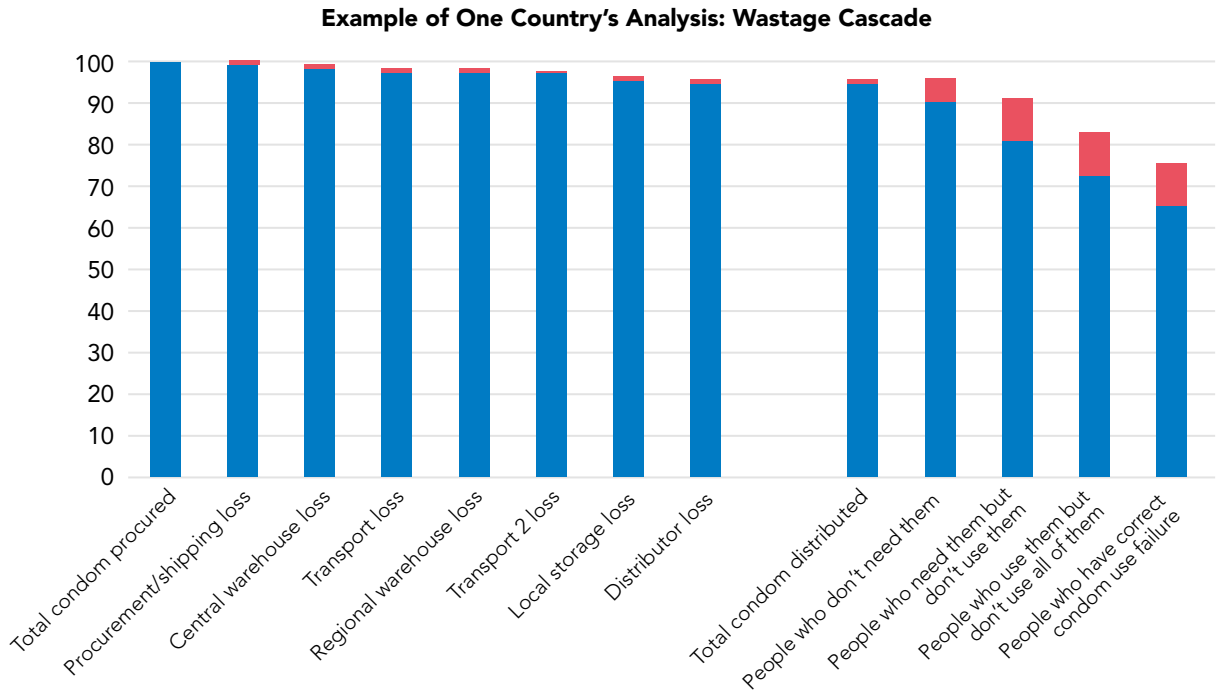
Distribution factors include:

- Shipping and transport losses, and warehouse storage and damage.
- Effectiveness of distribution channels used to reach people who actually need and use condoms.

User factors include:

- Variations in access points for specific populations (e.g. frequent users such as sex workers versus occasional users).
- Poorly targeted condom programming – providing condoms to people who do not need use them (all).
- Condom failure or breakage.

Figure 65. Example of country losses along the cascade



REMEMBER

The default condom wastage value in CNET for all populations is 20% of the total need (3% system wastage, 17% user wastage) *(7, 8)*:

- Teams need to discuss what is happening in their countries and estimate wastage by population. User wastage may be different for different populations (e.g. sex workers, occasional users).
- Poorly targeted condom programmes may mean condoms end up in places and with people who do not want or use them. Some countries may have higher wastage due to flooding the market. If programmes are targeted to the right populations, wastage will go down.
- You can manage wastage, but do not try to avoid it completely.

Understanding the causes of wastage can help mitigate unnecessary losses. Simple measures can be in place to optimize reporting of shortages and tweak supply chain management. Managing condom wastage should not lead to restrictive condom programming and distribution. It is better to have too many condoms and some wastage than too few condoms and not be able cover the needs of people who need condoms. The best method to prevent wastage is to have better people-centred promotion and distribution tailored to people's needs.

Table 15. Key tips for discussion and application

During stakeholder discussions	Few countries have good data on wastage; it is important to discuss why wastage can occur and identify steps to mitigate it as much as possible – use the landscape analysis to identify potential sources of and recommendations to reduce wastage
Developing estimates	Review the assumptions around default wastage by population under the Condom Requirements worksheet and modify as needed; note that sex workers and populations reached with social marketing and private-sector condoms are less likely to show wastage than populations reached with public-sector condoms

UNDERSTANDING THE BENEFITS OF A TOTAL MARKET APPROACH

There are many benefits to understanding which populations are being reached with free, socially marketed and private-sector condoms. Segmentation increases the effectiveness of the national condom programme and reduces wastage. Not everyone needs or wants free condoms.

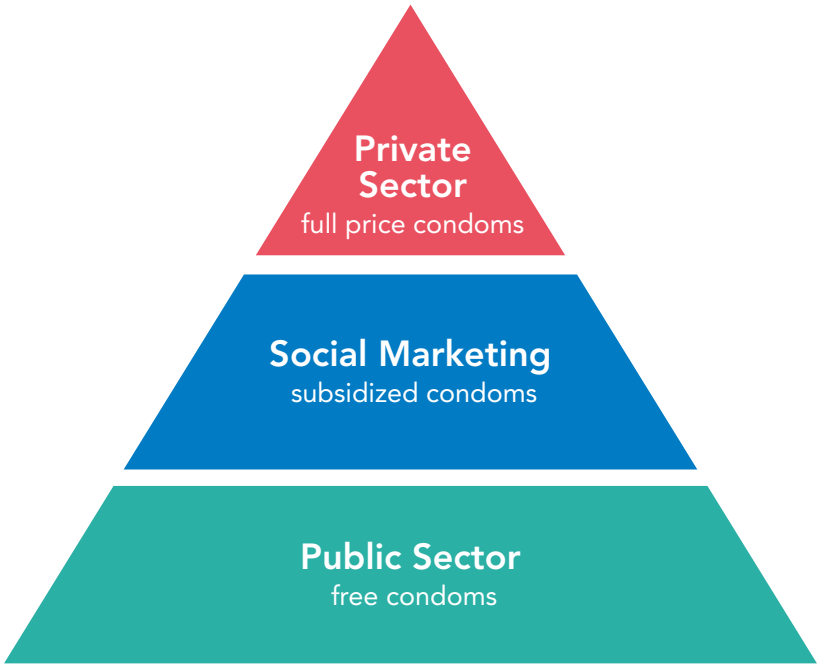
Some population segments have a demand for condoms of a certain brand or associated with certain qualities.

Social marketing organizations play an instrumental role in creating demand for condoms across sectors and populations and reducing stigma around condom use. Their use of market research provides key insights into population preferences and effective demand-creation strategies. Social marketing organizations and the private sector use distribution points that are much closer to where people are and want to access condoms.

Greater attention to the needs, preferences and willingness and ability to pay for condoms of different populations can reduce the costs of the national programme and allow the programme to focus spending on innovative demand creation, expanded distribution and access, and cost recovery.

The CNET process should include all market players. Social marketing organizations can provide data on population reach based on total market research studies, condom sales, cost recovery and access points used. Private-sector partners, although often small, are also key to understanding condom sales, locations, insights on consumers and brand preferences, channels, challenges, and supply chain bottlenecks. Consultation meetings provide an opportunity to understand perspectives of different beneficiary populations on condom preference for market growth.

Figure 66. Total market approaches matter



Country teams should optimize sustainable condom programmes through social marketing organizations and private-sector sales, but free condoms will remain important for people that cannot afford condoms. Cost should never be a barrier to prevention. Country teams need to understand population needs for free generic condoms. Priority populations should be consulted to ensure locations offered are accessible and available. Annual targets can be set and monitored to strengthen segmented market shares based on population-specific demographics. This process will improve the quality of estimates by having insights for tailored distribution.

Determination of the best total market approach scenario will vary by country and context. Country teams should use the guidance provided to make the best decisions on how to strategically focus condom resources to meet their population needs.

Figure 67. Segmenting and expanding a total market approach

CONDOM MARKET SEGMENTATION

Commercial Condoms

- Urban
- Affluent population
- Populations who value high end condoms and can afford to pay

Source: Putting young key populations first HIV and young people from key populations in the Asia and Pacific region, 2022 Advocacy brief

Government

Socially Marketed Condoms

- Clients of FSWs, Migrants, Truckers, Males / lower income segments
- Subsidized by government
- Distributed through retail network via social marketing organization

Source: A young woman holds condoms provided to her during a consultation for eligibility for Pre-Exposure Prophylaxis at a Jhpiego Lesotho activation on the premises of Glory International textile factory in Maseru, Lesotho.

Free Condoms

- Marginalised communities
- Procurement cost borne by government)
- Distributed to public health systems, to communities, and placed in non-human dispensers

Source: Condom bank at Uganda Harm Reduction Network, Mukono, Uganda, 24 October 2019

Table 16. Key tips for discussion and application

During stakeholder discussions	All stakeholders should understand the benefits of the total market approach to improve market segmentation for strategic programme decisions as part of the condom review process using the UNAIDS website slides provided The landscape analysis provides a useful starting point to understand condom availability and which populations are being reached by different market sectors with different condom products and distribution points as part of the CNET baseline It is important to ask the private sector to share its challenges and bottlenecks and to encourage its active engagement in the process to address market needs and future reporting Target setting around the total market approach requires active engagement around population-specific preferences, willingness to pay and well-segmented distribution points, and broader discussions around demand creation
Developing estimates	Total market approach analysis of market share is addressed under condom availability for the CNET baseline – make sure social marketing organizations and private-sector partners provide the numbers of male, female and specialty condoms Other dedicated CNET worksheets focus on population-specific demand for female condoms, specialty condoms and lubricants before allocating a percentage for free condoms Unless cost-recovery condoms are fully paid for, it is recommended to include them as a subcategory under socially marketed condoms

SUMMARY OF TEMPLATES, GROUP WORK GUIDANCE AND SAMPLE AGENDAS

This section provides additional resources to help countries navigate through the different steps in the roadmap. There are templates and data checklists for country teams to use when getting started, sample agendas for meetings and group work guidance to facilitate stakeholder consultation meetings, and additional background information and resources for reading.

GETTING STARTED

Draft terms of reference for the CNET task team

- Identify the core task team to lead the country CNET process – data collection, tool management, and organization and presentation of stakeholder meetings, including incorporation of inputs needed to populate the tool for estimates.
- Define objectives for the CNET process.
- Conduct baseline data collection needed for the CNET – priority population need, demographic data, condom availability (by sector), priority condom type and channels used by population, target setting and costing.
- Collate findings for the stakeholder validation meeting or workshop.
- Ensure broad participation of condom programming stakeholders, including donors, implementers, beneficiaries, people from key populations, and private-sector representatives, in a stakeholder process to review and validate baseline data for CNET and establish population-specific country targets and programme priorities.
- Identify key issues, recommendations and next steps for research, programming, resource mobilization, monitoring and coordination.
- Facilitate the approval process for final estimates.
- Support key actions, such as funding applications and strategy development and refinement, for target achievement.
- Identify the timeframe for the national condom dashboard review of progress and CNET revision.
- Establish and use the national condom coordination committee for continued review and programme engagement.

Roles and responsibilities of task team members

The core team should be small enough to manage routine meetings and data input processes, and lead planning for key stakeholder engagement meetings and consultations. Members should include:

- Two tool manipulators (monitoring and evaluation, strategic information), who are responsible for data inputs into the master tool.
- Two or three programme and policy leads, who can provide insights on the national condom programme and policy decisions.
- A social marketing organization representative to provide key guidance on socially marketed condom programmes.
- A designated community representative to provide beneficiaries' perspectives.

Table 17. Sample roles and responsibilities for task team members

Core team lead	▪ Call core task team meetings and chair discussions ▪ Manage the CNET process, including budget planning and timeframe ▪ Make final decision on data sources to be used and approvals needed for validation of the estimate ▪ Assign responsibility for the master copy of the tool for data entry and facilitator or chair for stakeholder processes ▪ Manage documentation process, including action points to monitor progress and report back
Two monitoring and evaluation and strategic information tool manipulators	▪ Responsible for data inputs into the master tool ▪ Manage data collection (e.g. condom availability data, demographic data) needed ▪ Draft estimate and refinement based on task team and stakeholder guidance ▪ Present draft estimates, data sources and assumptions used for stakeholder review ▪ Lead report writing of CNET process
Two or three programme and policy leads	▪ Provide insights on the national condom programme and policy decisions ▪ Source key strategy documents and programme reports ▪ Identify current and planned donor investments ▪ Lead stakeholder consultations needed to inform programme inputs ▪ Review and refine population-specific target scenarios and assumptions ▪ Provide recommendations and action points for target implications
Social marketing organization representative	▪ Represent social market and private-sector perspectives in core team discussions ▪ Report on all socially marketed condom programme sales and distribution points (mobilize key social marketing organization and private-sector representatives) ▪ Share market research findings on segmented population profiles to inform population segmentation discussions ▪ Inform stakeholder discussions around target setting for socially marketed, cost-recovery and private-sector condoms
Community representative	▪ Provide beneficiaries' perspectives on condom access, affordability and preferences ▪ Liaise with different population segments and programmes (e.g. people living with HIV, adolescent girls and young women, adolescent boys and young men, female sex workers, gay men and other men who have sex with men, transgender people) around priorities to achieve targets
Facilitator (UNAIDS as needed)	▪ Work with country team to conduct programme assessment on current reach, gaps and priorities ▪ Support task team on use of CNET for estimate development ▪ Facilitate country stakeholder meetings ▪ Consolidate findings for validation and final report ▪ Offer troubleshooting and support

Data collection checklist

Table 18. Data collection checklist

Data needs	Data sources	Reference CNET worksheets for inputs
Latest demographic and behavioural data by population	Recent DHS Recent MICS IBBS survey Condom market research	Demographic worksheet Condom requirement worksheets Total market approach worksheets
Latest condom procurement, distribution, sales data by sector: ▪ Public (free) ▪ Socially marketed ▪ Private sector (if available)	Central medical stores Social marketing organization reports Pharmaceutical council (inputs)	Condom availability worksheet
Baseline for target setting (achievement and considerations for target setting)	National HIV, condom, or sexual and reproductive health and rights strategies Population-specific strategy documents	Condom requirement worksheet Total market approach worksheets
Baseline for costing scenarios (current donor investments for commodities and programmes)	Global Fund grants Donor investment commitments	Inform final targets based on country budget and funding application

SAMPLE STAKEHOLDER LAUNCH CNET MEETING AGENDA AND FACILITATION RESOURCES

Objectives

- Understand the value added of linking condom distribution to population-specific targets.
- Understand the CNET process and tool for stakeholder engagement.
- Validate the CNET terms of reference and core task team.
- Confirm priority populations for condom use and inclusion in condom estimates.
- Review condom programme successes, challenges and needs.
- Discuss considerations for setting population-specific targets such as a national strategy.
- Establish road map for data needs and estimate review and validation:
  - Data sources.
  - Consultations.

Table 19. Sample stakeholder CNET meeting agenda

Agenda	Resources
Introduction to CNET process and tool ▪ Why use CNET ▪ Benefits ▪ How it differs from current size estimations ▪ How it works ▪ The country roadmap process ▪ Discussion of expectations for what the tool produces versus programme and policy outcomes	▪ UNAIDS CNET Slide Deck
Proposed objectives and terms of reference for estimate development ▪ Understanding the current contribution of other sectors and benefits of using a total market approach to refine understanding of population needs and preferences for condom products	▪ TORs ▪ Facilitator Thematic Notes and Additional Background Information
Reviewing our national condom programme ▪ Present condom landscape analysis example and steps for group work/validation ▪ Identify donors and quantities procured ▪ Determine condom distribution points by sector ▪ Identify populations reached	▪ Group work guidance for condom landscape analysis 1: understand the current state of the national condom programme/sample ▪ Group work guidance for condom landscape analysis 2: determining condom availability by sector ▪ Group work guidance for condom landscape analysis 3 - mapping populations reached by condom and channels now – sample format
Analysing current priority populations needs and recommendations ▪ Breakout sessions for population discussions and national coordination and supply chain issues. ▪ Confirm populations for CNET inclusion ▪ Develop a road map (timeline) for additional data collection and meetings	▪ Group work guidance for condom landscape analysis 4 – ▪ analysing population specific condom needs ▪ Population Checklist

GROUP WORK GUIDANCE FOR CONDOM LANDSCAPE ANALYSIS 1: UNDERSTAND THE CURRENT STATE OF THE NATIONAL CONDOM PROGRAMME

KEY QUESTIONS FOR CONDOM LANDSCAPE ANALYSIS

- Condom stakeholders – who are the main suppliers of condoms in the country?
- Procurement – how many condoms are being procured, and by whom?
- Key channels – where are condoms being distributed?
- Population reach – do we know who is being reached?

Donor	Condom type	Quantity	Distribution channels – fixed	Distribution channels – outreach/mobile	Populations reached
Condom supplier	Male				
	Female				
	Lubricant				
	Specialty				
Condom supplier	Male				
	Female				
	Lubricant				
	Specialty				
Condom supplier	Male				
	Female				
	Lubricant				
	Specialty				

Example of country condom landscape analysis for baseline

Condom stakeholders: Who funds condoms? Main suppliers
Procurement: How many condoms/lube are being procured? By whom?
Types of male and female condoms and lubricants: What is available? (free, socially marketed, private sector)
Distribution channels: What are the distribution channels? Where?
Populations reached: Who is being reached?

Procurement/Processing/Storage

- Ministry of Health commodity quantification
- Customs
- Bureau of Standards
- Central warehouse

Donors/suppliers	Government	UNFPA	USAID	Global Fund	NGO	Private sector/ wholesale pharmacies
Quantities	10 million	Other	SMO: 12 million Generic: X		NGO: 3 million	Private retailers: shops, pharmacies?
Examples of branded condoms	Generic free Female condoms	Free Love	Shield	Pleasure Protect	CARE Lubricants	Rough Rider Durex Trojan Cupid
Distribution channels – fixed	Ministry of health hospitals and clinics Antiretroviral medicines Family planning Voluntary HIV counselling and testing Voluntary medical male circumcision			Condom kiosks SMO NGO outlets		Pharmacies and shops
Distribution channels – mobile/community	Ministry of Health community health workers Youth friendly mobile outreach Schools	Community-based organizations	Network of people living with HIV Hotspots Bars	Community-based distribution – peer educators, community expert clients, outreach Construction sites Hotels	Condom dispensers Refugee camps Prisons Workplaces	Community events
Populations reached	Couples family planning	People living with HIV	Sexually active young people	Adults with non-regular partners	Sex workers	Gay men and other men who have sex with men

GROUP WORK GUIDANCE FOR CONDOM LANDSCAPE ANALYSIS 2: DETERMINING CONDOM AVAILABILITY BY SECTOR

Condom availability and use baselines:

- Serve as benchmarks for target setting.
- Allow calculation of condom gap.

Condom availability baseline:

- Global indicator: number of condoms that have left the central warehouse.
- Sources: country reports, global AIDS monitoring, DKT (social marketing database), Reproductive Health Supplies Coalition, UNFPA reports.

Condom use baseline:

- In absence of reliable or complete condom availability data, the tool calculates the condom use baseline.
- Based on rates of current condom use at last sex for various subpopulations, the tool estimates how many condoms have been used for the current baseline year.

	Public sector (free distribution)		Social marketing (subsidized sales)		Private-sector sales (formal and informal)		Other sources: civil society organizations, community-based organizations, community-led organizations		Lubricant	
	Male	Female	Male	Female	Male	Female	Male	Female	Free	Other
Donor procurements and shipments										
Procured (orders) by country										
In central warehouse (in stock)										
Left central warehouse										
In provincial or local warehouses										
Distributed or sold in distribution points, outlets and shops										
Used										

GROUP WORK GUIDANCE FOR FOR CONDOM LANDSCAPE ANALYSIS 3: MAPPING POPULATIONS REACHED BY CONDOM AND CHANNELS – SAMPLE FORMAT

Tasks:

- Determine programme reach by populations, channels and types of data.
- Validate assumptions around condom need and use based on availability data.

Who are we reaching now?	Size estimates	Where are they?	What channels are we using?	What are they using (male, female, specialty, lubricant)?	Do we have condom distribution data for last year?
Adolescent girls and young women		DREAMS target areas (Global Fund/PEPFAR)	Peer educators Mobile outreach services	Male condoms Female condoms	DREAMS only
Sex workers		Key population hotspots mapped – Global Fund/ PEPFAR	Peer educators and navigators Sex worker queens	Male condoms Lubricants Female condoms (some)	Yes
Gay men and other men who have sex with men		Key population hotspots mapped – Global Fund/ PEPFAR	Peer educators and navigators	Male condoms Lubricants	Yes
Transgender people		Key population hotspots mapped – Global Fund/ PEPFAR	Peer educators and navigators	Male condoms/lube	Yes
Men with non-regular partners (which men do we reach?): ▪ Fisherfolk ▪ Clients of female sex workers ▪ Military personnel ▪ Police personnel		Geographical hotspots	Social marketing sites Voluntary medical male circumcision sites Frontline health workers (ie. Health Surveillance Assistants/ Rural Health Motivators) Female sex workers – clients and client peer educators	Socially marketed condoms (Private sector) Free?	Socially marketed sales

> continued on next page

Women with non-regular partners		Urban areas	Salons	Male condoms Female condoms (some)	Socially marketed sales
Couples living with HIV		Nationwide	Health facilities and antiretroviral therapy clinics?	Free condoms?	Antiretroviral therapy clinics Community expert clients Community antiretroviral therapy groups
Couples with family planning		Nationwide	Health facilities	Free condoms	Family planning clinics
People with sexually transmitted infections		Nationwide	Health facilities	Free condoms	Sexually transmitted infection clinics
Other people (e.g. people who inject drugs, refugees)					

GROUP WORK GUIDANCE FOR CONDOM LANDSCAPE ANALYSIS 4: ANALYSING POPULATION SPECIFIC CONDOM NEEDS, CHALLENGES AND RECOMMENDATIONS FOR FUTURE PROGRAMMING

WHAT ARE SPECIFIC POPULATION CONDOM CHALLENGES?

Tasks for (6) Breakout Groups

Identify population specific condom challenges using the sample case studies (as needed) and develop recommendations to inform quantification needs and program priorities.

Consider:

- Demand – which populations are we reaching with demand creation? What methods are we using? Are there gaps? How do we know?
- Access – Which distribution points are used now? Can populations access them easily? Are condoms provided for free or at a price? Are condoms affordable?
- Use – How do we know whether the people who receive condoms use them? Or use all of them?




Source: UNAIDS Global AIDS Strategy, 2022.

GROUP 1: CHALLENGES FACED BY ADOLESCENT GIRLS AND YOUNG WOMEN

Lindi and her friends are worried about becoming pregnant and getting HIV from older male partners. She is 17 and still in school. Lindi is proud to have an older male partner who she met after school one day, and she loves how her friends admire her success. He is generous: he has bought her a phone and other nice things, including some pretty clothes.

She knows he has other partners, but he says he loves her most. To prove it, he tells her he uses condoms with the other women but not her, because he feels they are closer and more one.

She knows that if she does not use condoms, she could get pregnant and have to leave school like her friend. She does not want to refuse sex (even without a condom) and is generally afraid of making him angry. But leaving him means she would have no economic support, and she (and her family) have come to rely on his generosity, particularly since COVID-19.

Her best friend told her about female condoms that she can control, but where would she get them from? The local health providers at the clinic are very judgemental about young women being sexually active, shout at them, and would probably tell her parents. So where can she go?

	Issues	Recommendations
Size estimates?		
Where are they (geographical prioritization)?		
What channels are we using?		
What programmes and services are we providing?		
What condoms are they using (male, female, specialty, lubricant)?		
Do we have condom distribution data for last year?		
Do we have targets?		
What is current use versus need?		
What are the challenges in programming?		
▪ Demand challenges (e.g. self-efficacy, knowledge, attitudes, skills, community norms and practices)?		
▪ Access challenges (e.g. stigma, transport, lack of youth-friendly health services, infrequent outreach)		
▪ Broader structural and policy challenges (e.g. school policies, poverty, violence)?		

GROUP 2: CHALLENGES FACED BY FEMALE SEX WORKERS

Rose and the other sex workers in her hotspot agree that having sex without condoms is high risk and will increase their risk of HIV and other sexually transmitted infections. With the number of clients ranging from 6 to 30 a day, she must be prepared for anything, but having a regular supply of condoms and lubricant is often a challenge.

Clients are always looking for an excuse to not have to wear condoms – and even willing to offer more money for this. But what if she becomes sick? Then what would her family do?

Everything feels overwhelming and she does not know who she can ask for help. The girls usually compete for clients, so she tries to show a brave face. But if business is slow, she cannot afford to buy condoms in the bar, and going to the health facility is not an option. The health providers know what she does and treat her like she is dirt.

	Issues	Recommendations
Size estimates?		
Where are they (geographical prioritization)?		
What channels are we using?		
What programmes and services are we providing?		
What condoms are they using (male, female, specialty, lubricant)?		
Do we have condom distribution data for last year?		
Do we have targets?		
What is current use versus need?		
What are the challenges in programming?		
▪ Demand challenges (e.g. self-efficacy, knowledge, attitudes, skills, community norms and practices)?		
▪ Access challenges (e.g. stigma, transport, lack of youth-friendly health services, infrequent outreach)		
▪ Broader structural and policy challenges (e.g. school policies, poverty, violence)?		

GROUP 3: CHALLENGES FACED BY MEN WHO HAVE SEX WITH MEN

Thomas suspects his partner may have other boyfriends and wants condoms and lubricant to protect himself from HIV and other sexually transmitted infections. He is only 25, and he feels like his whole future is ahead of him.

Although he kept his sexual identity secret for a long time, things changed when he came to the city, graduated from university, and was finally able to meet other men like himself.

Because it is illegal, they have to be very careful and hide their feelings and their behaviours. He would love to eventually find someone to fall in love with and have a long-term relationship, but it is only a dream. Everything around him denies his right to exist.

Although he knows about HIV, condom advertisements are targeted towards men and women, so it is difficult for him to convince the men he is with that they should use condoms and water-based lubricants. They seem to think that if you have anal sex, you cannot get HIV. He could go into any health facility for care as a man, but he knows he could not be honest with a health provider regarding his sexual preferences and health needs.

He does not think it would make any sense to have an HIV test, because there are no services to help someone like him anyway. Better not to know.

Like many other men he knows, he will probably get married at some point and continue his secret life.

	Issues	Recommendations
Size estimates?		
Where are they (geographical prioritization)?		
What channels are we using?		
What programmes and services are we providing?		
What condoms are they using (male, female, specialty, lubricant)?		
Do we have condom distribution data for last year?		
Do we have targets?		
What is current use versus need?		
What are the challenges in programming?		
▪ Demand challenges (e.g. self-efficacy, knowledge, attitudes, skills, community norms and practices)?		
▪ Access challenges (e.g. stigma, transport, lack of youth-friendly health services, infrequent outreach)		
▪ Broader structural and policy challenges (e.g. school policies, poverty, violence)?		

GROUP 4: CHALLENGES FACED BY MEN WITH NON-REGULAR PARTNERS

As a player, James knows that condoms are important to have in his pocket. He and his buddies are often out drinking at the local bottle store or bar, and always on the lookout for their next conquest. Now that he is finished with high school, he feels a bit lost about his prospects for work. While he can get the odd job, he and his buddies spend most of their time hanging out together playing soccer, pretending everything is cool, and – when one of them gets some money – at the local bottle store or bar.

He knows condom use is important, but most of the time he has sex without a condom. The good condoms, which smell like chocolate and are even a bit ribbed for added pleasure, are usually too expensive to buy, and the regular ones are only available at the facility. Anyway, he does not want his girls to think he does not trust them.

He worries about his health though. The guys always joke about sexually transmitted infections and going to the local healer for some strong remedies. But do they really work?

	Issues	Recommendations
Size estimates?		
Where are they (geographical prioritization)?		
What channels are we using?		
What programmes and services are we providing?		
What condoms are they using (male, female, specialty, lubricant)?		
Do we have condom distribution data for last year?		
Do we have targets?		
What is current use versus need?		
What are the challenges in programming?		
▪ Demand challenges (e.g. self-efficacy, knowledge, attitudes, skills, community norms and practices)?		
▪ Access challenges (e.g. stigma, transport, lack of youth-friendly health services, infrequent outreach)		
▪ Broader structural and policy challenges (e.g. school policies, poverty, violence)?		

GROUP 5: CHALLENGES FACED BY COUPLES LIVING WITH HIV

Chisomo loves his wife deeply but worries that her viral load is not stable. When they first discovered that she was HIV-positive through antenatal care for their first child, he assumed he must also be positive and was resigned to them being positive together. After all, they were one. When she came home with a self-test kit, he was surprised to find out he was negative. It could not be true – but the clinic confirmed it.

They suggested he start PrEP to stay negative, but initially he was not sure how he felt about taking a pill every day. Would it not be easier if they were both positive?

He hates the idea of using condoms now they are married, but he knows they may be the easiest to use for now and can at least protect them from another unintended pregnancy.

	Issues	Recommendations
Size estimates?		
Where are they (geographical prioritization)?		
What channels are we using?		
What programmes and services are we providing?		
What condoms are they using (male, female, specialty, lubricant)?		
Do we have condom distribution data for last year?		
Do we have targets?		
What is current use versus need?		
What are the challenges in programming?		
▪ Demand challenges (e.g. self-efficacy, knowledge, attitudes, skills, community norms and practices)?		
▪ Access challenges (e.g. stigma, transport, lack of youth-friendly health services, infrequent outreach)		
▪ Broader structural and policy challenges (e.g. school policies, poverty, violence)?		

GROUP 6: DISCUSSIONS ON NATIONAL COORDINATION, STORAGE AND SUPPLY CHAIN ISSUES

- Are there enough condoms? Are there stockouts? Are there distribution issues?
- How do we determine wastage – consider distribution- and user-related factors?

	Issues	Recommendations
Coordination		
Procurement and shipping		
Clearance		
Storage – central and regional levels		
Distribution		
Reporting		
Assessment of wastage		
Population-based research (size estimates, user profile, preferred channels and types of product)		
Funding		

SAMPLE OUTLINE FOR CNET OUTBRIEF MEETING

- **Condom use trends and gaps.**
- **Programme landscape analysis.**
- **CNET objectives.**
- **Process, including stakeholder engagement, and adjustments made based on data review.**
- **Outputs and issues:**
  - Baseline condom availability and use versus need.
  - Priority populations for condoms, including assumptions.
  - Estimates for population-specific targets by year.
  - Types of condom and lubricant.
  - Total market approach findings.
  - Commodity and programme costs.
- **Reflections on lessons learned.**
- **Recommendations and immediate next steps:**
  - Data gaps.
  - Programme design and refinements.
  - Monitoring.
  - Coordination.
  - Resource mobilization and advocacy.

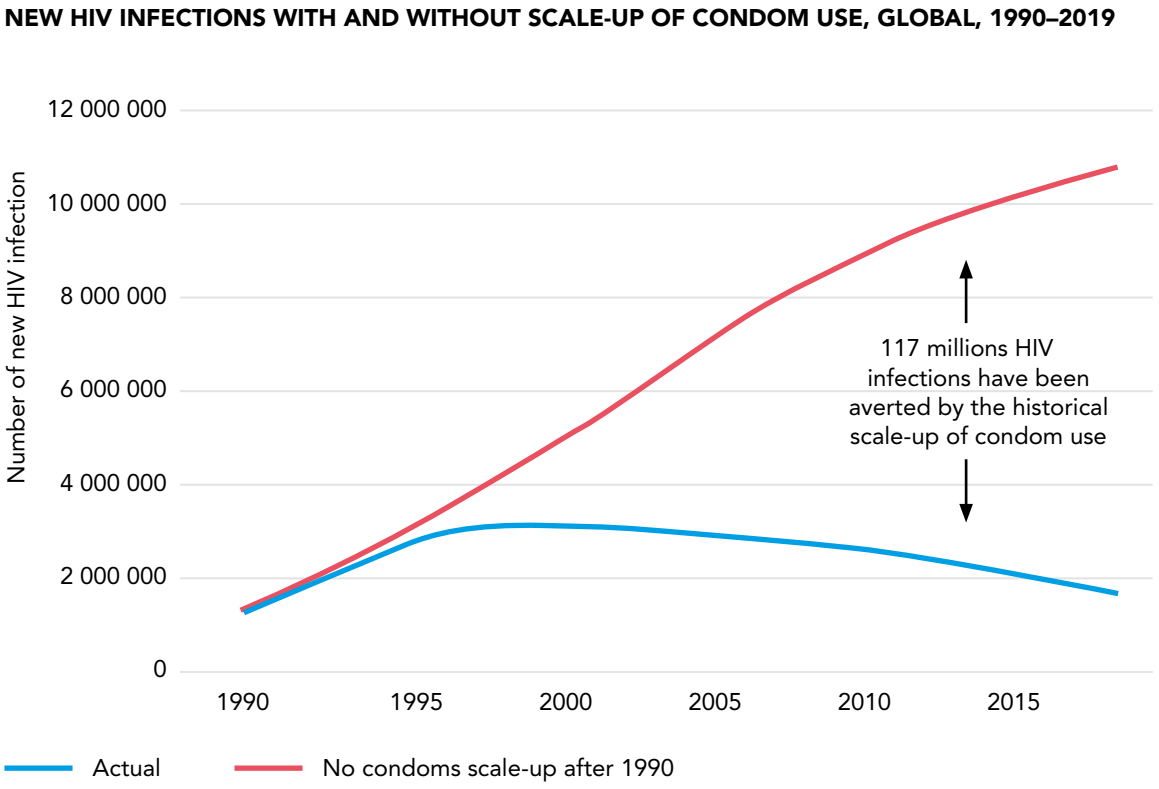
FURTHER INFORMATION ON KEY TOPICS

EVIDENCE FOR WHY CONDOMS WORK

Condoms remain one of the most cost-effective ways to prevent HIV infections, sexually transmitted infections, and reduce the number of unintended and teenage pregnancy:

- They are effective – they provide 80–90% protection when used consistently and correctly.
- They are cheap – in 1990–2019, each male condom distributed cost US$ 0.18, and each HIV infection averted by condom use cost US$ 230.
- They are convenient and easy to use – no prescriptions or medical visits are needed, and they are easy to store and carry.
- There is high acceptance around their use.
- They can be integrated easily into other programmes and made sustainable, and they offer an important choice for protection.

Figure 68. Modelled impact of condom use on averting HIV infections



Source: Stover J, Teng Y. The imact of condom use on HIV epidemic [version 1]. Gates Open Res. 2021; 5:91. doi: 10. 12688/gatesopenres.13278.1

Condom use has had an enormous impact on the global HIV pandemic. Model simulations show that increased condom use since 1990 has averted an estimated 117 million new infections, close to half of them (47%) in sub-Saharan Africa and more than a third (37%) in Asia and the Pacific (Figure 67) *(11)*.

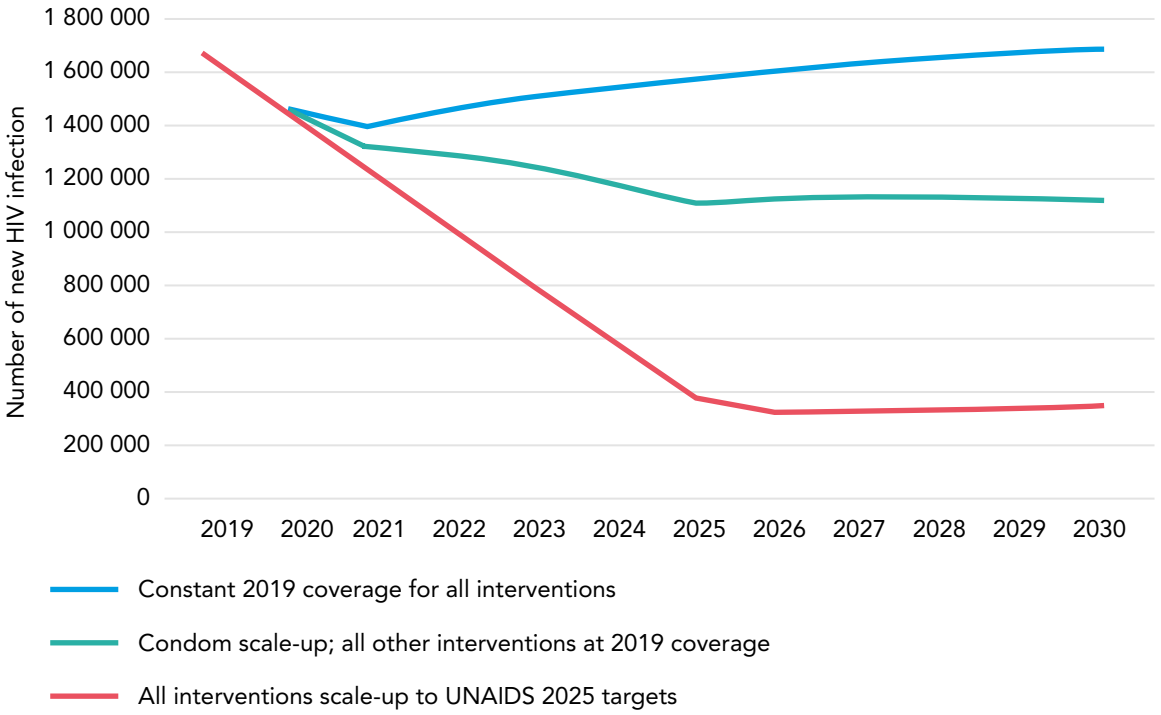
In 16 countries where data are available, a steady and significant decline in new HIV infections (over 30%) is associated with a rapid scale-up to high levels of condom use (over 60%) at last higher-risk sex by men and women.

Condoms are a critical part of combination prevention. Condoms will not end epidemics on their own, but they remain a core element of the HIV prevention toolkit. Condom use complements all other HIV prevention methods, including partner reduction, voluntary medical male circumcision, PrEP and treatment as prevention.

Modelling shows that continued scale-up of condom programmes with other prevention measures will have a dramatic impact *(11)*. If condom use rates are increased to reach 95% coverage of higher-risk sex acts by 2025 and all other prevention interventions remain at 2019 coverage levels, then about a third of the required reductions in new HIV infections will be achieved.

Figure 69. Combined impact of condom use with other prevention methods on averting HIV infections

THE IMPACT OF CONDOM USE ON NEW HIV INFECTIONS IN THE FUTURE UNDER THREE SCENARIOS, GLOBAL, 2019–2030



Source: Stover J, Teng Y. The imact of condom use on HIV epidemic [version 1]. Gates Open Res. 2021; 5:91. doi: 10. 12688/gatesopenres.13278.1

USING A POPULATION LENS TO UNDERSTAND AND RESPOND TO CONDOM NEEDS

Having a deep understanding of the country's priority populations and needs is key for effective condom programming within an equality framework. Populations at higher risk for HIV, sexually transmitted infections and unintended pregnancy face various challenges to condom use and access. The examples provided on the worksheets show the importance of context in understanding population-specific priorities around demand, access and sustained use.

Countries should assess and refine their priority population responses based on a deeper understanding of their needs, barriers faced, channels, strategies and effectiveness of programme reach *(5)*. Responsive condom programmes determine population-specific needs and provide the right amount and type of condom products and other services required.

Accessible channels and trusted distribution agents are also identified, not only for service provision but also for effective demand creation and skills development. Access goes beyond condom availability to understanding ability and willingness to pay, with free condoms and lubricants made available to priority populations with the greatest need, ensuring preferred types of condom products are available and supportive laws are in place to make it easier for people to obtain, carry and use condoms when they need them.

Adolescent girls and young women

Adolescent girls and young women are disproportionately affected by HIV. This is coupled with an alarming increase in teenage pregnancy. Adolescent girls and young women aged 15–24 years are three times more likely to be infected with HIV compared with males in the same age group. Early sexual debut and risk behaviours are influenced by gender disparities and harmful cultural norms, transactional and intergenerational sex, gender-based violence, sexual abuse, and low access to youth-friendly sexual reproductive health and rights and HIV products and services.

Fragmented services for HIV, sexually transmitted infections and family planning have led to declining condom use among adolescent girls and young women and family planning users. Findings published from the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study in 2019 reinforced the importance of condom promotion for dual protection among contraceptive users *(12)*. Although HIV prevention services were provided to women who participated in the trial in countries with a high prevalence of HIV, condoms were not actively promoted for dual protection, resulting in unacceptably high incidence of HIV despite high effectiveness of contraceptives (depot-medroxyprogesterone acetate, implant and intrauterine devices) for prevention of pregnancy.

Source: UNAIDS Global AIDS Strategy, 2022.

Table 20. Addressing condom needs of adolescent girls and young women

Barrier	Services and products	Considerations for condom access and use programming	Distribution access points and promotion
▪ Low self-efficacy and empowerment ▪ Gender disparities ▪ Gender-based violence ▪ Poverty ▪ Low access to sexual and reproductive health and rights information and services ▪ Stigma and judgement by providers	▪ Male and female condoms and lubricants ▪ Contraceptives ▪ PrEP ▪ Youth-friendly HIV and sexual and reproductive health and rights services ▪ Gender-based violence care and support ▪ Life skills education ▪ Antiretroviral therapy – support and adherence groups ▪ Cash transfers	▪ Efficacy to negotiate condom use ▪ Stigma ▪ Priority for free condom distribution ▪ Preference of male versus female condoms, lubricants ▪ Condom numbers needed	▪ Peer support ▪ Mobile outreach (one-stop services) ▪ Youth corners ▪ Clubs ▪ Schools

Because of the multilevel barriers faced, solutions need to be comprehensive. For example, the DREAMS initiative provides a core package of layered interventions targeting vulnerable adolescent girls and young women with social assets, youth-friendly reproductive health services, and economic strengthening; mobilizes communities and schools; reduces risk of partners through targeted HIV services; and strengthens family resilience through social protection and parent education.[3] In priority countries, the Global Fund has adopted the DREAMS model to expand access and partnerships through governments and local partners.

3 This programme runs in Botswana, Côte d'Ivoire, Eswatini, Haiti, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, South Sudan, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.

Female sex workers

Sex workers face the highest risk of HIV, stigma, criminalization of behaviour and violence. In 2019, female sex workers had a 30 times greater risk of acquiring HIV than the general population and represented 8% of all new infections globally *(13)*. They also have high rates of other sexually transmitted infections, including 10.8% prevalence of active syphilis *(14)*.

Although sex workers have higher condom use than the general population, lower condom use was reported with non-paying partners than in commercial sex. Economics and gender-based violence impact on consistent condom use. Discrimination, harassment and punitive laws make it especially difficult for sex workers to access and use condoms, despite their higher risk of HIV infection. Punitive laws limit the ability of sex workers to negotiate condom

use with clients. It is not uncommon for police to regard the possession of condoms and lubricants as "evidence" of sex work and a basis for harassment, bribery, arrest or violence. Sex workers face high levels of stigma and criminalization almost everywhere.

Because sex work is illegal in many countries, it difficult for them to access health care, including HIV prevention, testing and treatment services. Sex workers are subject to routine abuse, discrimination and violence from police officers, health-care workers and other people in authority, and from clients and the general public *(13)*.

There has been significant momentum to develop evidence-based approaches to serve sex workers in different settings. Globally, a core package for key population interventions and services is promoted, which includes a combination of behavioural, biomedical and structural interventions provided on a routine basis through community-based models and peer outreach workers *(15)*. Modelling studies indicate that decriminalizing sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years, while eliminating sexual violence against sex workers could lead to a 20% reduction in new HIV infections.

Source: UNAIDS Global AIDS Strategy, 2022.

Table 21. Addressing condom needs of female sex workers

Barrier	Services and products	Considerations for condom access and use programming	Distribution access points and promotion
▪ Low access to key population targeted sexual and reproductive health and rights information and services ▪ Gender-based violence ▪ Illegality ▪ Stigma and judgement	▪ Male and female condoms and lubricants ▪ Contraceptives ▪ PrEP ▪ Routine screening and treatment for sexually transmitted infections	▪ Large number of condoms needed ▪ Lubricants ▪ Condom types needed (e.g. specialty condoms for clients) ▪ Priority for free and frequent distribution ▪ Demand for female condoms ▪ Storage challenges ▪ Stigma and policy environment	▪ Peer support ▪ Mobile outreach ▪ Peer support groups ▪ Community drop-in centres ▪ Hotlines and referrals

Gay men and other men who have sex with men

Gay men and other men who have sex with men have a 25 times greater risk of acquiring HIV than heterosexual adult men (5). Gay men and other men who have sex with men represent a diverse spectrum of people with different backgrounds, ages and occupations. Regardless of their background, they face criminalization, stigma and abuse from all sectors of society, including their own families. Health-care services are not seen as safe or responsive to their needs. In many countries, same-sex sexual relations are illegal, which fuels the stigmatization of this population.

Despite being highly vulnerable to HIV, gay men and other men who have sex with men often remain hidden and have limited access to condoms, lubricants and appropriate prevention education. Condom use at last sex is reportedly low (less than 70% of gay men and other men who have sex with men in 25 of 82 reporting countries, and less than 50% in 15 countries).

Source: UNAIDS Global AIDS Strategy, 2022.

Table 22. Addressing condom needs of gay men and other men who have sex with men

Barrier	Services and products	Considerations for condom access and use programming	Distribution access points and promotion
▪ Low access to targeted sexual and reproductive health and rights information and services ▪ Illegality ▪ Gender-based violence ▪ Stigma and judgement	▪ Condoms and lubricants ▪ PrEP ▪ Sexually transmitted infection services ▪ HIV services	▪ Lubricants ▪ Trusted sources for condoms ▪ Priority for free distribution ▪ Stigma and policy environment	▪ Peer support ▪ Mobile outreach ▪ Peer support groups ▪ Community drop-in centres ▪ Hotlines and referrals

Men and women with non-regular partners

Men and women with non-regular partners have different condom needs and challenges. Masculinity norms encourage multiple sexual partners and put young men at risk for HIV infection. There are also myths and misconceptions around consent, condom use, protective benefits of medical male circumcision and social norms that condone violence against women. Despite availability of access, men face barriers to using health care. Health-care facilities are often seen as "female spaces", and men perceive seeking services as a sign of weakness. Health providers are often seen as judgemental and HIV-related services as stigmatizing.

Men with non-regular sex partners encompass a wide range of ages, occupation groups and marital status. Because condom use is often stigmatized among trusted relationships, men often forgo condom use based on perceived selection of low-risk (often younger) partners. Access to condoms may also be an issue, particularly among young men or in rural areas due to cost or availability, or where and when they need them at night (e.g. at bars, hotels and entertainment centres).

Source: UNAIDS Global AIDS Strategy, 2022.

Table 23. Addressing condom needs of men and women with non-regular partners

Barrier	Services and products	Considerations for condom access and use programming	Distribution access points and promotion
▪ Lack of male-friendly services	▪ Condoms	▪ Current demand and use of socially marketed or private-sector condoms ▪ Age-specific access to free versus socially marketed condoms ▪ Preferred distribution channels	▪ Bars and entertainment centres ▪ Peer distribution ▪ Male-friendly providers
▪ Low self-efficacy and empowerment ▪ Gender disparities ▪ Gender-based violence ▪ Poverty	▪ Male and female condoms ▪ PrEP ▪ Sexually transmitted infection services ▪ HIV services	▪ Efficacy to negotiate condom use ▪ Stigma ▪ Priority for free condom distribution ▪ Preference of male versus female condoms and lubricants ▪ Condom numbers needed	▪ Health facilities (antenatal care, family planning) ▪ Mobile outreach ▪ Peer support ▪ Community women's groups ▪ Beauty salons

Women with non-regular sex partners include a wide range of age groups, occupations and marital status. Cultural norms and practices put women of all age groups at risk for low condom use due to inequities and power dynamics around consent. Sex is often transactional (with economic needs). Many countries (the majority of them in sub-Saharan Africa) show that just over half (55%) of women aged 15–49 years who were married or with a partner made their own decisions about their sexual and reproductive health *(15)*.

Couples living with HIV

The health needs of couples living with HIV are not well understood. Globally, an estimated 37 million people living with HIV in 2020 represented every segment of society, including young people, married couples, widows, urban and rural populations, and different occupations *(15)*.

Their sexual and reproductive health and rights and HIV needs vary greatly, and programme responses need to tailor service responses to address a wide range of potential issues, including relationship status, discordance, antiretroviral therapy adherence, viral load suppression, desired family size and other health conditions.

Many people living with HIV benefit from lifesaving antiretroviral therapy, adherence support and viral load monitoring, but the concept of U = U is not

Source: UNAIDS Global AIDS Strategy, 2022.

Table 24. Understanding condom needs of couples with HIV

Barriers	Services and products	Considerations for condom access and use programming	Distribution access points and promotion
▪ Lack of comprehensive sexual and reproductive health and rights information and services ▪ Stigma	▪ Condoms and lubricants ▪ Contraceptives ▪ PrEP for discordant couples ▪ Sexually transmitted infection services ▪ Sexual and reproductive health and rights services ▪ HIV services and support	▪ Preferred channels for condom access ▪ Condom preferences (male, female, specialty) ▪ Current demand for socially marketed condoms	▪ Community-based distribution and integrated services ▪ Antiretroviral therapy refills, contraceptives ▪ Support groups for people living with HIV

well understood and may ignore the role condoms can play for dual protection of unintended pregnancy (in combination with other contraceptives) and prevention of sexually transmitted infections.

Services provided to people living with HIV are often siloed within HIV clinics, and there is often broader stigma around condom use in the context of trusted relationships.

FINDINGS FROM A STUDY OF CONDOM USE AMONG PEOPLE LIVING WITH HIV ATTENDING ANTIRETROVIRAL CLINICS IN ADDIS ABABA, ETHIOPIA, 2020

- Condom use is 45.2%.
- Consistent condom use is affected by sex. Male respondents were 2.02 times more likely to use condoms than female respondents.
- There is a significant association between disclosure of HIV status and condom use. Respondents who did not disclose their HIV status to their partners were 79% less likely to use condoms than respondents who disclosed their status.
- Respondents who were married and widowed were 61% and 52% less likely to use condoms, respectively, compared with respondents who were single.
- Respondents who were self-employed were 73% less likely to use condoms than unemployed respondents. Respondents who had multiple sexual partners and who had sex with sex workers were 85% and 54% less likely to use condoms, respectively, compared with respondents who had a regular sexual partner.
- Respondents who had access to condoms were 3.97 times more likely to use them compared with respondents who had no access *(16)*.

Other priority populations

Transgender people are one of the most vulnerable subpopulations for HIV. Data from 34 countries across major geographical regions show that transgender females aged over 15 years are 66 times more likely to be infected and transgender males almost seven times more likely to have HIV compared with the general population *(17)*. The impacts in countries in Africa and Latin America are even greater.

Condom use among transgender people varies from over 70% in 19 of 39 countries reporting these data to less than 50% in 9 countries. Low access to and use of HIV products and services by transgender people is fuelled by discrimination, stigma, violence and lack of transgender-tailored information and services, with punitive laws in some countries undermining their fundamental human rights.

Gender-affirming HIV prevention and care interventions need to recognize the diversity of gender identities and expression, use gender-inclusive language and images, and create a safe space where transgender people can be themselves. HIV services provided should be integrated into broader rights-based packages.

People in prisons may include people from different subpopulations (e.g. men, women, sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs) with different needs and levels of risk. Globally, people in prisons are 7.2 times more likely to be living with HIV than adults in the general population. As of 2020, an estimated 11 million people in prisons (4.2%) were living with HIV. People in prisons also have a high prevalence of hepatitis B, hepatitis C and TB, with limited access to appropriate services.

Women in prisons are five times more likely to be living with HIV compared with other women. Transgender females in prisons are particularly vulnerable to rape and sexual assault when accommodated with men.

Only 1 of 49 countries reported condom use levels above 70% among people who inject drugs.

Access to condoms in prisons remains the greatest challenge, with countries prohibiting any sexual activity through legal frameworks. Nevertheless, a small but slowly increasing number of countries provide at least some HIV-related services in prisons: between 2017 and 2022, 52 countries reported providing condoms and lubricants, 7 had needle–syringe programmes, and 27 provided opioid agonist therapy to people in prisons *(5)*.

A global review from 1990–2019 showed that although age-standardized incidence rates of sexually transmitted infections have decreased in most countries, the absolute number of cases has increased by 58.15% (486.77 million to 769.85 million) *(18)*. Adolescents report the highest number of number of cases, followed by men. Sub-Saharan Africa continued to have the highest incidence rates, followed by Latin America *(19)*. Key drivers include low income, lack of health services, delayed treatment and stigmatization.

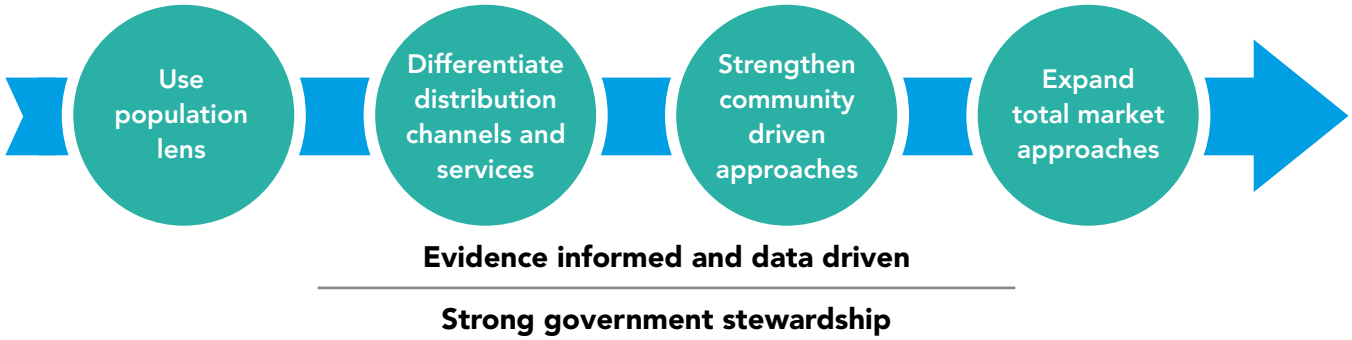
A study from the United States of America showed that men aged 15–29 years with risk factors for sexually transmitted infections reported a decline in condom use *(20)*.

Rising rates of sexually transmitted infections may be sensitive to behavioural shifts in condom use among young male sex workers with risk factors for sexually transmitted infections.

OPTIMIZING DISTRIBUTION AND ACCESS TO PRIORITY POPULATIONS

There is a wealth of lessons learned from country programmes to reach adolescent girls and young women, people from key populations, people living with HIV, and men and women with non-regular partners and global guidance documents country teams can review. Key ingredients of success include integrating condoms within comprehensive combination prevention programmes and differentiated service outlets, strengthening engagement of community members throughout the programme cycle, and applying total market approaches to tailor condom products and outlets with population preferences.

Figure 70. Four strategies to optimize condom access for priority populations



PROMISING INITIATIVES FOR LAST-MILE DISTRIBUTION: EXAMPLES OF MOZAMBIQUE AND UGANDA FROM REGIONAL CONDOM STRATEGIC INFORMATION MEETING

Uganda developed a phone-based app for mapping and data collection and conducted a countrywide GIS mapping of condom use hotspots (people from priority and key populations). During mapping, basic information was collected about the hotspot and status of condom dispensers to guide their distribution. Condoms are delivered to hubs, from where local youth use motorcycles to distribute the condoms to the last-mile hotspots.

The study assessed the availability and functionality status of condom dispensers in hotspots. It identified up to 3499 (28.7%) of the mapped hotspots had condom dispensers.

A total of 14 175 hotspots received condoms in the first phase of the activity. This improved use of condoms by 30% in six months. It also created employment for youth in different districts and regions as distributors and motorcyclists.

Differentiated services: combination prevention choices for HIV and sexual and reproductive health and rights

Country teams need to consider demand and supply challenges and effectively integrate condom promotion within broader combination choices for HIV and sexual and reproductive health and rights. Key entry points include targeted comprehensive sexual and reproductive health and rights programmes for adolescent girls and young women; support groups for people living with HIV, men, and people from key populations; and service outlets for PrEP, voluntary medical male circumcision, HIV testing, family planning, maternal newborn and child health, and sexually transmitted infections.

Innovative strategies are required to get condoms to where people from priority populations need them. There are many promising initiatives to create demand, expand access, and support data collection and key insights to improve integration of condoms across programmes. Strategies include use of digital technology to strengthen mapping of hotspots and condom outlets to expansion of distribution agents and channels and optimal use of automatic condom dispensers.

Last-mile distribution strategies address gaps in condom supply, distribution and access to reach people from priority populations, including those in remote areas. In this context, the solution is not simply to procure more condoms (although more may be needed in some countries) but to identify gaps in access and apply a user-centred perspective on how best to cover these gaps sustainably, while strengthening data systems to know where condoms are reaching and being used.

Strengthening community leadership in design, implementation and evaluation

Communities play a critical role in informing equitable condom distribution to ensure access by priority population segments in underserved areas, leading to targeted condom distribution and reporting. Within targeted areas, community leaders have mapped local hotspots and condom distribution points, and trusted community distribution agents (rural health motivators and health surveillance assistants, youth and key population educators and navigators, and people living with HIV) have distributed condoms and lubricants to priority populations and reported use and stockouts.

Expanding total market approaches for condom programmes

Total market approaches recognize there are different condom partners in the market place and align condom products based

on population preference and market share to ensure priority populations get the types of condom they want.

Ensuring free condom access to people who cannot afford them is the starting point from an equity perspective. Programmes need to understand where, how and when condoms are accessed to make sure they are available. In practice, condoms that are not well targeted for distribution are wasted (expired or unused).

Socially marketed and specialty condoms are often preferred by specific populations due to their perceived features (e.g. smell, taste, ribbed for enhanced pleasure, extra lubricant, colour or size). Studies have shown that payment for condoms increases users' perception of their value. Investments in social marketing programmes have increased demand for condoms among specific population profiles, with profits used to reinvest in the programme (e.g. packaging, distribution, demand creation).

Social marketing organizations profile users and their ability to pay, develop brands and create value around condom use, and implement marketing approaches to promote brand and lifestyle benefits that appeal to targeted users. Often social marketing condoms have higher reach among men and women in urban areas, men with income and educated populations and have had a dramatic influence on norms around condom use.

Socially marketed condoms are an important part of the solution when embedded in a national programme. They do not address equity barriers, but they contribute to effective condom promotion across populations and offer distribution innovations.

Private-sector engagement can maximize total market approaches and strengthen sustainability of condom markets. Commercial sector condoms are often preferred by people from more affluent populations who are willing and able to pay for condom products of choice. Despite the existence of commercial brands in most countries, their market share is rarely captured as part of the national response. Without private-sector engagement, free and socially marketed condoms could inadvertently push out private-sector condoms in key places or lead to wastage of other (including free) condoms where there is no demand.

The priority is to have a public health impact and ensure consistent condom use. Populations who cannot afford condoms need to be prioritized for free condom distribution and have access close to home. Total market approaches can play a critical role. They allow country teams to strengthen targeting of free condoms for impact and minimize wastage. By engaging social marketing and private sectors, country teams can take stock of their contributions to the national prevention response, map condom distribution points for optimal access, and grow sustainable markets for people who can afford and want specialty condoms.

DIFFERENT POPULATIONS REQUIRE DIFFERENT CONDOM SOLUTIONS

- There are benefits to a population-focused quantification and programme approach.
- UNAIDS highlights priority populations for reach due to vulnerability, risk and barriers to care.
- Having a population lens is key, bit strategies to optimize distribution and access vary. Key components include differentiation of services that bring condoms closer to communities through holistic services or within their health-care facilities.
- Community leadership in design, implementation and evaluation is important to ensure solutions respond to needs and preferences and address access issues.
- An expanded total market approach by diversifying types of condom product available is based on preferences, willingness to pay and access points.

FURTHER READING

ICAP approach to differentiated service delivery. New York: ICAP (https://cquin.icap.columbia.edu/resources/icap-approach-to-differentiated-service-delivery/, accessed 5 July 2023).

Fast-Tracking condoms as part of HIV combination prevention addressing the last mile towards zero new HIV infections: introducing the condom needs and estimation methodology and tool in Thailand. Geneva: Joint United Nations Programme on HIV/AIDS and Thai Ministry of Health Department of Disease Control; 2019.

Miles to go – closing gaps, breaking barriers, righting injustices: UNAIDS global update 2018. Geneva: Joint United Nations Programme on HIV/AIDS; 2018 (https://www.unaids.org/en/20180718_GR2018, accessed 5 July 2023).

Steiner M, Sonneveldt E, Lebetkin E, Jallow F. Updating couple years of protection: literature review, guidance for updating existing methods, and adding new methods. Durham, NC: FHI 360; 2022 (https://www.fhi360.org/sites/default/files/media/documents/resource-cyp-brief.pdf, accessed 5 July 2023).

Leaving no one behind: equality and non-discrimination at the heart of sustainable development. New York: United Nations; 2017 (https://unsceb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3.pdf, accessed 5 July 2023).

Political declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030. New York: United Nations General Assembly; 2021 (https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids, accessed 5 July 2023).

Condom programming for HIV prevention: an operations manual for programme managers. New York: United Nations Population Fund, World Health Organization and PATH; 20025 (https://www.unfpa.org/sites/default/files/pub-pdf/condom_prog2.pdf, accessed 5 July 2023).

Contraceptive forecasting handbook for family planning and HIV prevention programs. Arlington, VA: United States Agency for International Development Deliver Project; 2000 (https://www.ghsupplychain.org/contraceptive-forecasting-handbook, accessed 5 July 2023).

Prevalence of condom use by adults (aged 15–49 years) during higher-risk sex (%). Geneva: World Health Organization (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/15, accessed 5 July 2023).

REFERENCES

1 Condom needs estimation tool. Geneva: Joint United Nations Programme on HIV/AIDS (https://hivpreventioncoalition.unaids.org/resource/condom-needs-and-resource-requirement-estimation-tool/, accessed 5 July 2023).

2 A condom crisis at the centre of the HIV prevention crisis. Geneva: Joint United Nations Programme on HIV/AIDS; 2018 (https://www.unaids.org/en/resources/presscentre/featurestories/2018/july/20180723_condoms-AIDS2018, accessed 5 July 2023).

3 In danger: UNAIDS global AIDS update 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/en/resources/documents/2022/in-danger-global-aids-update, accessed 5 July 2023).

4 Global AIDS strategy 2021–2026. End inequalities. End AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026, accessed 5 July 2023).

5 A framework for understanding and addressing HIV-related inequalities. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/framework-understanding-addressing-hiv-related-inequalities_en.pdf, accessed 5 July 2023).

6 HIV prevention 2025 road map: getting on track to end AIDS as a public health threat by 2030. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/en/resources/documents/2022/prevention-2025-roadmap, accessed 5 July 2023).

7 Stover J, Bertrand J, Smith S, et al. Empirically based conversion factors for calculating couple-years of protection. Chapel Hill, NC: Carolina Population Center; 1997 (https://pdf.usaid.gov/pdf_docs/pnacb187.pdf, accessed 5 July 2023).

8 Stover J, Bertrand JT, Shelton JD. Empirically based conversion factors for calculating couple-years of protection. Eval Rev. 2000;24(1):3–46.

9 Developing effective condom programmes. Geneva: Joint United Nations Programme on HIV/AIDS; 2020 (https://hivpreventioncoalition.unaids.org/resource/developing-effective-condom-programmes-technical-brief/, accessed 5 July 2023).

10 Beksinska M, Mona A, Smit J. Condom perception study. Department of Health of South Africa, United Nations Population Fund and Maternal, Adolescent and Child Health Research Unit University of the Witwatersrand (https://www.matchresearch.co.za/wp-content/uploads/2022/04/Condom-Choice-report-July-21-2021-draft-PDF.pdf, accessed 5 July 2023).

11 UNAIDS data 2021. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/JC3032_AIDS_Data_book_2021_En.pdf, accessed 5 July 2023).

12 ECHO Consortium. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial. Lancet. 2019;394(10195):303–313.

13 HIV and sex work. Geneva: Joint United Nations Programme on HIV/AIDS; 2021 (https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf, accessed 5 July 2023).

14 Prevalence of condom use by adults (aged 15–49 years) during higher-risk sex (%). Geneva: World Health Organization (https://www.who.int/data/gho/indicator-metadata-registry/imr-details/15, accessed 5 July 2023).

15 Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2022 (https://www.who.int/publications/i/item/9789240052390, accessed 5 July 2023).

16 Geeta RH, Tiruneh MA. Condom utilization and affecting factors among people living with HIV/AIDS attending ART clinics in Addis Ababa, Ethiopia. HIV AIDS (Auckl). 2020;12:583–590.

17 Stutterheim S, Van Dijk M, Wang H, Jonas K. The worldwide burden of HIV in transgender individuals: an updated systematic review and meta-analysis. PLoS One. 2021;16(12):e0260063.

18 Du M, Yan W, Jing W, et al. Increasing incidence rates of sexually transmitted infections from 2010 to 2019: an analysis of temporal trends by geographical regions and age groups from the 2019 Global Burden of Disease Study. BMC Infect Dis. 2022;22(1):574.

19 Zheng Y, Yu Q, Lin Y, et al. Global burden and trends of STIs from 1990 to 2019: an observational trend study. Lancet Infect Dis. 2022;22(4):541–551.

20 Copen CE, Dittus PJ, Leichliter JS, et al. Diverging trends in US male–female condom use by STI risk factors: a nationally representative study. Sex Transm Infect. 2022;98(1):50–52.

UNAIDS/JC2088E

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland
+41 22 791 3666
unaids.org