

CONDOM PROGRAMMING ROAD MAP FOR KEY POPULATIONS

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Priority Populations

- **Female Sex Workers (FSW)**
- **Men who have Sex with Men (MSM)**
- **People Who Inject Drug (PWID)**
- **prisoners**
- **Transgender (TG)**
- **PLHIV couples**

Key Areas of Focus

- **Adopt a Total Market Approach (TMA)**
- **Use data and evidence about the total market and users to design interventions**
- **Put the user at the center of the interventions**
- **Align within the context of broader HIV prevention and treatment strategies**

Methodology for Condom Programming based on the Comprehensive Condom Programming (CCP)

► The 10-Step Strategic Approach

- Step 1.** Establish a national condom support team
- Step 2.** Undertake a situation analysis (Using Rapid needs assessment -RNA method)
- Step 3.** Develop a comprehensive and integrated national strategy for condom
- Step 4.** Develop a multi-year operational plan and budget
- Step 5.** Link the multi-year operational plan with the national commodity security plan
- Step 6.** Mobilize financial resources
- Step 7.** Strengthen human resources and institutional capacity
- Step 8.** Create and sustain demand for condoms
- Step 9.** Strengthen advocacy and engage the media
- Step 10.** Monitor programme implementation routinely, conduct research and evaluate outcomes

I. HIV/AIDS SITUATION & CONDOM PROGRAMMING SETTING

Rapid Needs Assessment (RNA) Tool for Condom Programming

- Identify and engage key opinion leaders and policy makers in improving condom programming,
- Describe the current status of condom programming, including the level of policy support and the adequacy and sustainability of condom procurement and supply,
- Identify the main sexual and other practices that influence HIV transmission,
- Identify the conditions regarding (knowledge, attitudes, geographical distribution, economic, social and cultural factors) that facilitate and hinder condom use, and
- Identify the most pressing needs for improving condom programming.

Contributed organizations for condom programming

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What are the major condom promotion/distribution/coordination agencies and programs?

Official HIV/AIDS organizations/units:

- UNAIDS (As the major UN agency in HIV/AIDS policy making in Iran)
- UNFPA
- UNHCR
- UNDP through Global Fund

Government (MOH):

- CDC department
- Office of Mental Health and Addiction

Government (outside of MOH):

- Welfare Organization
- Prisons Organization

HIV/AIDS NGOs:

- Iranian Research Center for HIV/AIDS (IRCHA)

NGO Family planning organizations:

- Family Health Association

Major commercial condom distributors:

- Bonyan Poshesh Caspian CO
- Anjir Talae CO
- Baran Baspar CO
- Keyhanbod CO
- Hiva Pad Pars CO

Global AIDS Trends: Where are We?



World Health Organization

Iran (Islamic Republic of)

HIV Country Profile 2019

WHO/UCN/HSS/19.54

Demographic and socioeconomic data



81.8 million
Total Population (2018)



N/A US\$
GNI per capita, PPP ()



16
Maternal mortality per 100 000 live births (2017)



8.1%
Health expenditure, total (% of GDP) (2016)



75.7 years
Life expectancy at birth (2016)



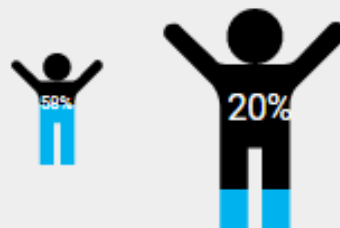
415 US\$
Health expenditure per capita (2016)



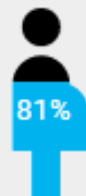
2.2
Total fertility rate (births per woman) (2015-2020)



0.8
Human Development Index Value (2017)

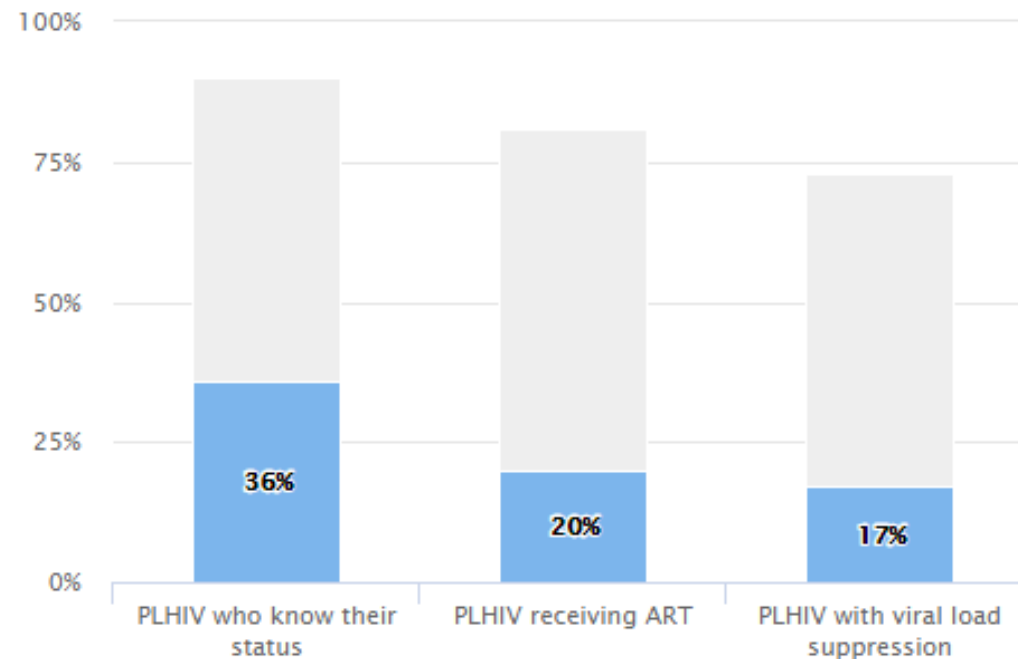


Estimated ART coverage children and adults (2018)



Estimated % of pregnant women living with HIV who received ARVs for PMTCT (2018)

90-90-90 progress towards 2020 targets (2018)



By 2020, 90 percent of people living with HIV know their status, 90 percent of people living with HIV who know their status are receiving treatment and 90 percent of people on treatment have suppressed viral loads.

Health sector cascade (2018)

Global AIDS Trends: Where are We?

Epidemiological HIV data (2018)	Value
Estimated number of people living with HIV	61 000
Estimated number of children aged 0 to 14 living with HIV	880
Estimated number of women (15+) living with HIV	15 000
Estimated adult (15-49) prevalence	0.1%
Estimated number of deaths due to HIV	2 600
Estimated number of people newly infected with HIV	4 400
Estimated incidence rate per 1000 uninfected population	0.05

What is the HIV prevalence? Who is most at risk?

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What is the prevalence of HIV? (Prevalence: Number existing case/year)		
Rank	Group	Prevalence
1	MSM	19% (2004) - 18.8% (2009) among prisoners
2	PWID	15.3% (2008) - 3.1% (2019)
3	FSW	4.5% (2010) - 1.59 (2020)
4	Transgender	0.0% (2009) - 1.9% (2014)
5	Prosoners	3.8% (2002) -1.2% (2014) in male prisoners
	Women at antenatal clinics	0.5%
	General population	<0.1 (<0.1 - 0.2)
	Youth	<0.1 (<0.1 - 0.2)

What is the Level of Sexually Transmitted Infections (STIs)?

- Data on the prevalence of STIs in Iran is very sparse.
- Chlamydia trachomatis in 10.6% of men was reported.
- In a large multi-district study, around 57% of the sample had experienced at least one STIs-associated symptom during the previous year.
- More than 90% of FSW had either had an STI or symptoms of an STI during the 12 months preceding the population-based survey in 1399.

What is Level of Awareness and knowledge of HIV/AIDS and ways to avoid HIV/AIDS?

		Total (%)	No education (%)	1 ^o Ed (%)	2 ^o Ed (%)
Comprehensive knowledge of HIV	Youth	57.6 (56.7-58.5)	20.2	24.8	27.1
	FSW 2020	51.5			
	PWID	31.1	14.1	21.8	34.1
	Prisoners	19.7	6.1	12.9	21.5
Ever heard of HIV/AIDS	Youth				
	FSW 2020	89.4			
	PWID	96.9			
	Prisoners	93.2			
Knows how to prevent HIV	Youth	57.6			
	FSW 2020	87.6			
	PWID	90.1			
	Prisoners	84.3			
Knows how people get HIV	FSW	85.9			
	PWID	80.8			
	Prisoners	80.4			
% Perceive they are susceptible to AIDS	Youth				
	FSW	48.5			
	PWID	61.1			
	Prisoners	42.7			

What are common attitudes and beliefs toward condoms?

What is the level of knowledge and common attitudes toward condoms?		
Availability	FSW	<ul style="list-style-type: none"> - Percentage of women with difficult access to condoms: 26.2 - Percentage of condom procurement from the pharmacy: 78.3 - Percentage of unavailability of condoms due to the price of expensive condoms: 41.7 - Percentage of people receiving free condoms in the last three months: 37.9 - Lack of access: 19.8 - Pharmacies (78.3%), Women Centers (33.2%) and sexual partners (18%) are the most important way for FSW to access condoms, respectively.
	PLHIV	<ul style="list-style-type: none"> - The main self-reported reasons of condom non-use by male respondents were reported as: unavailability of condom by 23.7%.
Effectiveness/Quality	FSW	
	PLHIV	<ul style="list-style-type: none"> Among 7.5% of men and 1.2% of women, the reason for not using a condom was its poor quality.
Affordability		<ul style="list-style-type: none"> - After lack of access, being expensive was the most important reason for not using a condom. - Percentage of unavailability of condoms due to the price of expensive condoms: 41.7
Comfort		<ul style="list-style-type: none"> - Percentage of women with difficult access to condoms: 26.2
Willingness to use condoms	FSW	<ul style="list-style-type: none"> - The decision to use a condom was made in 82.8% of cases by women and in 12.7% of cases by a joint decision. - Among those who did not use a condom during their last sex, the main reason was the client's opposition (34.3%).
	PLHIV	<ul style="list-style-type: none"> - Among those who uses a condom during their last sex, it recommended by respondent in 54.5% of cases and was mutual decision in 41.5%.

What is the level of condom use?

Condom Use among priority Populations							
Group			Prevalence				
			With most recent client	Always	Usually	Occasionally	Never
PLHV	Commercial	Male	26.6	24.6	35.9	39.5	30.4
		Female	4.3	25.5	25.5	49	36.2
		Overall	17.7	37.2		32.2	30.5
	Non-commercial	Male	54.1				
		Female	68.1				
		Overall	59.7				
MSM			20				37.8
FSW	Commercial	2010	57	30.6	18.5	20.1	30.8
		2015	59.1	32.9	27.1	21.7	18.4
		2020	62.9	43.6	13.6	27.9	14.9
	Non-commercial	2010	36.2	18.6	9.4	24.1	47.9
		2015	43.3	25.4	17.7	18.7	38.2
		2020	38.4	23.5	9.4	21.1	46.0
PWID		Male	32	18			
General pop.			13.8				

What are common attitudes and beliefs toward condoms?

What is the level of knowledge and common attitudes toward condoms?		
Use with spouse	FSW	- About 22% of women have lived with a permanent partner or concubine, and in 46% of cases they have never used a condom.
	PLHIV	- Condom use for men, women and total was 54.1%, 68.1%, and 59.7%, respectively. - consistent condom use was significantly associated with having a HIV positive spouse. In other words, those with a HIV positive spouse were more likely to consistently use condoms during sex. This finding suggests that Iranian PLWHA are well informed about the consequences of unsafe sex with a positive partner.
Use in extramarital situations	FSW	- 43.6% of FSWs used condoms in sexual relationships with their paid customers, while 62.9% of them have used condoms in their last sexual intercourse.
	PLHIV	- Permanent partner other than spouse: Condom use for men, women and total was 13.7%, 13.1%, and 13.5%, respectively. - Causal partner: Condom use for men, women and total was 26.6%, 4.3%, and 17.7%, respectively.
Inability to negotiate condom use		- Only 36.3% of FSW have received counseling on condom use.
Inability to use consistently	FSW	- The most important reasons for inability to use consistently condoms among commercial clients are: <ul style="list-style-type: none"> • Customer opposition (34.3%) • Lack of access (19.8%) • Decreased sexual pleasure if using a condom (13.2%) - The most important reasons for inability to use consistently condoms among non-commercial clients are: <ul style="list-style-type: none"> • Customer opposition (38.3%) • Confidence in a stable sexual partner (24.2%) • Decreased sexual pleasure if using a condom (10.2%)
	PLHIV	- consistent condom use has been reported by 25% of PLHIV, while partner's Condom refusal, and unavailability were the most frequent causes of inconsistent condom use by women and men, respectively. - In a study, 15% reported "intention to pregnancy" as their main reason for not using a condom.

Comprehensive Condom Programming (CCP)

- ▶ **CCP is a means of ensuring that:**
 - ▶ **sexually active persons at risk of STI including HIV are motivated to use condoms,**
 - ▶ **have access to quality condoms, and**
 - ▶ **have suitable knowledge and skills to use them correctly and consistently.**

The components of the CCP framework:

- 1. Leadership and Coordination**
- 2. Demand, Access and Utilization**
- 3. Supply and Commodity Security**
- 4. Support**
- 5. Documentation and Dissemination.**

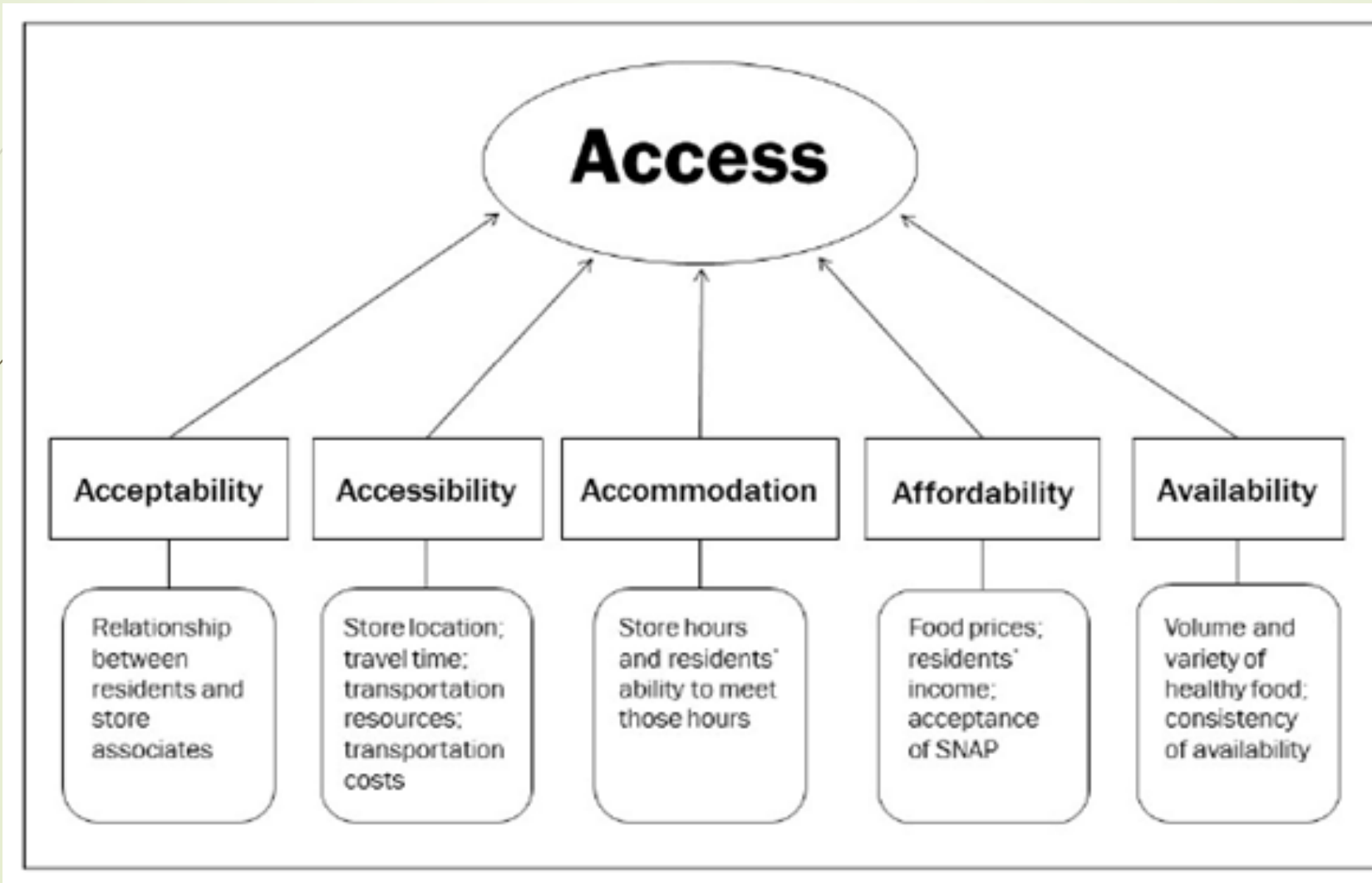
1. Leadership and Coordination

- The existence of favorable national policies under the title of “The Fifth NSP for Control of HIV/AIDS 2021–2025”.
- Condom-related activities have been implemented in the context of the same NSP in the country.
- Widespread support for policy change and resource mobilization, which has led to continued support for condom planning, particularly from USAID and, in recent years, the Global Fund, which supports condom programming, capacity building, condom purchase activities, drugs for the prevention and treatment of HIV/AIDS has already increased.
- More details in the component of Leadership and Coordination are explained in detail in the Condom Total Market section.

2. Demand, Access and Utilization

CONDOM USE BARRIERS

(5 dimensions of access)



Attitudes and beliefs (Acceptability)

- ▶ The most notable barrier is that condoms have been labeled, stigmatized and associated with sex work and unfaithful relationships.
- ▶ There is also lack of perceived risk where individuals say they do not need condoms (For FSW is about 24.2%) because their relationship is built on trust.
- ▶ Condom usage among all key populations declines when engaging in sex with a regular partner. About 22% of FSW have lived with a permanent partner or concubine, and in 46% of cases they have never used a condom.
- ▶ The most important reasons for inability to use consistently condoms among commercial clients of the FSW are Customer Opposition (34.3%), decreased sexual pleasure if using a condom (13.2%) and among non-commercial clients are Customer Opposition (38.3%), confidence in a stable sexual partner (24.2%), and decreased sexual pleasure if using a condom (10.2%).

Inequity amongst socio-economic status (Affordability)

- ▶ Despite all public outlets in the country supplying free condoms, 41.7% % of condom users among key populations felt that they were not affordable.
- ▶ Condom use among poor key populations remains low. However, the impact of socioeconomic status on condom use among key populations is crucial in Iran as follows:
 - ▶ After lack of access, being expensive was the most important reason for not using a condom by FSWs.
 - ▶ 41.7% of FSWs did not have access to condoms because of their high price.
 - ▶ Access to free condoms for PWID at the end of the Fourth NSP was 36%.
 - ▶ The goal to get free condoms for high-risk women via Welfare Organization at the end of the Fourth NSP was 20%, which only 11% achieved.
 - ▶ Only 3% of the MSM had access to free condoms at the end of the Fourth NSP.
- ▶ Women Centers do not cover all FSWs, and most clients are in middle-class.
- ▶ People with high social class also do not go to government centers and receive services from the private sector.
- ▶ We conclude that provision of free-of-charge condoms is still needed for key populations in order to persuade them to use condom.

Limited Availability

- ▶ While condoms are available at public condom provision outlets; they are not consistently available at community level where they are needed most.
- ▶ We found a 26.2% of women with difficult access to condoms at community outlets, 19.8% had lack of access and overall accessibility on 24hrs basis was more limited where only 41% of FSW reported ability to obtain condoms during all weekdays.
- ▶ Inconvenience during purchasing condoms caused by lack of privacy, embarrassment and stigma are some of the hindrances to availability.
- ▶ Similarly, lubricants are not available on the public condom provision outlets.
- ▶ Availability however is still limited in Iran.

Limited Accessibility

- ▶ There is some limited accessibility of the key populations to condoms, as some following examples:
 - ▶ There are only 40 active Women Center in the country, and if on average each of them covers about 300 FSW, then less than 10% of FSW in the country are cared for by condoms.
 - ▶ 26% of the FSWs had difficult access to condoms.
 - ▶ Free condom delivery centers in the public sector are open during office hours. As a result, problems for key populations arise when condoms need to be used. As a result, 19.8% of FSWs had lack of access. And 78.3% of them provided condoms from the pharmacy (as the most important source of condom supply).
 - ▶ In order to increase access, more exposure and visibility for condoms in pharmacies is required.

Limited Knowledge/Ability to use or negotiate condoms

- Generally, men and women of all ages have adequate knowledge of condoms as a means of HIV/AIDS prevention.
- Among key populations the figure is some different. The proportion of PWID who reported ever hearing of HIV/AIDS was 96.9%, among FSW was 89.4% and prisoners was 93.2%.
- Despite overall universal basic HIV/AIDS knowledge, low comprehensive knowledge was reported in the various population groups.
- Comprehensive HIV Knowledge was very low for high risk groups; 28.1%, 31.1% and 19.7% for FSWs, PWIDs, and Prisoners, respectively.
- Many key populations continue to face challenges with negotiating condom use due to traditional and cultural factors. This limitation also exists in providers. We found that only 36.3% of FSW have received counseling on condom use.

Condom Distribution Programs (CDP)

(Strategic Planning of CDP)

1. Select your audience
2. Resources and partners
3. Define your obstacles
4. Assessment
 - Available
 - Accessible
 - Acceptable
5. Cost and Scale
6. Policy
7. Define objective, goals, and measurements

MALE CONDOM TOTAL MARKET

The Condom Program Pathway



Rationale for inclusion of different building blocks/functions in the Condom Program Pathway

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Functions within the Condom Program Pathway	Rationale for Inclusion	
Condom Program Stewardship	Leadership & Coordination Capacity	Important that government is responsible and accountable for the overall strategy/direction of the program, including coordination of different market players, market facilitators, donors, and private actors.
	Financing	Coordinated and adequate financing for all critical aspects of condom programming. Ensure that appropriate use of subsidy addresses gaps in the condom program.
	Policy & Regulation (includes taxes, tariffs, testing, etc.)	Enabling environment factors that are supportive of all market players and target populations, while ensuring compliance with national standards.
Condom Market Development	Market Analytics	Total market data needed to analyze condoms needs and condom market performance across all players and functions, in order to adjust and plan for interventions.
	Supply	Comprehensive approach looking at the entire value chain in the public sector and across private channels, including quantification, forecasting, procurement efficiencies, supply chain management and pricing structures.
	Demand	Ensuring increased and sustained demand with a focus on increasing use within priority target populations.
Condom Market Management	Equity	Equitable condom programs address specific barriers to use across target populations based on age, gender, geography, wealth quintile and risk behaviors. Equity requires a balancing of subsidy to meet the needs of these populations.
	Sustainability	Sustainable condom programs are those that have long-term, reliable and predictable sources of funding to meet all their population needs. This funding can come from the government only, for example, or from a diverse portfolio that includes commercial actors with profit incentives. Most sustainable condom programs are diverse.

How are these condom markets failing in Iran

- **There is no link between country-wide strategy documents, work plans and resource allocation**
- **The condom market does not constantly monitor market performance in terms of equity and sustainability**
- **Commercial actors play less of a role in diversifying the national response and ensuring the long-term sustainability of the entire condom market**
- **Limiting government support for condoms to HIV prevention and government subsidies to weak condoms is a barrier to condom business and costs a lot of opportunity**
- **Lack of proper investment to create demand to ensure proper and continuous growth of the condom market and increase condom use in higher risk populations**
- **Not all aspects of condom programming are supported by the public sector**

specific market failures in Iran

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Condom Program Pathway	Function	
Condom Program Stewardship	Leadership & Coordination Capacity	Limited national stewardship of the national condom market as key government agencies focused on direct implementation through the public sector especially for key populations and there is no common vision for a healthy condom market.
	Financing	While the Iranian government allocates domestic resources for goods, it also enjoys the support of different UN agencies. The OHME is the main source for supplying financial resources for HIV/AIDS prevention programme including condom market.
	Policy and Regulation	We concluded a significant support from policy level especially for high risk groups. Supportive regulatory and policy environment for all sectors is visible. Supervising Implementation of the Program (SIP) in the national and provincial level which is foreseen in the 6 th NSP is a good sample.
Condom Market Development	Market Analytics	Limited use of marketing and consumer research data to inform consumer segmentation and brand positioning.
	Supply	Supply chain challenges in the public sector limited due to the change in the population policies in Iran since 2014. There is sustained access to condoms when and where populations need them, who prefer to access condoms discreetly outside of clinical facilities. Key populations such as FSW, MSM, and PWID have free access to male and female condom via Women Centers, VCT centers and prisons.
	Demand	Lack of adequate coordinated efforts to address access and affordability barriers among key and vulnerable populations. Social marketing organizations do not coordinate.
Condom Market Management	Sustainability	For key populations, there is no problem in maintaining condom access and sustainability of the service, even if UN agencies cut off their support.
	Equity	<ul style="list-style-type: none"> - Insufficient targeting of key and vulnerable populations with demand creation and distribution tailored to their needs. For example, there is no service for MSM and transgender. - Inadequate investment in promoting the importance of a healthy condom market in achieving equitable and sustainable condom Programming. - Lack of market development approaches means Some key populations often without condoms.

3. SUPPLY AND COMMODITY SECURITY

The required statistics to estimation the condom use

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Sub-groups		Base value	Upper limit	Lower limit
PLHIV		<0.1	<0.1	0.2
MSM Prevalence		0.5	0.7	0.3
Frequency of sex a year		84	60	108
Frequency of sex among FSW a year		114	96	132
MSM drug users		20.8	23	18.6
Prevalence of FSWs		1.43	0.96	1.84
FSWs drug users		24.9	16.1	36.4
FSWs IDU		20.45	14.32	28.33
Transgender prevalence	MTF	0.077	0.070	0.084
	FTM	0.029	0.025	0.034
	Total	0.053	0.048	0.059
Transgender drug users		8.7	7.4	10
PWID prevalence		0.43	0.38	0.48
Prisoners prevalence		0.32	0.29	0.35
Prisoner drug users		74	73.2	75.5
Prisoner with PWID		16.6	15.5	17.8
MSM prisoner		7.8	7.3	8.3
Iranian population Male (15-49 years)		46,042,950	-	-
Condom use	PLHIV	25.0	-	-
	MSM	27.0	-	-
	Sex workers	33.6	24.7	43.9
	Transgender people	17.7	-	-
	PWID	83.3	78.5	88.1
	Prisoners	24.7	17.9	32.9

The number of condom needed for Iranian key population subgroups of 15-49 old years

Subgroups	Estimated population			Estimated number of required condom yearly		
	Base value	Lower limit	Upper limit	Base value	Lower limit	Upper limit
PLHIV	53,000	39,000	92,086	4,452,000	3,276,000	7,735,224
MSM	117,410	70,446	164,373	9,862,440	5,917,464	13,807,332
FSW	322,623	216,586	419,635	36,779,022	24,690,804	47,838,390
Transgender	24,403	22,101	27,165	2,049,852	1,856,484	2,281,860
PWID	197,985	174,963	221,006	16,631	14,696,892	18,564,504
Prisoners	128,920	115,107	142,733	10,829,280	9,668,988	11,989,572
Total (in raw)	844,341	638,203	1,066,998	63,989,225	53,609,052	89,627,832
Total (Corrected)	746,222	562,602	946,378	56,553,164	47,258,568	79,495,752

One-way sensitivity analysis on the number of condom needed for Iranian key populations of 15-49 old years based the average number of sex yearly

Subgroups	Estimated number of required condom yearly		
	Base value (n=84)	Lower limit (n=60)	Upper limit (n=108)
PLHIV	4,452,000	3,180,000	5,724,000
MSM	9,862,440	7,044,600	12,680,280
FSW	36,779,022	30,971,808	42,586,236
Transgender	2,049,852	1,464,180	2,635,524
PWID	16,631	11,879	21,382
Prisoners	10,829,280	7,735,200	13,923,360
Total (in raw)	63,989,225	50,407,667	77,570,782
Total (Corrected)	56,553,164	44,436,437	68,801,719

The number of condom demanded by Iranian key populations subgroups of 15-49 old years

Subgroups	Estimated population			Estimated number of required condom yearly		
	Base value	Lower limit	Upper limit	Base value	Lower limit	Upper limit
PLHIV	53,000	39,000	92,086	1,113,000	819,000	1,933,806
MSM	117,410	70,446	164,373	2,662,859	1,597,715	3,727,980
FSW	322,623	216,586	419,635	12,357,751	8,296,110	16,073,699
Transgender	24,403	22,101	27,165	362,824	328,598	403,889
PWID	197,985	174,963	221,006	16,630,740	12,242,511	15,464,232
Prisoners	128,920	115,107	142,733	2,674,832	2,388,240	2,961,424
Total (in raw)	844,341	638,203	1,066,998	35,802,006	25,672,174	40,565,030
Total (Corrected)	746,222	562,602	946,378	31,641,534	22,631,069	35,979,310

One-way sensitivity analysis on the number of condom demanded for Iranian key populations of 15-49 old years based the average number of sexual intercourse yearly

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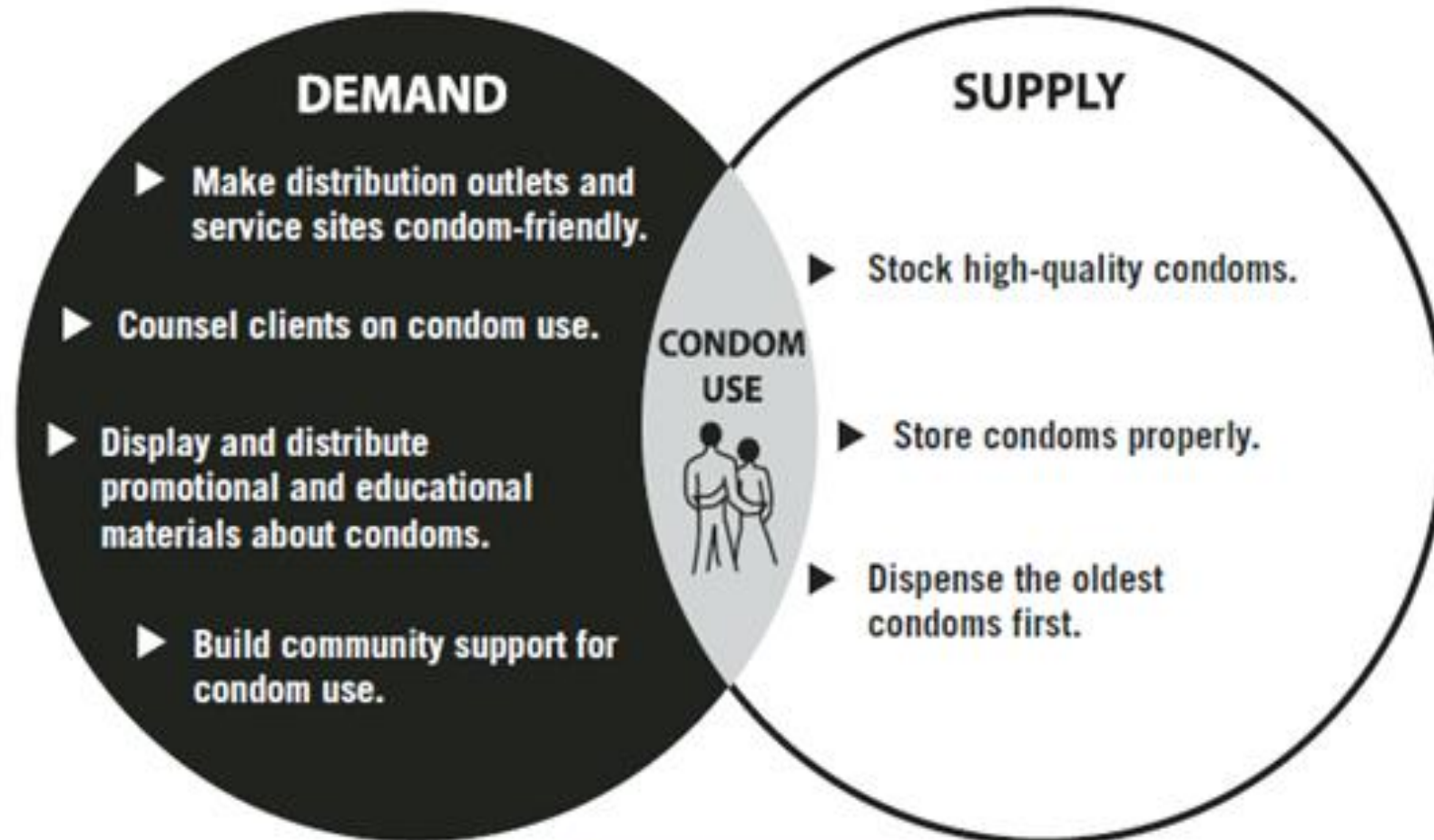
Subgroups	Estimated number of required condom yearly		
	Base value (n=84)	Lower limit (n=60)	Upper limit (n=108)
PLHIV	1,113,000	795,000	1,431,000
MSM	2,662,859	1,902,042	3,423,676
FSW	12,357,751	10,406,527	11,707,343
Transgender	362,824	259,160	570,152
PWID	16,630,740	11,879,100	21,382,380
Prisoners	2,674,832	1,910,594	3,439,070
Total (in raw)	35,802,006	27,152,423	41,953,621
Total (Corrected)	31,641,534	23,997,100	37,078,283

The estimated annual budget of condom needed and demanded among the Iranian high-risk subgroups (Billion IRR)

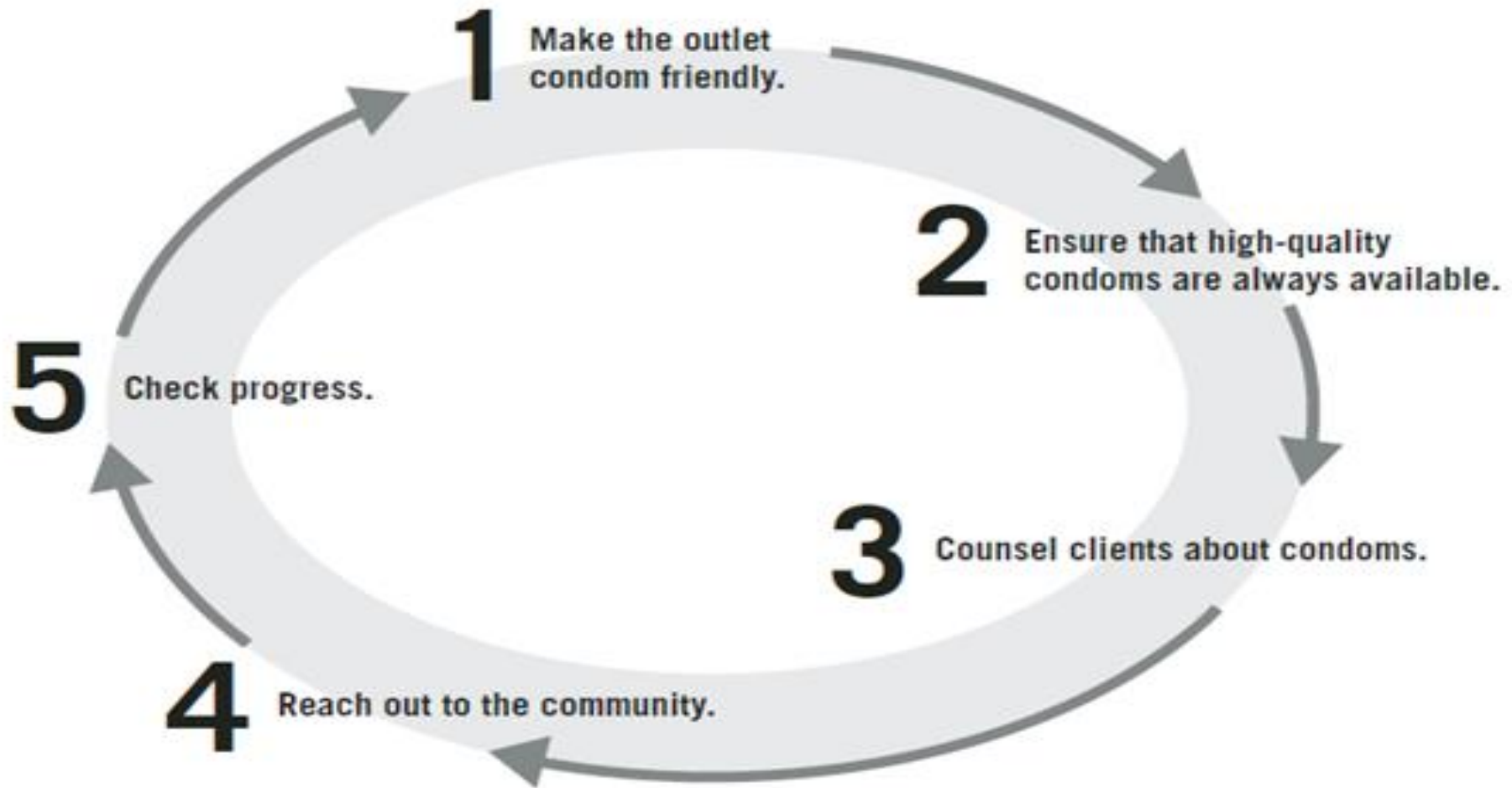
Subgroups	Estimated budget of condom needed (95% CI)	Estimated cost of condom demanded (95% CI)
PLHIV	55.65 (39.75-71.55)	13.91 (9.94-17.89)
MSM	123.28 (88.06-158.50)	33.29 (23.78-42.80)
Sex workers	459.74 (387.15-532.33)	154.47 (130.08-178.86)
Transgender	25.62 (18.30-32.94)	4.54 (3.24-5.83)
PWID	207.88 (148.49-267.28)	173.17 (123.69-222.64)
Prisoners	135.37 (96.69-174.04)	33.44 (23.88-42.99)
Total (in raw)	1007.54 (778.44-1236.65)	563.72 (435.54-691.90)
Total (Corrected)	890.47 (687.98-1092.95)	498.22 (384.93-611.51)

CONDOM SOCIAL MARKETING

Elements of condom provision: Demand and Supply



Five steps for condom provision for HIV prevention



Key Elements of Condom Marketing: 6Ps

- 1. Product**
- 2. Price**
- 3. Place**
- 4. Promotion**
- 5. Person**
- 6. Period (Time)**

Findings related to the situation of the elements of Condom Social Marketing for key populations in Iran

PRODUCT

- ▶ The Department of CDC of the MOHME directly funds the purchase of condoms. Condoms purchased by some UN agencies are also distributed among Medical Universities.
- ▶ Free-of-charge condom distributed among key target population. In addition, DICs distribute condom within frame of harm reduction programs.
- ▶ The distributed condom is often the classic condom with no additional specification. This is not common, and in some Women Centers the variety of condom products can compete with the private market and pharmacies.
- ▶ Due to the prevailing conditions in Iran, condoms are produced and distributed in the public sector only for the prevention of HIV/AIDS, and for contraception, applicants from the private sector can provide them.
- ▶ It seems that most condoms produced and distributed in Iran are of good quality. In a new 2020 study of PLHIV, among 7.5% of men and 1.2% of women, the reason for not using a condom was its poor quality.
- ▶ The condoms that are provided to the public condo outlets do not have a variety in size and are of a certain size, but so far they have not complained about this from customers, except as an excuse for a sexual partner not to use a condom.
- ▶ As a conclusion, private sector provides a variety of condoms only in the private markets and the public sector provides condom for only key populations to prevent HIV/AIDs via different outlets.

PRICE

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Company name	Brands	Market share	Average price (12 Pcs) IRR
BONYAN POSHESH CASPIAN	Fiesta	30	350,000-150,000
	Secret		
	Alpha		
	Ours		
	Climax		
	Hero		
	4U		
	Hilton		
ANJIR TALAEE	<u>Kodex</u>	40	450,000-15,000
	Benito		
	Xenon		
	Dart		
	Flash X		
	NACH K		
	<u>Kapeet</u>		
BARAN BASPAR	Shadow	5	200000
	<u>Farex</u>		
	<u>Xdream</u>		
KEYHANBOD	Hi Hi	10	150,000-200,000
	Lotus		
	Happy		
	<u>Rubex</u>		
	<u>Kanopy</u>		
	Angel		
	Skin Jilia		
Hot			
HIVA PAD PARS	<u>Bonex</u>	15	250.000-150.000
	T.N.T.		
	UNISIX		
	<u>Bereta</u>		
	Best Life		

PLACE

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- Condom provision for most of the key target populations for HIV/AIDS is covered by the following outlets in public sector:
 - **Women Centers**
 - **VCT centers**
 - **DIC centers**
 - **Prisons**
 - **NGOs**
 - **Private sector**

PROMOTION

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- ▶ Condom promotion in public sector restricted to condom delivery outlet centers for key populations.
- ▶ The staff of the condom delivery outlets for key populations stated that they had not seen specialized training on condoms.
- ▶ The use of Job aids and educational materials can increase the quality of service in condom provision centers for key populations.
- ▶ The need for staff training in sexual health and comprehensive sexual education was emphasized.
- ▶ In order to attract more key populations to receive condom services in the public sector, it is necessary to develop mobile services (outreach) and provide more support in various aspects such as logistics.
- ▶ Interestingly, in the few Women Centers that have access to a variety of condoms, customers prefer to use the classic type. This can be due to the lack of training on different types of condoms and the use of each of them in different situations.
- ▶ Providers of government condom provision outlets, especially Women Centers, say that their evaluation of the center's clients shows that in most cases, sex workers use condoms properly in their sexual relations.

PERSON

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- ▶ Proportion of condom users among FSW has increased significantly during the past decade, especially among their commercial sexual relations. This increase indicates a rise in demand which needs to be continuously addressed by an effective program.
- ▶ Most FSWs do not use condoms in their sexual relationship with their main sexual partner and usually use condoms with their clients.
- ▶ For women who play the role of marketers for FSWs (KHALEH), condoms are offered in as many as they want. Interestingly, the marketers themselves do not usually use condoms.
- ▶ Concerns about decreased sexual pleasure with using condoms are more common among men, but women who engage in sexual intercourse after using drugs (addicted FSW) do not like to be prevented from using the condom to enjoy the opportunity provided.
- ▶ Different key populations require specific trainings. There is a good platform in the public sector to cover most of the key populations in this regard. For example, Women Centers for FSWs, VCT centers for transgender and MSM, harm reduction centers for PWID, and triangular clinics of the prisons for prisoners. However, a significant portion of key populations in the private sector, especially pharmacies, receive condom services in which adequate capacity can be built.
- ▶ Some key population such as TG and MSM are either geographically or socially marginalized and therefore are hard to reach. It is important to identify their needs.
- ▶ There are only 40 active Women Center in the country, and if on average each of them covers about 300 FSW, then less than 10% of FSW in the country are cared for by condoms.

PERIOD (TIME)

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- ▶ In Iran, service providers of the public condom provision outlets cannot do their jobs without the reliable operation of public sector supply chains delivering condoms at the right time, and in the right quantity. The results show that, apart from Women Centers, other public condom delivery channels are not available at all times and in sufficient numbers, especially in harm reduction centers and prisons. In Women Centers, in many cases, they are forced to impose restrictions due to the limited number of condoms they have.
- ▶ 26% of the FSWs had difficult access to condoms.
- ▶ Free condom delivery centers in the public sector are open during office hours. As a result, problems for key populations arise when condoms need to be used. As a result, 19.8% of FSWs had lack of access. And 78.3% of them provided condoms from the pharmacy (as the most important source of condom supply). In order to increase access, more exposure and visibility for condoms in pharmacies is required.

GOALS AND RELATED OBJECTIVES, STRATEGIES, AND INDICATORS OF PROGRESS

Goal 1: Prevent New HIV Infections through the use of key populations of male condoms

- 1.** To establish Functional Capacity for Condom Program Management for key populations in 50% of the related organizations by 2026
- 2.** To Increase Condom Use at last high risk sex for each of the key groups to 25% from a 2020 baseline by 2026
- 3.** To increase access and availability of male condoms for each of key populations through public channels to 50% from a 2020 baseline by 2026

Table 6.1: Outcomes, Indicators and Targets



Outcome	Indicator	Baseline	Target 2026
50% of organizations with capacity to manage Condom Program by 2026	Proportion of organizations with capacity to manage the condom program	TBD	50%
Increased Condom Use at last high risk sex	<p>- Percentage of adults who use a condom at the last high risk sex</p> <p>- Percentage of adults engaged in high risk sex reporting consistent condom use</p>	<p>PLHIV: male 26.6% Female: 4.3%</p> <p>MSM: 20%</p> <p>FSW: Commercial: 62.9% Non-Com.: 38.4%</p> <p>PWID: Male: 32%</p> <p>TG: Non-paying partner: 39.7% Causal partner: 34.6% Paying partner: 53.3%</p> <p>Prisoners: TBD</p> <p>PLHIV: with spouse: male 54.1% Female: 68.1%</p> <p>Total: 59.7%</p> <p>Other than spouse: Male: 13.7% Female: 13.1%</p>	<p>PLHIV: male 33.3% Female: 5.4%</p> <p>MSM: 25%</p> <p>FSW: Commercial: 78.6% Non-Com.: 48.0%</p> <p>PWID: Male: 40%</p> <p>TG: Non-paying partner: 49.6% Causal partner: 43.3% Paying partner: 66.6%</p> <p>Prisoners: TBD</p> <p>PLHIV: with spouse: male 67.6% Female: 85.1%</p> <p>Total: 74.6%</p> <p>Other than spouse: Male: 17.1% Female: 16.4%</p>

Objective 1: To establish Functional Capacity for Condom Program Management for key populations in 50% of the related organizations by 2026

Strategies:

- **1.1 Strengthening Leadership and Coordination structures at all levels**
- **1.2 Facilitate National Condom Program Support Systems (In the context of the SIP Committee)**
- **1.3 Strengthen Supply Chain and Commodity Security**

Objective 2: To Increase Condom Use at last high risk sex for each of the key groups to 25% from a 2020 baseline by 2026

➤ ***Strategies:***

- **2.1 Increase Demand for Condoms in Key Populations and Remove Barriers to Access and Use**

Objective 3: To increase access and availability of free male condoms for each of key populations through public channels to 50% from a 2020 baseline by 2026

► ***Strategies***

- 3.1 Increasing Access to Male Condoms
- 3.2. Improving Utilization of Male Condoms
- 3.3. Grow the Market Size

IMPLEMENTATION AND RESPONSIBILITIES

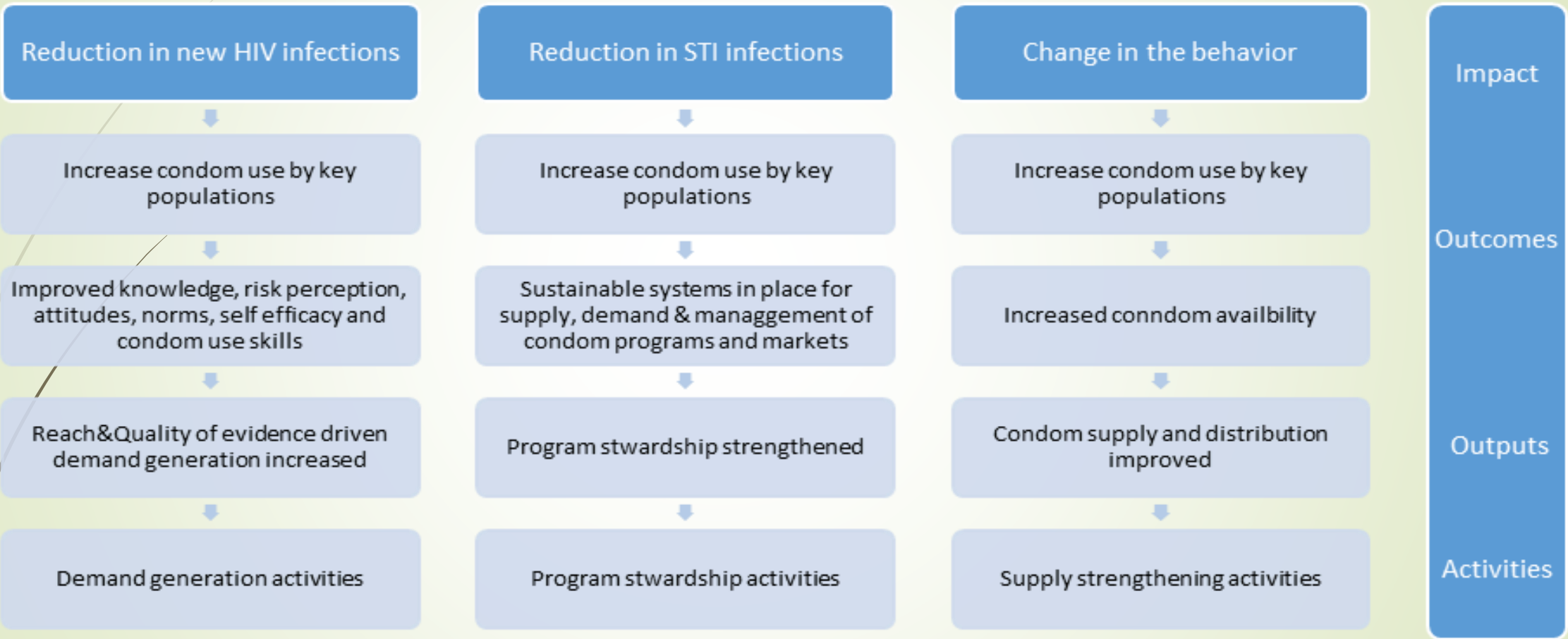
60

The Role of the Stakeholders in the Implementation Strategy

- The role of MOHME
- The role of the Social Marketing Organizations
- Role of the Commercial Sector
- Other line Ministries
- The role United Nations Agencies
- The role of the Iranian Research Center for HIV/AIDS (IRCHA)
- Deputy Minister of Medicine and Food of MOHME

Monitoring and Evaluation (M&E)

National Condom Strategy- Model Results Framework



The categories, indicators, and recommended data collection tools

Higher level outcomes		
Category	Indicators	Data Collection Tools
Condom Use	<ul style="list-style-type: none"> - Percentage of key populations who use a condom at the last high risk sex, separately - Percentage of key populations engaged in high risk sex reporting consistent condom use 	DHS Bio-behavioral Surveys (BBS) for KPs Other quantitative population-based surveys (It is critical for programs to collect these data more frequently than every five years.)
Lower level outcomes		
Program Stewardship	<p>The monitoring objective at this category is to measure the effectiveness and sustainability of program stewardship efforts (leadership & coordination; planning & forecasting; favorable policy environment).</p> <p>Sustained execution of the national condom strategy with active participation of all actors in the condom ecosystem is the most basic measure of the effectiveness of program stewardship.</p> <p>Effective program stewardship should also lead to greater sustainability as measured by the decreasing dependence on non-domestic funding for condom programming and decreasing commodity subsidy in the condom market.</p> <p>The following indicators measuring the components of program stewardship are considered at the output level:</p>	<ul style="list-style-type: none"> • Programmatic reports • Verification by existence of plans, policies, regulations • Other document review • Stakeholder survey to assess perceived value of stewardship

Annex 1: Condom Program Operational Plan

Description of priorities	Key annual outputs				
	2022	2023	2024	2025	2026
Objective 1: To establish Functional Capacity for Condom Program Management for key populations in 50% of the related organizations by 2026					
Strategy 1: Strengthening Leadership and Coordination structures at all levels					
1.1.1: Coordination and Program Governance	Creating Condom Technical Group	Condom Technical Group's 2-yr Priority Action Plan (2023/24) detailing program outputs, outcome targets and partner accountability framework developed	Condom mid-term review report compiled defining revised targets	The condom program review report is reviewed and approved by the SIP	The condom program review report in place
			Annual stakeholder	Condom Technical	



با تشکر از توجه شما