

# 2023 Global AIDS Monitoring Data on Condom Programming

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## Considerations for programming

**Dr. Namwinga Chintu** MMed, MTrop Pead  
Program Advisor  
Program Innovation Prevention Treatment and Pediatrics  
UNAIDS, Geneva

## Global estimates for adults and children | 2022

**People living with HIV** **39.0 million** [33.1 million–45.7 million]

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**New HIV infections** **1.3 million** [1.0 million–1.7 million]

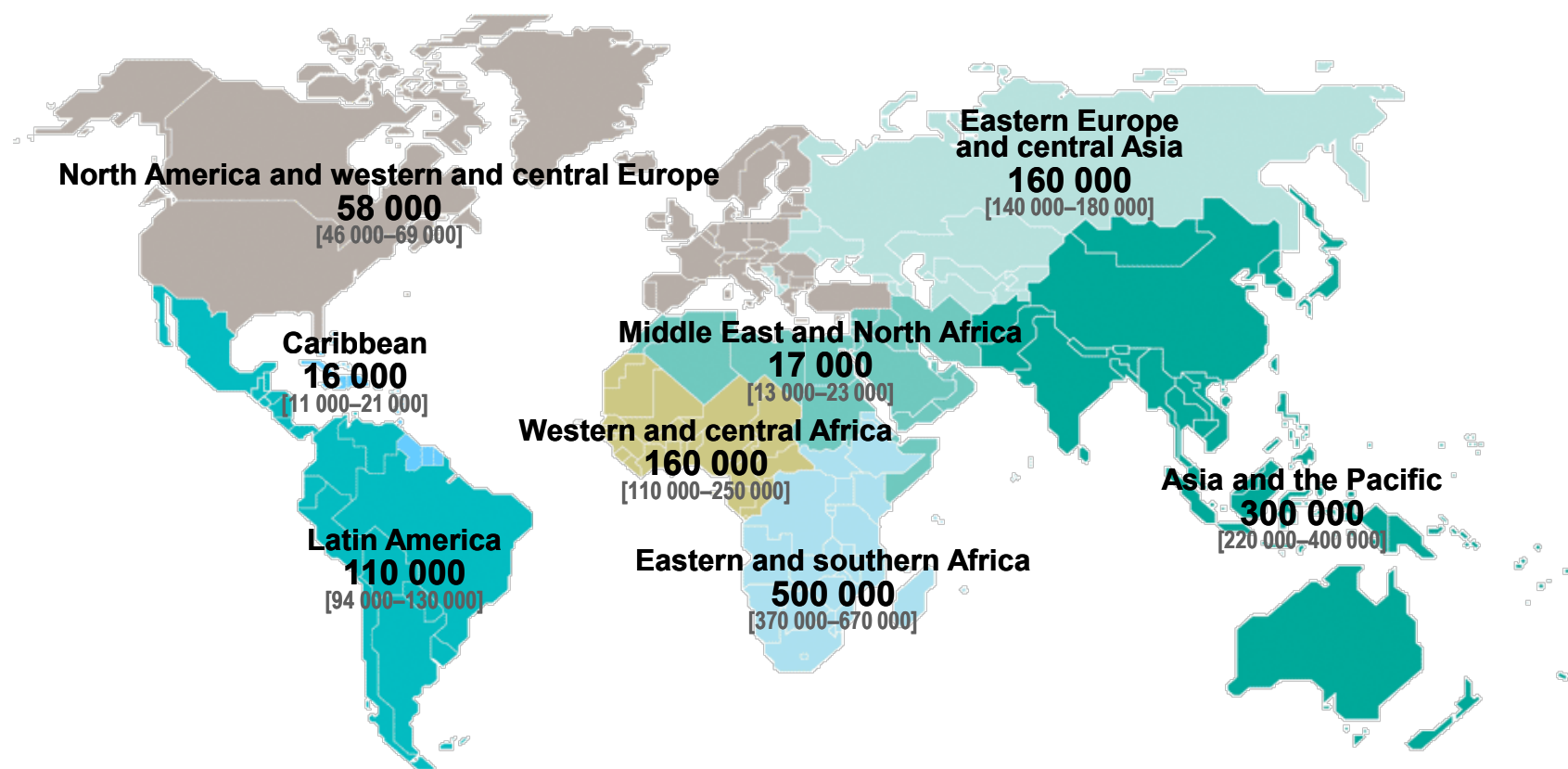
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**Deaths due to AIDS** **630 000** [480 000–880 000]

## **About 3600 new HIV infections (adults and children) a day | 2022**

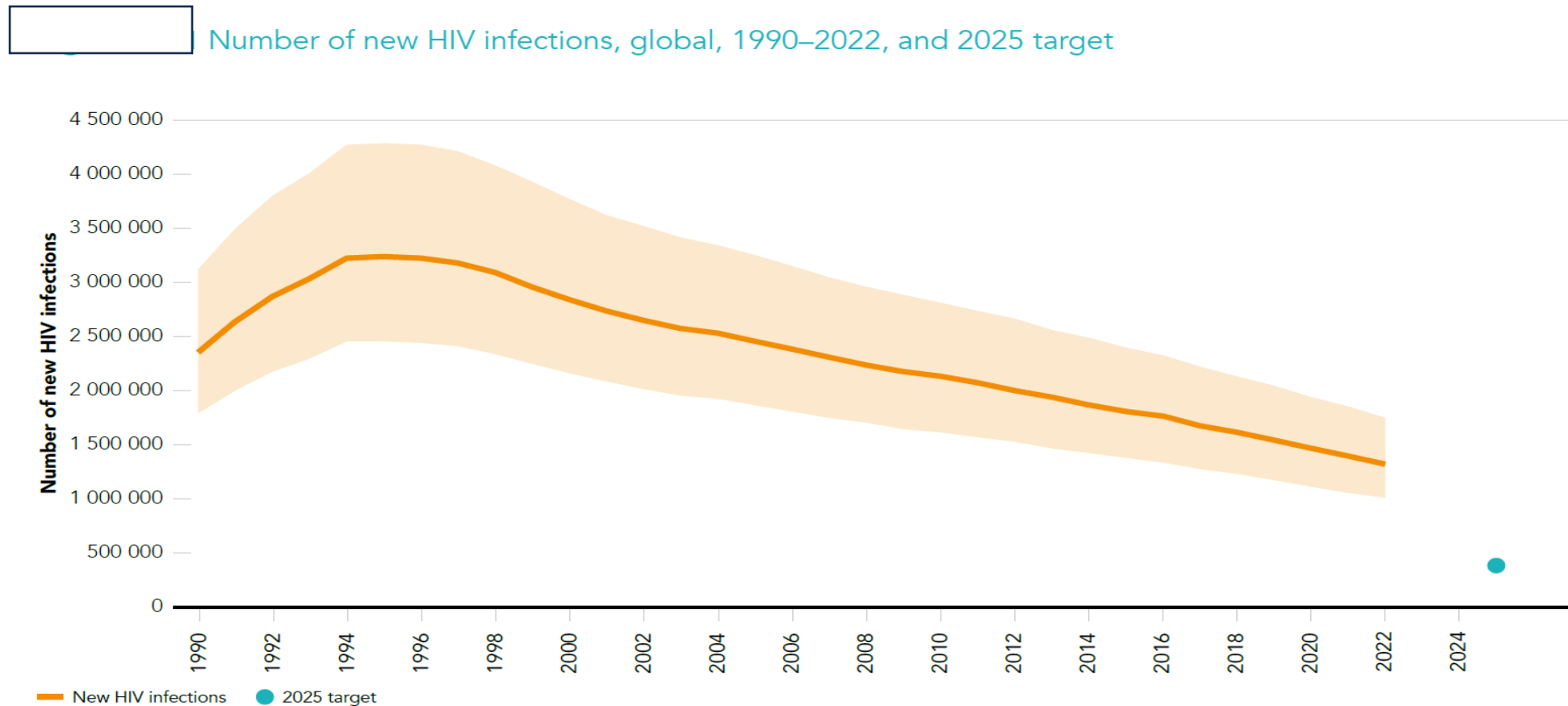
- **About 50% are in sub-Saharan Africa**
- **About 360 are among children under 15 years of age**
- **About 3200 are among adults aged 15 years and older, of whom:**
  - almost 46% are among women
  - about 30% are among young people (15–24)
  - about 18% are among young women (15–24)

# Estimated number of adults and children newly infected with HIV | 2022



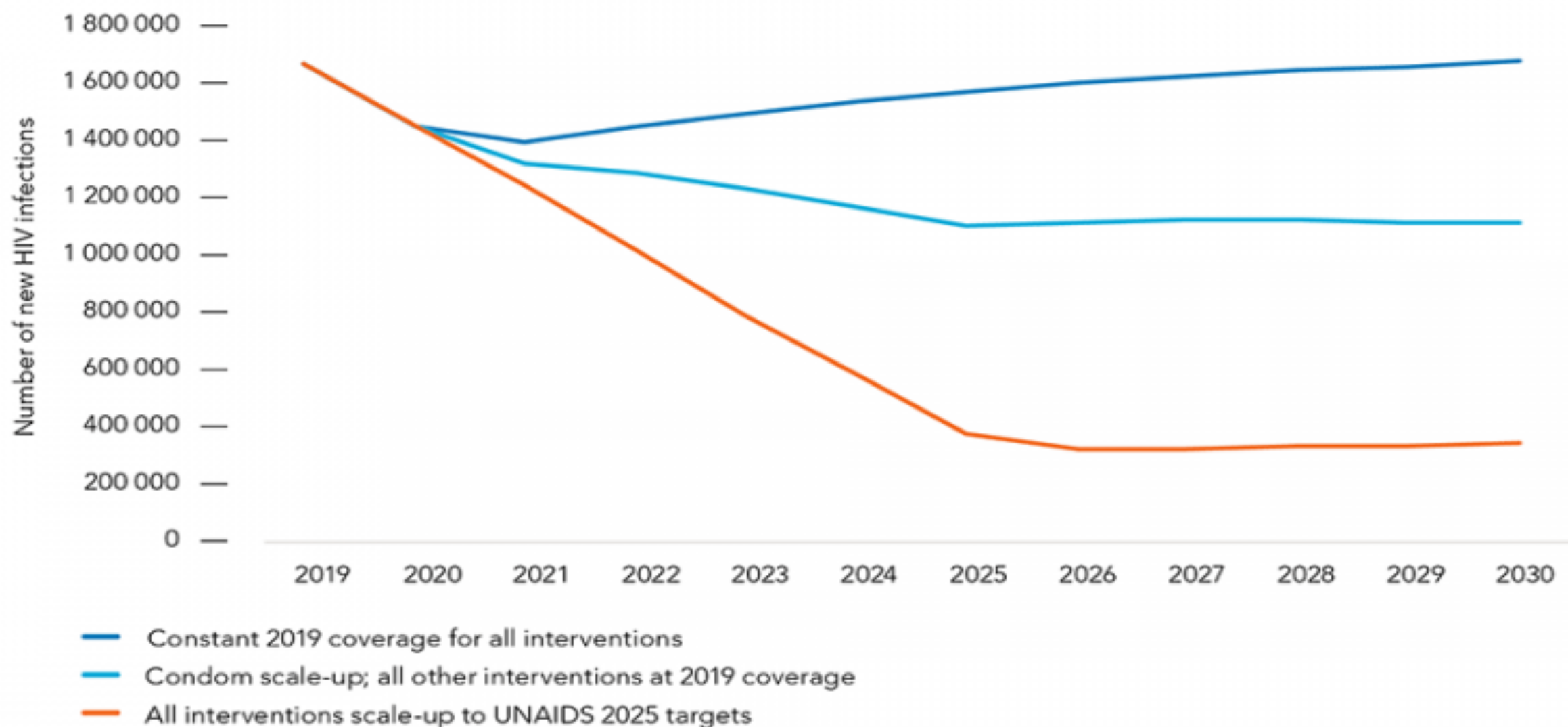
**Total: 1.3 million** [1.0 million–1.7 million]

# Number of New HIV Infections, Global 1990-2022, and 2025 target



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

## The impact of condom use on new HIV infections in the future under three scenarios, global, 2019–2030

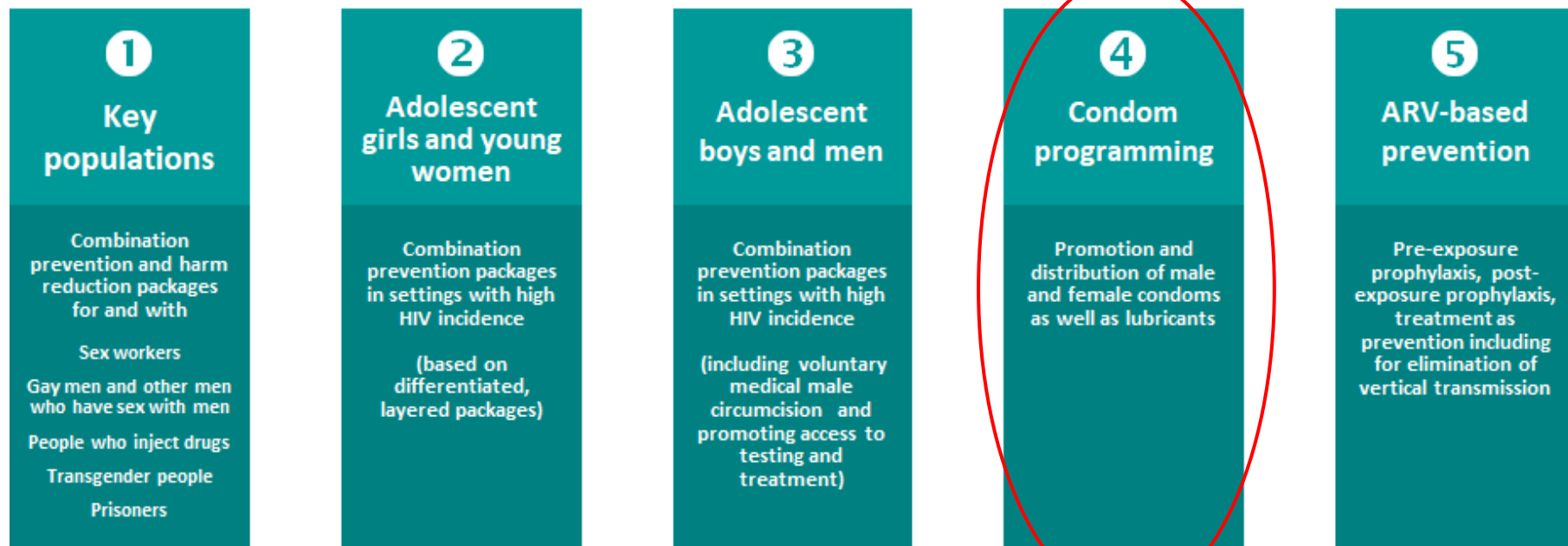


Source: Stover J, Teng Y. The impact of condom use on the HIV epidemic [version 1]. Gates Open Res. 2021;5:91. doi: 10.12688/gatesopenres.13278.1

# 2025 Prevention Pillars

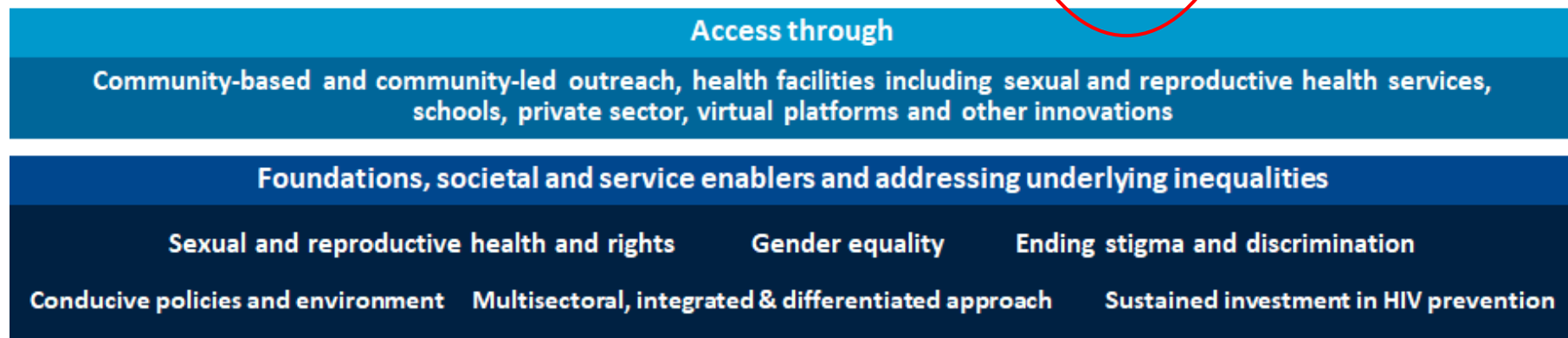
Fewer than 370,000  
new HIV infections per year by 2025

95% of people at risk of HIV have equitable access to and use appropriate, prioritized, person-centred and effective combination prevention options



## Road Map

- Focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers
- Highlights complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV



# Pillar 4: Condom programming – still in crisis: Persistent gaps in condom use, including in countries with limited progress in reducing HIV incidence;

	Indicator	Angola	Botswana	Cameroon	Cote d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria	South Africa	Uganda	United Republic of Tanzania	Zambia	Zimbabwe
<b>Outcome</b>	Condom use with non-regular partners (women 15-49, %)	27	id	43	37	24	66	20	18	57	78	49	42	66	36	58	37	28	35	65
	Condom use with non-regular partners (men 15-49, %)	46	id	63	50	33	83	51	42	76	81	73	47	82	65	65	58	35	54	82
	Knows condom as prevention method (women 15-49, %)	66	id	77	67	56	91	58	77	80	92	75	55	88	73	id	87	id	83	84
	Knows condom as prevention method (men 15-49, %)	78	id	77	82	73	87	77	86	88	88	75	65	90	78	id	88	id	87	88
	Woman justified to insist on condom use if husband has STI (women 15-49, %)	59	id	71	78	68	94	61	91	89	92	82	61	93	77	id	87	id	73	87
	Woman justified to insist on condom use if husband has STI (men 15-49, %)	74	id	72	90	79	96	80	95	92	90	88	72	91	74	id	91	id	81	85
<b>Output</b>	Number of condoms distributed/sold (in millions)	6	17	33	49	0	12	0	id	88	0	63	120	0	43	557	380	72	15	109
	Number of condoms distributed/sold per couple-year* (age range 15-64 - 2021)	1	24	4	6	id	7	id	id	5	0	12	15	0	1	28	32	4	3	28
	% of condom distribution need met (2021)	2	id	15	23	id	15	id	id	24	1	47	42	0	5	65	100	17	10	88

**Legend**

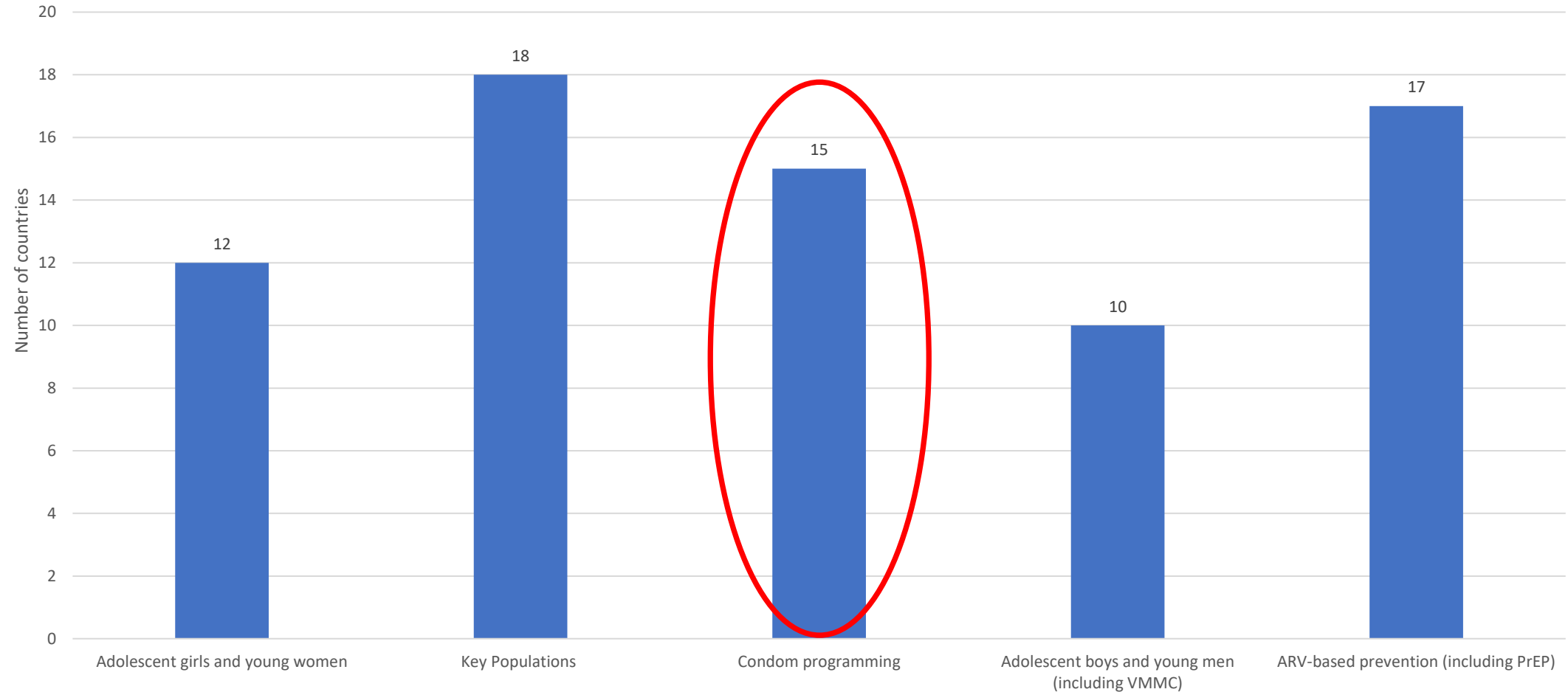
	Very good
	Good
	Medium
	Low
	Very low
id	Insufficient data
na	Not applicable



# 2023 Global AIDS Monitoring Data-Condoms

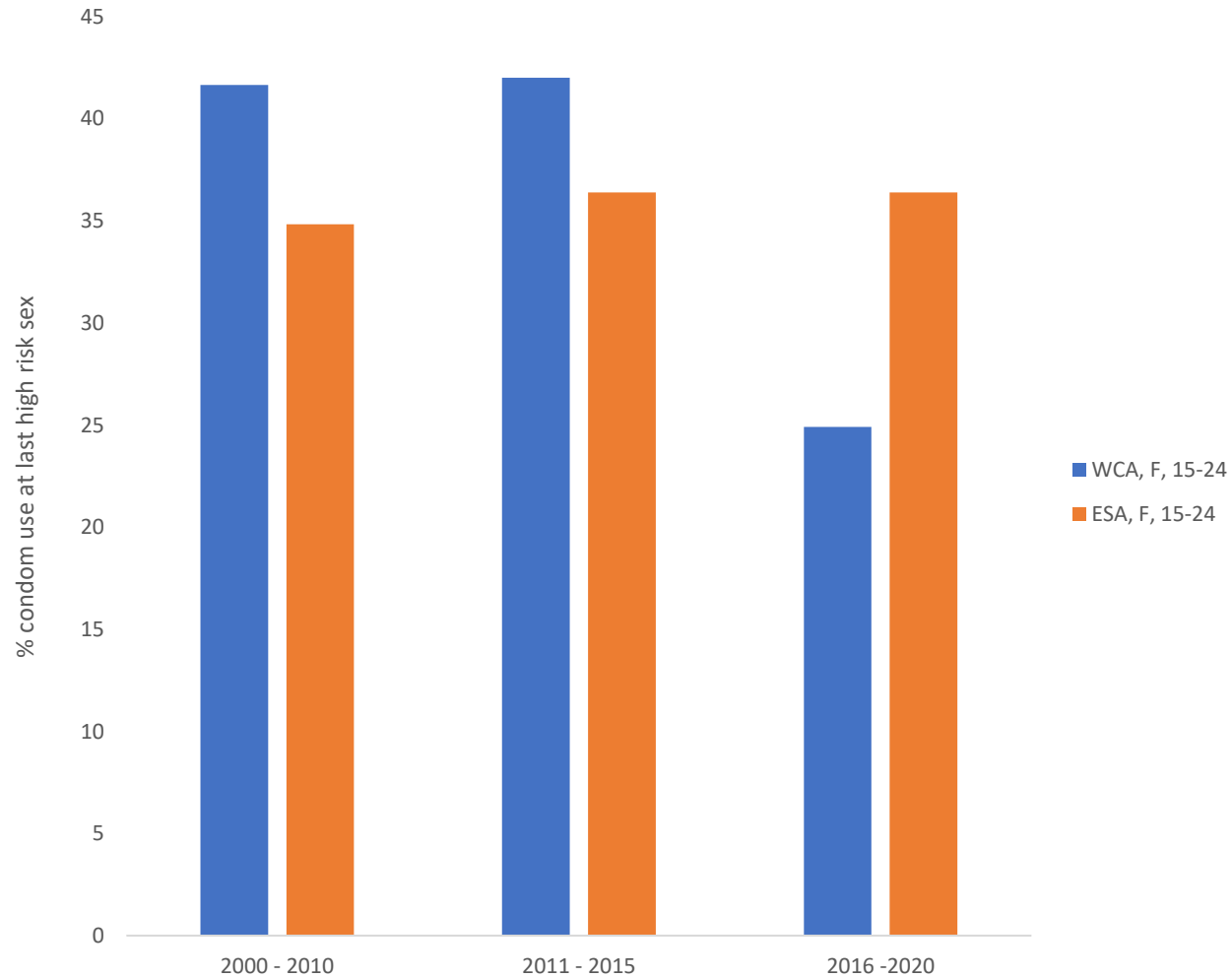
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# HIV Prevention Pillars with Targets Set

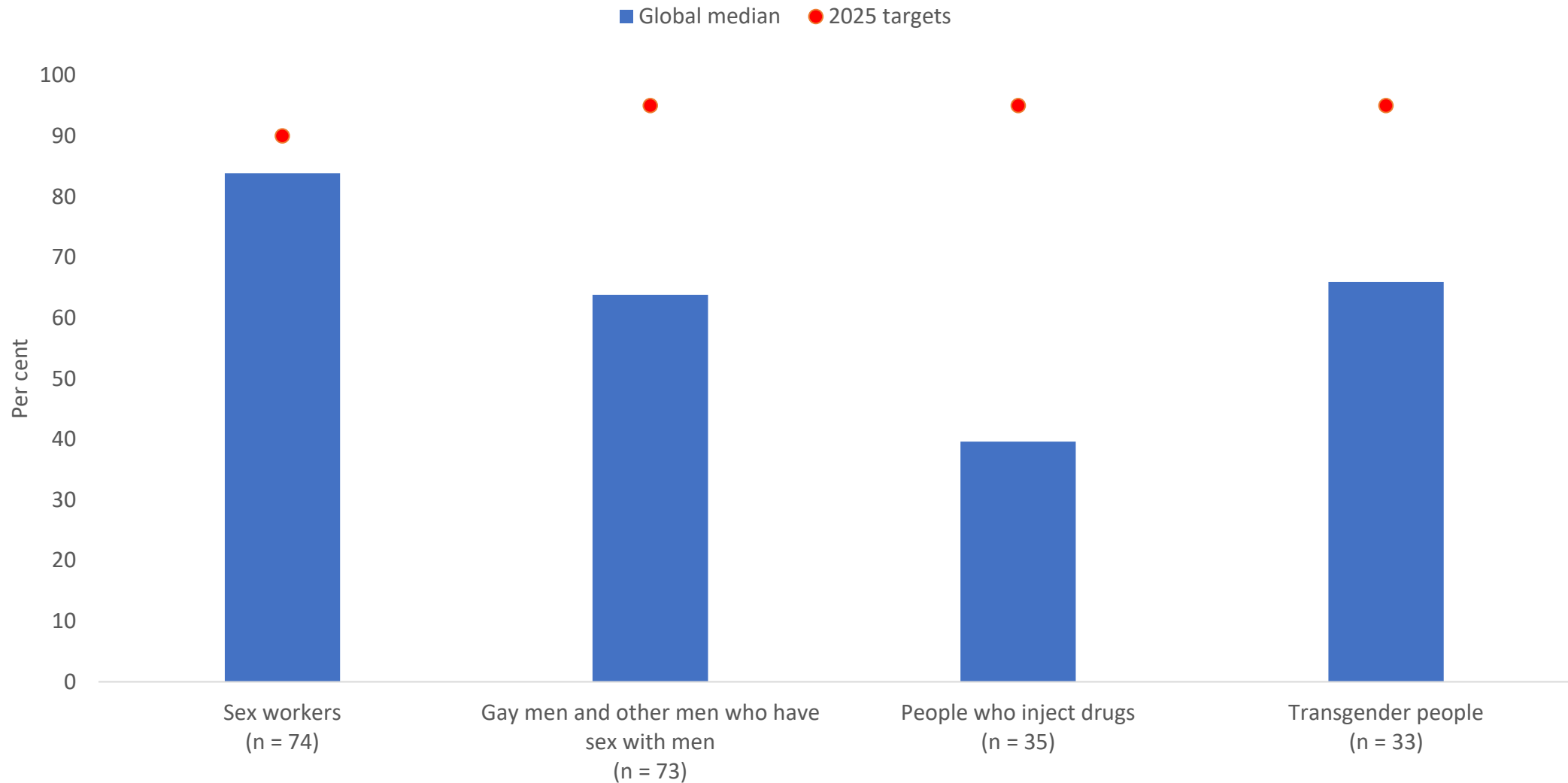


\*Data Source HIV Prevention Road Map Survey 2023  
N= countries reporting 33

# Condom Use at Last High Risk Sex



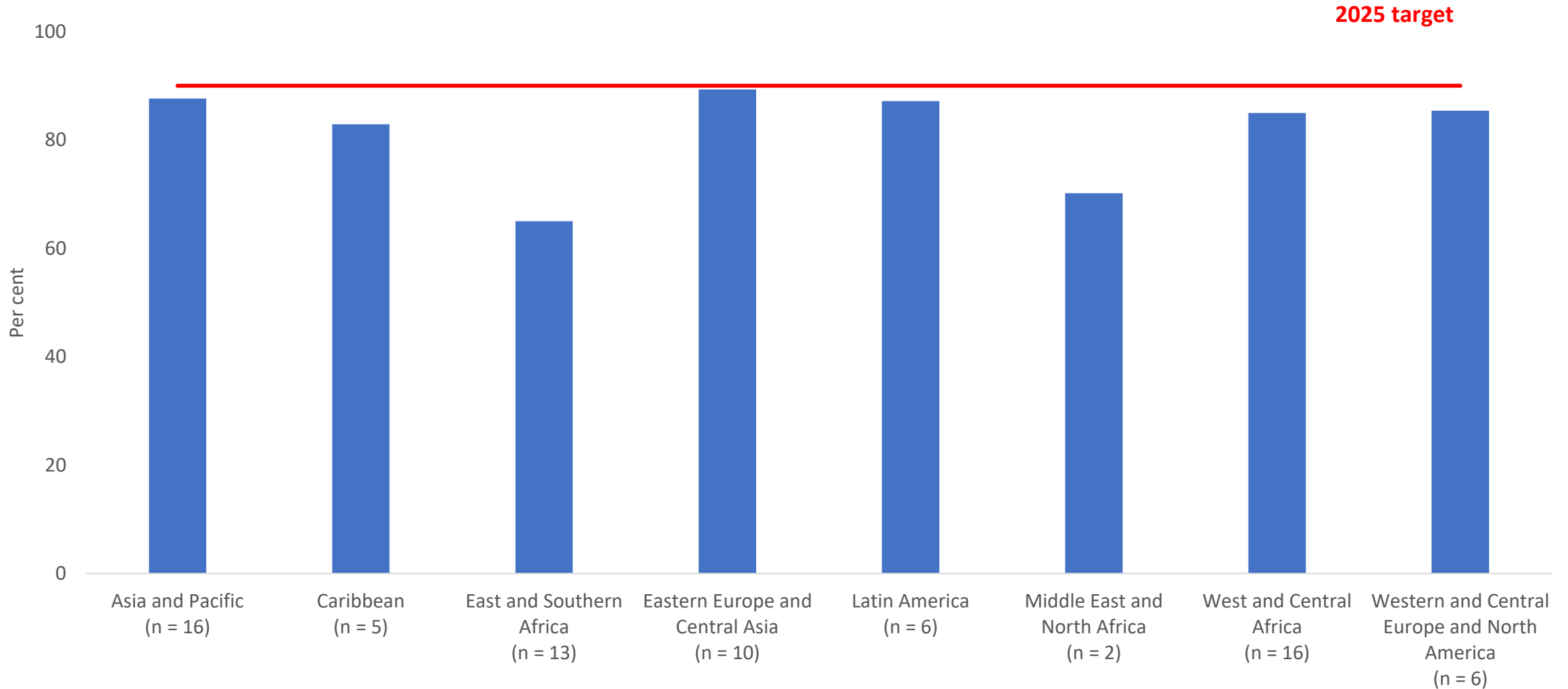
# Global median condom use at last sex among key populations and targets, 2018–2022



Note: n = number of countries reporting.

Source: UNAIDS Global AIDS Monitoring, 2023 (<https://aidsinfo.unaids.org/>).

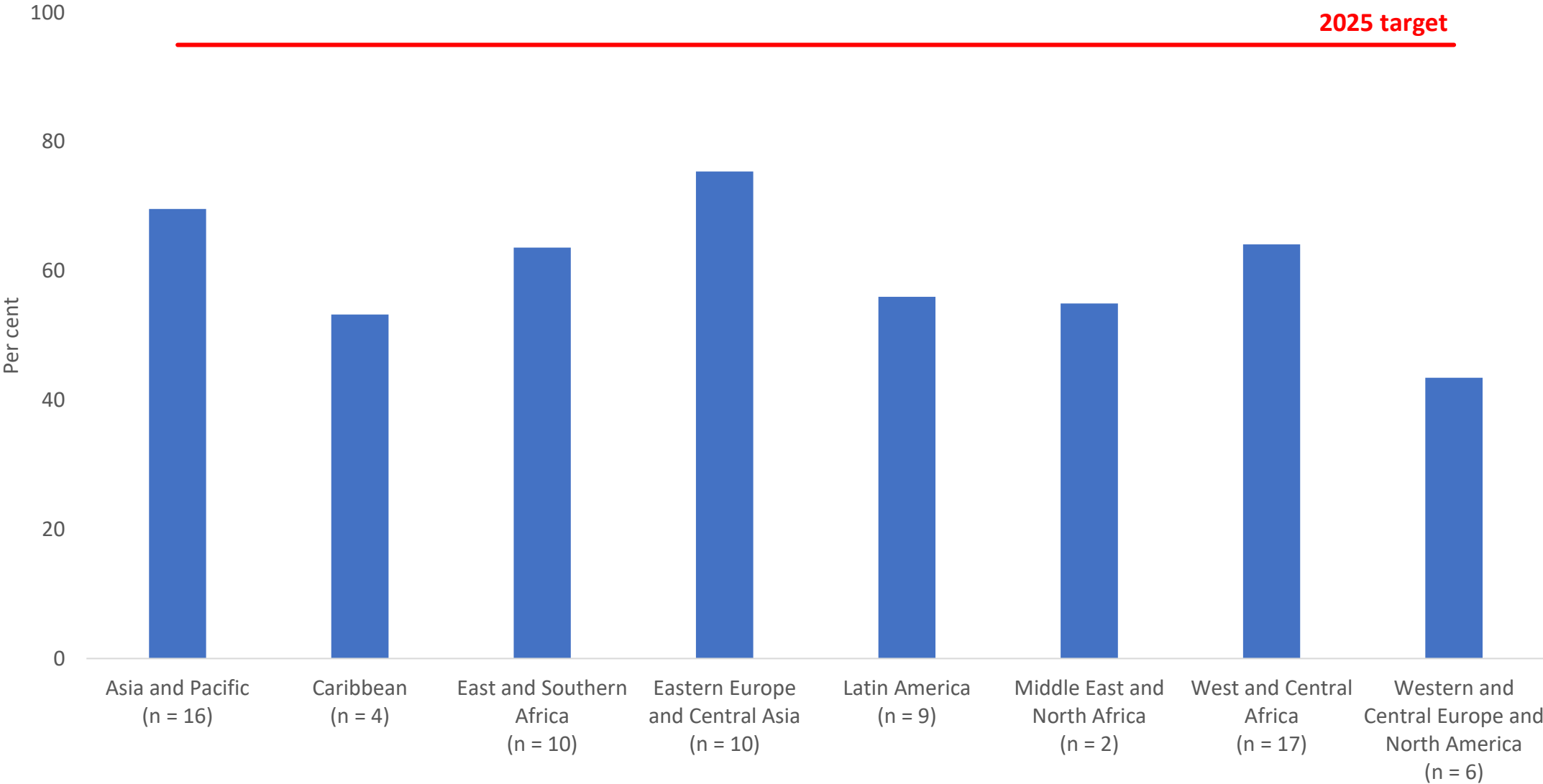
# Median condom use at last sex among sex workers, by region, 2018–2022



Note: n = number of countries reporting.

Source: UNAIDS Global AIDS Monitoring, 2023 (<https://aidsinfo.unaids.org/>).

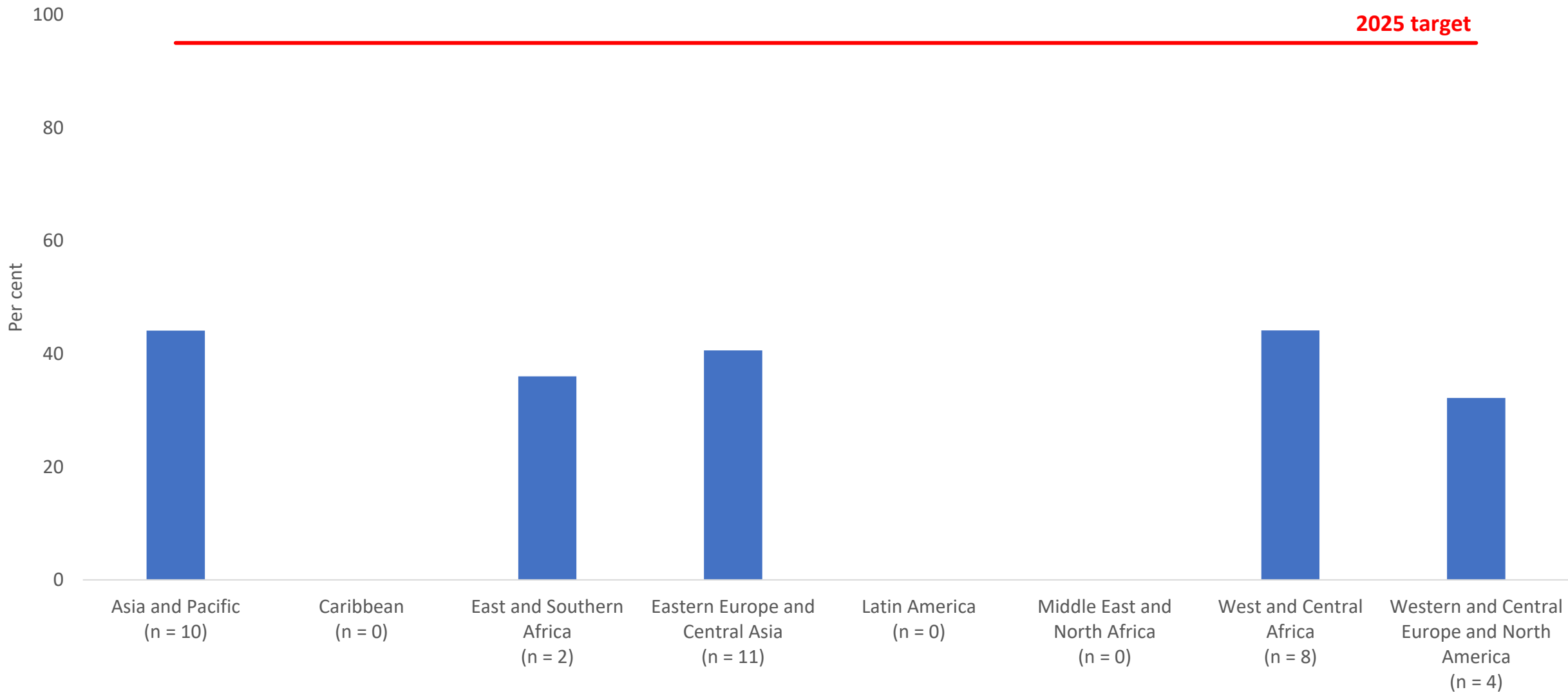
# Median condom use at last sex among gay men and other men who have sex with men, by region, 2018–2022



Note: n = number of countries reporting.

Source: UNAIDS Global AIDS Monitoring, 2023 (<https://aidsinfo.unaids.org/>).

# Median condom use at last sex among people who inject drugs, by region, 2018–2022



Note: n = number of countries reporting.

Source: UNAIDS Global AIDS Monitoring, 2023 (<https://aidsinfo.unaids.org/>).

# What does the data say ?

- Trends show reductions in new infections but not fast enough
- Condoms remain critical component of HIV prevention
- Condom programming is still in crisis
- Gaps in Condom use persist
- Sub Population data for condom programming is critical for programming
- Data on condom programming needs strengthening
- More differentiated, equitable, people-centered approaches are needed for condom programming to achieve targets



**Thank you**

# New Generation Condom Programming

*For new generation users*



GPC Condom Webinar, 18 July 2023

*Rosemary Kindyomunda, SRH/HIV Specialist, UNFPA  
ESARO, Regional Condom SI Hub*

# Why a condom?

- Condom at the nexus of HIV & SRH programming outcomes
  - Proven, cost effective
  - Triple prevention – HIV, STI, unintended pregnancies
- Consistent & correct use at high-risk sex
  - Epitome of SRHR choice - Informed, competent, bodily autonomy
  - Litmus test for public health system responsiveness – on one hand
  - A reality of public/private/community partnerships
- The condom is a powerful protection choice for the majority
  - Acceptable, cheaper, and convenient
- Easily integrated, sustainably offered as part of social/health programmes

# New generation Condom Programming - Beyond Procurement

## People-centred

- Who needs a condom? – The 5Ws
  - Do they know about it?
  - Do they have the competence to make and act on a choice
- How easy is it for them to access consistently
  - Inequity lens
  - Beneficiary engagement
- Are they able to use correctly and consistently
  - Skills, comprehensive knowledge
  - Position in options package

## The stewardship difference

- Conducive policy & social environment
  - Appreciate role of condom
- Integrated strategic planning
  - Evidence - Size estimates, target setting
  - Forecasting & quantification
- Integrated programme delivery
  - LMD – public, alternative, TMA
  - Influence behaviour, create demand
  - Public private partnerships
  - Market segmentation and development
  - Track - data for decision making
- Build community competence
  - Engage, Increase knowledge on options

# The Condom Program Stewardship Strategic Initiative Experience



# The gaps – people centered perspective

- The condom access/availability gap is a stewardship bottleneck
- The condom uptake gap is largely a last mile distribution (LMD) issue



# New generation CCP is feasible

- Needs championing
  - Appreciate, position in options package
- Structured stewardship a prerequisite
  - Multisectoral, multipartner, multilevel
  - Oversight - commodity to the right place/people, right time, consistently
- Tools key for institutionalized action
  - PSAT, PSET, CNET, TMA, Planning Package
- Up-to-date evidence critical
- Funding streams as catalytic anchors
  - GF matching grant/prog. essentials
- Diverse LMD options the way to go
  - ADS in Uganda
- No demand creation without LMD
  - The PLM innovation'
- Differentiated, integrated programme delivery is feasible – pop. specific
  - The CIDRZ experience
- Communities know better
  - The Pakachere microplanning initiative
- Public Private Partnerships work
  - exploit various angles
- Inspired PFP for sustainable TMA
  - The CMS in Uganda
- Tracking the un-trackable?
  - Defining CP M&E Frameworks
  - The Zambia NACMIS potential
- Domestic financing possible
  - The Mozambique inspiration

# Challenges and Opportunities

- Condom/lube still stigmatized
  - policy, programming, service delivery & community
  - Impacts stewardship
- The free condom threatens transition to sustainable markets
- Free commodity handling capacity
  - Constrained in some settings
  - Increases chances of wastage
- Competing interventions?
  - Impacts integrated delivery for CHOICE
- Inadvertent/subtle deprioritization?
  - *'Condoms/lubricant use at last sex by those not taking PrEP with a nonregular partner whose HIV viral load status is not known to be undetectable'*
- High unmet need **YET** low condom awareness, knowledge on role
- Defunding/declining social marketing
  - impacts adoption of condom use lifestyles
  - Weaning from free to condom at a cost
- Move TMA from theory to practice
  - political will for conducive environment
- Major funding streams can do better
  - vfm accountability
- If it is not measured, it not done
  - How do we amplify output before outcomes?
- Exploit mega trends
  - digital technological solutions
  - Global Selfcare attention
  - Global South manufacturing discourse



# Apply GPC Prevention Roadmap commitments to new generation CP

## 1. Precision prevention

- Evidence for context/people specific CP

## 2. Invest in HIV prevention,

- invest in CP – to achieve elimination targets
- Harness global resources to strengthen systems
- Mobilize domestic financing (public/private) to sustain action

## 3. Scale for impact

- Institutionalized, integrated & differentiated programme delivery
- AAAQ for people-centred
- Develop segmented markets

## 4. Lead with equity

- age, sex, residence, wealth quintile, education status, gender orientation

## 5. Be accountable

- Mutually, systematically
- Vfm program tracking

# Asante, Merci, Obrigado, Thank you



*Condom demand generation needs to reach a new generation of users. Credit: UNFPA*



Project  
Last Mile



**THE  
GLOBAL  
FUND**

# APPLYING PRIVATE SECTOR EXPERIENCES TO EXPANDED CONDOM PROGRAMMING: EARLY RESULTS FROM THE INTEGRATED APPROACH TO DEMAND CREATION AND SUPPLY INITIATIVE IN MOZAMBIQUE

RUSHIKA SHEKHAR, PROJECT LAST MILE

GLOBAL PREVENTION COALITION AND THE CONDOM STRATEGIC INITIATIVE – WEBINAR – JULY 2023

PLM Global Partners



BILL & MELINDA  
GATES foundation



THE *Coca-Cola* COMPANY



## Unlocking private sector best practices to strengthen health systems across Africa

Project Last Mile is a **leading public-private partnership for health**, translating supply chain and marketing innovations and best practices from The Coca-Cola ecosystem to strengthen public health systems.

### DEMONSTRATED PARTNERSHIP



**40M+**  
LIVES REACHED

**14**  
YEARS

**17**  
COUNTRIES

**47**  
PROJECTS

Administered  
By





**IMPROVING ACCESS, AVAILABILITY AND UPTAKE OF CONDOMS IN MOZAMBIQUE**



# Mozambique has a lower level of condom usage than countries surrounding it.

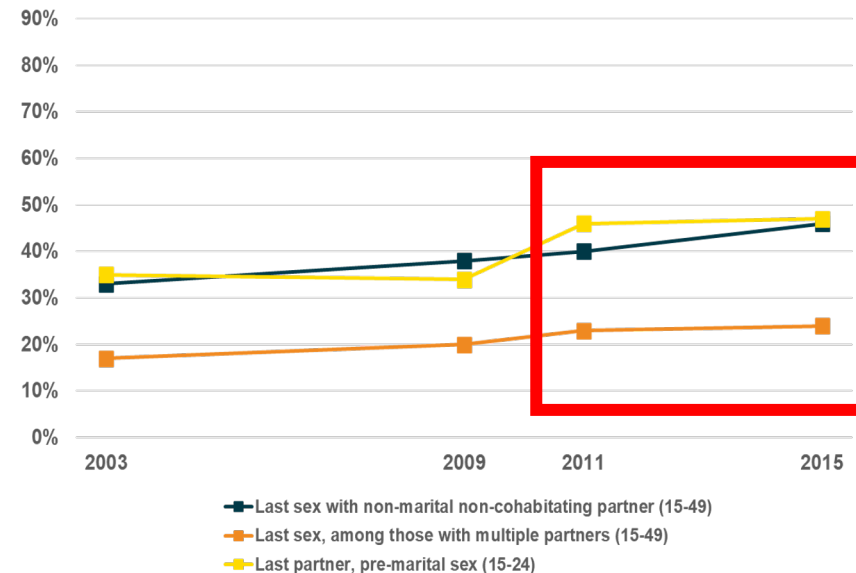
Condom use in Mozambique remains the lowest in Eastern and Southern Africa, with growth rates slowing over time for certain priority segments such as young men engaging in sex.



Select regional grouping from drop-down menu		Pillar scorecard													
GPC		Condoms													
		2022													
Indicator		Angola	Botswana	Cameroon	Cote d'Ivoire	Democratic Republic of the Congo	Eswatini	Ethiopia	Ghana	Kenya	Lesotho	Malawi	Mozambique	Namibia	Nigeria
Outcome	Condom use with non-regular partners (women 15-49, %)	27	id	43	37	24	66	20	18	57	78	49	42	66	36
	Condom use with non-regular partners (men 15-49, %)	46	id	63	50	33	83	51	42	76	81	73	47	82	65
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UNAIDS Condoms Pillar Scorecard, Mozambique (2022)

Moçambique: Tendência do uso do preservativo por comportamento sexual (homens)



Trends on condom usage amongst men who engage in sex

To address these challenges, the Ministry of Health (MISAU) and National AIDS Council (CNCS) have developed a national condoms strategy to strengthen condom supply, demand, and stewardship.



# The Ministry of Health and National AIDS Council (MISAU + CNCS)'s National Condom Strategy aims to strengthen condom supply and demand

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## NATIONAL CONDOM STRATEGY OBJECTIVES

1. **Strengthen program management and oversight** (“stewardship”) to focus on priority, value-added activities that will improve coordination, increase funding for demand generation and provide data to inform programs.
2. **Increase condom demand** by expanding the coverage of behavior change interventions, either through new funding or through integration into the ongoing activities of community-based organizations (CBOs) that already work with priority populations.
3. **Improve condom availability by strengthening and expanding supply chains**, through partnerships with civil society and social marketing to achieve universal condom access.

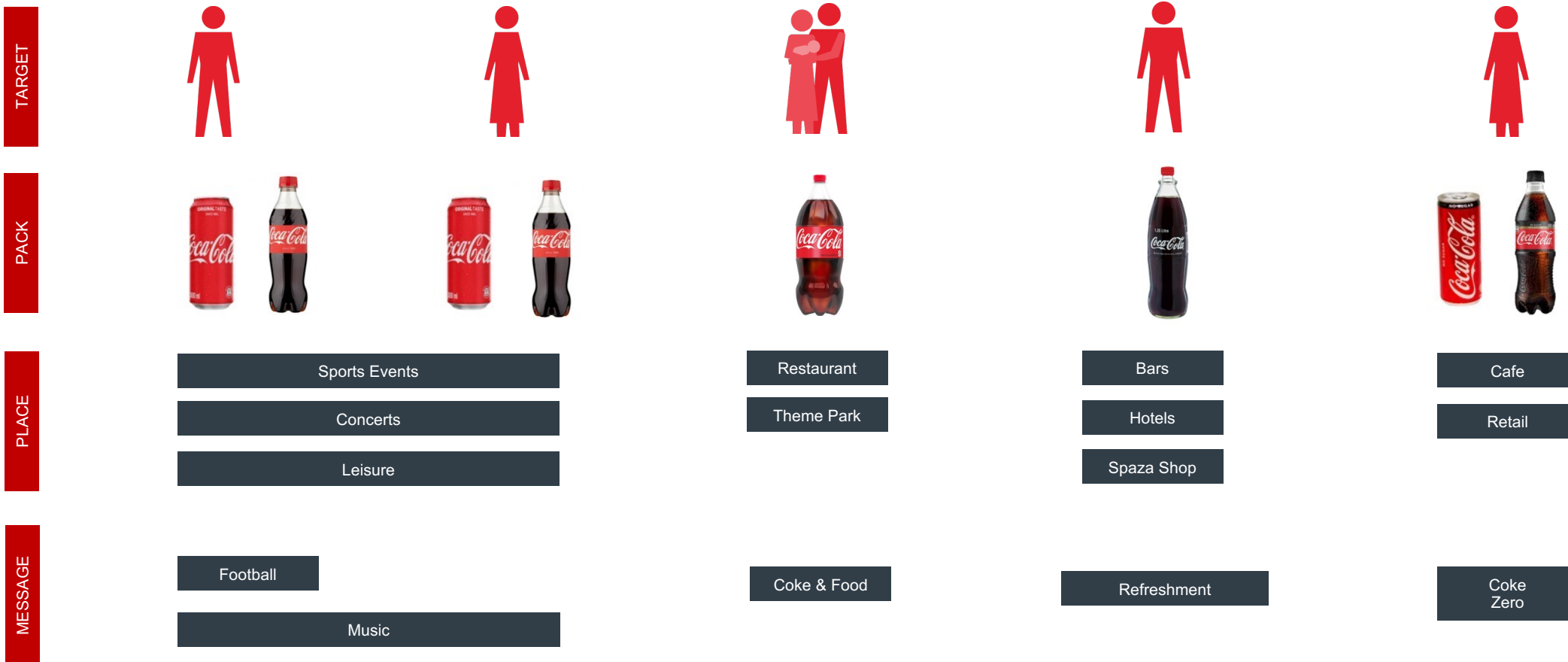


**PLM was engaged to support Pillars 2 + 3 – applying an integrated private sector model to strengthen condom supply and demand**



# FMCG companies take a consumer-centric approach to demand and supply planning, tailoring the product, placement, and messaging to consumer needs

Traditionally, the public sector has often approached demand creation + supply planning in silos.  
THE COCA-COLA WAY: Integrated demand planning tailoring specific product, pack size, and access points to needs of target audience





Working with CNCS - PLM tested an **integrated approach modelled on the private sector**, to create and fulfill condom demand at access points customers most likely wanted to access condoms



 **CREATING DEMAND  
STRATEGIC MARKETING**  
Condom Strategy Pillar 2

 **FULFILLING DEMAND  
ROUTE-TO-MARKET**  
Condom Strategy Pillar 3

**INTEGRATED ROUTE-TO-MARKET AND STRATEGIC  
MARKETING STRATEGY FOR CONDOMS UPTAKE**



**6-month pilot completed in June 2023**, with results currently under review by CNCS.  
Initial results and learnings being shared today.



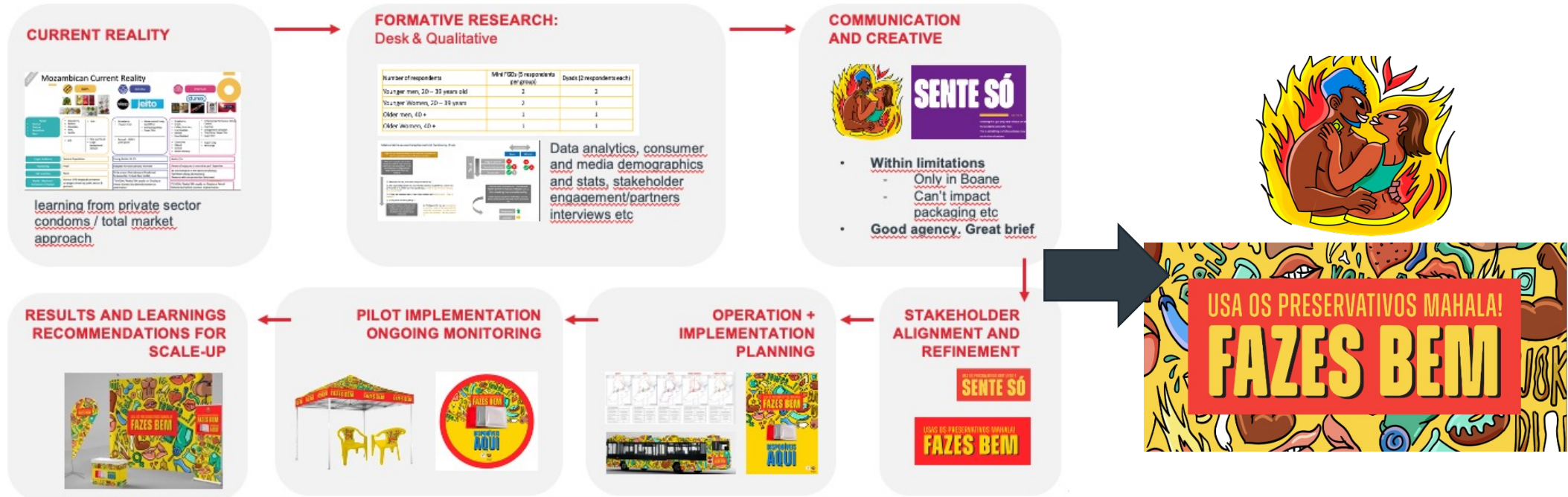
DEMAND APPROACH





# Following an insights, consumer focused process – PLM developed “FAZES BEM”

Demand creation campaign that aimed to promote the overall use of condoms, with a core objective of driving demand and offtake for free, government condoms



PLM Consumer Marketing approach



A range of different messaging was developed, tailored to the needs of consumers who would interact with it at each channel. This was rolled out with the distribution strategy.

### EDUCATIONAL MESSAGING



Protect yourself



Use your head and avoid unplanned pregnancies



The Free condoms are great quality

### AT WORK MESSAGING



Take it! There's always someone that needs them  
Male focus



Take it! There's always someone that needs them  
Female focus

### AT LEISURE MESSAGING



If you Shake more than 3 times...



A woman with a condom is always in good company



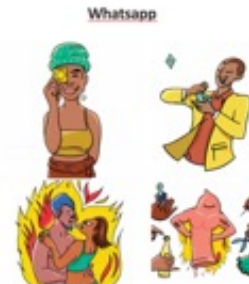
When things get popping

### TAILORED MESSAGING APPLIED TO TARGETED CHANNELS

#### BRANDED BUSES



DIGITAL



STICKERS AT ACCESS POINTS



#### CHW BRANDED BIKES

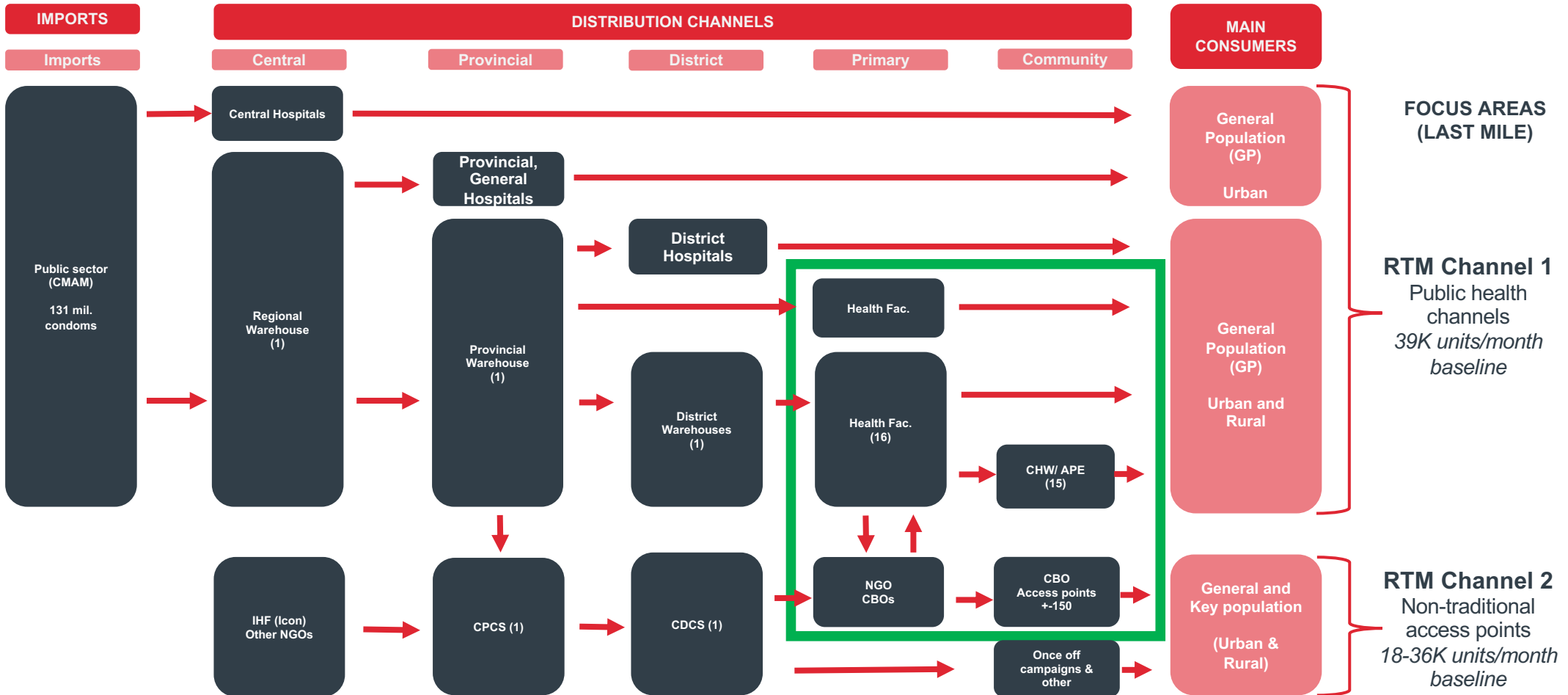




ROUTE-TO-MARKET APPROACH

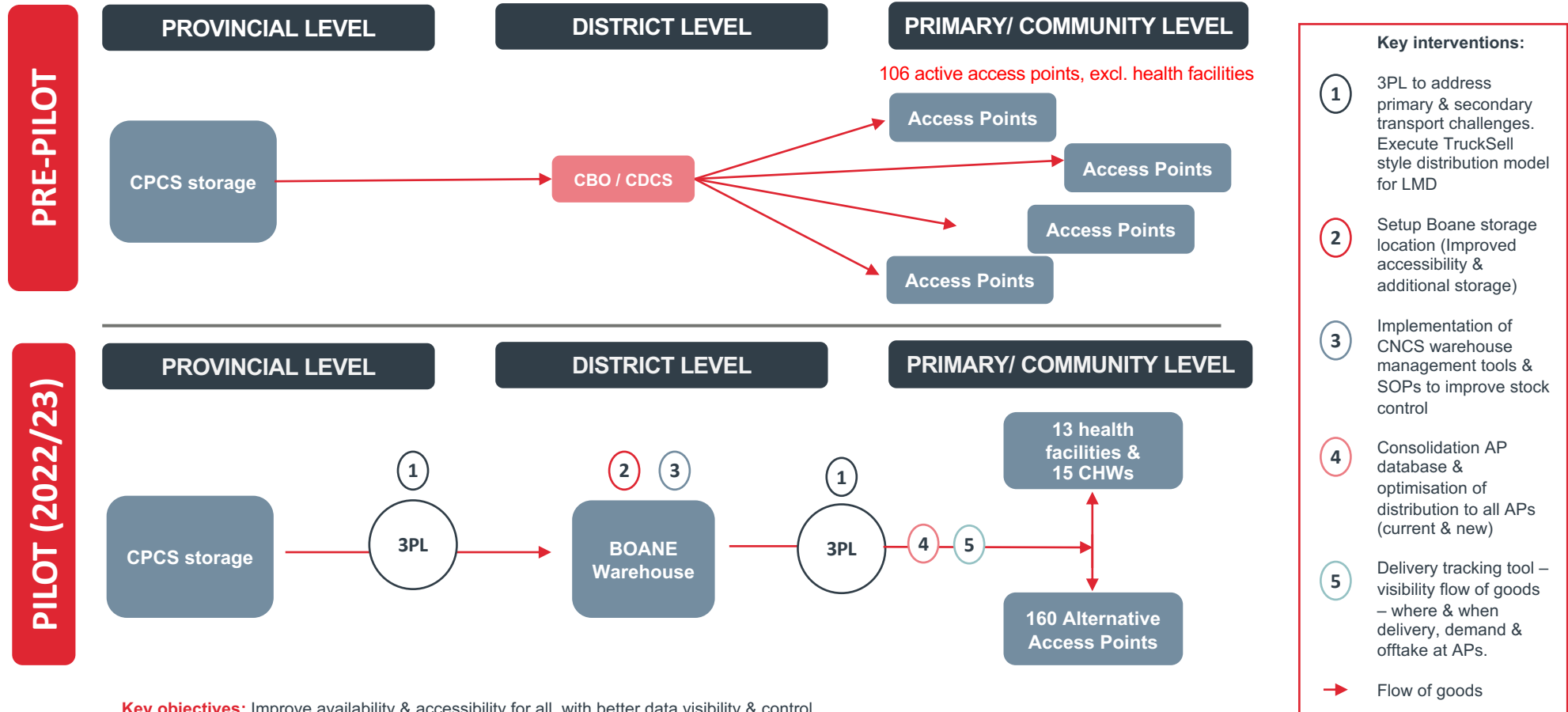


Once we understood the consumer, needed to map how to get condoms to optimal channels. Our focus was on distribution to the last mile – across 2 key channels





# DEVELOPING A RTM MODEL TO EXECUTE THE FOCUSED CHANNEL STRATEGY



**Key objectives:** Improve availability & accessibility for all, with better data visibility & control.

**Outcome:** Ensuring correct execution differentiated service delivery strategy . i.e. getting the right quantities, supplied to the right places, at the right times, with right targeted messaging. This is executed effectively, efficiently, and consistently.



## RESULTS AND LEARNINGS





# Effective TCCS distribution practices were applied to government condoms to enable reliable, increased access.



## 1.2M Condoms

Over a period of 6 months, the project distributed **1,200,000 condoms**. 81% of condoms were delivered by the 3PL solution implemented by PLM.



## 43% increase

in the number of active access points, primarily driven outside public sector



## 243% increase

in monthly condom volumes distributed and available for consumers



## 75% offtake

Despite this large increase in the availability of condoms, offtake was high at 75% averaged across access points.

	Baseline	Endline	Increase (n)	Growth (%)
Access Points	121	173	52	43% ↑
Monthly Volume Distributed	76 756	263 404	186 648	243% ↑
Condoms Available per Person in Boane/month	0.8	2-3	+2	200% ↑

# THE DEMAND CREATION CAMPAIGN WAS WELL-RECEIVED BY THE BOANE POPULATION AND RAISED AWARENESS OF FREE GOVERNMENT CONDOMS.

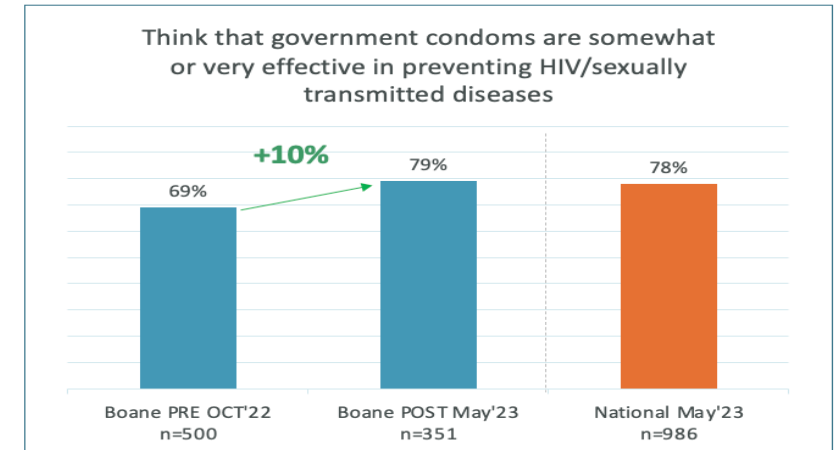


**High awareness** – 82% of respondents had some awareness 6 months after launch



## Shifting condom perceptions and behaviors

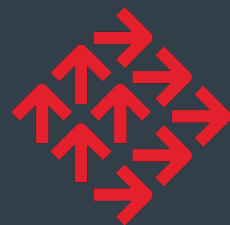
- Almost all (90%) say they are **somewhat or very likely to change their behaviour** after being exposed to the campaign
- Belief that **government condoms are effective in preventing HIV and STDs, and pregnancy has increased +10%**
- Large increase in the number of respondents **who think that the quality of free government condoms is the same as store-bought condoms**. 32% reported that they had used free government condoms as a result of seeing the campaign.
- Following the campaign implementation, **Boane is now tracking above national averages** on several measures of condom knowledge and perceptions, as compared to baseline



## SOME LEARNINGS

- Relying on strong network of community-based organizations for condom distribution and demand creation may not be sufficient to achieve condom strategic objectives – **may require additional investment in outsourced distribution and DC.**
- **Visibility for post-district level condom distribution** is essential to track condom offtake and ensure that they are reaching the correct places for population access.
- Tackling demand creation through fun, engaging messaging is effective – **key to invest in DC alongside RTM to ensure demand keeps up with supply.**
- **Building sustainability and efficacy for such an approach takes time** – see efficiencies starting to take shape after 4-6 months of implementation in a certain district. Allow for testing, capability development, and adaptation of model to increase efficiencies prior to further scale-up.





# Project Last Mile

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Global partners:



# If it is not measured, it is not done: Tracking the Condom on Integrated Service Delivery Platforms for Key Populations

**Maurice Musheke, PhD, MPH**  
Centre for Infectious Disease Research in Zambia  
Lusaka, Zambia

UNAIDS Webinar: Operationalizing New Generation Condom Programing  
July 18, 2023



# Presentation Outline

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Overview of CIDRZ KP Programs

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Burden of HIV among KP vs general population

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Implementation model of HIV service delivery to KP

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Current challenges and gaps in KP programming

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Practices to improve access and reporting

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Conclusion

# Overview of CIDRZ

**CIDRZ is the largest independent, local, non-governmental health organisation in Zambia.**



**Health Service Delivery and  
Technical Assistance**

## CIDRZ Focus Areas

- HIV prevention, care & treatment
- TB prevention, care & treatment
- Women's Health and Cancer
- Maternal, Newborn, Child, and Adolescent Health
- Strategic Information
- Social & Behavioural Sciences
- Hepatitis
- Health Systems Strengthening
- Enteric Diseases

## The CIDRZ Model



- Basic Science
- Vaccine Research
- Emerging Diseases & Global Public Health Threats

# The Key Population Investment Fund Program (KPIF)

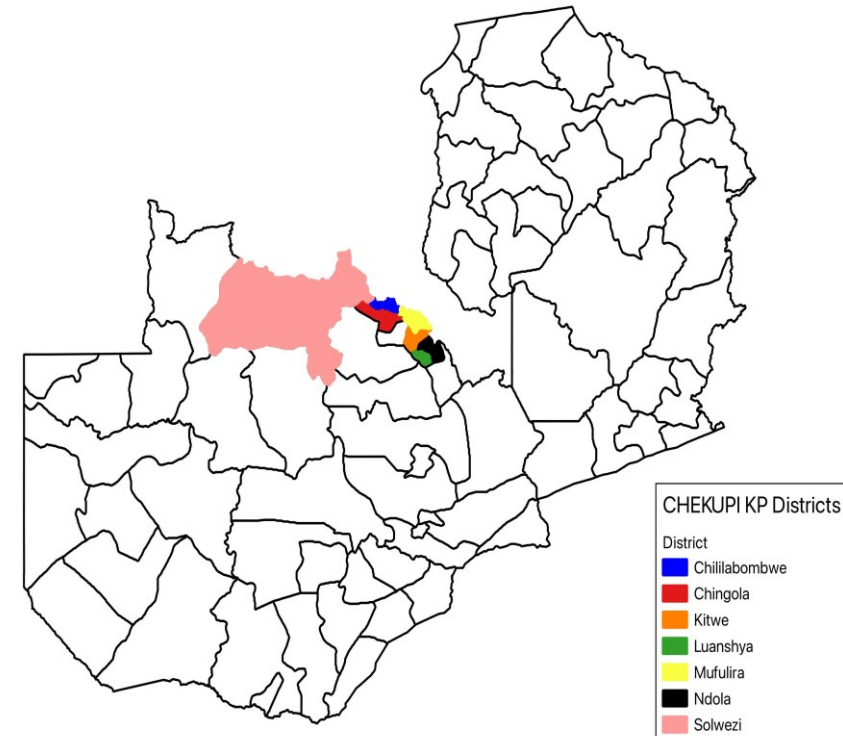
- Funded by PEPFAR through CDC
- Implemented in 4 districts of Lusaka province
  - Chilanga, Chongwe, Kafue and Lusaka
- Implemented in partnership with 3 Key Populations Civil Society Organisations of Zambia and Zambian Ministry of Health
- Implementation began in May 2019
- Target population Groups: MSM, FSW, TG, PWID



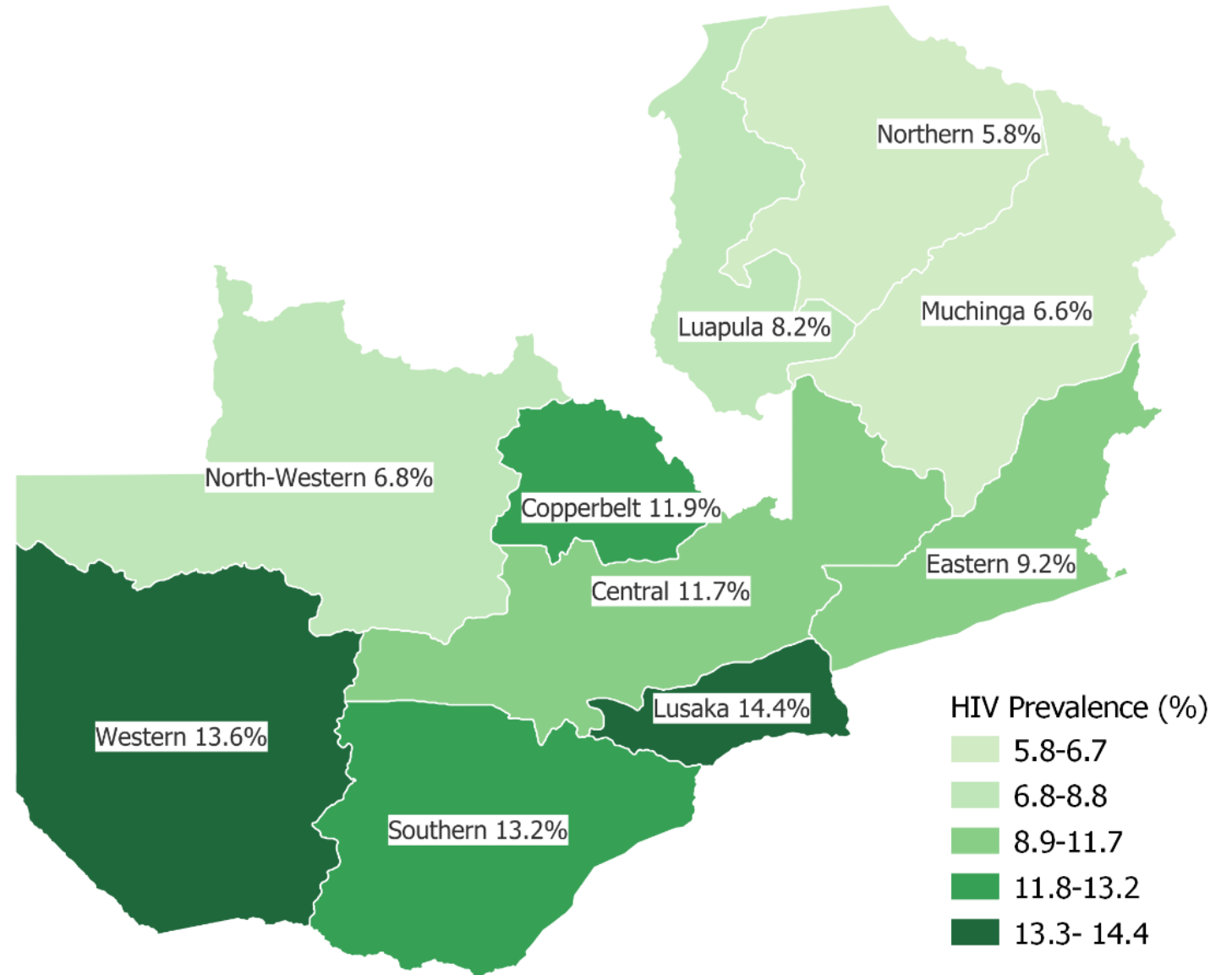


# The Controlling HIV Epidemic for Key and Underserved Populations (CHEKUP) | Key Populations Program

- Funded by PEPFAR through USAID
- Implemented in 7 districts in two provinces of Zambia
  - Implemented as part of a larger HIV prevention project – USAID CHEKUP I
- USAID CHEKUP I implemented in partnership with 4 Key Populations Civil Society Organisations and Zambian Ministry of Health
- Implementation began in Oct 2021
- Target population Groups: MSM, FSW, and TG



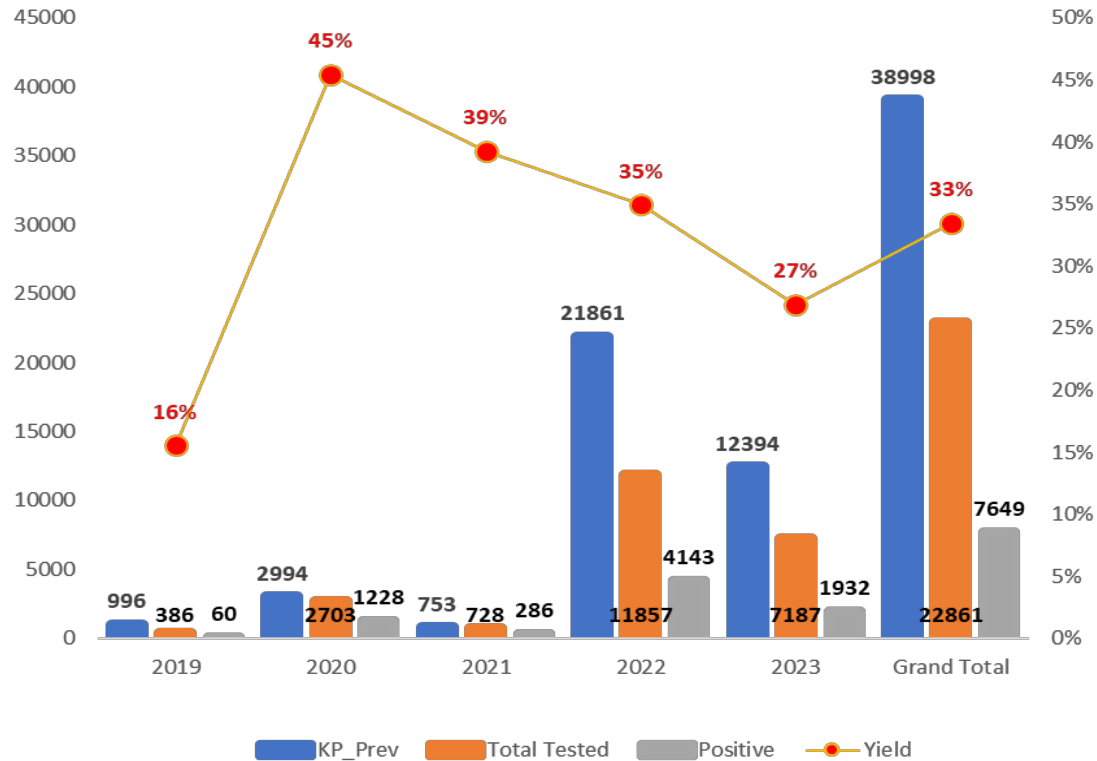
# HIV Prevalence in Zambia by Province



Source: ZAMPHIA 2021. Data are for persons aged ≥15 years

# Burden of HIV among KP in KPIF and CHEKUP I Program

## HIV-positivity in CDC-KPIF sites



## HIV-positivity in USAID-CHEKUP I Sites

Year	KP_Prev	Total Tested	Positive	Yield
2022	6117	4114	916	22%
2023	10444	5663	975	17%
Grand Total	16561	9777	1891	19%

# KP Implementation model: Community-based safe spaces as service delivery points



# Key HIV services Provided

- HIV counselling and testing
- ART for HIV-positive KP
- PrEP for HIV-negative KP
- STI screening and treatment
- Condom and lubricant distribution
- Family planning for FSW
- Referrals for cancer screening
- TB screening and referrals
- Each safe space is linked to a government health facility for data management & reporting.



# Current challenges/gaps in condom programming for KP

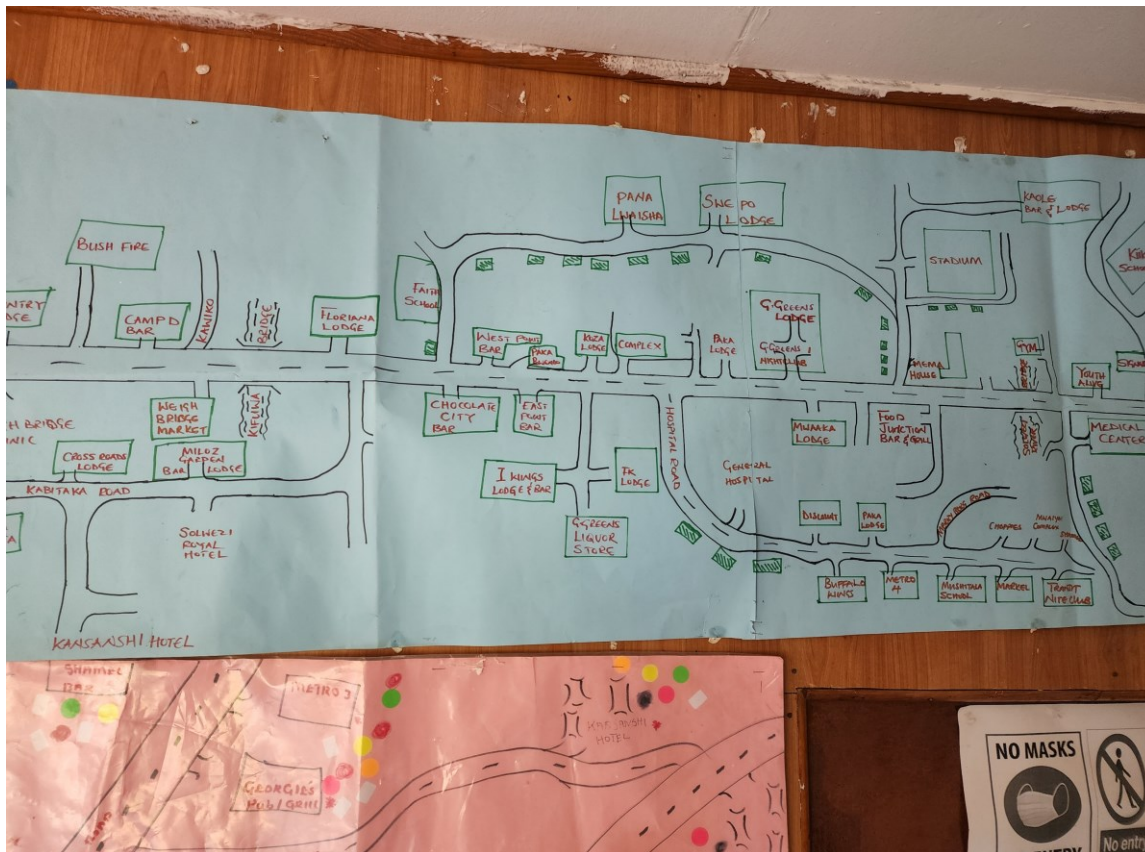
Erratic availability  
of condoms

Limited condom  
access points

Fear of stigma and  
discrimination at  
govt health  
facilities

# Strategies used to improve uptake of condoms

## Community-driven hotspot mapping and service delivery



Identification and training of community gatekeepers as condom promoters and distributors

Mainstreaming condom promotion and provision in all aspects of HIV care.

KP mobilisation & support groups

PrEP and ART drug refills

Viral load testing

# Re-mapping of hotspots and routine data quality monitoring



PEPFAR   

**MINISTRY OF HEALTH  
CONDOM DISTRIBUTION REGISTER**

PROVINCE: LUSAKA DISTRICT: LUSAKA

FACILITY: MATELO HUB

FACILITY HMIS CODE: \_\_\_\_\_

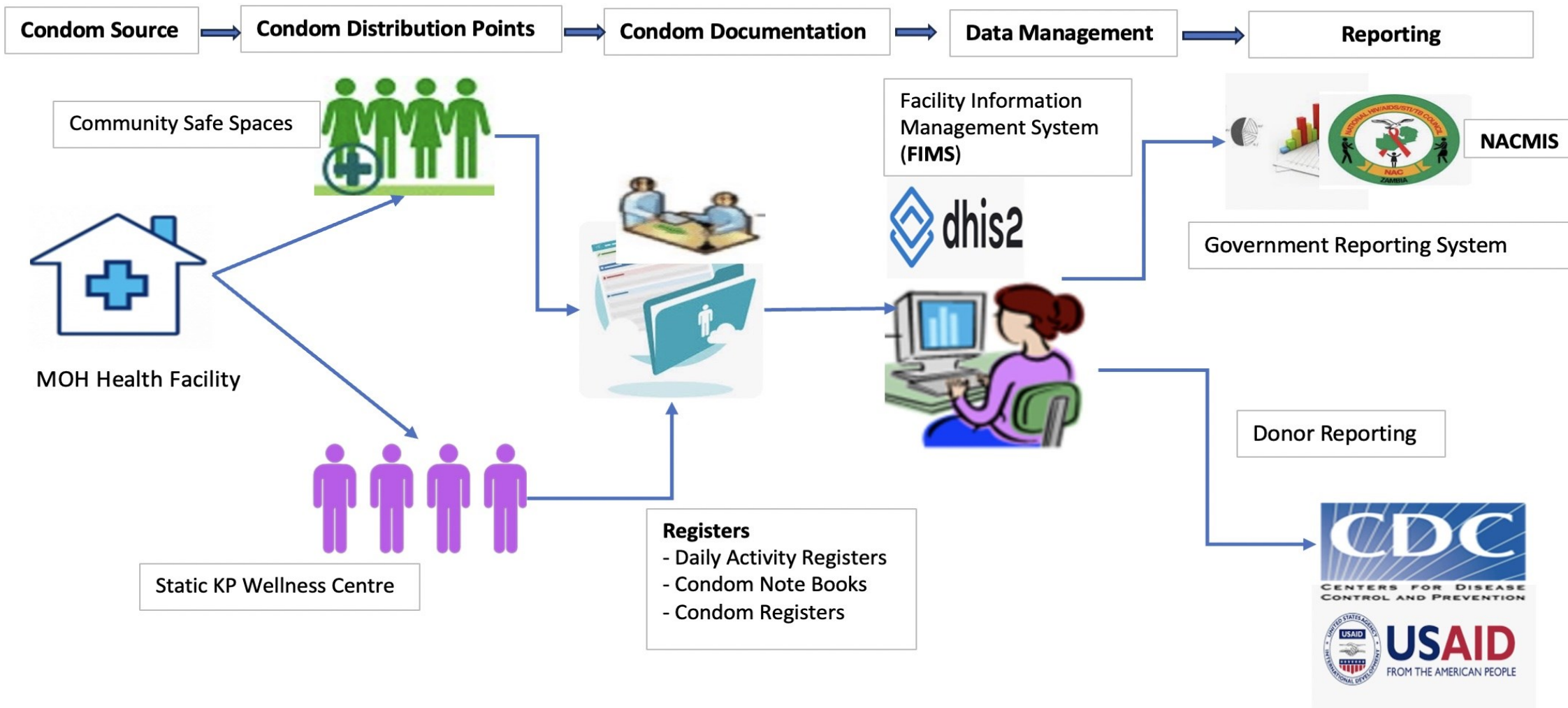
REGISTER START DATE: 14/2/23 END DATE: \_\_\_\_\_

 CIDRZ  
*for a healthy Zambia*



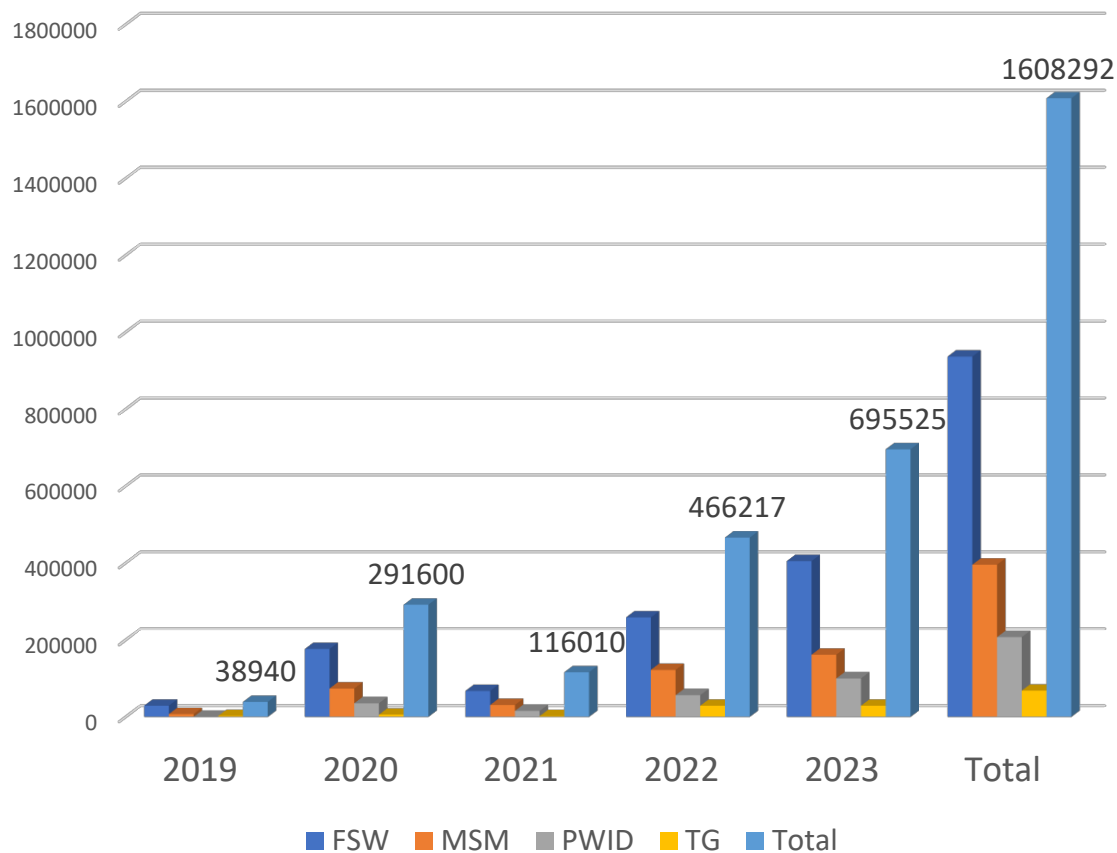


# Condom sourcing, tracking, data management and reporting

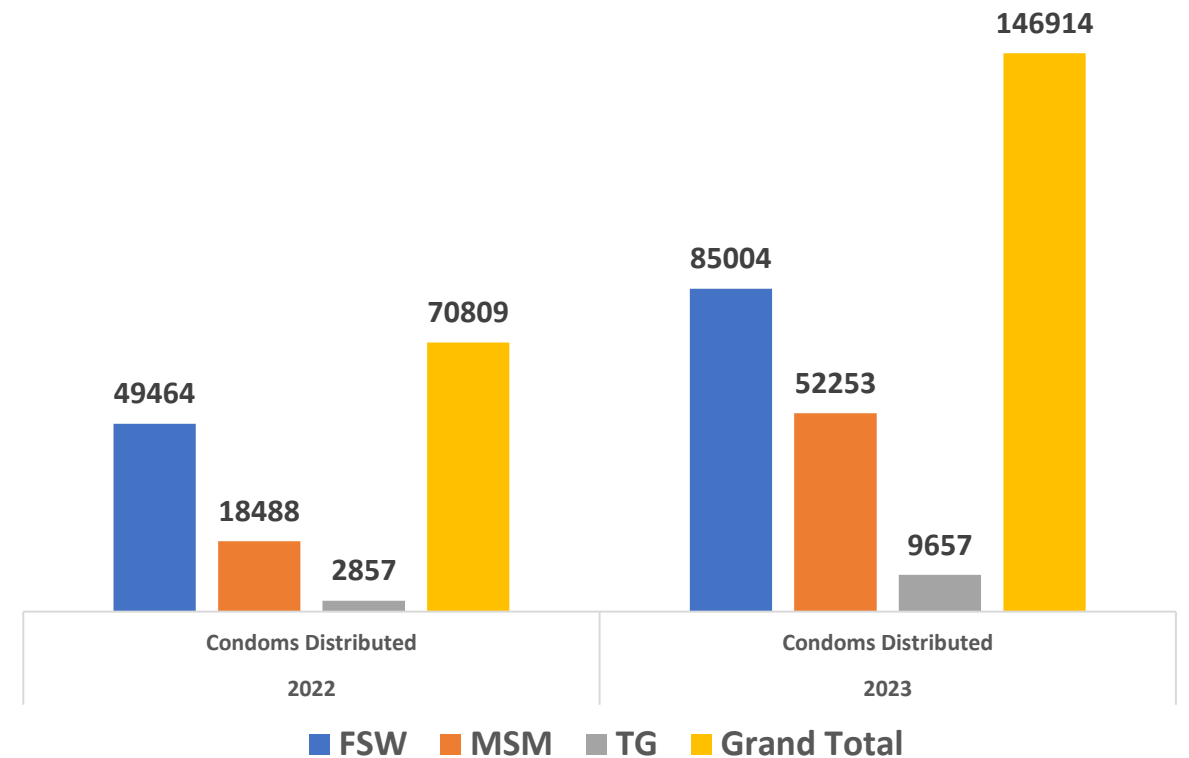


# Improved uptake of condoms by KP

## CDC-funded KPIF Project



## USAID-funded CHEKUP I Project



# Lessons

- Burden of HIV is high among key populations.
- Treatment, whilst important, is not sufficient to prevent HIV infections.
- Adaptive programming is key to ensuring improved and equitable access to condoms.
- Condom programming is the easiest, cheapest and quickest strategy for prevention HIV infections.
- Thus, mainstreaming condom programming in all aspects of HIV care is important for improved access to condoms.

# Acknowledgements

- PEPFAR funding through USAID and CDC
- Implementing Partners
  - KP CSOs
  - Zambian Ministry of Health
    - District Health Offices & collaborating government health facilities

# Questions, Discussion



# Beyond commodity quantification:

## *The CNET as a precision prevention micro planning tool*

GPC Condom Webinar, 18 July 2023

*Wilberforce Mugwanya  
Programme coordinator, UNFPA Uganda.*



# Renewed Focus on Prevention Results

People-centred precision prevention responses

95% of people at risk of HIV use appropriate, prioritized, effective combination prevention

Fewer than 370 000 new HIV infections by 2025

At country-level this represents an 82.5% reduction by 2025 compared to 2010

The commitments anchored in 2025 Global AIDS Strategy targets, which also include the 95–95–95 targets for access to HIV services; the 10–10–10 targets.

+ Granular targets

- Dynamics of the epidemic & Population sub-groups most affected
  - 5Ws (Who, What, Where Why & When)
  - 2H (How & How many)
- Targeting - People centered
- Consensus, ownership and mutual accountability
- Focus resources to achieve targets for wider impact.

KEY POPULATIONS	Sex workers	Gay men and other men who have sex with men	People who inject drugs	Trans-gender people	Prisoners and others in closed settings
Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	--	95%	95%	95%	--
Condom/lubricant use at last sex with a client or non-regular partner	90%	--	--	--	90%
PrEP use (by risk category)					
▪ Very high	80%	50%	15%	50%	15%
▪ High	15%	15%	5%	15%	5%
▪ Moderate and low	0%	0%	0%	0%	0%
Sterile needles and syringes	--	--	90%	--	90%
Opioid substitution therapy among people who are opioid dependent	--	--	50%	--	--
STI screening and treatment	80%	80%	--	80%	--
Regular access to appropriate health system or community-led services	90%	90%	90%	90%	100%
Access to post-exposure prophylaxis as part of package of risk assessment and support	90%	90%	90%	90%	90%

Young people and adults 15-49		Risk by prioritization stratum			
		Very high	Moderate	Low	
All ages and genders	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known to be undetectable (includes those who are known to be HIV-negative)	95%	70%	50%	
	PrEP use (by risk category)	50%	5%	0%	
	STI screening and treatment	80%	10%	10%	
Adolescents and young people	Comprehensive sexuality education in schools, in line with UN international technical guidance	90%	90%	90%	
		Strata based on geography alone			
		Very high (>3%)	High (1–3%)	Moderate (0.3–1%)	Low (<0.3%)
All ages and genders	Access to post-exposure prophylaxis (PEP) (non-occupational exposure) as part of package of risk assessment and support	90%	50%	5%	0%
	Access to PEP (nosocomial) as part of package of risk assessment and support	90%	80%	70%	50%
Adolescent girls and young women	Economic empowerment	20%	20%	0%	0%
Adolescent boys and men	VMMC	90% in 15 priority countries			
People within serodiscordant partnerships	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load status is not known	95%			
	PrEP until positive partner has suppressed viral load	30%			
	PEP	100% after high-risk exposure			

# The CNET: Condom needs scenario: setting ambitious yet realistic targets aligned to Global Condom Targets for 2020 and 2025

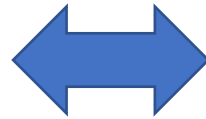
## Global Condom Targets by 2020

90% of key populations **have access** to combination prevention services [including condoms]

90% of young women and adolescent girls **have access** to combination prevention services [including condoms]

90% of young people are **empowered** with the skills, knowledge and capability to protect themselves from HIV [including condom use]

- 20 billion condoms available annually in LMICs,
- Implicit condom use target of 90% use at last higher risk sex



## 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)

## Some considerations

- Knowing HIV status
- Knowing VS status
- Knowing background Prevalence/Incidence
- Scale up PrEP
- AGYW – dual protection
- STI & UIP



# The CNET:– What it does!

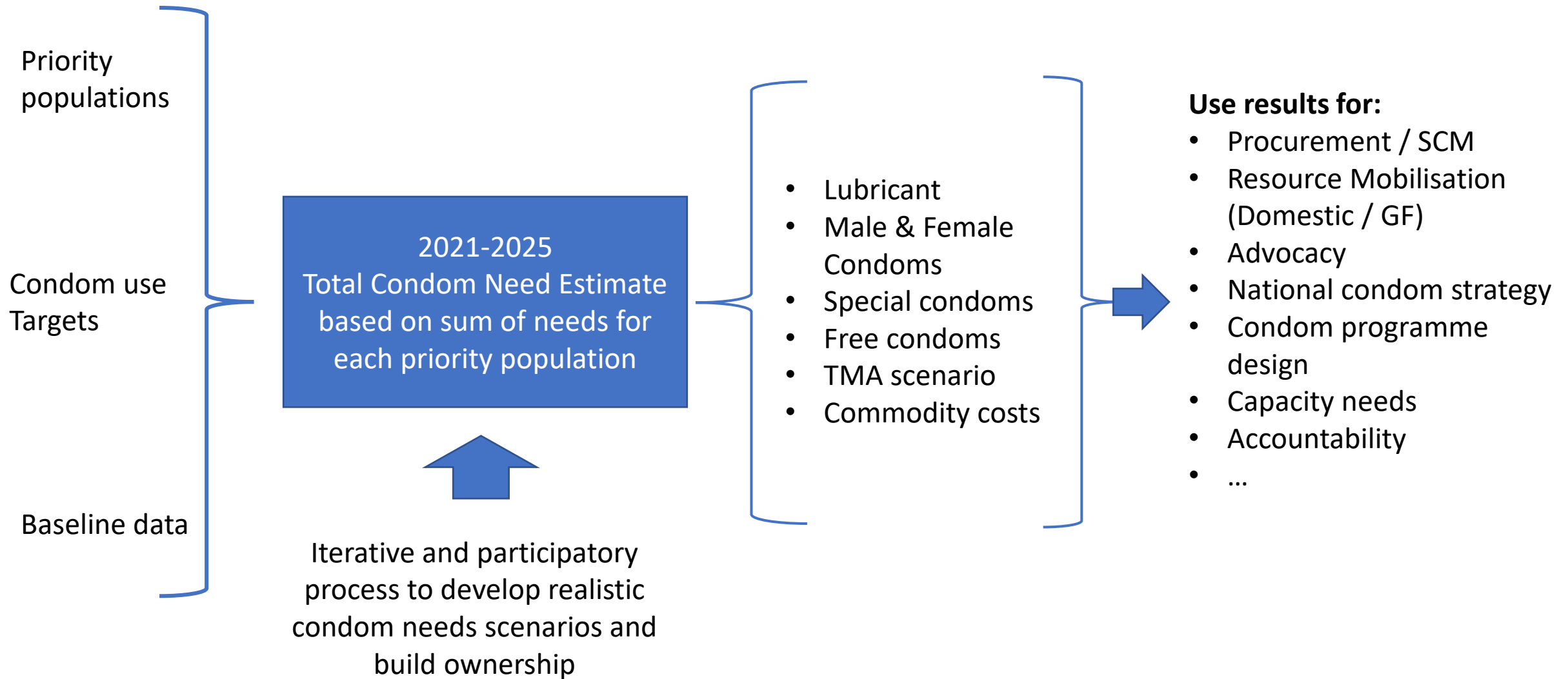
Give us a good idea of total condom need for HIV, STI & FP taking into account:

- specific needs of People at Higher Risk, as well as
- the public health need & impacts

Allows governments, partnership & communities be informed by data, to:

- Identify **Priority populations** for condom programming
- Review and validate **condom availability** baseline
- Review and validate **condom use** baselines
- Set **Condom use targets** for each priority population
- Estimate condom needs for each priority population and total (national) condom need
  - Estimate Male, Female and Specialty condom, extra Lubricant needs,
  - Estimate Free condom Vs Commercial needs for each sub popn's
- Develop condom Total Market (TMA) scenario
  - Public Free distribution, Social marketing non-profit sales, Private sector for-profit sales.
- Estimate Commodity procurement costs
- Estimate Wastage per subgroup

# CNET- Application Overview

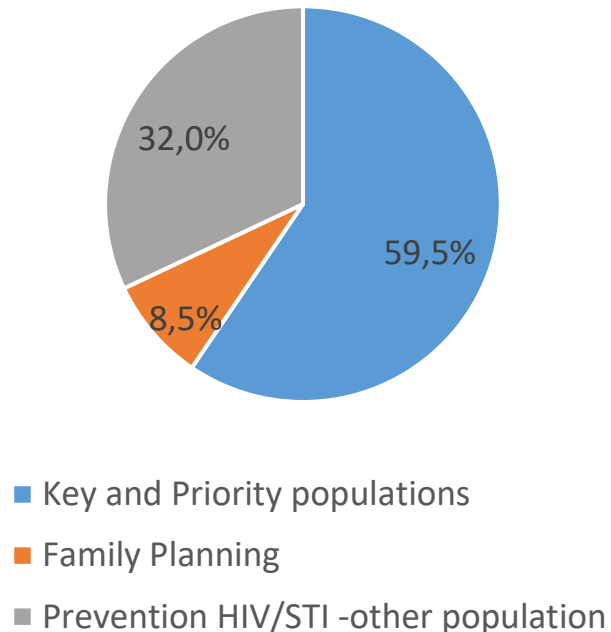


# From CNET theory to Practice: Uganda's Experience

# Priority populations for condom programming

- **Not everybody needs condoms! BUT**
  - Everybody needs to know about condoms
  - Everybody who needs condoms must be able to access and use condoms!
- **Priority populations categories** must be well defined in the HIV/AIDS NSP for condom programming
  - based on evidence regarding their higher risk for HIV, STIs and Unintended Pregnancies.

## *Condom Demand/ purpose distribution 2022:*



## *Key and Priority Populations considered (NSP):*

- Sex Workers
- Men who have sex with men (MSM)
- People Living with HIV (PLHIV)
- People who inject with drugs
- Truckers and long rout transporters
- Fisher folks
- Plantation workers
- Uniformed Personnel

## Jointly built assumptions for Key and Priority populations

Key and priority Populations	Size of pop'n	Baseline Coverage (% use at last sex)	Behavior Target (% use at last sex)	Annual No. of Sex Acts Requiring Protection
PLHIV Couples	388,270	40.0%	75.0%	100
Sex workers	130,359	70.0%	90.0%	450
Men Having Sex with Men (MSM)	22,663	55.0%	90.0%	100
People who Inject Drugs (PWID)	7,356	40.0%	50.0%	50
Long distance drivers	47,385	60.0%	75.0%	364
Uniform Personnel	146,618	66.0%	75.0%	240
Fisher folkers	731,870	59.3%	75.0%	100
Plantation workers	110,210	60.0%	75.0%	100

## Assumptions for quantification

Condoms for Prevention (HIV and STIs) and FP – General population	Data	Data Source
National population	<b>44,158,400</b>	UBOS, 2022 Mid Yr. Projection
Population growth rate	<b>3.30%</b>	UBOS, 2022 Mid Yr. Projection
% of men aged 15-64 who have been sexually active within the past year	<b>73.20%</b>	Source: UDHS 2016
% of men aged 15-64 with 2 or more sexual partners in the past year	<b>21.00%</b>	Source: UDHS 2016 (For men in the age group 15-49)
% of men aged 15-64 with 2 or more sexual partners in the past year using condoms	<b>62.40%</b>	CCP strategy 2020-2025
Segment Year of Protection (SYP)	<b>120</b>	
Annual Increase in condom use rate	<b>3.50%</b>	NCCP strategy 2020-2025
Family planning method mix for all women	<b>8.30%</b>	PMA 2021, Phase II

# Benefit of application beyond Quantification

Applications informed by CNET	Outcome
A People centered detail Costed strategy with population specific behavioral targets	Guides objective coordination and imp planning.
TMA vision set with strategic implementation plan ( <i>Increase commercial market from 14% 2019 to 35% 2025</i> )	Growing interest of commercial sector; ( <i>CMS 22 brands and expanding to increase geo coverage</i> )
Transparent and harmonized Resource Mobilization guided by the Cost /gap analysis	Timely Commitments and resource allocation (e.g. GF, PEPFAR, UNFPA)
Objective and accountable Procurement planning & supply / Shipment management	Condom & Lubes for different sub populations. (Coordinated Pipeline Monitoring?)
Differentiated SCM & Distribution planning introduced with effective targeting and use monitoring	<ul style="list-style-type: none"> <li>- LMD to GIS Mapped Hotspots</li> <li>- Fostering microplanning at Subnational &amp; Implementing partner levels.</li> </ul>
Hotspot mapping, target setting and distribution strategy setting for the different sub-populations	Modification of the national distribution strategy & guidelines with Community involvement.
People centered SBCC and demand creation guidelines and Advocacy plan	Fostering Differentiated beneficiary-led Demand creation and SBCC approaches and interventions
Tool factors condom commodity planning in consideration of other HIV prevention & SRH intervention for each subgroup.	Enhanced Integrated SRHR/HIV at programming and service delivery for the sub-groups e.g. thru alternative distribution mechanism

GF-UNAIDS/UNFPA  
Condom Stewardship  
Strategic Initiative, Uganda.

Wilberforce Mugwanya- PC  
UNFPA

