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Recommendations on Ways of Expanding Access and Use of Condom for KPs using social Marketing Mechanism

FINAL REPORT

Recommendations on Ways of Expanding Access and Use of Condom for KPs Using Social Marketing Mechanism 2022-2026

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Contents

ABBREVIATIONS

ARV	*Antiretroviral drugs*
BBS	Bio-Behavioural Survey
BBSS	Bio-Behavioral Surveillance Studies
BSS	Bio-behavioural Surveillance System
CDC	Center for communicable Disease ControlCenter
COVID-19	Coronavirus disease-2019
CDP	Condom Distribution Programs
CSW	Commercial Sex Worker
DHS	Demographic and Health Survey
DMT	Decision-Making Tool
FGD	Focus Group Discussion
FSW	Female Sex Worker
FYDP	Five-year National Development Plan
GDP	Gross Domestic Product
GOI	Government of Iran
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HTP	Health Transformation Plan
IrMIDHS	Iran's Multiple Indicator Demographic and Health Survey
LMIC	Low- to-Medium Income Countries
MDA	Market Development Approach
MENA	Middle East and North Africa
MOHME	The Ministry of Health and Medical education
MSA	Market System Approach
MSM	Men having Sex with Men
NGO	Non-Governmental Organization
NSP	Needle-Syringe Programs
NSP	National Strategic Plan for Control of HIV/AIDS
OST	Opioid Substitution Treatment
PHC	Primary Health Care
PhD	Philosophy Doctorate
PLHIV	People Living with HIV/AIDS
PO	Prisoners Organization
PrEP	pre-exposure prophylaxis
PWID	People Who Inject Drug
RNA	Rapid Needs Assessment
SBCC	Social and Behaviour Change Communications
SIC	Supervising Implementation Committee
SPA	Service Provider Assessment
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
TMA	Total Market Approach

UHC	Universal Health Coverage
UMIC	Upper-Middle Income country
UN	United Nations
UNHCR	United Nations Refugee Agency
UNAIDS	Joint United Nations Program on HIV/ AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing Center
WHO	World Health Organization

EXECUTIVE SUMMARY

UNAIDS has funded a project titled “To develop Pre-Exposure Prophylaxis and condom programming road map for key populations.” (PR# 2021/1127340) to support Iran’s fifth National Strategic Plan of HIV Control.
The key goals of the project are:

- Goal 1: Prevent New HIV Infections through the use of key populations of male condoms
- Goal 2: Prevent New HIV Infections through the Use of Target Populations of PrEP.

In the absence of HIV/AIDS social marketing and condom programming studies in the country, the current study has tried to also cover the above areas in the review.
Achieving the goals of the condom programming road map requires Condom Social Marketing, which will be discussed in detail in the following sections.

Subjects

Key program managers, policy makers and others most responsible for and knowledgeable of condom programming including individuals from UNAIDS Country Office, Government (Ministry of Health, outside of MOHME), AIDS NGOs, Family planning NGOs, Social marketing organizations that distribute condoms, Major commercial condom distributors, University or other special condom programming/HIV prevention researchers included in the study as study subjects.

Methodology

- Both quantitative and qualitative approaches have been used in this research. To do this, a desk review of documents, reports and research pertaining to HIV and sexual and reproductive health to gain background information on the various components of the condom social marketing including Total Market Approach.
- To identify the persons responsible for condom social marketing in the country, and make a list, including contact information, of the 10 to 15 key program managers, policy makers and others most responsible for and knowledgeable of condom programming. This List of Agencies and Programs Involved in Condom Programming include individuals from Official AIDS organizations/units, Government (Ministry of Health, outside of MOH), AIDS NGOs, Family planning NGOs, Social marketing organizations that distribute condoms, Major commercial condom distributors, University or other special condom programming/HIV prevention researchers.
- Development of recommendations on ways of expanding access and use of condom for key populations using social marketing mechanism.

General findings

- Male condom market examined in Iran based on the Condom Total Market principles and market failures and the Challenges in Condom Total Markets identified as follows:

- ***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***
- ***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***

- Male condom use barriers in Iran based on the different Access dimensions (Usher`s theory) including Acceptability, Accessibility, Accommodation, Affordability, and Availability among key populations was reviewed and the results were presented in detail.
- The internal and external factors that will help build an effective Condom Distribution Program (CDP) for key populations in Iran identified and presented.
- Findings related to the condom provision (Demand and Supply) in the public sector for key populations identified and presented in detail.
- Six Key Elements of Condom Marketing for Key Populations in Iran including **Product**, **Price**, **Place** (distribution), **Promotion**, **Person**, and **Period** (time) examined and presented in detail.

1. BACKGROUND

Iran has a concentrated HIV epidemic with a low prevalence of less than 0.1% in the general population and PLHIV was reported about 59,000 (33,000-130,000) by the end of 2019, which is the highest number of PLHIV in the Middle East and North Africa (MENA) region.[1] Iran has been one of the active countries fighting against HIV/AIDS in the MENA region during the last decades. Moreover, there is a strong push to strengthen the national health management system concerning HIV prevention and control. In Iran, HIV/AIDS has its unique features, from changes in modes of transmission to improvement in treatment and care programs. Although Iran is one of the pioneers in implementing applicable and appropriate policies in the MENA region, including harm reduction services to reduce HIV incidence, people with substance use disorder continue to be the majority of PLHIV in the country. In line with other nations, the programs in Iran aim at the UNAIDS 90-90-90 targets and to eliminate mother-to-child HIV transmission. However, in the context of Iran, data for 2018 show that the projected goals have not been achieved and 36%, 57% and 82% of the 90-90-90 goals have been achieved, respectively.[2]

Preventing new HIV infections is central to ending the AIDS epidemic. Several methods and interventions have proved highly effective in reducing the risk of, and protecting against, HIV infection, including male and female condoms, the use of antiretroviral medicines as pre-exposure prophylaxis (PrEP), behavior change interventions to reduce the number of sexual partners, and the treatment of people living with HIV to reduce viral load and prevent onward transmission. Condoms play a special role in combating the spread of HIV/AIDS because of their ability to protect against the sexual transmission of HIV. Condoms remain central for HIV prevention. At the 2016 Political Declaration the world committed to avail 20 billion condoms annually in the low –middle income countries (LMICs) (referred to as the 20 by 20) in support to its commitments to achieve a 90% condom use during the most recent sexual activity with a non-regular partner access for 90% of young people, key populations and other people at higher risk to HIV combination prevention services[3].

In the absence of HIV/AIDS social marketing and condom programming studies in the country, the current study has tried to also cover the above areas in the review.

Achieving the goals of the condom programming road map requires Condom Social Marketing, which will be discussed in detail in the following sections.

[1] UNAIDS.https://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran#:~:text=In%20the%20Islamic%20Republic%20of,of%20all%20ages%20was%200.05. [Accessed 9.8.2021].

[2] UNAIDS data 2019. https://www.unaids.org/en/resources/documents/2019/2019-UNAIDS-data [Accessed 1.8.2021].

[3] Introduction to the Condom Needs and Resource Requirement Estimation Tool. file:///D:/UNAIDS/Condom/Important%20documents/Condom-tool-3.04-intro-26-June-2019-1-1.pdf

2. Methodology

The Condom Social Marketing as a part of the condom strategy development process used a mixed method approach. High and equitable use of condoms can be achieved efficiently when the public, social marketing and commercial sectors work together to deliver condoms to all target populations. This total market approach seeks to maximize market efficiency, equity and sustainability. Sustainability is a particular issue in low- and middle-income countries that rely heavily on donor assistance. The principles of the Comprehensive Condom Programming (CCP) was used and central to this strategy is Total Market Approach[4].

Subjects: Key program managers, policy makers and others most responsible for and knowledgeable of condom programming including individuals from UNAIDS Country Office, Government (Ministry of Health, outside of MOHME), AIDS NGOs, Family planning NGOs, Social marketing organizations that distribute condoms, Major commercial condom distributors, University or other special condom programming/HIV prevention researchers included in the study as study subjects.

Study Development Design: The study conducts in following phases:

1. To do this, a **desk review** of documents, reports and research pertaining to HIV and sexual and reproductive health to gain background information on the various components of the condom social marketing including Total Market Approach.
2. To identify the persons responsible for condom social marketing in the country, and make a list, including contact information, of the 10 to 15 key program managers, policy makers and others most responsible for and knowledgeable of condom programming. This List of Agencies and Programs Involved in Condom Programming include individuals from Official AIDS organizations/units, Government (Ministry of Health, outside of MOH), AIDS NGOs, Family planning NGOs, Social marketing organizations that distribute condoms, Major commercial condom distributors, University or other special condom programming/HIV prevention researchers.
3. To arrange for and hold meeting with the above individuals
4. Analyzing data.
5. Development of recommendations on ways of expanding access and use of condom for key populations using social marketing mechanism.

Methods for Data Collection and Analysis: The study utilized a concurrent mixed-methods strategy, using both qualitative and quantitative methods to collect data from primary and secondary sources. Qualitative data remained the main source of information due to circumstances related to country context (eg. existing surveys being outdated and limited access to sub-national data) and COVID-19 situation preventing conduct of new surveys. All interviews were conducted in a remote manner due to circumstances related to COVID-19 and social distancing measures in place. In some cases, structured email questionnaires were made use of to solicit responses from key informants, in line with their preference for this mode of response. It was not possible for the research team to undertake any site visits.

[4] UNAIDS (2018) 'Miles to go: global AIDS update 2018', p.55. [pdf]

The qualitative data included both primary and secondary sources. Primary data was collected through in-depth interviews of selected key informants, and through structured email questionnaires. Secondary data was collected through desk reviews of existing literature, policy and program documents, databases, various research, and analysis of documents. The interviews were conducted online using Skype platform. To comply with ethics requirements, all interview sessions were confidential and anonymous, and participants were notified up-front about the recording of the session and their voluntary participation.
For quantitative data, reliance was mainly on secondary sources as mentioned earlier. Quantitative data was extracted from CDC of MOHME`s existing reports and documents, national government data and information systems, and surveys.

Definition of the Key Populations: Definitions used in this project are aligned with the Global Health Sector Strategy on HIV/AIDS 2011–2015 and by the UNAIDS "Guidance note on HIV and sex work". There are five groups recognized by United Nations (UN) agencies as key populations at increased risk for HIV. As PLHIV benefit most from condom programming, this Condom Programming Road Map for Key Populations considered following six key populations as target groups:

1. Female Sex Workers (FSW)
2. Men who have Sex with Men (MSM)
3. People Who Inject Drug (PWID)
4. prisoners
5. Transgender (TG)
6. PLHIV couples

The key populations are important to the dynamics of HIV transmission. They also are essential partners in an effective response to the epidemic.

Female Sex Workers (FSW) include female adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally.

Men who have Sex with Men MSM) refers to all men who engage in sexual and/or romantic relations with other men. The words "men" and "sex" are interpreted differently in diverse cultures and societies and by the individuals involved. Therefore, the term encompasses the large variety of settings and contexts in which male-to-male sex takes place, regardless of multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with any particular community or social group.

People Who Inject Drug (PWID) refers to people who inject psychotropic (or psychoactive) substances for non-medical purposes. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes. People who self-inject medicines for medical purposes – referred to as "therapeutic injection" – are not included in this definition. Needle-Syringe Programs (NSP) and Opioid Substitution Treatment (OST) for PWID and prisoners are sufficiently included in the HIV prevention service package of Iran.

Prisoners: There are many different terms used to denote places of detention, which hold people who are awaiting trial, who have been convicted or who are subject to other conditions of security. Iran identifies prisoners as a key population and outline a separate package of HIV services for this population. Iran has the most comprehensive package of services for prisoners, and it is largely in-line with the *Consolidated Guidelines* and other foundational reference documents issued by the UN. Notably, the provision of clean needles and syringes is not present in any of the packages of services for prisoners in the MENA region, and the only harm reduction intervention mentioned is within Iran's package (OST). Only one country in MENA (Iran) includes the distribution of condoms, and only in the conjugal rooms.

Transgender is an umbrella term for people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender or otherwise gender non-conforming. Transgender people may self-identify as transgender, female, male, transwoman or transman, trans-sexual or, in specific cultures. They may express their genders in a variety of masculine, feminine and/or androgynous ways, yet Iran performs the highest number of Gender Affirming Surgery (GAS) in the world after Thailand[5]. The high vulnerability and specific health needs of transgender people necessitates a distinct and independent status in the global HIV response.

[5] Iran's "diagnosed transsexuals." http://news.bbc.co.uk/2/hi/72590 57.stm (2008). Accessed 03 Apr 2018.

3: Comprehensive Condom Programming (CCP)

Comprehensive condom programming 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 includes:

- **Leadership and Coordination**
  - Coordination and Partnerships
  - Advocacy
  - Policies and Regulations
  - Resource Mobilization
- **Demand, Access and Utilization**
  - Market Research
  - Total Market Approach
  - Targeted Distribution
  - IEC and Behavior Change Communication Strategies
  - Social Mobilization
- **Supply and Commodity Security**
  - Forecasting
  - Procurement
  - Quality Assurance
  - Warehousing and Storage
  - Distribution to supply chains
  - Logistic Management Information system
- **Support**
  - Advocacy
  - Social, Behavioral and Operation Research
  - Capacity and Institutional Strengthening
  - Monitoring and Evaluation
  - Documentation and Dissemination.

Therefore, CCP requires components of effective governance to sustain an enabling environment and vibrant condom market; responsive commodity supply chain; sustainable demand generation; and program data management. Supply and demand do not necessarily translate into access and use. Achieving high levels of condom access requires understanding where different priority populations prefer to access condoms. Key populations face different access barriers that need to be removed. Restricting the quantities of condoms distributed to key populations per service encounter rather than multi-month dispensing of supplies creates a major common barrier. Investments in condom programming should aim to increase condom use equitably and sustainably among priority groups to reduce the incidence of HIV and STIs.

In this package, due to thematic relevance, we only examine the area of "**Demand, Access and Utilization**" in more depth.

3.1. Demand Creation, Access and Utilization

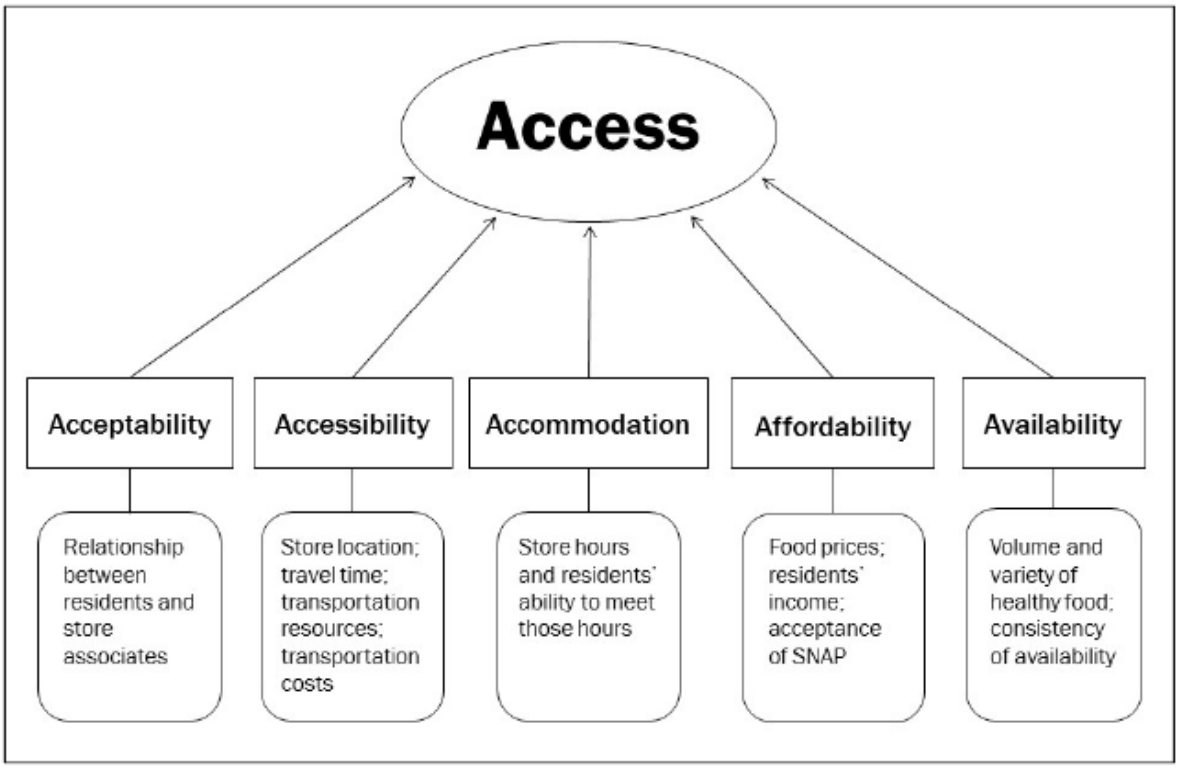
The demand component includes Market Research, Total Market Approach, Targeted Distribution, IEC and Behavior Change Communication Strategies, and Social Mobilization. Demand for condoms in key populations has decreased, except in limited cases, due to barriers that need to be overcome to accelerate demand and increase their use. In many countries, including Iran, creating sustainable demand that leads to behavioral change tailored to the different needs of key populations in need of condoms is a vital need. Failure to support condom programming undermines the interventions needed to change the scale and intensity of behavior to overcome barriers to condom use. Substantial investment in demand-generating activities, from the media to highly targeted interpersonal communication, is needed to ensure that key populations have the knowledge, skills, and agency necessary to use condoms properly and consistently.

CONDOM USE BARRIERS

Many barriers to condom use relate to the concept of Access. Usher has illustrated five dimensions for the concept of Access including Acceptability, Accessibility, Accommodation, Affordability, and Availability (Figure 3.2.1)[6]. Acceptability is defined as the relationship between customers and store associates, including owners. Regarding condom market, it considers clients' attitudes toward the quality and cultural appropriateness of the condoms being delivered. Accessibility queries residents' perceptions of the relationship between the location of the condom sources and the location of clients, taking account of clients' transportation resources, travel time, distance, and transportation costs. Accommodation refers to clients' perception of outlets` hours of operation, condom displays, the physical condition of the venue, and perception of area crime. Affordability refers to clients' perception of their ability to purchase the condoms, including consideration of their income and their knowledge of condom prices outside their neighborhoods for comparison shopping. This dimension also includes the condom sources' ability to make healthy condoms more attractive to clients through subsidies and discounts. Finally, the fifth dimension is Availability, which investigates the relationship between the volume and variety of condoms and the needs of clients, as well as the availability of condoms throughout the year.

Figure 3.2.1. The Five Dimensions of Access

[6] Usher, K. M. (2015). Valuing all knowledges through an expanded definition of access. Journal of Agriculture, Food Systems, and Community Development, 5(4), 109–114. http://dx.doi.org/10.5304/jafscd.2015.054.018



Attitudes and beliefs (Acceptability): The most notable barrier is that condoms have been labelled, 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. Our data reveals that 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): This study conclusion on willingness to pay suggest that men are prepared to pay more for condoms, certain target groups, particularly poor, continue to face access and price challenges. 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 in the lower social classes do not come to these public centers because they do not care about their own health. People with high social class also do not go to government centers and receive services from the private sector. The problem with these high-class groups is that they do not receive training. 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. However, among key populations the figure is some different. Finding of this project showed that among key populations at risk, 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. Based on the results of this study, this was as a result of less programmatic efforts focused on the key population compared general populations. In general, the awareness of key at-risk groups about ways to prevent the transmission of HIV/AIDS is proportionally high, but their perceived susceptibility to HIV/AIDS is not high. Meanwhile, 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)

There are several ways to promote condom use among people key populations at high risk for sexual transmission of HIV. Individual and group-level interventions help do this by directly addressing individual's knowledge, attitudes, skills, and behaviors related to condom use. Although, individual-level, and group-level interventions demonstrate moderate to high success in promoting condom use, they show the greatest effect in reducing the risk of HIV infection when combined with structural-level interventions. Structural-level interventions, such as distributing free condoms in diverse venues can address the social, economic, and political environments that shape individual, community, and societal health outcomes. To design and implement an effective Structural-Level Condom Distribution Programs (CDP), organizations are encouraged to adhere to the following elements:

- Provide condoms free of charge.
- Conduct wide-scale distribution.
- Implement social marketing campaigns to promote condom use. Consider using messaging that increases awareness of condom benefits and normalizes condom use within communities for key populations.
- Conduct both promotion and distribution activities at the individual and organizational levels.
- Supplement the CDP with more intense risk-reduction interventions or health services for individuals at highest risk.
- Establish organizational support for condom distribution and promotion activities in traditional and non-traditional venues.

Strategic Planning of CDP

Identify the internal and external factors that will help build an effective CDP:

1. **Select your audience**:
    - Individuals at high risk (key populations);
    - Venues frequented by high-risk individuals;
    - Communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions.
2. **Resources and partners:** Develop a process for identifying and engaging appropriate community partners and agencies that plan, implement, manage, or provide resources to support your program.
3. **Define your obstacles:** Identify difficulties, such as reaching members of vulnerable or hard-to-reach populations and strategies to overcome those challenges.
4. **Assessment**: Conduct an evaluation to identify any structural barriers and ensure that condoms are:
    - **Available** in the locations where members of the target population are found (e.g., pharmacies, condom dispensing machines, outreach workers).

- **Accessible** in venues frequented by the target population (e.g. massive distribution of free condoms).
- **Acceptable** to community members and in alignment with social norms (e.g. social marketing of condoms).

5. **Cost and Scale**: Calculate the costs and determine the scale of CDP.
6. **Policy**: Identify the laws, policies, or practices that may support or hinder a CDP.
7. **Define objective, goals, and measurements:** Define your programmatic objectives, key indicators for measuring the program's performance, and define how data will be collected. Key indicators to consider are:
    - Number of condoms distributed
    - Number of agencies, venues, or settings where free condoms are distributed
    - Estimated number of audience impressions from campaign messages.

4: MALE CONDOM TOTAL MARKET IN IRAN

4.1. Introduction

Condoms are a critical component of a comprehensive and sustainable approach to the prevention of HIV and other STIs. Building equitable condom programs requires a clear understanding of how and why existing markets are failing. Mann Global Health provided a guidance on how to improve the use of market development approaches in condom programming. We use this guidance in condom programming in Iran.

Over the last 20 years, there have been significant changes among consumers and in the evolution of condom programs, yet little attention has been paid to long-term planning, vision or strategy for condom programming. There is a need to ensure that adequate condom supply meets increasing demand. The vision of success for a healthy condom market begins with programming where condom use increases to meet the total need for condoms, based on the epidemiological context across different countries. By using criteria of gender, age, geography, wealth quintiles and risk behaviors, the condom market can be further analyzed by its ability to provide equity. It is also important to determine the best allocation of resources for condom programs so that they become sustainable. As donor support for condom programming declines, there is a need not only for advocacy to increase funding (from donors or from governments), but also for the realignment of existing resources to move towards more equity and sustainability.

4.2. General Concepts

Glossary of Terms

Condom Markets – Condom Markets are comprised of the network of procurers, buyers, sellers and other actors that come together to support condom access and use. The market includes commercial, subsidized and free condoms. Actors in this system are: Direct market players – producers, buyers and consumers who drive economic activity and use in the condom market; and Indirect market players --suppliers of supporting services, such as finance, condom coordinating committees, regulatory agencies, policy and quality control.

Condom Need – There are many definitions of condom need for any given country or context. For the purposes of this analysis, WHO used the UNAIDS definition of need where condom supply meets UNAIDS targeted need of 90% of high risk sex acts covered by condom use by 2020.

Condom Program Pathway – The Condom Program Pathway is a framework for assessing and understanding condom programs and includes all the necessary elements for a successful condom program at the country level. Key market functions in the Pathway were initially identified based on findings from an extensive literature review as well as inputs from global condom stakeholders. Fieldwork in five countries then further refined the functions required for successful condom programming, determined the importance of different market failures seen within these functions, and proposed recommendations for future investments in condom programming.

The Condom Program Pathway includes: condom program stewardship, condom market development, and condom market management.

Condom Program Stewardship – The work that must occur at the national level to create a favorable environment for a condom market. Stewardship requires leadership and coordination from national governments, and financing from national and external sources to fund condom market functions. Good stewardship also requires that policies and regulations (e.g., taxes and regulatory requirements) create an enabling environment for all market players and strengthen condom markets in the long run.

Condom Program Development – An aggregation of all the market actors across the core functions of demand and supply in a country. At this level, the supply chain must function well, and there must be sufficient condom demand across all population groups, particularly key and vulnerable groups. In addition, in order to understand the condom market and routinely measure its performance, good market analytics must be available for all market players, including government agencies, donors and implementing agencies or businesses.

Condom Market Management – The work that market actors (whether public sector, for-profit or not-for-profit players) undertake to achieve equity and sustainability in a condom market. Different actors' program designs or business models evolve to ensure that the needs of key and vulnerable populations are met, and that their own programs move towards sustainability.

Last Mile Distribution – The challenge of reaching the most remote and underserved areas with high quality and timely products and services.

Market Development Approach (MDA) – An analytical approach that begins with an understanding of current market performance in terms of users as well as market functions and actors. This analysis helps determine which market functions are not performing or are under-performing, and consequently result in market failures in terms of growth, equity and/or sustainability.

Market System Approach (MSA) – The network of procurers, buyers, sellers and other actors that come together to support condom access and use. The market system includes commercial, subsidized and free condoms.

Market Failures – Challenges to different functions in condom programs, which are preventing condom markets from achieving growth, equity and sustainability.

Total Market Approach (TMA) – A lens or process that can be applied to develop strategies that increase access to priority health products in a sustainable manner. This approach helps grow the market for health products by better targeting free or subsidized products, reducing inefficiencies and overlaps, and creating room for the private sector to increase its provision of health commodities ***(USAID Global health e-learning Center).***

Social and Behavior Change Communications (SBCC) – A research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes (Manoff Group, 2013).

Social Enterprise – An emerging model of service delivery that uses for-profit ventures to achieve social objectives. In contrast to Social Marketing, which may focus on equity of

services and products across all population segments, Social Enterprises require cost recovery of services and products.

Social Marketing – Social marketing is the use of commercial marketing concepts to plan and implement programs designed to bring about social change (Social Marketing Institute, 2011).

Root Cause Analysis – A technique designed to ask *why* something has occurred within a market system. It involves 3 steps: Define the problem; determine what happened; determine why it happened – "you keep asking why, until you can't ask any more."

Condom Social Marketing - Condom Social Marketing is a means in which condom brands are developed and marketing with the promotional campaigns to be sold to specific target groups. Condom social marketing aims to ensure that condoms reach the groups who most need them, in an affordable and accessible way, so the product is typically subsidized and made available through both traditional and non-traditional outlets

4.3. Methodology – Identifying the Challenges in Condom Total Markets

The Condom Program Pathway

This Pathway includes all the necessary elements for a successful condom program at the country level. Key market functions in the Pathway were initially identified based on findings from an extensive literature review as well as inputs from global condom stakeholders. The Condom Program Pathway includes: condom program stewardship, condom market development, and condom market management.

Condom program stewardship is the work that must occur at the national level to create a favorable environment for a condom market. Stewardship requires leadership and coordination from national governments, and financing from national and external sources to fund condom market functions. Good stewardship also requires that policies and regulations create an enabling environment for all market players and strengthen condom markets in the long run.

Condom market development is the next level down from the larger stewardship/enabling environment. It is an aggregation of all the market actors across the core functions of demand and supply in a country. At this level, the supply chain must function well, and there must be sufficient condom demand across all population groups, particularly key and vulnerable groups. In addition, in order to understand the condom market and routinely measure its performance, good market analytics must be available for all market players, including government agencies, donors and implementing agencies or businesses.

Condom market management is the work that market actors (whether public sector, for-profit or not-for-profit players) undertake to achieve equity and sustainability in a condom market. Different actors' program designs or business models evolve to ensure that the needs of key and vulnerable populations are met, and that their own programs move towards sustainability.

Figure 4.3.1.: The Condom Program Pathway

Table 4.3.2. Rationale for inclusion of different building blocks/functions in the Condom Program Pathway

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.

4.4. Findings from Iran

How are these condom markets failing?

Method of evaluating Iran`s country condom programs included review of all relevant documents as well as primary data collection through email and virtual key informant interviews. The key informant interviews reflected a cross-section of stakeholders involved in condom programming at the country level, including representatives from government agencies, international bodies, international and local organizations, and private sector players.

Results

- ***There is no link between country-wide strategy documents, work plans and resource allocation*** – Iran had relatively strong national strategy and planning documents. However, there is a general lack of understanding of the condom total market performance. There is also a limited understanding of the roles of different market actors and how they supported functions within the total market. There is a clear need for national condom programming to include a strategy for achieving the healthy condom market vision of equitable and sustainable growth.
- ***The condom market does not constantly monitor market performance in terms of equity and sustainability*** - One of the reasons that there is no vision of a healthy market, is that there is inadequate use of market information to assess performance. In Iran, some critical parts of a total market, such as commercial players are entirely missing from national strategy documents, as information on these actors is not readily available or tracked. As a result, the potential role of private market players is often under-estimated. Similarly, equity issues are difficult to identify as there is insufficient data collection and reporting of access, affordability and condom use across age, gender, geography, wealth quintiles and risk behaviors. All of these challenges result in a myopic view into market performance. In the private sector in Iran, market players across the value chain (importers, distributors, wholesalers and retailers) play a key role in ensuring product access, but information on their contribution to the total market is not tracked.
- ***Commercial actors play less of a role in diversifying the national response and ensuring the long-term sustainability of the entire condom market*** –commercial actors played a very small role across the condom markets of Iran and there are several commercial condom brands in Iran, but distribution is limited to pharmacies. In Iran, there are other market entry barriers that include policy and regulatory challenges such as prohibition of advertising and encouraging the use of contraceptive methods including condom in the public sector and even in the private sector at the country level. This has led to the frequent bankruptcy of

condom manufactures and distributors in the private sector. Finally, commercial actors are unable to generate the volumes needed to justify marketing and distribution investments, as they compete on uneven playing fields against heavily subsidized and free condom brands in Iranian situation.

- ***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*** – Most markets are either overly reliant on free government condoms or on heavily subsidized social marketing condoms. Data show that people in middle to upper wealth quintiles are using free or subsidized condoms to prevent HIV, when they are able to pay full cost and to prevent pregnancy, they get condoms from pharmacies for a fee. Redirecting condom funding to focus resources on priority populations such as most at-risk populations, would provide far greater value for money, as well as HIV impact. Lack of product variety and customers' right to choose are another limitation of the uniqueness of the supply of condoms in the public sector.
- ***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*** – Condoms, like PrEP, require regular recruitment of new users, and constant presence in convenient locations (because most at risk people perceive few condoms at any one time, and often need convenience at a time and location close to sex negotiation or opportunity). Condom use is still associated with a range of socio-cultural factors around taboo subjects like sex and stigma, so that social and behavior change interventions continue to be necessary. In order to limit the education and development of family planning program, demand creation/behavior change activities have declined, however, despite the need for campaigns addressing deeper barriers to condom use among HIV prevention target populations. Strategies is now required to support demand creation campaigns with the aim of overcoming barriers to condom and PrEP use by priority groups.
- ***Not all aspects of condom programming are supported by the public sector*** – Often UN agencies and CDC department of the MOHME focus on commodity procurement as the main funding priority. This practice starves other aspects of condom programming, such as supply chain management and targeted demand creation. Condoms – like PrEP – require regular recruitment of new users, and constant presence in convenient locations.

The table 4.4.1. summarizes specific market failures in Iran.

Table 4.4.1: Market Failures

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 MOHME is the main source for supplying financial resources for HIV/AIDS prevention program 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 6th 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 malecondom 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	- 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.

The main companies producing and distributing condoms in Iran

- **BARAN BASPAR:** In 2009, it started its activity as a manufacturer of condoms with the X-Dream brand in Iran, since the production of a product with diverse quality and tailored to Iranian needs has been and is the biggest and most important concern of the company's managers from the very beginning. X DREAM condoms in 13 varieties and in packs of 3 and 12 made in Iran with German technology. The company is currently the largest manufacturer in the Middle East with a production capacity of 150 million pieces. Be The company's brands include Shodo-X-Dream-Codex-Hood-Emotion-Delta-parman.
- **BONYAN POSHESH CASPIAN**: It was established in 2010 with the aim of producing various products derived from latex and started its production in the male condom industry at the beginning of 1392 using the most modern machines and the most up-to-date technology in the world. At present, in the first phase, it has the capacity to produce 120,000,000 pieces of male condoms per year, which can be upgraded to 600,000,000 pieces.
- **KEYHANBOD**: It is the first condom manufacturer in the country, Middle East and West Asia.

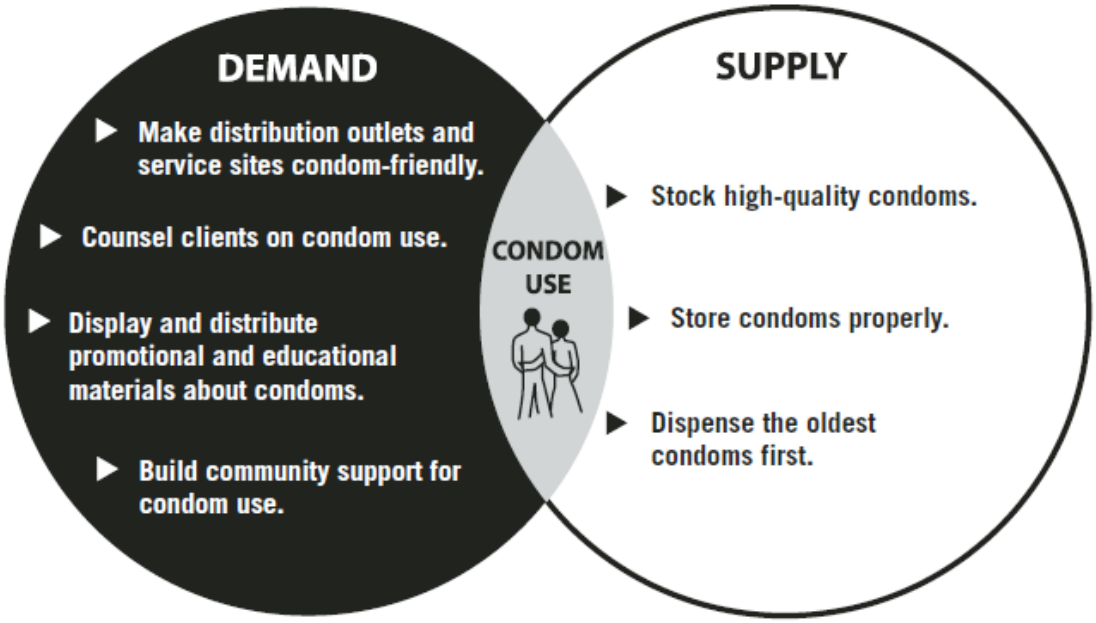
4.5. CONMDOM SOCIAL MARKETING

4.5.1. Elements of condom provision: Demand and Supply

Effective condom programs (Figure 4.5.1.1) must overcome all of potential barriers to condom use by:

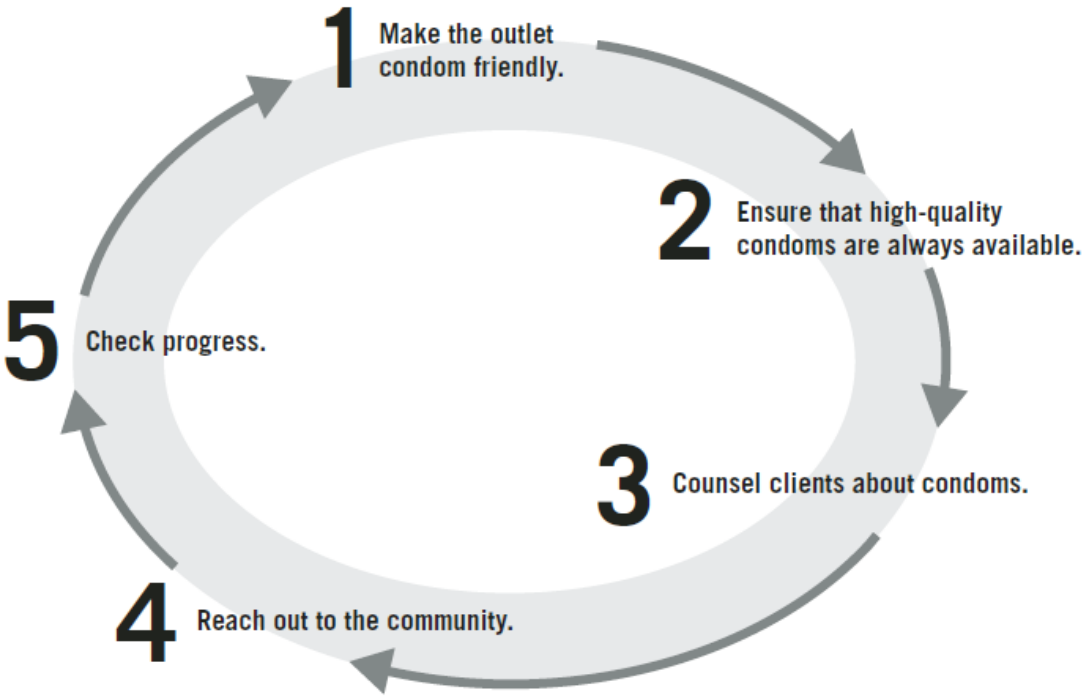
- Creating a reliable supply of good-quality condoms by improving stock management and storage conditions;
- Making condoms readily available even for spontaneous users;
- Promoting demand for condoms by raising awareness of HIV/STI risks and teaching people how to use condoms correctly and consistently;
- Working to eradicate the social stigma associated with condoms; and
- Promoting a supportive environment by advocating for HIV prevention and condom use in the broader community.

Figure 4.5.1.1. Elements of condom provision



In this project, we collected some practical advice on how to promote condoms using a five-step process, Figure 4.5.1.2.

Figure 4.5.1.2. Five steps for condom provision for HIV prevention



4.5.2. Findings related to the condom provision in the public sector for key populations:

Findings obtained from the review of documents and interviews with experts and stakeholders are presented in the form of the five steps for condom provision for HIV prevention model for key population in Iran.

Step 1: Make the outlet condom friendly

- **Clients` privacy and confidentiality**- Privacy and confidentiality are essential for clients. Findings showed that privacy and confidentiality are considered for clients seeking HIV/STI prevention and condom services in VCT centers and Women Centers in overall term, they often feel uncomfortable, especially if they are young or belong to a marginalized group such as sex workers. Often, they may want to minimize face-to face interaction.
- **Make it easy for clients to get condoms and counselling-** Condom clients often feel welcome and comfortable, regardless of their marital status in outlets belong to the key populations in Iran.
- **Display promotional and educational materials about condoms-** Educational materials can help create a condom-friendly setting:
    - Posters and signs in the workplace
    - Brochures are especially useful at shops, kiosks, and other locations where individual counselling is not available. In Iranian setting they could be available in the workplace.
    - Videos and audiocassettes are especially helpful where literacy levels are low, but audiences of all kinds find them appealing. The World Health Organization (WHO) developed a 'Decision-Making Tool (DMT) for Clients and Providers' which aims to improve the quality of services by improving the

counselling process through better client-provider interactions, the provision of accurate information and by increasing informed choice. The DMT essentially is a generic, two-sided flipchart that providers use in their counselling discussions with condom clients. The DMT has been tested in several countries including Iran and been shown to improve the quality of counselling for condom clients. The Iranian version of the WHO-DMT improved many client-provider interaction indicators, including verbal and nonverbal communication. The tool also impacted positively on the client's choice of condom, providers' technical competence, and quality of information provided to clients. Use of the tool improved the clients' satisfaction with services including condom provision and overall, the adapted WHO's DMT in Iran has the potential to improve the quality of services including condom provision service. The findings of this project showed that the providers were dissatisfied with the lack of teaching aids such as brochures at service providing centers for key groups.

Step 2: Ensure that high quality condoms are always available- Keeping enough good-quality condoms in stock to satisfy clients' demands poses a constant challenge.

- **Track supply levels-** All centers providing condom for key populations in Iran, always had enough condoms to offer clients. Of course, most centers do not have all the different types of condoms at different times, and there are also a few centers where the variety of condoms available was comparable to the condoms on the market. Another limitation of condom delivery centers for key populations in Iran is the lack of variety in the size of condoms, and in most cases they offer only the size they have to applicants.
- **Decide when and how many condoms to order-** A maximum-minimum inventory control system can help providers decide when and how many condoms to order.
- **Store condoms properly-** Condoms are perishable and need proper storage. Male condoms remain effective for three years to five years. Exposure to direct sunlight or fluorescent light, heat, humidity, moisture, and ozone can considerably shorten the shelf life of male latex condoms. Our findings showed that the providers of VCT centers and Women Centers in Iran have good experience and learnings to make sure that all condoms dispensed are in good condition, they regularly and randomly inspect condom supplies, maintain proper storage conditions, and dispense condoms before they expire. Overall, they consider **Inspection**, **Storage conditions**, and **Security principles**.
- **Dispense the oldest condoms first**,

Step 3: Counsel clients about condoms- Counselling helps clients make and implement decisions based on their individual needs, preferences, and circumstances with following key actions:

- **Providers need to explore their own attitudes and values**
- **Assess the client's risk of infection and create a plan to reduce it**
- **Address myths, perceptions, dislikes, and fears**
- **Evaluate the client's need for dual protection**
- **Teach condom use and negotiation skills**
- **Help clients deal with problems using condoms**
- **Refer clients for other services**

Our findings showed that all of the providers of VCT centers and Women Centers have good practical counselling skills and they have all participated in several national and local skills workshops. Staff stated that they felt the need for training and other skills, such as specialized sexual health workshops, as well as specialized counseling with various clients such as transgender people, homosexuals, and others.

Step 4: Reach out to the community- People are more likely to use condoms if they believe their family, friends, and community support, rather than stigmatize, condom use. We can reach the community using the following items:

- **Discuss HIV/STIs and condom use with community groups.**
- **Display and distribute print and promotional materials.**
- **Use local forms of entertainment to promote condoms.**
- **Persuade influential individuals and organizations to endorse condoms.**

Our findings showed that due to the current situation of the country, providers could not use promotional materials and some entertainment materials. However, staffs working in condom service centers have had invaluable experience in communicating with key players in the sex worker market and are also demanding that more outreach investment be made to connect more and attract more customers to their centers.

Step 5: Check progress- using the following activities:

- **Monitor the quantity of condoms distributed and clients served.**
- **Monitor the quality of counselling provided.**
- **Seek client feedback on services.**
- **Work with supervisors and staff to improve services.**

4.5.3. Key Elements of Condom Marketing: 6Ps

Social marketing is the adaptation of commercial marketing techniques to social goals. Using traditional commercial marketing techniques, social marketing makes needed products available and affordable to low-income people, while encouraging the adoption of healthier behavior. According to Kotler (1997) the term Marketing has been defined in various ways. One of the definitions is " Marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating, offering and exchanging products of value with others."[7]. According to Stanton et al (1994), marketing has also been defined as the total system of activities designed to plan, price, promote and distribute want-satisfying products to target markets, so as to achieve organization's objectives. Hence marketing is also defined in terms of the 4 P's, which includes Product, Price, Place (distribution), and Promotion[8]. In each of these, it is very important that the marketers consider what is important to the customer to increase his or her satisfaction level. In response to the HIV/AIDS epidemic, social marketing programs have made condoms accessible, affordable and acceptable to low-income populations and high-risk groups in many of the world`s developing countries. The implementation of condom social marketing programs can be explained by using the basic principles of the four "Ps" of marketing (Key Elements): product, price, place and promotion. For the purpose of this study, we added two important Ps including Person and Period (time), to know specifically which KPs needs what condom, when and where. In this section we have discussed these six basic principles

[7] Kotler, P. (1997), Marketing Management, Analysis Planning, implementation, and Control. Prentice Hall of India.

[8] Stanton W.J, Etzel J.M, Walker B.J. (1994); Fundamentals *of* Marketing. 2nd Edition, DP Publications London

and concluded with a look at research and evaluation - a valuable component of any social marketing program.

1. Product

Social marketing organizations obtain condoms - the product - using funding from different sources. Through brand development research, different condom brands are developed and attractively packaged in response to local needs and issues. While a desirable package and brand may encourage a person to make an initial purchase, it is a high quality reliable product that will encourage continued use. Once developed and packaged, the condom brand is heavily promoted and sold to the consumer.

2. Price

A price is attached to a socially marketed product such as condoms for two principle reasons:

- A purchased condom allows a consumer to make a personal investment and, therefore, encourages the consumer to use the product.
- The price charged generates a profit margin that helps motivate retail traders to distribute the product as widely as possible, thus improving its accessibility.

Selling the products and services might seem in contradiction with the objectives of social marketing programs aimed at improving the health of low-income populations. Market research has shown, however, that when products are given free, the user often does not attach value to them and does not use them. In social marketing programs, the price of the product is kept low enough to be affordable to low-income consumers but high enough to attach a value to the product.

3. Place

Condoms need to be widely available when and where they are needed. Distribution is, therefore, targeted to high-risk situations and to environments where people feel comfortable purchasing them. Thus, as well as using traditional wholesale and retail networks, condom social marketing organizations also focus on developing non-traditional outlets and informal distribution systems. Such outlets include bars, brothels, bus terminals, gas stations and beauty salons. Easy availability and convenience encourages the use of condoms.

Broadening access also means training sales staff to provide retailers with information about condoms and the diseases against which they protect. Social marketing programs have found that, given appropriate training and information, retailers (from pharmacists to street vendors) can help accomplish the essential social marketing goal of changing behaviour.

4. Promotion

Promotion - information, education and communication - creates consumer demand for a product by providing information about the product, its price, its availability, its benefits and its correct usage. The goal is to motivate consumers to seek out a product, buy it and use it correctly and consistently. The purchase and subsequent use of many socially marketed

products requires a change of attitude and behaviour. “Such changes tend to grow out of new information, new attitudes, new opportunities and new product awareness and product use. To achieve this, social marketing must communicate wide and well.

Promotion involves a wide range of traditional and non-traditional media and techniques, ranging from radio, television, print, point-of-purchase advertising, public transport, drama, street theatre, puppets, special events, mobile video vehicles, soap operas and rural road shows. The choice of “media mix” is determined by local conditions and by the budget of the program.

5. Person

Condom needs of the different population groups vary by many variables such as client characteristics, income, age, sex, parity, rural versus urban, cultural expectations regarding sexuality and childbearing, city or province, etc. These variations must be understood in order to understand how progress can be made toward greater condom security through an effective condom social marketing program per each target group. The goal of public sector condom outlets for key populations is to provide condom security for them. Condom security exists when the “demand” of applicants from both the public and private sectors is met. Individual characteristics are important factors influencing utilization of condom as a HIV/STI preventive measure. More in-depth information about the reasons for not using condoms (e.g., lack of satisfaction, spousal objections, lack of physical access to a facility or other re-supply source, lack of product, financial constraints, did not get preferred method among different groups (e.g., by age, socioeconomic or education status) is required.

6. Period (Time)

The importance of the element of time in condom social marketing can be determined from several aspects. First, based on the Condom Commodity Security (CCS), which is defined as the ability to continuously provide high quality condoms to vulnerable groups and target populations at the right **time** and place when they are needed and at an affordable cost. Therefore, key populations have right to access CCS. Second, ensuring a continuous supply of condoms is also essential for key populations. Gaps in condom availability for key populations induces a substantial potential for HIV transmission.

Research and Evaluation

A valuable element of successful condom social marketing programs is a strong research and evaluation component. Research plays a significant role in the development of the brand, its positioning and promotion. It informs the development of HIV/AIDS prevention messages and identifies misconceptions and societal or cultural prejudices to both condoms use and behaviour change. Research is also conducted into the effectiveness of distribution networks and consumer profiles.

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

In this project, we conducted in-depth interviews with related stakeholders, representatives from NGOs, Main condom distributers and producers, and providers of the Women Centers, and VCT centers. We conducted a market survey on condom brands and types available on the market. We also conducted a Condom Total Market survey, which results are presented in the previous section. In order to obtain a comprehensive picture of the elements of Condom Social Marketing, the results of our situational analysis were categorized in 4 Ps model.

Product

The findings related to the "Product" are as followings:

- Condom supply management and supervision is done by the Department of CDC of the MOHME. In this way, it directly funds the purchase of condoms for the Universities of Medical Sciences across the country or distributes the purchased condoms directly to the Universities. Condoms purchased by some UN agencies are also distributed among Medical Universities.
- Free-of-charge condom distributed among key target population including PLHIV, FSW, PWID, MSM, Prisoners and TG. 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.
- The private sector has been active on awareness raising and introducing variety of condoms to both providers and users only via cyber space.
- 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.
- If we do not take as an exception a few Women's Centers that, according to the opinions of the recipients, the variety of condoms they receive does not differ much from the market, in most condom outlet centers for key populations, there is no variety in shape, brand, size and quality of condoms and they only deliver one type of condom to the customers which they have. As a result, customers often have no choice.
- Condoms in the public sector are limited to simple and classic types. In limited cases, other types, including flavored, delayed, etc. are provided to the centers, especially Women Centers, which are given as a reward to customers who have more and better cooperation.
- Compared to condoms provided to applicants by the MOHME with condoms provided by UNs, customers prefer the former because it has single packages and is easier for FSWs to store.

- 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.

Different types of condoms in Iran Condom Market

- **Sagami (Japan made):** Japan Sagami condom is the only foreign condom in the Iranian market. It is made of polyurethane, despite its very low thickness, it is three times stronger than ordinary condoms and is considered the best thin condom in the world. But due to being foreign, its price is high.
- **45-minute delay condom**: This model is the first offer of the condom to have a long and enjoyable relationship. The delay material in this model is more than all other models.
- **Space condoms, coarse prickly**: This condom, as its name suggests, is completely different from other condoms. The presence of large and prominent latex spines on the tip and body of the condom causes maximum stimulation for the female sex. Men who have trouble orgasming their partner use a space condom to describe the extraordinary experience of a relationship.
- **Very thin Codex Condom 30 microns thick (03)**: The 30-micron Codex ultra-thin condom is a very thin condom with Japanese technology that is only 0.03 mm thick. This model is one of the strongest and thinnest condoms in the world and is suitable for couples who do not want to use condoms. This product transmits the feeling of warmth well and has a pleasant scent to create a sense of fantasy. Among the codex brand condoms, 5 models are the most famous. These five models are the best codecs and have had the most satisfaction among customers.
- **Double Delay Condom**: The delay ring in the Double Daily condom puts pressure on the circumcision area and delays ejaculation. Benzocaine powder is also used in the inner layer of the condom, which causes local anesthesia and delays ejaculation. This type of condom has no other example and is unique to Codex.
- **Big Dots Condom**: It is the best-selling model. This model has 690 large spines on its body, which are up to three times larger than the rest of the regular barbed wire condom.
- **Zero Condom**: Codex has designed an ultra-thin latex condom called Zero. If everyone does not want to use a condom, be sure to try this model. The feeling of a relationship without a condom is a distinctive feature of the Zero Notch model. Zero Notch condoms are a great option for starting a painful marriage. Zero condoms also have antifungal properties and prevent fungal infections.
- **Nobel Condom**: The Nobel Codex model is a masterpiece of orgasm synchronization. It is both irritating and delaying. This model has small spines on its body that completes all the features of a superior model. The Nobel condom may not be the

best condom on the market, but it has been welcomed by many customers over the years.

- **Aloe Vera Classic Condom**: The best condom does not always have to be delayed or barbed. The classic model has always been one of the best-selling condom models in the world. Without any delay material and protrusions. But this codex model also has a pleasant scent that increases sexual pleasure in the relationship.

Price

Price refers to what the consumer must do in order to obtain the social marketing product. In order to have a clear picture about monetary values of various brands/types of condoms on the market, a Condom Market Survey was conducted in this project. The major companies producing and distributing condoms, their products, brands and price in Iran are summarized in the table below, Table 4.5.3.1. The results indicate that the price of a dozen (12 Pcs) of condom varies between 15,000-450,000 IRR (I USD= 263,315 IRR).

Table 4.5.3.1. The major companies producing and distributing condoms in Iran

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	Kodex	40	450,000-15,000
	Benito		
	Xenon		
	Dart		
	Flash X		
	NACH K		
	Kapeet		
BARAN BASPAR	Shadow	5	200000
	Farex		
	Xdream		
KEYHANBOD	Hi Hi	10	150,000-200,000
	Lotus		
	Happy		
	Rubex		
	Kanopy		
	Angel		

	Skin Jilia		
	Hot		
HIVA PAD PARS	Bonex	15	250.000-150.000
	T.N.T.		
	UNISIX		
	Bereta		
	Best Life		

However, the results of the last BSS study (in 2020) and other documents related to the price of condoms and other indicators related to limitation of access, showed the following results:

- After lack of access, being expensive was the most important reason for not using a condom by FSWs.
- 41.7 percent 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.

We conclude that provision of free-of-charge condoms is still needed for key populations in order to persuade them to use condom. Also, it is necessary to expand the number and variety of condom delivery outlets to increase the access of key populations to condoms.

Place

We concluded that condom provision for most of the key target populations for HIV/AIDS are covered by the following outlets in public sector:

- **Women Centers**: There are forty active Women Centers nationwide, where the services provided cover comprehensive packages including HIV/AIDS prevention. These centers are distributed amongst all provinces and cover at-risk populations in three groups including Pure FSWs, FSWs who are addict (injectable or non-injectable), and women whose sexual partners are belong to key people at risk of HIV/AIDS. Most women's centers have mobile teams to increase access to target groups via outreach, but the number of mobile teams is not desirable and responsive, and all women's centers demand their development. UNAIDS has a leading role to support covering a broad spectrum of HIV prevention services in these centers, consisting of capacity building for staff, providing equipment, helping provide condoms via other UN agencies, educational packages for training staff and mobile team. These centers are created by the CDC department of the MOHME and supported by UNAIDS in partnership with UNICEF, UNFPA and WHO.
- **VCT centers** were introduced in Iran in 1995, and have served as an important tool in the prevention of HIV infection ever since. These centers provide a dialog between the counsellor and client to offer information about HIV/AIDS testing, benefits, and risks associated with the disease. We found that VCTs act as an effective strategy to facilitate

behavioural change for HIV prevention[9]. It offers an entry point for early care and support for those infected with HIV, and for PMTCT. VCTs also plays a role in reducing stigma and discrimination. Condoms are distributed at VCTs and are available to anybody asks for them. These centers are created by the CDC department of the MOHME and supported by UNAIDS in partnership with UNICEF, UNFPA and WHO. The VCT centers are the only PrEP outlet for target groups in the country. **DIC centers** via out-reach and peer education programs distribute condom within frame of harm reduction programs. DIC centers are created by the Welfare Organization (WO) and supported by CDC department of the MOHME. The WO participated in condom distribution within harm reduction context and condoms are distributed among PWID as an item within the harm reduction kits. Within harm reduction program a Harm Reduction Kit is distributed among PWID but not in all of the country. Nowadays, DIC centers' condom mostly provided by different Medical Sciences Universities and participation of some NGOs and some NU agencies.

- **Prisons** are another convenient place to provide counselling and condoms to one of the most important key populations offered in the rooms with their sexual partners. Triangular clinics and medical centers of prisons are condom outlets in the prisons. Under the 5th NSP, prisons, in collaboration with the MOHHME, are required to provide training, counselling, and free condoms for 100% of prisoners` visits to their spouses, but in practice this does not happen properly.
- NGO: There are a limited number of NGOs involved in providing condoms to key populations, the most important of which is the Family Planning Association, which has recently been renamed the Reproductive Health Association and provides free education counselling and condoms to FSWs in limited locations only in Tehran.

Private sector provides condom through a vast network of outlets. The outlets mainly consist of private pharmacies but in some places supermarkets are also included.

Availability of condom is one of sub-components of "Place". Our findings summarized as follows:

- Among FSWs, 26.2% reported difficult access to condoms, in 78.3% the pharmacy was as the most important source of condom supply, and in 33.2% the Women Centers was the most important way to access condoms.
- Women's centers, VCT centers and other condom outlets in the public sector usually do not have a problem in providing condoms for their applicants, but this access to condoms is a classic type and is not varied and applicants cannot choose.
- Of course, this constant availability of condoms does not mean that customers will be provided with as many condoms as they request, but providers are forced to manage demand and deliver fewer condoms to customers when there is a shortage.
- Women Centers do not cover all FSWs, and most clients are in middle-class. People in the lower social classes do not come to these public centers because they do not care about their own health. People with high social class also do not go to

[9] FGDs with VCT Cwntres providers and Interviews with SRH consultants as part of Key Informant Interviews, Jan-Mar 2021

government centers and receive services from the private sector. The problem with these high-class groups is that they do not receive training.

Promotion

Promotion, creates consumer demand by providing information about the product.

Some promotional techniques such as mass media advertising, the use of logos, and educational materials are used only by the private sector and mostly via cyber space in Iran.

Our findings in this project regarding “Promotion” can be summarized as follows:

- 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 the types of condoms available in the market and how to use and use each of them, and could not train and guide customers. They stated that FSWs need to know different types of 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.
- It seems that condom is better to be promoted within specific places such as pharmacies and big markets which provide the product. It is required to train pharmacies and markets staff on condom.
- FSWs claim that men should know how to use a condom properly, and in most cases, it is men who fail to use condoms.
- At least in Women Centers and VCT centers, condom training is provided individually or in groups, which has been difficult due to the COVID-19 pandemic in the last 1.5 years.
- 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.
- The Providers of the Women Centers believe that the most important reason for the low turnout of key populations and receiving services is the lack of information to the target groups and even the staff of other related departments, even in Medical Sciences Universities.

- Provider and consumer education about variety of condom, its quality requirements and condom specifications is needed. In most cases, providers and clients do not know what is more suitable for key populations and what should be expected from a quality condom.

Person

As was earlier mentioned in this report, PrEP and condom programming primary focus is on PLHIV and other fine key populations including FSW, MSM, PWID, prisoners and transgender. What key people want and need because of their specific circumstances, instead of trying to persuade them to buy condoms from the private sector in Iran, is to focus on the elements of the "marketing mix" to shift the focus to the consumer. By making the product attractive, reasonably priced or free, most importantly available to key groups. It is obvious that periodic reviews and monitoring of the "marketing mix" program based on continuous feedback from consumers on key populations can perpetuate this situation.

In reviewing condom outlet centers for key groups and reviewing available documentation, we sought to answer whether their "needs" had become "demand" for condom services and products, and whether customers were currently satisfied. If they are satisfied, we recommend that this access be continued and maintained, and that those who do not currently use the services and products but want or intend to use them, should be provided access, from the public to the private sector. Our findings related to the "**Person**" element of the condom social marketing for different key populations are summarized as follows:

- As is shown in Table 3.2.3.6.1, proportion of condom users among FSW has increased significantly during the past decade, especially among their commercial sexual relations. The ratio of condom uses in the last commercial sexual intercourse of FSWs had increased from 30.6% in 2010 to 62.9% in 2020. Of course, this increase in non-commercial sexual relations of this group was not significant. 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. This finding was verified by some FSWs contracting STIs from their regular sexual partner.
- 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.
- The level of education and type of key population plays a role in the use of condoms and where they are preparing. High-level FSWs make condoms on their own or ask their client to bring a condom. Addicted sex workers use the freezer plastic bag when they do not have access to public condom outlets, not to prevent HIV/AIDS but to avoid getting pregnant.
- The reasons for not using condoms also vary in different key populations. FSWs often have difficulty bargaining and say that their regular sexual partner does not want to

use a condom or that they prefer not to use a condom for more money. In dealing with their new client, the FSWs think that if they suggest using a condom, the client thinks that the sex worker is a professional or sick, and the client convinces him or her that none of them are sick and that they do not need to use a condom. FSWs are usually unable to satisfy their customers to use condoms due to probably decreasing enjoy the sexual pleasure that is so important to them. Male involvement can be used as a port of entry to involve males in HIV/AIDS prevention via condom use.

- 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)

The following results show the availability and also supply of condom where the key populations need:

- I 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.

4.5.4. Condom Social Marketing Road Map for each Key Population

Summarizing the data set obtained for each of the key populations can guide the design of strategies and road maps.

Female Sex Workers (FSW)

Findings of this project showed that the prevalence of FSWs in Iran is about 1.43% of the 15-49 years and the population of them is about 322,623 (216,586-419,635). About 24.9% of FSW are a drug user and 20.4% of them are PWID concurrently. 96.6% of the FSWs ever hearing of HIV/AIDS, but comprehensive HIV Knowledge was very low (28.1%). Some important findings related to the FSW are as follows:

- The availability of condom by FSW is as follows:
  - Difficult access to condoms: 26.2%
  - Condom procurement from the pharmacy: 78.3%
  - Unavailability of condoms due to the price of the condoms: 41.7%
  - Receiving free condoms in the last three months: 37.9%
  - Lack of access: 19.8%
- Therefore, pharmacies (78.3%), Women Centers (33.2%) and sexual partners (18%) are the most important way for FSW to access condoms, respectively.
- Willingness of FSWs to use condom is as follows:
  - The decision to use a condom was made in 82.8% of cases by FSW 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%).
- The 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. Condom use in extramarital situations for 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.
- The most important reasons for the inability to use consistently condoms among commercial clients are:
  - Customer opposition (34.3%)
  - Lack of access (19.8%)
  - Decreased sexual pleasure if using a condom (13.2%)
- The most important reasons for the inability to use consistently condoms among non-commercial clients are:
  - Customer opposition (38.3%)
  - Confidence in a stable sexual partner (24.2%)
  - Decreased sexual pleasure if using a condom (10.2%)
- In Women Centers and VCT centers, compared to condoms provided to FSW by the MOHME with condoms provided by UNs, customers prefer the former because it has single packages and is easier for FSWs to store.

- After lack of access, being expensive was the most important reason for not using a condom by FSWs.
- The Women Centers do not cover all FSWs, and most clients are in middle-class. People in the lower and higher social classes do not come to these public centers.
- The staff of the condom delivery outlets stated that FSWs need to know different types of condoms.
- FSWs claim that men should know how to use a condom properly, and in most cases, it is men who fail to use condoms.
- The women who play the role of marketers for FSWs (KHALEH), do not usually use condoms.
- High-level FSWs make condoms on their own or ask their client to bring a condom. Addicted sex workers use the freezer plastic bag when they do not have access to public condom outlets, not to prevent HIV/AIDS but to avoid getting pregnant.
- The reasons for not using condoms also vary in different key populations. FSWs often have difficulty bargaining and say that their regular sexual partner does not want to use a condom or that they prefer not to use a condom for more money. FSWs are usually unable to satisfy their customers to use condoms due to probably decreasing enjoy the sexual pleasure that is so important to them.
- Some clients of Women Centers are referred from the private sector and only for screening for human papillomavirus infection because it is free. This provides a good opportunity to coordinate with the private sector to increase coverage for FSW.

People Who Inject Drug (PWID)

We found that the prevalence of PWID among the 15-49 years old population was 0.43% in Iran, and their estimated population was 197,985. The majority of PWID were male (97.6%) and more than half were aged ≥ 35 years old (55.5%). A last national survey showed that 54% of PWID had access to free-of-charge sterile needles and syringes, 51% used sterile needles and syringes in their last injection practice, and 33% used sterile needles and syringes in all injection practices in the past month[10]. Some important findings related to the PWID are as follows:

- HIV prevalence among PWID has a decreasing trend in Iran from 15.3% in 2008 to 3.1% in 2019.
- Concurrent HBV infection was prevalent among PWID (30.9% in Males and 7.3% in females). The pattern of HCV infection among PWID has also a similar pattern (41.3% in males and 36.6% in females).
- Harm reduction centers were the main outlet of access to condoms by PWID.
- Prevention cascade for all HIV-negative PWID having sex with any partners:
    - 88% of whom knew that using condoms could reduce HIV transmission, 35% had access to free-of-charge condoms, 32% used condoms in their last sexual practice,

[10] Faghir Gangi et al. HIV prevention cascades for injection and sexual risk behaviors among HIVnegative people who inject drug in Iran. International Journal of Drug Policy 84 (2020) 102868.

and 18% used condoms in all their sexual practices with any partners in the past month.

- Prevention cascade for all HIV-negative PWID having sex with their spouse:
  - 83% of whom knew using condoms in sexual practices could reduce HIV transmission, 38% had access to free-of-charge condoms, 34% used condoms in their last sexual practice, and 15% used condoms in all of their sexual practices with their spouse in the past month
- Prevention cascade for all HIV-negative PWID having sex with non-paying partners:
  - 79% knew using condoms in sexual practices could reduce HIV transmission, 33% had access to free-of-charge condoms, 18% used condoms in their last sexual practice, and only 0.2% used condoms in all of their sexual practices with their spouses in the past month
- Prevention cascade for all HIV-negative PWID having sex with paying clients:
  - 85% of whom knew that using condoms could reduce the risk of HIV transmission, 47% had access to free-of-charge condoms, 27% used condoms in their last sexual practice, and 20% used condoms in all of their sexual practices with their spouses in the past month.
- more than half of PWID reported not having access to free-of-charge condoms. Harm reduction programs should facilitate access to condoms for PWID and improve efforts in raising awareness of the PWID with regard to the dual risk of sexual and injection pathways.

Men who have Sex with Men (MSM)

Findings of this project showed that the prevalence of Men who have Sex with Men (MSM) in Iran is about 0.5% of the 15-49 years and population of them is about 117,410 (70,446-164,373). About 20.8% of MSM are drug user and 7.8% of them are prisoner, concurrently. Some important findings related to the MSM are as follows:

- There is not much information about MSM in Iran, but in different groups, the prevalence of HIV has been reported to 14.8% in the general population of MSM.
- Data shows that 12% of male, sexually experienced PWIDs have had same-gender sex, and HIV prevalence was high (19%).
- 6.1% (95% CI: 5.0, 7.3) of HIV-negative male PWID had sex with another man in the past year; 80% of whom knew that condoms could reduce the risk of HIV transmission, 45% had access to free-of charge condoms, and 13% used condoms in their last sexual practice.
- Condom use during the last sexual encounter was low (20%).
- Findings show that PWIDs who had sex with men (MSM PWIDs), compared to other sexually experienced PWIDs, are younger (AOR, 0.89; 95% CI, 0.81– 0.98), more likely to have used a shared needle/syringe for drug injection (AOR, 4.29; 95% CI, 1.82– 10.12), and have had more than 5 sexual partners in their lifetime (AOR, 2.71; 95% CI, 1.14–6.44).
- Among all sexually experienced MSM, 53% reported having ever used a condom during sexual intercourse. Meanwhile, consistent condom use was uncommon, as only 20% reported using a condom during their last sexual experience.
- Only 3% of the MSM had access to free condoms at the end of the Fourth NSP.

- Most of the MSM population are either geographically or socially marginalized and therefore are hard to reach.
- Taken together, these findings suggest that MSM IDUs with their high HIV prevalence, low rate of condom use, and multiple sex partners in their lifetime serve as a potential bridge for HIV transmission to their sexual partners, who could be members of the broader MSM community and/or their heterosexual networks.
- 87.7% of MSM reported having female partners in the last six months. [11]
- The rate of basic knowledge about HIV was high, proportion of MSM reporting having ever heard of HIV was 82.4% in Iran.

Transgender

Findings of this project showed that the prevalence of Transgender women in Iran was 1 in 145,000. Other reliable documents showed that the prevalence of Male-to-Female Transgender (MFT) was 0.077, Female-to-Male Transgender (FMT) was about 0.029 and total Transgender was reported 0.053 of each 100 people in 15-49 years of the population. Overall, the estimated population of Transgender was 24,403 in Iran. 8.7% of the Transgender were history of drug using. Some important findings related to the Transgender are as follows:

- The prevalence of HIV among Transgender has been reported from 0.0% to 1.9%.
- In 18.1% of female transgender at least one symptom of STIs has been reported.
- Data on condom use among transgender people are lacking, but there is evidence that condom use in this population is low.
- Of the transgender women who had been sexually active in the previous 12 months, 42.3% had vaginal intercourse and 63.6% reported never or rarely using condoms during that time. Receptive anal intercourse with either a non-paying partner, casual partner, and/or paying partner was the most common sexual practice in their recent sexual encounter. The prevalence of using condom in this most recent sexual contact with a non-paying partner, casual partner, and paying partner were respectively 39.7%, 34.6%, and 53.3%. Another recent study showed that of the sample who reported having sex in the past six months (n=42), only 19% reported using condoms.[12]
- The lack of condom use was due to either trusting non-paying partners or opposition from casual and paying partners.
- Among transgender who were sexually active in the prior 12 months, 13.7% participated in group sex, a sexual encounter that involved at least 3 people.
- A high percentage of transgender women in Iran engage in high-risk sexual behaviors including condomless receptive anal sex, which is of particular concern given the low rates of HIV testing.

[11] Abu-Raddad L, et al. (2010) Characterizing the HIV/AIDS epidemic in the Middle East and North Africa: Time for Strategic Action. Middle East and North Africa HIV/AIDS Epidemiology Synthesis Project, World Bank/UNAIDS/WHO Publication Washington DC: The World Bank Press.

[12] Jalali Nadoushan A, et al. High-Risk Sexual Behaviors Among Transgender Individuals in Tehran, Iran. Acta Med Iran 2021;59(2):113-117.

Prisoners

Findings of this project showed that the prevalence of Prisoners in Iran is about 0.32% of the 15-49 years and population of them is about 128,920 (115,107-142,733). About 74.0% of Prisoners are drug user and 16.6% of them are PWID concurrently. 93.2% of the Prisoners ever hearing of HIV/AIDS, but comprehensive HIV Knowledge was very low (19.7%). Some important findings related to the Prisoners are as follows:

- The fact that at least 43% of Iran's prisoners are due to the drug-related victims, may well justify this high prevalence.
- Studies related to the prevalence of HIV in prisoners show a decrescendo trend. For example, in a large national study, the prevalence of HIV was 8.3% in 2008, down to 3.1% in 2011 and 1.2% in 2014.
- Of all prisoners with a history of unsafe sex during their lifetime, 53.7 percent had more than three sexual partners, and 53.4 percent never used condoms during unsafe sex in their lifetime.
- The VCT centers, harm reduction centers and triangular clinics of the prisons was the major rout of Prisoners` access for free condoms.