TANZANIA AND CONDOM TOTAL MARKET APPROACH, A REPORT OF CONSULTATIVE MEETING

14 - 16 MAY 2018,

DAR ES SALAAM, TANZANIA
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TANZANIA AND CONDOM TOTAL MARKET APPROACH, A REPORT OF CONSULTATIVE MEETING
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Summary
The report focuses on policies and strategies relevant to condom programming in Tanzania, trends in condom use, stakeholder and user perspectives, key challenges, recommendations and way forward.

In attendance were PMO-TACAIDS, NACP and MCNBH of the MOHCDWEC, Condom regulatory authorities, UNFPA, UNAIDS, PEPFAR, USAID, Bill and Melinda Gates Foundation, LFA representing the Global Fund, Social Marketing organisations, the Private and the Informal Sectors.

Bill and Melinda Gates Foundation commission a study\(^1\) on the state of condom programming for HIV prevention in Tanzania. The conclusion of the study is that “there is room to further increase condom use in line with national strategy and the high HIV prevalence among key populations”.

Conclusions and recommendations
A looming shortage of condoms beyond 2019 coupled with major shift from social marketed to public sector condoms to be distributed through the health system and related outlets. Low and declining use of condoms will jeopardise attainment of the National Prevention Strategy. The Global Fund is financing the 120 million, public sector free condoms, PSI has about 18 million remaining condoms for distribution and other SM agencies an additional 20 million, all will not sustain the total need of 260 million annually. There are as yet, no resources earmarked for condoms beyond 2019.

To urgently conduct a special extended Condom Committee meetings to discuss findings and recommendations made at the condom consultative meeting and chart a way forward to avoid condom shortage crises.

\(^1\) Mann Global Health: Tanzania Case Study 2017
1.0 Introduction
The meeting was coordinated by the Prime Minister’s Office, Tanzania Commission for AIDS (PMO-TACAIDS) and supported by the United Nations Population Fund (UNFPA). The meeting was in response to a potential threat of shortage of condoms in the country and evidence of low utilisation of condoms, especially among key and vulnerable populations, which includes adolescents and young people. Key stakeholders met for three days to review evidence, discuss challenges, and recommend steps to be taken by the Government of Tanzania, Development partners and Civil Society community.

Tanzania recognized HIV and AIDS as a threat to development and declared it a national disaster in 1990, seven years after the first few cases were described. With an estimated population of 51 million people, Tanzania has an HIV prevalence of 4.7 percent and an incidence of 0.29 percent, translating into 81,000 new HIV cases annually\(^2\). HIV infection is heterogeneous in Tanzania mainland with pockets of concentration, while Zanzibar has a more focused epidemic. The main mode of transmission is heterosexual (80%). Key and vulnerable populations (KVPs) have the highest infections in the country with female sex workers at 28 percent, men who have sex with men at 17.6 percent, injecting drug users at 15.5 percent and mining communities at 16%.

Condom use at last sex for key populations at last sex are 14 percent for MSM, 70 percent for female sex workers and 29 percent for people who inject drugs.

HIV infection among young people and especially girls is high, with older adolescents (15-19) who are HIV positive at 1.3 percent and 0.8 percent for females and males respectively. Likewise, HIV among youths (15-24) is 1.6 percent and 1.0 percent for females and males respectively.

Bill and Melinda Gates Foundation commission a study\(^3\) on the state of condom programing for HIV prevention in five sub-Saharan countries, Tanzania being one of them. The conclusion of the study is that “there is room to further increase condom use in line with national strategy and the high HIV prevalence among key populations”.

The concept of total market approach in condom programming was introduced

Tanzania Commission for AIDS (TACAIDS), UNFPA and UNAIDS convened a three-day meeting of stakeholders on the 15th through to the 17th inclusive to

- Enhance stakeholder awareness and ensure a common understanding of condom market development approach framework
- Discuss identified constraints, how well current strategies could address them and land priorities constraints for additional intervention and
- Construct a common vision for the market, with emphasis on resource allocation and sustainability, draft interventions, and agree on next steps

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2 Tanzania HIV Impact Survey (THIS) 2016-2017
3 Mann Global Health: Tanzania Case Study 2017
Definition of terms

Ending AIDS
Refers to a global ambitious goal of AIDS no longer being of public health concern; using strategies of 90% testing and knowing their status, of whom at least 90% are immediately put of efficacious treatment, resuk

Total Market Approach (TMA)
TMA has been defined as A lens or process used to develop strategies that increase access to priority health products in a sustainable manner, while having Government stewardship of health markets towards improved impact and sustainability. TMA aims at achieving program impact, equity and sustainability through improved targeting of public subsidies to enable increased private sector participation and public/private collaboration.

TMA requires a combined effort of all stakeholders, service providers, development partners, suppliers, policy makers and advocates, public and non-stake actors.

Social marketing of condoms
Is making condoms available at the places they are needed, and at critical moments using brand identification and a subsidized rate.

The report has seven sections after the executive summary. Section one is the introduction, section two is the Meeting opening session, section three is condom policy environment, section four is condom service provider perspectives section five is user perspectives, section six is observations and recommendations and section six is the way forward.

4 Francoise Armand. SHOPS+, USAID
Stakeholder representation

*Government Institutions* present were the Prime Minister’s Office - Government Business coordination Unit, Ministry of Finance – Global Fund coordinating unit, National AIDS Commissions of the Mainland and Zanzibar, Ministries of Health of Mainland and Zanzibar, the Ministry of Education and the Medical Stores Department.

*Condom regulatory bodies* present were Tanzania Bureau of Standards, Tanzania Food and Drug Authority.

*Development partners* present were UNFPA Headquarters and Country office, UNAIDS, PEPFAR, USAID, WHO, Price Water Coopers on behalf of the Global Fund as well as Bill And Melinda Gates Foundation.

*Social marketing organizations* present were PSI, DKT International, T-MARC and (Shops+); other service NGOs were Marie Stopes, AMREF Health Africa and Pathfinder International and Global Health supply Chain (GHSC).

*Group of users* were made up of the National Council of People Living with HIV (NACOPHA), Association of Tanzania Employers (ATE) and four youth organizations, namely TAYOA, NYP+, AfriYAN and HIV youth ambassador.

*Private sector* had two distributors, Contempo and JD Pharmacy.

The full list of participants, organisations represented and contacts can be found as Annex 1.

2.0 OFFICIAL OPENING OF THE MEETING

2.01 TACAIDS: On welcoming participants at the meeting, TACAIDS reminded participants that HIV/AIDS continues to be a threat to development. Delighted that the meeting will be addressing condoms, an important component of HIV prevention.

TACAIDS Director shared that Tanzania through its policies and strategies recognise condoms as a major contributor to preventing AIDS, especially among adolescents and youths.
2.02 **UNFPA**: UNFPA country representative pledged continued support to a country owned and government led condom program, which would reduce both HIV and sexually transmitted infections (STIs). She however raised concern that condom use in Tanzania is low, especially among the adolescents and young people. She reminded the meeting that while discussing condoms, all aspects should be addressed - forecasting, logistics, procurement and distribution and demand creation; ending with affirmation that it is possible to have a Tanzania without HIV.

**UNFPA Headquarters**, represented by the HIV prevention specialist underscored the multiple benefits of condoms. Male and female condoms are the only barrier methods that can simultaneously protect sexual partners against STIs, HIV and unintended pregnancy. Successful CONDOMIZE strategies were described, piggybacking on national and international events.

The UNFPA HIV Prevention Advisor from Headquarters introduced *Africa beyond condom donation* where manufacturers are to expand condom production in Africa with support of funders. One of the initial findings are heavy regulatory processes, a similar experience noted by Social Marketing Organizations in Tanzania.

There are also six –population-based studies to see if communities are willing to pay for condoms, which would further inform programming using Total Market Approach.

In 2015, a group of 70 condom manufacturers, international donors, and NGOs committed to increase the number of condoms in low- and middle-income countries to 20 billion by 2020 focusing on Sub-Saharan Africa first, where condom needs are greatest. Start-up countries are South Africa, Zambia, Namibia, Zimbabwe, Kenya, and Botswana.

Reducing condom donor dependency would require strategic leadership between Governments and private sector, reducing the abundant marketing barriers in the countries and stronger and committed Regional Organizations.

In responding to reasons for low use of female condoms, UNFPA’s response was that inadequate attention given to their procurements, storage as well as explaining and promoting use. Where resources have been targeted to female condom promotion, results have been overwhelming. Interventions from UNFPA Headquarters, represented by the HIV prevention specialist underscored the multiple benefits of condoms. Male and female condoms are the only barrier methods that can simultaneously protect sexual partners against STIs, HIV and unintended pregnancy. Successful CONDOMIZE strategies were described, piggybacking on national and international events.

In responding to reasons for low use of female condoms, UNFPA’s response was that inadequate attention given to their procurements, storage as well as explaining and promoting use. Where resources have been targeted to female condom promotion, results have been overwhelming.

The meeting was reminded that MSM are at 24 times, IDU 24 times, trans-gender 29 times higher risk of contracting HIV compared to the general population. The region has a very young population with life expectancy at 65, low condom use, it is of utmost importance to strengthen prevention through condom use which provides 90 percent protection, targeted use of PreP which provides 70% protection and voluntary medical male circumcision which provides 60% protection.
2.03 UNAIDS country representative provided an overview of global HIV scene and zeroed in to the national picture. He reaffirmed its commitment to support national priorities as identified in National Multi-sectoral Strategic Framework, the Tanzania Investment Case – which has condoms as one six core priority interventions and the Health Sector HIV/AIDS strategic plan. Participants were reminded of the three-nineties and the Global Prevention Coalition A Joint UNAIDS/UNFPA initiative (2017) Prevention 2020. He stressed that "Treatment alone will not take us to epidemic control though it reduces infections and improves longevity". Concerned that targets for HIV prevention are being missed by a wide margin with new infections declining too slowly: 1.7 million new infections still estimated to have occurred in 2016, a decline of only 11% since 2010.

First track 25 countries with highest burden representing 85% of the infections, Tanzania being 5th epidemic in Africa and 7th infection globally, the 90-90-90 is making progress but not enough, with a modest decline of 12% new infections and the ambitious need to get to 95-95-95 by 2030, more effort is required by us all to facilitate reaching these targets.

The low condom use and a looming shortages are lamentable, especially considering that 75% reduction of HIV is attributed to condoms.

To invigorate prevention strategy, leadership at the highest level, strategic engagement of community movers and identifying and addressing bottlenecks is key. Examples of leadership at the highest political level in Uganda and South Africa have shown positive results. Role model and celebrity is important - musicians, successful men and others, are also important. Partnership with the media, big silence on HIV and missed opportunities Partnership with Ministries of Labor, PORALG, Community and Education Employee wellbeing with Coca Cola, Breweries, Partnership with Cellphone companies and development of appropriate Apps to address HIV, STIs teenage pregnancy, employment and other adolescent and young people needs should be explored.

PEPFAR Program is addressing adolescents and young girls as well as KPs, working in high HIV but low ART and hotspot areas to reach 90% of the targets. The strategy is to limit condom procurement and building capacity towards the cost recovery and build government capacity to better manage condom program.

2.04 PEPFAR: PEPFAR is supportive of Social marketing and encourages coordination among social marketers and a holistic program for Tanzania, with free condoms reaching those with no money. Country operational plan (COP0 18 was just completed, scheduled to start in October. Condom procurement will be in support of sustainability PEPFAR is supporting T-MARC to promote use in a sustainable manner and create condom demand generation while community distribution links with the treatment cascade.
3.0 CONDOM POLICY ENVIRONMENT

3.01 The National Policy on HIV/AIDS (2001) places HIV prevention high on the agenda and states “There is overwhelming evidence about the efficacy and effectiveness of condoms when used correctly and consistently in the prevention of HIV transmission. Good quality condoms shall be procured and made easily available and affordable. The private sector shall be encouraged to procure and market good quality condoms so that they easily accessible in urban and rural areas”. The Third National Multi-Sectoral Strategic Framework (NMSFIII) 2013/14 to 2017/18 provides guidance to all sectoral HIV interventions. NMSFIII is supported by the Heath Sector HIV strategy (…)

3.02 The HIV Strategic Plan (HSHSP 2017-2022) whose goal is to increase coverage of HIV and AIDS services to ensure that by 2020 there is universal access to combination prevention services designed to reduce new HIV infections, HIV-related mortality, stigma and discrimination, and reach the 90-90-90 targets

HSHSP IV Strategic outcome for CCP is to reach a target of 85% of women and men engaged in multiple sexual partnerships report use of condom at last sexual intercourse. To be achieved by improving supply line, strengthening condom promotion, expand public health condoms beyond the health sector, strengthening oversight and increase targeted promotion and distribution.

The MOHCDGEC is the steward of the total market for condoms, which include fully subsidized, partially subsidized and commercial condoms. The same Ministry is the one that coordinates medical aspects of integrated programming for STIs, HIV and SRH and family planning programs,

3.03 National Comprehensive Condom Policy (CCP) 2016-2018 whose development was coordinated by TACAIDS with full engagement of stakeholders from the Government, Civil Society, affected populations and the private sector - represented by the Association of Tanzania Employers (ATE). The Strategy is scheduled for review in 2018/19. The CCP provides roles and responsibilities of condom actors, for which the Health Sector responsibilities are to implement the Condom strategy TACP and RHCS, forecasting and procurement planning, distribution of condoms to KVP, guide NGO on implementation of the condom strategy, establish an M&E framework and ensure availability of branded free public sector condoms.

3.04 UNAIDS and UNESCO supported development of a code of conduct in 2016 aimed at improving dialogue and collaboration between Ministries of Health and Ministries of Education in Eastern and Southern African Countries. The purpose was to develop a positive environment for HIV and other sexual reproductive health interventions for in and out of school youth.

While Tanzania has a very sound Family Life Education in-school curriculum, the reality is that less than a third of the schoolteachers have the necessary skills to use the curriculum.  

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5 PMO-TACAIDS (2016) Analysis of Tanzania Adolescent information
While a number of Civil Society organisations provide additional SRH and HIV education in and out of school, condom demonstration and provision is not allowed in the school environment.

3.05 The One Plan for SRH: The Ministry of Health, Community Development, Gender, Elderly and children (MoHCDGEC) One Plan sexual and reproductive Health Strategy (Revised) recognizes the role of condoms in prevention of pregnancy, HIV and other sexually transmitted infections. The informal Sector Strategic Plan (2007/08) also cites condom promotion as one of the key strategies for prevention of HIV among its members and communities around informal sector businesses.

3.06 Condom Priorities and Milestones for the Remaining part of NMSF III Period - Condom recommendations made by the Mid-term review of the third Multi-sectoral Strategic Plan\(^6\)

The priorities for condom provision and programming in NMSF III remain appropriate but implementation of activities during the remaining phase of NMSF III should aim to address the barriers and make condoms more accessible with more focused promotion, including:

i. Deliberate efforts to promote and distribute condoms with a focus on high-risk groups including key population, STI clients, ad populations residing in urban areas and other hotspots, fish landing sites, truck stops along highways, etc.

ii. Deliberate efforts to make condoms available for sexually active youths. Field visits during the MTR revealed that these youth face barriers such as stigma obtaining condoms from health facilities, yet they often cannot afford to buy condoms from socio-marketing or commercial outlets.
iii. Securing funds to address the impending shortfalls of condoms in the country. This should go hand in hand with improved forecasting and supply planning of condoms for public and private sectors including social marketing.

iv. Condoms distribution targets need to be determined to ease forecasting of condom needs at all levels. Quantification and forecasting of condom needs in the country and improvements of the supply chain to ensure that adequate quantities are provided throughout should be facilitated by the new national condom strategy that is now in place.

v. Condom promotion activities targeting both public sector condoms as well as socio-marketing should be strengthened. Mass media and the use of social media are central to these condoms promotion strategies.

vi. Dissemination of the new comprehensive national condom strategy as well as the recently branded public sector condom brand (ZANA)

vii. Creative non-traditional outlets for distribution of public sector condoms beyond public health care facilities will be necessary during the remaining part of NMSF III period. This should include community distribution channels such as community groups, MDA’s, institutions, workplaces, etc., including networks of PLHIV that have been proven to work very well in this area in Tanzania.

viii. Strengthening community-based condom distribution networks using individuals in addition to traditional stand-alone outlets like bars, guest houses, health facilities, pharmacies etc. appears to be a feasible approach to reinforcing condom distribution during the second part of NMSF III.

ix. It is important to strengthen condom distribution and monitoring mechanisms, especially for condoms meant to be distributed outside Health facilities. This should include condom distribution at workplace, which though available was found to be rather inadequate.

Note that a number of these recommendations are also being made at the reported meeting.

3.7 Condom regulatory Authorities

3.7.1 Tanzania Food and Drug Authority (TFDA):
TFDA’s role is provision of pre-marketing authorization for medical devises, which condoms fall under. They provide condom registration, registration of premises for quality, conduct quality audit in compliance with ISO 13.85 before providing importation certificate. There should be no importation of medical devise without a permit.

The perceived longer duration is usually attributed to improper filling of the required commodity dossier and skilled staff shortage on the side of TFDA.

Three challenges were identified relating to condom testing, namely the big volume of condoms taken as sample, the long duration of time from taking samples to getting results; the apparent high cost of testing and stakeholder uncertainty on the roles of TFDA versus TBS. Participants were keen to know whether some of the fees could be waivered and whether pre-shipment testing – ex-factory could be acceptable to TFDA.

Condoms are checked for length, width, thickness, bursting volume and pressure (air inflation), water leakage - 315 condoms are tested, freedom from holes, visible defects, package integrity – 13 condoms, packaging and labeling – 13 condoms, quantity of lubricants – 13 condoms and individual containers with visibly open seals.

Test to results takes about three weeks, but can be longer with higher number of batches.

4.0 CONDOM SERVICE PROVIDER PERSPECTIVES

4.1 NBS on trends in condom use: According to the National Bureau of Statistics (NBS), 1.4 percent of youths are HIV+ (2.2% females and 0.6% males); 85.7 percent of youths had sex in the past 12 months, (88% females and 83% males).

In 2003/4 hardly 61% of adult women could support educating children less than 15 years to be educated on condom use, with almost the same (68%) proportion of women in reproductive said they could negotiate condom use

Trends in condom are disturbing, with 44 and 47 percent respectively of women and men used condoms in 2003/4. For 2010 of men and women having sex with non-marital partner, those using condoms increased to around 50% and 58% respectively.

Figure 1 below shows a reduction in proportion of condom users with time.
Figure 2 below showing an almost constant number of condom users among high risk group in a period of about a decade

4.03 Health sector condoms: condoms coming to Tanzania are 75 percent through social marketing modality with the public sector condoms contributing about 20 percent of the market. The Condoms procured through Global Fund with AMREF as the Sub-recipient (SR) will be the free public condom stock and expected to cover about 25 percent of the total market.

Activities in the pipeline for public sector condoms are

• Development of a National Guide for Condom Distribution, in progress
• Development of a condom monitoring and evaluation system, also in progress
• Assessment of condom distribution and availability at hotspots to support Total Market Approach
• Orientation of NGOs, CSOs, Venders, Trade Unions, Regional Health Management Teams (RHMTS), Council Health Management Teams (CHMT) on Total Market Approach and
• Deploying condom dispensers at hot spots

4.2 AMREF: AMREF is a sub-recipient for The Global Fund TB and HIV grant 2018-2020 with a budget of $24,969,174 to cover 20 regions with a ten module interventions that include condoms. Sub-sub recipients are Mkapa Foundation and Tanzania Youth Alliance (TAYOA) Sex workers and MSM interventions will be done by TPHS. Condom dispensers will be based on a needs assessment and in bars, public places and work places.

4.3 Population Services International (PSI)

Has a staff of 150, in 13 offices in the region and responsible for about three quarters of the total condom supply in the country. Main areas of focus are on HIV, Malaria, behavior change communication, marketing and distribution of health commodities as a social franchise.
Benefited from Global Fund support GF support and development of public sector condom. Own brand is Salama condom, which has made good progress in distribution, peak in 2015, when 90 million condoms were distributed. Supply problems started in 2017 when funding stopped and managed on no cost extension of the funding. There is currently no funding. Expecting an extra 27 million for 2019, funding will only be for distribution.

With about two thirds of the population being below 24 and economically not empowered Salama was kept at same price focusing on 15-24 and 25-30 groups as opposed to older higher groups (25-35) year.
PSI supported Condom strategy development and conducted a study on needs of young people.

PSI reported improving market efficiencies, increased the prices by 50%, 2014 cost recovery increased to 60% from 50% and noted increasing distribution in key channels; 65% were procured from shops followed by kiosks

Challenges identified by PSI are a decline in supply (lowest ever) as a result has not been distributing condoms since November 2017. While the total need for condoms is about 264 million, there is only 17% of supply.
There is tension between equity and sustainability; Market of about 40% in a slow moving category and a young and unsatisfied market, experience has shown high wastage in free condoms. A cumbersome registration process coupled with clearance bottlenecks and process affecting supply and limits category agility and innovation

2014 to 2017 Social marketing maintained a market share of 65%, 2018 being a very low supply year
The Universe of need is the same
Use stands at 35%
Modest estimated increase of 2.4% annually
Market is well supplied but mostly in the non-free market.
4.4 DKT: DKT is a relatively new social marketing organization in Tanzania, started in 2015 with offices in Dar es Salaam, Mwanza, Arusha and Dodoma. Has offices in 37 countries and selling in 100 countries social marketing to build brands with social benefit in mind. Sales generate revenue to procure commodities. Brands are Bull condoms (500/=, but going up to 5,000/= by retailers), and Fiesta – make sex fun (consumer price is 1,500/=) Ultra thin, heat, max dotted, strawberry and neon options. DKT also provides Trust products 4 clinics. DKT targets youth.

Challenges faced by DKT are a difficulty in reach in a large country of Tanzania, some with poor access; they also face distribution and marketing is challenges. Untapped opportunities for SMOs (a lot of myths on condoms and contraceptives) and trying to change a mind-set that condom usage is not a luxury but a necessity.

4.5 T-MARC: T-MARC started in 2005 as a national NGO, working with PSI, especially in marketing. Does behavior change communication and community activities. Present in eleven regions, clustered into working zones. In 2016 launched as social enterprise (USAID), at an infant stage.

Social markets branded Dume classic condoms (700TSH), Dume desire (strawberry, dotted) and female condoms targeting young adults of ages twenty to thirty-five. Divided the country into zones, but presence in 11 regions.

Challenges identified are high distribution costs, lack of distribution incentives, high overhead costs and long chain of distribution.

Untapped opportunities are the rural market – ineffective distribution due to high cost, lack of sale incentive, non-availability of condoms and quality perception.

4.6 Marie Stopes: Marie Stopes runs 10 clinics and one hospital, 46 outreach teams providing Family Planning to 400,000 clients, and covering 40% of clinics. They are present in all regions of Tanzania, targeting mainly the youth, people in hard to reach areas distributing public sector free condoms and providing sexual reproductive health education in schools, bonanzas in institutions of higher learning.

Challenges faced by Marie Stopes are condom shortage and disapproval from religious leaders. Planning to reestablish Lifeguard and Fire brands.

4.7 The Private sector: Commercial sector is estimated to sell about 10 million condoms annually. 4.7.1 The private sector is selling Contempo and Lifestyle condoms in Mwanza, Mbeya, Arusha and Zanzibar. Sales are direct with no promotion. There has been a decline in sales over the years sold 320,000 in 2013, 350,000 in 2015, 316 220 in 2016 and only 200 in 2017.
Challenges identified by the private sector are a limited market and accessibility of condoms. While selling price is 2,000TSH retailers sell up to 10,000TSH. A VAT of 18% and 10% taken by TBA for validation, having to be paid upfront and no credit facility is another challenge faced. Observed parallel import and counterfeit from Zanzibar and Mombasa.

The shift in donor funding could be an opportunity for the private sector voice to be heard eg putting a retail price on the packet.

4.7.2 General De Pharmacy: JD pharmacy which has been in the market since 1986 cover twelve regions selling in kiosks and supermarkets. They provide Contempo rough riders, Contempo bare back, Contempo sensation and non latex condoms. Sales are about 3 million annually, targeting mostly youths. Non-latex condoms costs 4,000/= but retail price to consumer can be as high as 8,000TSH.

Challenges identified by General De Pharmacy are the overly stringent condom regulations with TBS needing seven times 125 condoms as per guideline and delays of up to 21 days. Cultural limitations (TCRA) in marketing condoms, bureaucracy and lack of coordination with policymakers are the other challenges experienced.

They recommend limiting free condoms to low use, hard to reach areas, Universities and other higher learning institutions. Rex reduction is also recommended.

4.8 Global Health Coalition (GHSC): Supports quantification of condom needs led by RCHS, an exercise which is done biannually, accompanied by regular reviews. Quantification is consumption based (eMIS) and morbidity/demographic based.

Last quantification (for male clients), was done in 2016 was the source mix using DHS 9%, women of reproductive ages, method mix and couple year protection (CYP) as well as brandmix. Determination is done consultatively.

Challenges identified by GHSC are some of the data being outdated, difficulty in having correct information on source mix, multiple brand mix (prices and brand types) and proportionate use for family planning versus HIV prevention.

4.9 Coopers and Lybrand: Coopers and Laybrand is the Local fund agent (LFA) for the Global Fund.

Decision on the best use of GF funds is country led. The estimated number of condoms procured will be 156 million condoms using an estimation of three condoms per week per person, a number that was seen to be on the low side by participants.
5.0 USER PERSPECTIVES

5.01 Informal sector: The representative of informal sector was appreciative of the concept of CONDOMIZE!!, a concept that would resonate well among the informal sector. Men can best be found in the informal sector, need to find ways of reaching them. There is fear of free condoms because the donor may stop. To minimize the fear, more opportunity for social marketing should be created.

5.02 Adolescents And The Young People

According to the Tanzania HIV Impact Study, 1.4 percent of youths are HIV+ (2.2% females and 0.6% males); 85.7 percent of youths had sex in the past 12 months (88% females and 83.2% males) and 11.7 percent of youths have had sex before age 15 years

Youths, who were very articulate and active in the meeting shared experiences of buying and or using condoms. Most have met with prejudice. Access to condoms for adolescents and young people as well as for key vulnerable populations (KVPs) faced socio-cultural, faith-related and unfavourable service provider bias. They reminded the meeting that conventional sites to look for KVPs like bars is a thing of the past, social media now facilitate high risk networks. They therefore urged condom programmers and distributors to involve young people for guidance and contribute to reducing stigma, unwanted and often too early pregnancies, HIV and STI infections.

7 Condom Market Landscaping - Deep Dive on Tanzania, Mann Global Health: (2017) Financed by Bill and Melinda Gates Foundation
6.0 OBSERVATIONS, CHALLENGES AND OPPORTUNITIES

6.01 Findings from the Bill and Melinda Gates Fund supported study on Condom Programming in Tanzania

The study which was part of five African country study was supported by Bill and Melinda Gates Foundation (BMGF) and conducted by Mann Global Health in 2017.

General recommendations made were:

• Assign a Market facilitator to foster an enabling environment for the total condom program across all players in the market

• Invest resources in building program information as a public good for evidence-based decision-making at all levels of the market

• Ensure highly targeted and leveraged donor investment in demand creation in order to move condom use closer to need

• Improve supply chain by leveraging current investments/securing additional resources for players in the public and private sector value chain. Target funding to last mile interventions

Recommendations specific to Tanzania

• Define role and relevance of different sectors to support equity and sustainability challenges

• Appropriately stage investment in consumer segmentation to achieve category to diversify the market

Participants discussed the findings, recommendations, highlighting changes that have occurred since the study. Additional recommendations, challenges, opportunities and way forward were proposed.

The study came up with the findings and root causes as indicated in the diagrams below and was a key resource for facilitating the stakeholder dialogue.
1.01 **Challenge: Social marketing organizations in transition – sustainability/equity**

Reasons for sustainability remaining a challenge are declining donor funding, inadequate community awareness on benefits of using condoms, long and difficult advertising processes, subsidies that are not differentiated between those who can and those who cannot afford social marketed and private sector condoms as well as high retailer margins, creating expensive products.

Additional challenges are scarcity of resources due to a national budget that does not adequately support sustainability, poor distribution of commodities and lack of research on condom utilization.

Opportunities in terms of a positive policy environment, and an existing condom strategy, which is being implemented, an upcoming public private partnership, partners willing to support condom programing as well as a wide spectrum of implementers – public, subsidized, private, community-based and the informal sector.

A number of developments have taken place since the Mann Global Health report. Examples provided were development of a new Key and Vulnerable People (KVP) strategy service package, a mid-term review of the NMSFIii, dissemination of the Condom Strategy to different stakeholders, scaling up of KVP interventions in terms of structures, biomedical interventions, coordination and regular condom committee meetings.
1.02 Challenge: Limited Growth of commercial sector
Changes since the MGH analysis are - a wider promotion of condom use, mostly by social market agencies, however, increasingly different brands of condoms are in the market for commercial market.

Proposed interventions are provision of sexuality education and use of condoms, promoting partnership of both public and private sectors and garner support from faith-based organizations, who are not proponents of condom use, some not even among discordant couples.

1.03 Challenge: Limited availability and use of market data and consumer research
There was a general concurrence on the findings. Opportunities identified are the use of Global Fund resources for improved monitoring and evaluation of the CCP and using the condom technical working group (TWG) as a platform to share intelligence and enhance private sector participation. A couple of studies were cited by PSI.

1.04 Challenge: Last mile distribution
Challenges that relate to the last mile distribution include program integration (especially KVP programs) into cascade to care, development of a clear commodity procurement distribution plan and raising sector-focused budget.

Opportunities seen are the improved coordination with stakeholders working with priority populations, existing distribution strategy for public sector condoms, marketing to inform publicity and drive use.
1.05 Missing link between National Strategy, work-plans and resource allocation

Challenge remains, for example the commercial sector is not involved in country coordination and until the consultative meeting, some of the stakeholders have been unaware of the distribution strategy.

1.06 Challenge: Commodity security Issues of 2017/18

Uncertain donor funding compared to 2016/17 and concern that public sector condoms may not be available outside health facilities. Other challenges are constrictive guidelines and attitude e.g. not being friendly to demand generation and public advertisements related to condoms.

Specific to in-school adolescents and young persons, there are inadequate number of in-service teachers trained in using an otherwise good family life education (FLE) curriculum.

There was consensus on paucity of condom related data, especially for the public sector condoms. Information on quantification of needs, condoms procured, in pipeline, distributed was inadequate.

Recommended that TACAIDS and the Ministry of Health, using the existing condom sub-committee, should strengthen coordination among condom actors and seek technical assistance if needed.

6.0 RECOMMENDATIONS

An overwhelming part of the discussion centred on condom adequacy, equity, sustainability and resources beyond 2019.

The meeting recommended that MGH findings should be disseminated to flag the reality of impending condom shortage and advocate for additional support towards a TMA approach. Improve coordination, especially with the private sector and other related sectors.

Strengthening community involvement would reduce some of the concerns and even fears that lead to condom stigmatization.
Key stakeholders like adolescents and young people should be engaged in condom rebranding and programming; likewise celebrities, media, religious and community leaders can be used in promotion of condoms. Lessons from CONDOMIZE campaigns could be an important starting point.

A National condom workshop to facilitate wider stakeholder engagement was also recommended. Strengthen coordination, collaboration, leadership and accountability (in quantification, programming (will need support to enable it to do that)

Increase targeted demand creation strategies

Fund research to identify bottlenecks and improve access

Review implementation of the guidelines Guideline improvement 2016-2018 to be reviewed but also focus on the evaluation of the past and the

An open letter of concern to be sent to leadership to request staggered transition (2-3 years)

On the issue of resources, the Government will make sure some can be used for enabling environment and procurement of commodities.

Long overdue meeting, created space
Need to continue, harmonise, speedup the draft condom strategy with demand creation and solicit resources for demand creation
7.0 CONCLUSIONS AND THE WAY FORWARD

In consultation with all key stakeholders, distribution of the public sector condoms should be reviewed in terms of volumes to be managed, segmenting users in the spirit of total market approach.

Using available evidence, inform political leadership by using all avenues, including the Statutory Parliamentary HIV/AIDS committee on the urgency of increasing funding for condoms and to diversify distribution channels in line with TMA.

Create a core group of stakeholders, interested people identify a lead, a deputy, CSOs and private sector.

Of the many recommendations resulting from the consultative meeting, prioritize the achievable activities in terms of short, mid and long-term while keeping demand creation in the radar.

The question of the near vacant social market gap left after PSI condoms are finished looms high in the agenda.

Moving condoms out of health facility remains unclear area, explore use of CSOs, PLHIV clusters and others that may be identified. The meeting recommended that the issue of public health condoms be further discussed at the Condom Sub-Committee and recommendation sent to the Tanzania National Coordination Mechanism (TNCM), which is the Global Fund Stakeholder forum for decision.
### 7.1 Responsibilities for the commendations and resource needs

<table>
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<tr>
<th>Social Market Organisations in Transition</th>
<th>Responsible</th>
<th>Resources</th>
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<td><strong>Root Cause</strong></td>
<td><strong>Recommendation</strong></td>
<td><strong>TACAIDS and NACP</strong></td>
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<tr>
<td>Weak coordination results into quantification challenges</td>
<td>Revise Guideline to Improve market segmentation</td>
<td>Technical Assistance (TA) and Funding</td>
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<td></td>
<td>Harmonise condom promotion activities</td>
<td>NACP, TACAIDS, SMOs and IPs</td>
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<td></td>
<td>Strengthen coordination of quantification process</td>
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<td>Advocacy for TMA implementation – Condom Policy Review</td>
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<tr>
<th>Limited Growth of Commercial Sector</th>
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<tr>
<td>Poor promotion of commercial brands, mainly due to cultural barriers</td>
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<td>Economic gap in the communities</td>
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<td>No subsidies provided to support the commercial sector</td>
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<tr>
<th>Limited Availability and Use of Market Data and Consumer Research</th>
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<tr>
<td>Inadequate sharing of data among key stakeholders</td>
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<tr>
<th>Last Mile Distribution Failing Priority Populations</th>
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<tr>
<td>Unclear distribution strategy</td>
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<td>SOCIAL MARKET ORGANISATIONS IN TRANSITION</td>
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<td>------------------------------------------</td>
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<td>ROOT CAUSE</td>
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<tr>
<td>COMMODITY SECURITY ISSUES IN 2017/2018 – MAJOR GAP EXPECTED</td>
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**Lack of coordination & leadership**
- Create a funded post of National Condom coor-dinator
- Existing Prevention TWG (develop job description, create a post and approve)
- High-level engagement of heads of agencies.
- Pick a Champion.
- All condom stakeholders to allocate funds for the first year of action

**INSUFFICIENT COORDINATED DEMAND CREATION ESPECIALLY WITH PRIORITY POPULATIONS**

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<tr>
<td>Finalisation and dissemination of condom distribution guide</td>
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<tr>
<td>Strengthen partnership in condom programming</td>
<td>MOHCDWEC, NACP</td>
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<tr>
<td>Revision of condom strategy</td>
<td>TACAIDS</td>
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<td>Allocate more funds on research to identify gaps addressing needs of key populations</td>
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**Inadequate skills among health workers and teachers in schools**
- Build capacity of teachers and health workers especially towards condoms
- MOE, MOHCDEC & TACAIDS
- Funds and TA