Condom 2.0: Reinvigorating effective condom programming in the era of epidemic control

Our Current Approach is Failing ... People

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A Condom Crisis at the centre of the Prevention crisis!

MILES TO GO: CLOSING GAPS, BREAKING BARRIERS, RIGHTING INJUSTICES
(UNAIDS Global Report, July 2018)

“There is a prevention crisis”

- The success in saving lives has not been matched with equal success in reducing new HIV infections. New HIV infections are not falling fast enough.

- HIV prevention services are not being provided on an adequate scale and with sufficient intensity and are not reaching the people who need them the most.

- Acceptance of condoms, voluntary medical male circumcision, preexposure prophylaxis, cash transfers must be increased rapidly and not be secondary prevention tools.

Michel Sidibé, 17 July 2018
In all countries for which we have data (n=16) a steady and significant decline in new HIV infections (>30%) is associated with a rapid scale up to high levels of condom use (>60%) at last higher risk sex by both men and women.
From Scaling to Failing condom programmes
Sexual Active non-married women 15-29y - Condom use trends for FP 1985-2017 (n=35, DHS)

- **Scaling**: >30% but signs of stagnation / collapse (n=8)
- **Lagging**: 15-25% & stagnation (n=12)
- **Collapsed**: peak>20% and decline >15% (n=7)
- **Failed**: <20% (n=8)
• HIV infections: 2010-2017 slow decrease – not on target for 2020 (< 200,000 infections)

• Teenage pregnancies: Flat rates – rates 2.5x higher among teenagers with no or only primary education

• Reported STI: slowly increasing trend
Condom use at last higher risk sex (with a non-marital, non-cohabiting partner) (n=48)


- Major condom use gap for both men (<60%=20) and women (<60%=45) in most countries and across regions
- Prominent discrepancy between men and women (20-40% lower in most countries)
In equity in Condom programming

- Major disparities in condom use along the gender, education and wealth divides
- Condom use is lowest among poor, uneducated women
- Points towards the limitations of condom programmes in reaching the “poor and vulnerable”
Condom use at last higher risk sex - selected cities in sub-Saharan Africa

(n=40, most recent DHS, >2010)

- High levels (>60-90%) of reported condom use at last higher risk sex among adult men in most capital cities
- To a lesser extent for women
- Demonstrating that achieving high levels of condom use is possible – the “Urban Advantage”
Geographic disparities – condom use at sub-national level

Condom use at last sex with non-regular partner by province and men & women

- All countries show important sub-national disparities in condom use – more pronounced for women than men.
- Zimbabwe is one of the few countries where condom use for both men and women is consistently high (60-90% bracket) across all provinces.
- There is an important Urban-Rural divide, with in some countries very important disparities (locations left-behind).
Disparities between – condom knowledge & use at sub-national level

- Very different patterns across countries
- Zimbabwe shows a rather homogenous pattern between knowledge and use
- **Uganda** big disparities pointing towards barriers in terms of condom availability, access and use
- **Mozambique** show both low knowledge and low condom use pointing towards low general awareness and demand
Condom use: Sex Workers and MSM

ZERO NEW HIV INFECTIONS.
ZERO DISCRIMINATION.
ZERO AIDS-RELATED DEATHS.
Facing violence, stigma, laws, regulations, beliefs, attitudes, ... in pursuit of condoms

- Sex workers carrying condoms getting arrested
- In 10 Brazilian cities, **38% of female sex workers had been physically assaulted** in the previous year, and those women were **less likely to use condoms consistently** than peers who had not been assaulted.
- In Zambia, 61% of 1000 female sex workers participating in a study said they had experienced intimate partner violence in the previous year, and three quarters of the women said they used condoms only sporadically with clients.
- Many **countries also prohibit condom promotion and distribution in schools** and other venues where adolescents socialize. Of the 100 countries that reported having a national plan or strategy related to condoms in 2017, only 26 reported that the plan included condom promotion in secondary schools.
- In Ukraine, **fewer than 10% of prisoners** had access to information about HIV, the means for protecting themselves against infection, including access to condoms and sterile injecting equipment and opportunities to voluntarily take an HIV test.
- In Lesotho **40% of the health centres services do not provide condoms** because of religious beliefs of service provider managing the health centres.
- Young people, especially adolescent girls, facing stigma when procuring and carrying condoms
Estimating condom needs and gaps for Fast-Tracking people-centred condom programming in sub-Saharan Africa. (2016 IAC, Durban, Van Renterghem et al.)

- An annual gap for 2015 of more than 3 billion male condoms (50%) in sub-Saharan Africa against a total condom need of 6 billion.
- In only a few countries condom availability is >60% of total need.
Recent media reports on Condom stock-out and shortages in Uganda, Kenya, Ghana, Zimbabwe, Venezuela, ....
Condom Social Marketing in sub-Saharan Africa: Total number of male condoms sold (1990-2016) (N programmes= 32)

- 2012-2016 from 800 to 600 million condoms (-25%) and rapidly further decreasing
- At their peak – SM programmes provided 20-25% of condoms and covered approximately 15-20% of total need
- Critical contribution to demand creation and access
- From the 32 social marketing programmes that were started only a dozen with a significant reach and coverage remain, and further eroding
Collapsing condom programmes – The case of Burkina Faso

High levels of condom use (70-80%) have significantly contributed to rapid decline in new infections between early 90’ies and 2005

2005-2017: 50% in condom availability

90% reduction in volume of the PROMACO social marketing programme and reduce coverage of the condom distribution network (20,000 outlets)

Reduction in condom availability is associated with 50% increase in adult HIV infections between 2006-2017 (from 2400 to 3651)
From connecting the gaps ... to connecting the dots

Condom crisis at the centre of the Prevention crisis

- Decreasing use
- Shortages & stock-outs
- Blanket approaches
- Inequity
- Commodity driven
- Lubricant gap
- Barriers
- Etc...

Condoms 2.0: a new generation of people-centred & data-driven condom programmes

- Leadership & partnerships
- TMA & sustainability
- Combining prevention packages
- Accountability for results
- Data & Analytics
- Human rights & people
- Availability and access
- Demand creation & increased use
- Investment

Commodity driven

Leadership & partnerships

- Sustainability
- TMA & sustainability
- Blanket approaches
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Accountability for results

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Countries are leading by example:

South Africa

- Other countries: Botswana, Lesotho, Namibia, Zimbabwe
- National commitment and using domestic resources to distribute
  - 1 billion male condoms annually
  - 25 million female condoms by 2016.
- Aiming to achieve 100% condom use among people aged 15–24 years.
- Strengthen coverage of condoms distribution platform through distribution in health facilities and non-traditional outlets, including schools.

**Fast-tracking condom distribution in South Africa**

Number of male condoms distributed per man per year 2010/11 to 2014/15

Zero New HIV Infections.
Zero Discrimination.
Zero AIDS-related Deaths.
South Africa, latest results ...

Condom use at last sex, South Africa, 2002-2017

Sexual debut among respondents aged 15-24 years, South Africa, 2002 - 2017

Sexual behaviour by SBCC exposure level, South Africa, 2017

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Take away messages

• There is a Condom crisis
• Honour our prevention commitments
• Condom 2.0: a new generation of condom programmes
• **Strengthen demand for and supply** of male and female condoms and water-based lubricant
• **Address the barriers and inequities** in access and use for people
• Informed by data, tailored to the context and needs of communities.
• **Collaboration of public, social marketing and commercial sectors** to achieve high and equitable use of condoms
• **Multi-stakeholder coordination** and **full involvement of beneficiaries and communities**
• **More Leadership & activism**: create a sense of urgency and mobilise political, technical and financial resources