What Does Female Condom Advocacy Look Like?

A qualitative narrative of success stories from the Prevention Now! Campaign

“Putting something in control of the woman empowers her in a way that a male condoms does not.”

—Dr. Krishna Jafa, Global HIV, TB and Reproductive Health Director, Population Services International

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Introduction and Background

In 2006, CHANGE launched the Prevention Now! Campaign, a global initiative to increase access to woman-initiated prevention methods, especially female condoms, to stem the spread of HIV and reduce unintended pregnancies. Since then, the campaign has successfully increased US political, programmatic, and financial support for female condom procurement and programming. The Center for Health and Gender Equity (CHANGE) recently commissioned the Iris Group to conduct qualitative research to gather donors’ and female condom advocates’ perspectives on what effective female condom advocacy looks like, and how CHANGE has supported such advocacy through its Prevention Now! Campaign.

Methodology

The purpose of this work was to provide a narrative of successful female condom advocacy related to the Prevention Now! Campaign, based on qualitative interviews with donors, implementers and advocates “on-the-ground” in project countries, as well as in Washington DC and the US. It was focused on the elements of successful female condom advocacy, with attention to how CHANGE’s technical/financial support has helped to shape these.

The methodology consisted of a desk review of project documents and primary data collection through qualitative, loosely-structured interviews, using key informants purposely selected by CHANGE. Criteria for selection included collaboration with the CHANGE project activities or recognition of the individual as a thought leader/stakeholder in the female condom space. CHANGE vice president Mary Beth Hastings sent out email interview requests to each person, with follow-up email requests by the interviewer.

Interviews of 15-20 minutes on average were conducted via Skype/phone during the period of June 25-July 8, 2014. The interviewer took notes during the interviews, and oral consent was obtained from each respondent. Respondents were assured
that the answers they provided would be confidential, unless they consented to “go on record” with their comments. Twelve people gave interviews—three US-based officials from the US government (USG) health sector, four US-based implementers from large USG implementing partners in health, two sub-Saharan advocates based in Zambia and Malawi, two US-based advocates and a representative of an international advocacy group.

Upon completion of the interviews, the interviewer used manual qualitative coding methods to code the interview notes, reviewed the results to identify and categorize common themes, and provide illustrative quotes and examples. Results are presented below.

**Results**

The results of the interviews were analyzed and presented to answer the following three questions:

1) **What does effective female condom advocacy look like?**

2) **What role has CHANGE played in effective female condom advocacy?**

3) **What is the way forward in female condom advocacy?**

Results to question one were originally prepared as a brief for the 20th International AIDS Conference, held in July of 2014 in Melbourne, Australia. There may be some slight repetition between sections one and two, as some of the attributions to CHANGE from section one have been extracted, reframed and complemented with other data to present a more robust picture of CHANGE’s role in guiding female condom advocacy for section two. The results in section one also contain additional examples that do not appear in the original brief, as well as a subsection on other challenges that interviewees identified that did not fall under the purview of the brief, but have been included here in the longer report.
Results I: What does effective female condom advocacy look like?

Effective Female Condom Advocacy…

…is evidence-based. To develop sound advocacy messaging promoting the benefits of female condoms and dispelling myths and misinformation, advocates rely on evidence that is scientifically accurate, well-researched, and comprehensive. As part of the Prevention Now! campaign, which targets US decision makers to increase support for woman-controlled prevention methods, CHANGE and their collaborators have collected, reviewed, and condensed evidence from a variety of sources in reports and fact sheets on female condoms. Advocates appreciate having this repository of reliable information; one mentioned the collection of documents on the Prevention Now! website as a place she repeatedly turns to for the latest “well-done and well-researched” information on female condoms, while another US-based advocate called CHANGE a “trusted source of information.” Several United States Government (USG) representatives mentioned how critical advocates’ presentation of this type of evidence is to guide and bolster their decision making on funding and programming for female condoms, and an international advocate mentioned how crucial having access to “neutral and transparent information” is for advocates and donors alike.

…documents and tells illustrative stories. Stakeholders around the globe also highlighted the need to share individual stories and positive examples of successful female condom programming to complement advocacy messages based on quantitative evidence. These personal stories put a human face on the movement and illustrate for decision makers how female condoms respond to people’s needs and how programming can overcome perceived or real barriers. One interviewee described
how women in a Malawian village asked his team for a female-controlled HIV prevention method. He used this opportunity to demonstrate to decision makers and donors that female condoms would meet local demands, telling them, “Here’s a community that has asked for this product. We have a choice here to respond to the need of the people or not. But [if not], we will have to stand up tomorrow and say that we did not respond to their need.” By using this story, in addition to data, the Hunger Project was able to secure collaboration and further programming interest from the United States Agency for International Development (USAID) for female condoms where there had previously been very little support due to a perceived lack of demand.

Another advocate, from Zambia, described how documenting stories from different populations of users, for example sex workers, youth, and people in polygamous marriages, has helped to frame advocacy arguments shared with stakeholders and government officials there.

International implementers also mentioned that the power of illustrative examples from female condom programming has been highly successful in “demonstr[ating] [to donors and decision makers] that you can still get around the barriers” to female condoms – such as those in extremely poor, remote, and conservative settings with high gender inequality.

The stakeholders made clear that positive stories about female condoms are extremely powerful in dispelling myths about demand and describing the settings in which they can be effectively used.

...covers a range of topics. Ensuring women’s access to and use of female condoms requires advocacy that encompasses a spectrum of topics, including procurement, programming, and comprehensive services.

**Procurement:**

The US government’s procurement of FC2 female condoms has risen significantly since the launch of Prevention Now! – from 4.7 million units in 2006 to almost 9 million in FY14. Yet there have been – and continue to be

“Here’s a community that has asked for this product. We have a choice here to respond to the need of the people or not. But [if not], we will have to stand up tomorrow and say that we did not respond to their need.”

— Malawian interviewee
– several challenges with procurement of female condoms which advocates seek to address. One barrier to procurement is high prices, which advocates have sought to drive down by pushing for competition in the market and diversifying procurement mechanisms. Many respondents also mentioned the challenges at the global level with FDA approval and WHO prequalification – a prerequisite for aid agencies, which purchase and distribute female condoms in bulk. One implementer voiced concern that there were challenges for “naïve” manufacturers, who had difficulties navigating these processes and negotiating with donors.

Several stakeholders identified the following roles as important for advocates and donors alike: advocating for a more enabling regulatory environment; working with companies to foster healthy competition to produce better products at lower prices; and assisting more companies to meet international donor quality standards. They noted that the prequalification of the Cupid female condom was a major milestone in this area that resulted in part from advocacy pressure by organizations like the Universal Access to Female Condoms (UAFC) Joint Programme and the Reproductive Health Supplies Coalition (RHSC). At the national level in many countries, in addition to regulatory challenges, purchasing and forecasting for female condoms remain difficult, even when condoms are free or highly subsidized by donors. Some organizations have confronted this challenge by successfully engaging with USAID missions in their countries to fulfill unmet need for female condoms. For example, after receiving advocacy training and technical assistance from CHANGE, The Hunger Project in Malawi now receives USAID-procured female condoms delivered directly to their program sites. The Hunger Project’s distribution has increased from 15,000 to 30,000 FC2 female condoms per quarter, helping to meet increasing demand for the product, driven by their innovative programming. The Hunger Project Malawi is also working with health care providers to troubleshoot supply chain and logistics issues at the subnational and local levels, in order to avoid stockouts in remote areas and improper forecasting that

One barrier to procurement is high prices, which advocates have sought to drive down by pushing for competition in the market and diversifying procurement mechanisms.
underestimates the increasing demand for the product. Effective female condom advocacy engages in dialogue with stakeholders to promote change at all of these levels, ensuring consistent and localized access to a quality product at competitive and/or subsidized prices.

**Funding for accompanying programming:**

Another topic almost universally mentioned by stakeholders is the importance of advocating for program funding to accompany procurement and distribution of female condoms. Because providers and potential clients are often less familiar with female condoms than with other prevention methods, they require an initial investment in programming to ensure that they are offered and used correctly with a high rate of satisfaction. Many global and local implementers echoed the need for programming or “education” funding, indicating that promotion with both providers and potential clients is essential to ensure uptake – particularly in areas where familiarity with the method is low and misinformation is prevalent. A sub-Saharan advocate explained that there is a “big mismatch [between] product procurement … and demand creation.” This interviewee went on to elaborate, saying, “As long as we only buy the products…if we are not doing heavy work on demand creation… others say that the country is over-supplied,” adding that “when you bring in education programs, you see demand rising.” A US government official echoed the need for programming, placing it in the context of risk of discontinuation/dissatisfaction with the method, saying “we can’t just send [female condoms] out there without funding and programming. If you don’t know how to use them, your first experience might not be a good one.” Other stakeholders discussed the number of tries required before a woman reports self-efficacy with a female condom, and how human- and woman-centered design elements should drive female condom programming in different contexts. One of the sub-Saharan advocates also talked about the importance of having an “efficient system of feedback collection” during female condom

“We can’t just send [female condoms] out there without funding and programming. If you don’t know how to use them, your first experience might not be a good one.”

— US government official
programming, especially with first-time users, to troubleshoot and adapt messages in order to increase adoption, satisfaction and demand.

**Inclusion in comprehensive sexual and reproductive health and HIV prevention programs:**

While noting the importance of program funding to accompany female condoms, stakeholders were quick to point out that female condoms also need to be an integral part of all sexual and reproductive health programs that offer contraception and HIV prevention methods, particularly those programs that strive to be female-centered. Many mentioned that female condoms are often left out of these programs entirely, or not explicitly featured or mentioned as a dual prevention method. Several respondents voiced this as a key advocacy issue at international, national, and local levels. US-based respondents spoke to the importance of female condoms being explicitly included in the recent USG HIV prevention guidance documents, attributing this inclusion and much of the language to advocacy and pressure by organizations such as CHANGE. Outside the US, the advocate interviewed in Malawi called the lack of promotion of female condoms in the national prevention of mother to child transmission (PMTCT) efforts “a missed opportunity.” The organization Zambia Health Education and Communications Trust (ZHECT) highlighted their advocacy work, which was carried out with technical support and a small grant from CHANGE. The advocacy project targeted government programs and the local offices of USAID and the United Nations Population Fund (UNFPA) to promote the inclusion of female condoms in PMTCT and male circumcision programs.

One USG representative said that as an independent organization, CHANGE can call for things that we [the USG] cannot. Another said that “there is nothing more powerful than getting a query from a Congressman.”
targets a diverse range of decision makers. In order to ensure that female condoms are properly procured, funded, programmed, and accessed, successful advocacy should target a wide spectrum of decision makers—from the very local level up to international agencies, within and across many countries. At the international level, advocates have been engaged with multilateral donor agencies (including UN branches and conferences like the Commission on the Status of Women) to improve procurement procedures, build investment in female condom programming, and include female condoms in operational and regulatory policies. At the national level, advocates have targeted governments to demand the procurement of female condoms and the inclusion of the product in national condom, family planning, and HIV programs and policies. National advocacy efforts, such as the Zambia and Malawi examples mentioned above, have also successfully targeted local USAID Missions and UNFPA offices to ensure that they collaborate with local counterparts to procure female condoms, monitor uptake and forecast future demand, and fund female condom programming to accompany the product.

Many stakeholders mentioned the sustained advocacy work on female condoms that CHANGE has done with the US Congress and USG organizations, calling CHANGE “the main player in the US advocacy arena.” One USG representative said that as an independent organization, CHANGE can call for things that we [the USG] cannot. Another said that “there is nothing more powerful than getting a query from a Congressman,” such as those prompted by CHANGE’s work to educate legislators. Fellow advocates also commended this work, saying, “It’s really important that CHANGE is on [Capitol] Hill; it’s a super important role.” USG representatives also appreciated the consistent advocacy touchpoints made by CHANGE, including informal conversations and technical documents, which they felt resulted in the inclusion of specific language around female condoms in USG policies like the USG guidance. They called this continued engagement “a good reminder that [female condoms] are out there and to keep investing in them.”
Several USG and partner organizations mentioned CHANGE’s and other advocacy organizations’ use of social and print media as an important tool to disseminate essential advocacy information to individuals and civil society organizations to put pressure on decision makers.

...is collaborative. Effective female condom advocacy relies on the power of collective voices, information exchange, peer learning, and mutual support. Almost all of the stakeholders interviewed noted the powerful advocacy results that have been harnessed by convening organizations and individuals through coalitions, networks, or working groups. They noted examples of collaboration including: taking unified positions on particular advocacy topics, such as the FDA classification regulations; founding and launching Global Female Condom Day, which united almost 200 organizations worldwide in support of the initiative on its inaugural day in 2012; and organizing events that convene a broad range of program implementers and advocates to formally and informally exchange success stories, approaches and challenges. Stakeholders identified CHANGE as both a key participant and a frequent convening power in these collaborations.

Stakeholders noted that collaborative exchanges – such as those hosted by CHANGE – enable advocates, donors, government representatives, and implementers from the US and global south to hear each other’s stories, exchange information, or learn technical skills in advocacy. Several USG stakeholders mentioned the power of hearing from advocates working in sub-Saharan Africa. Domestic US organizations, such as AIDS Foundation of Chicago (a founding member of the National Female Condom Coalition), also found stories of successes and challenges to be really helpful in understanding how US-based advocacy and programming fits into the global context. Several US-based respondents mentioned the launch of Global Female Condom day, with one calling it “a clarion call, a rallying cry in support of a single focus” and another noting that “it’s taken off in ways we never imagined.” Sub-Saharan African advocates were also grateful for CHANGE’s training workshop that brought them together to strengthen their advocacy skills and exchange information with each other, calling it “a very powerful tool for us.”

Effective female condom advocacy is evidence-based, documents and tells illustrative stories, covers a range of topics, targets a diverse range of decision makers, and is collaborative.
Finally, several stakeholders emphasized the true collaborative spirit of the female condom advocacy movement, with one saying: “CHANGE has always been a good collaborating partner with us and a few different groups that work together to strengthen each other’s [advocacy] campaigns. There is a feeling of comradery and community, a common goal of universal access. It’s really a pleasure to work with them.”

OTHER CHALLENGES IN FEMALE CONDOM ADVOCACY

While many advocates and donors were overwhelmingly positive about female condoms, several also identified challenges and concerns in addition to those raised above. One USG representative called female condoms a “really important tool in HIV prevention” as a female-controlled method, however gave the caveat that “they are not the panacea some organizations think they are.” An implementer echoed this sentiment, cautioning that “we always want to promote a range of options” as part of comprehensive programming and not to focus too much on one method.

Several implementers and advocates, however, expressed a slightly different view, noting that they feel that female condoms are “being held to a different standard, with a different burden of proof” (US-based implementer), and “I don’t think it’s a fair comparison” (sub-Saharan-based advocate). The latter went on to say, “Why don’t we give this particular product a chance? Is it because it’s a female-controlled product that we don’t give it the chance to go through this journey?” The advocate explained that introducing female condoms is a process: they are not deterred by those who are critical or doubt their potential, based on their experience watching demand and satisfaction grow through programming and education.

Finally one implementer was critical of the USG HIV/AIDS sector at large for not being as directive about female condoms as they could be. The implementer noted that while language in requests for applications (RFAs) does not exclude female condoms, RFAs are a missed opportunity for USG to include more specific language and be directive about their use. The implementer mentioned that there could be a lot more attention to gender roles and gender-based violence (GBV) and the potential for female-
controlled methods to accommodate and transform gender norms. This informant felt that much of the “push” on gender was coming from the population/family planning side—rather than the HIV side—in the USG. This implementer explained that the HIV side could be more proactively encouraging programming and procurement to respond to and frame female condoms, as part of a larger effort to promote gender equality and dual prevention methods.

Results II: What role has CHANGE played in effective female condom advocacy?

CHANGE’s work on female condom advocacy…

While examples of CHANGE’s work through the Prevention Now! Campaign were woven into section one above, there were many more examples from the interviews of how this work has been important for donors, implementers and advocates. This section provides more detail on some of those responses, as well as reframes some that were shared above.

…provides evidence. Many respondents mentioned how important CHANGE’s role of providing evidence to advocates and decision makers is to the female condom community, with one calling them “a marvelous actor in this space,” and a “trusted source of information.” Both USG and implementing partners specifically pointed to the visibility of language put forward by CHANGE in USG policy documents. Others mentioned the value of CHANGE providing information and language around female condoms in social and print media, and in individual conversations with CHANGE staff, particularly CHANGE President, Serra Sippel. One implementing partner expounded upon this, saying that CHANGE’s “in-person
engagement is very effective and useful,” and another mentioned that CHANGE is “instrumental in providing overall guidance.” Several USG respondents cited the importance of this evidence to assist them in justifying funding and programming decisions. Implementers and advocates also mentioned CHANGE’s presence to promote and educate on female condoms at evidence-based conferences such as the International Family Planning Conference and the International AIDS Conference, as important to provide visibility for the product.

...holds US elected officials accountable.

Another role that garnered praise from USG, implementers and advocates alike is CHANGE’s continued and consistent advocacy with the US Congress. USG representatives in particular were grateful for this pressure in shaping funding and priorities from the top down, acknowledging that it made it easier for them to do their jobs—and noting that this is something that CHANGE, as a civil society organization that does not receive USG funding, is particularly well-positioned to do. They mentioned that providing information and holding USG elected officials accountable is extremely important to ensure funding for and continued attention to female condoms. One USG respondent explained that “there is nothing more powerful than getting a query from a Congressman [in response to CHANGE’s briefings].” Fellow advocates also praised CHANGE’s presence on Capitol Hill, saying “CHANGE does a fabulous job at this type of work, and has been doing this for a considerable amount of time.” Another expressed gratitude for this work, saying “it’s really important that CHANGE is on [Capitol] Hill; it’s a super important role.”

...fosters collaboration.

While describing the spirit of collaboration in the female condom advocacy space in general, interviewees lauded the collaborative spirit of CHANGE in particular. One US-based advocate called CHANGE a “fantastic partner,” saying, “I was happy to work side-by-side with them.” An implementer said “they have always been a good collaborating partner for us,” while another called CHANGE “a constant partner for us.” Another advocate said “We are able to bolster each other’s advocacy efforts,” and another source referred
to CHANGE a “trusted partner with a good track record.” Another advocacy partner lauded their role in seeking out new collaborators, saying that CHANGE “knows how to get partners involved”.

**...creates spaces for action.** Several interviewees mentioned CHANGE’s leadership in the creation of advocacy spaces. In particular, US-based advocates cited CHANGE’s role in the formation of the National Female Condom Coalition as “enabling... a working group of US programs to share strategies and challenges.” Advocates, implementers and USG representatives also valued the opportunities that CHANGE creates with events on female condoms in DC, online petitions and their virtual and in-person convening of advocates. Specifically, several US-based partners and advocates mentioned the launch of the Global Female Condom Day, which CHANGE helped establish.

**...amplifies global perspectives.** US-based advocates discussed CHANGE’s impact in bringing global voices on female condoms to the US, either through in-person visits, or documents sharing success stories. One advocate called this opportunity to learn from global colleagues’ successful experiences and calls for action “exciting and effective.” Another advocacy partner said that CHANGE “knows how and where to find active people...and bring perspectives from the global South to the forefront.” While many USG and some implementers were largely unaware of CHANGE’s work in other countries (see the Way Forward section below), those that were familiar with this aspect of the project spoke highly of it, calling it “successful.” One implementer commended CHANGE’s ability to identify and collaborate with partners working at the country level, adding “this is something that CHANGE does very well.” Colleagues based outside the US were also appreciative of this approach, stating the need for countries with thriving female condom programs -- such as Zimbabwe -- to share their approaches across borders with other sub-Saharan countries.
...and strengthens advocates. Both advocates in the US and those abroad were grateful for technical assistance and training that CHANGE provided on advocacy. One sub-Saharan African colleague called it “a very powerful tool for us because it gave us skills... helped to drive our advocacy... and refocused our efforts,” and that the support from CHANGE was “so clear and so decisive.” Another colleague from the region said “CHANGE has supported us in advocacy training,” and that this advocacy work has resulted in “a lot of stakeholders believ[ing] that female condoms are important in this country.” A US-focused advocate also expressed her appreciation for CHANGE in her professional growth, saying “I really am grateful for their investment in me as an individual advocate. It has been really powerful and has bolstered my own advocacy abilities.”

Results III: What is the way forward in female condom advocacy?

The way forward in female condom advocacy should focus on...

At the end of each interview, the participant was asked about how they envisioned the future of female condom advocacy. Three clear categories emerged as the way forward.

...research, product development, and procurement. Consistent with current advocacy work, interviewees placed a continued call for advocacy to guide research and development and procurement of products going forward. One US-based colleague called for advocacy to “facilitate smoother access to other [female condom] products to be approved by the [US Food and Drug Administration]” – giving the example that female condoms are currently classified as a
“high-risk medical device” and go through the same rigorous approval criteria as an artificial heart. USG colleagues seconded the need for advocacy with the biomedical community to assist in necessary approvals for female condom products. Advocates explained that introducing new products to the market is important because competition is necessary to drive prices down and foster innovations, and “because people have different needs and preferences.”

Implementers and USG colleagues alike called for cost-effectiveness research and modeling, mentioning that current research in this area is “limited,” “not well understood,” and “not packaged effectively,” and that further research would be “helpful.” One USG representative also requested a broader evidence base on demand and uptake of female condoms, saying “we [the USG] won’t invest a lot until we figure out what makes a woman like [a female condom] and use it,” while implementers called for more acceptability studies. Other implementers and advocates mentioned stockouts and supply chain inefficiencies at the country and subnational level as an important challenge to address.

Finally, in order to remedy cost and procurement issues and foster sustainability, several implementers suggested that future female condom advocacy should be part of an increased focus on the larger frame of examining market dynamics, through approaches like “market-shaping” or “total market approach,” and better understanding the underlying forces that drive supply and demand in different country contexts.

**…best practices and success stories at the country level.** To complement a focus on procurement, many advocates and implementers called for country-level advocacy for governments to increase fund allocation for programming to accompany the female condoms procured and ensure their use—even (and especially) in places where the products themselves are free. A USG colleague called for corresponding advocacy on this issue with the USG country-level offices, explaining that “picking your [focus] countries well” and advocating at the [local] USAID Mission level is “the most critical issue” going forward. A sub-Saharan advocate recommended better
documentation, “proper packaging” and sharing of best practices across different countries, in order to better adapt and scale programs and troubleshoot stockouts and supply chain inefficiencies. Finally, US-based implementers mentioned the importance of “identifying partners at the country-level” and issued a call to CHANGE to “leverage the respect they have” to help identify and disseminate best practices. In addition to the quantitative research and cost studies called for above, interviewees issued a clear call for documenting and illustrating best practices and success stories at the national level and below, and for advocates to use their platforms to disseminate this illustrative and compelling information. One advocate summarized this, saying “that’s where the power lies: to find the entry points that matter and to organize and get it [advocacy] done.”

...and harnessing the power of youth. Many of the respondents framed the high prevalence of HIV among young women in sub-Saharan Africa as a critical female condom issue, and youth as a crucial population whose needs and preferences should be better understood and their perspectives better represented. One US implementer said, “when we are talking about [how] young women [can protect themselves from HIV and pregnancy], it is baffling not to include female condoms.” She also mentioned that there is a research ethics issue at play—a major reason we know less about the needs and preferences of girls and young women is the difficulty of obtaining approval for research protocols with minors. She called for advocacy on this issue, saying “that kind of evidence is needed.” A US-based advocate echoed the need for advocacy arguments to center around youth, particularly “young, African women” and called for advocacy platforms to “take up a larger level of energy and include more groups” to increase representation. Both African advocates interviewed confirmed that advocating for this shift in focus is necessary and would complement pilot programs. For example, in Zambia, they have worked to brand a new female condom for youth, as the other product available on the market was “seen as for older people,” while in Malawi and Zambia they have started to work with young peer promoters to better understand, represent and meet the needs of young people, particularly girls.

“We need to do more advocacy work with stakeholders to increase uptake of female condoms... this is not enough”
— Chilufya Mwaba-Phiri, Zambia Health Education and Communications Trust (ZHECT)
Conclusion

Advocates, implementers and donors were clear that much progress has been made to advance both supply of and demand for female condoms, in no small part due to the effective advocacy performed and supported by organizations like CHANGE through the Prevention Now! Campaign. Interviewees were equally clear that there remain challenges and opportunities to ensuring that more women and couples know about and are able to access and use female condoms for the prevention of pregnancy and/or sexually transmitted infections. They envision a clear path of sustained advocacy and continued pressure on decision makers and stakeholders for female condom production, procurement, research and programming – believing that this will help meet public health needs and contribute to development goals and more equitable gender norms.

ABOUT CHANGE
The Center for Health and Gender Equity (CHANGE) is a U.S.-based nongovernmental organization that promotes the sexual and reproductive health and human rights of women and girls globally by shaping rights-based and just U.S. policies. CHANGE advocates for effective, evidence-based policies and increased funding for critical programs.

ABOUT PREVENTION NOW!
In 2006, CHANGE launched the Prevention Now! Campaign, a global initiative to increase access to woman-initiated prevention methods, especially female condoms, to stem the spread of HIV and reduce unintended pregnancies. Since then, the campaign has successfully increased U.S. political, programmatic, and financial support for female condom procurement and programming.