



Mainstreaming Female Condom Uptake Through Programming Investments: The U.S. Government's Current and Potential Global Role

Center for Health and Gender Equity (CHANGE)

INTRODUCTION

The United Nations Commission on Life-Saving Commodities for Women and Children lists female condoms (FCs) as one of thirteen high-impact, effective, but overlooked tools that “if more widely accessed and properly used, could save the lives of more than 6 million women and children.”ⁱ In 2012, female condoms comprised only 1.6% of all the condoms purchased by major international donors for distribution in the developing world.ⁱⁱ As a committed partner in the Life-Saving Commodities Commission and major procurer of female condoms for global distribution, the U.S. has a vested interest in making sure female condoms find widespread success. However, inadequate attention to investment in female condom programming creates a barrier to success.

FEMALE CONDOM PROGRAMMING: THE UNMET NEED

First introduced in the early 1990s, the female condom is still a new concept to most people. Six different models are now on the market in various parts of the world.¹ Yet most people have never even seen a female condom, which is different in appearance and use from the familiar male condom. Innovations in health care, especially those having to do with sex and reproduction, often meet with initial reservations.

Product-specific marketing and instruction are key to communicate female condom advantages to potential users. Female condoms are unique in providing both contraception and HIV prevention in one product, the use of which is (unlike male condoms) designed to be woman-initiated. They have multiple benefits that many new users appreciate when female condoms are properly introduced. Demand for female condoms is expanding in countries where they are consistently accessible and promoted.

In Brazil, India, South Africa, and Zimbabweⁱⁱⁱ (as well as in some regions of other countries), consistent, high-volume uptake of female condoms has been achieved with investment in high quality communications and marketing campaigns. This result has not been achieved in other developing countries, however. Donors and governments must recognize that buying and subsidizing female condoms is not enough. Procurement must be accompanied by equal or greater investment in programming to educate potential consumers about their unique benefits.^{iv} Social marketers, community health workers, health care providers, and advocates need to be recruited and trained to demonstrate correct female condom use to both women and men and normalize uptake of this new alternative. The under-utilization of female condoms is directly related to lack of awareness of the need to fund the demand creation essential for new product uptake. Donor spending on procurement is wasted if female condom stocks expire in warehouses, unused, due to insufficient attention to the need for appropriate product introduction and demand creation activities.

¹ Currently available products include: Cupid1, FC2, Panty Condom, Phoenurse, VA w.o.w., and Woman's Condom. Availability depends on country, with FC2 as the product with widest availability (138 countries).

In communities in which they are unfamiliar, one-to-one or small group interactions are optimal for exposing potential users to the various female condom models available to them, answering their questions and generating open discussion about use.^v As with other family planning tools, people are more likely to try a method when it is introduced to them by trusted community members and becomes a topic discussed among close friends, family members, and other opinion influencers. This process builds the ability to make informed decisions and encourages individuals to try a new method, secure in the knowledge that they can compare their experience with others and access more information if necessary.^{vi,vii} Training health educators, providers, and civil society groups to initiate this kind of targeted educational approach, however, requires investment in programming – an investment with multiple pay-offs. Applying this programmatic approach now not only facilitates female condom introduction, but also paves the way for successful introduction of microbicides (when available) and other emerging multi-purpose technologies, which will necessarily follow a similar trajectory to achieve uptake.

The U.S. government highlighted the need for such programming in a Technical Issue Brief, noting that, “[p]rograms should collaborate with country governments and other donors, such as the United Nations Population Fund (UNFPA), to ensure that strategic plans for comprehensive condom programming are in place... **Scaling up mass media campaigns and branding for the female condom is needed in order to increase awareness and uptake of this method** (emphasis added).”^{viii} The U.S. Agency for International Development (USAID) is one of the largest purchasers of female condoms globally. In some grantee countries, however, U.S. tax dollars pay for procurement but do not yet ensure adequate financial and technical support for female condom programming.^{ix}

SUCCESSSES AND CHALLENGES IN U.S. APPROACH

In its FY2012 Country Operational Plan (COP) guidance appendices, PEPFAR, the U.S. global AIDS program, flagged the need for grantee countries to stimulate female condom uptake.^x One measure of progress in this direction is the increasing frequency with which female condoms are mentioned in country COPs, which U.S. Mission officials submit each year to outline their HIV strategies. Malawi’s 2013 Plan, for example, describes a three-pronged (public sector, private sector and rural-based) strategy to improve male and female condom availability, accessibility, and acceptability.^{xi}

However, an abbreviated review of 2013 COPs^{xii} reveals greater attention to condom procurement than to the need for programming to generate demand for them. Most COPs do not mention female condom-specific programming. In some COPs for countries in which female condom programming is occurring, the U.S. contracts it to national NGOs, as in Nigeria, Malawi, and Cameroon. In others, international social marketing firms such as PSI or DKT are contracted to design and conduct such programs, often subcontracting with their local franchisees to implement them. Both social marketing campaigns and NGO-based promotion may also occur simultaneously. In whatever combination, most programming initiatives mentioned are not nationwide but, rather, in targeted specific provinces or states, limiting their geographic reach.^{xiii}

Addressing supply chain issues is also critical. But improving supply chains alone will not solve the demand generation problem. USAID recently led efforts to streamline Botswana’s supply chain for both male and female condoms, for example. While helpful, a 2013 report nevertheless notes that, “female condom programming needs to address low public demand. Many levels of the supply chain stored large quantities of female condoms, which based on current consumption trends, will likely expire.”^{xiv} Once again, fixing procurement problems is shown to be only half of the challenge and likely insufficient in the absence of investment in demand generation.

In 2010, USAID created a collaborative strategy with (UNFPA) to advance female condoms – pairing their respective expertise (USAID’s on procurement and UNFPA’s on programming) in an effort to meet country needs synergistically. They developed an “Inter-Agency Task Team 10-Step Strategic Approach” outlining how this compartmentalized approach would work at national levels.^{xv} The progress achieved through this division of labor, however, has been insufficient to prevent the inefficient use of funds that occurs when procured female condom supplies go unused, despite high unmet need for contraception and

and HIV prevention. It is clear that more overlapping effort is needed, including greater active involvement by U.S. Missions in funding specific programming to stimulate female condom demand, as called for in the USAID Technical Issue Brief cited above.

UNANSWERED QUESTIONS

U.S. government decision makers overseas are well-positioned to escalate their efforts in this area but only if they (a) agree with the USAID and COP guidance on the need to increase female condom awareness, uptake, and use; (b) are knowledgeable about the status of in-country work (if any) to promote female condoms; and, (c) have the tools necessary to develop, implement, track, and report accurately on their efforts to expand in-country female condom programming. At both headquarters and country levels, the following questions highlight some issues that, when addressed, may facilitate USAID's efforts to contribute further to female condom promotion and uptake:

- Are specific indicators now in place to monitor and evaluate USAID and PEPFAR efforts regarding female condom provision and promotion? The 2009 *Next Generation Indicators (NGI) Reference Guide*^{xvi}, designed to guide country teams' data collection and reporting, contains indicators on condoms generally but does not require the disaggregating of female condom from male condom data. Without such disaggregation, the U.S. government has no way of tracking the extent or effectiveness of the U.S.-funded financial and technical support it is investing in female condom programming.
- In countries where the COP and Partnership Frameworks (agreements between PEPFAR and beneficiary governments) support access to female condoms, how is this commitment reflected in Requests for Proposals, Expressions of Interest, and discussions with implementers?
- Are female condoms explicitly included in the country's Essential Medicines List? If not, what advocacy is underway to get them added? This list serves "as the basis for formal education and in-service training for health professionals and for education... for the public."^{xvii} Thus, inclusion of female condoms on this list is an important step toward ensuring that provider and public education about them occurs.
- Is a module specifically on female condoms a part of the training curriculum for providers of integrated health services? PEPFAR and USAID have cited the integration of family planning and HIV-related services as a key component of their contribution to achievement of both the Family Planning 2020 goals and the AIDS-Free Generation framework goals.^{xviii} Female condoms are currently the only woman-initiated tool that addresses both sets of goals. Their effective introduction and promotion to patients, therefore, must be an integral part of the services delivered in USAID- and PEPFAR-funded integrated service sites.
- Is the Mission staff engaging social marketers to produce female condom promotion campaigns, if the country government is not already doing so? Such campaigns complement existing activities without conflicting with either the free public distribution or private sales of female condoms. Innovative approaches, such as one-to-one female condom promotion in hair salons and barbershops, reach target audiences effectively while mainstream marketing (on billboards and in the media) raises awareness and normalizes female condom use in the general population.

Female condoms are not yet accessible and widely used enough to have substantial impact on general public health profiles. Even still, data show the difference they are making in areas where they are promoted and accessible. In the U.S., for example, Washington D.C.'s city-wide female condom promotion program prevented enough new HIV infections in its first year to save more than USD \$8 million in future medical costs, above and beyond the cost of the program itself.^{xix} In Cameroon, one in five women has an unmet need for family planning and over half of all residents living with HIV (54%) are women.^{xx} Combined and determined advocacy, social marketing, and educational activities in five provinces resulted in 2012 female condom sales exceeding one million, up from 144,000 in 2009.^{xxi} This seven-fold increase signifies an emerging trend – one that will produce measurable health results if

continued. A second female condom product is now entering the market in Cameroon (the Cupid, joining the FC2 already available) which will likely stimulate uptake further by enabling women to choose the models that most appeals to them. This addition must also be accompanied by programming investment to educate consumers about the differences between the two female condom models, so they can make informed choices and use the products correctly.

The Life-Saving Commodities Commission has noted that female condoms would benefit especially from global market shaping “e.g. interventions such as pooled procurement, aggregated demand, and techniques to reduce cost and build supply security.”^{xiii} Multiple factors – including the increasing variety of quality-assured models entering the market, the pursuit of price reduction interventions, and success of social marketing innovations – reflect an emerging consensus that female condoms belong in the mainstream of family planning and HIV prevention work, rather than on the sidelines. The U.S. government has significantly catalyzed female condom procurement. Now is the moment for USAID and PEPFAR to “double down” on that investment by supporting the programming needed to move female condoms from an under-utilized tool to a central part of the method mix – the part that puts dual protection into women’s hands.

NOTES

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- iv Global Health Visions. *The Business Case For Female Condoms*. 2014. New York: Global Health Visions.
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- xii Available at <http://www.pepfar.gov/countries/cop/2013/index.htm>. Accessed July 9, 2014. Search on keywords “female condoms”
- xiii See for example Uganda Operational Plan Report FY 2013 (p 146) and Kenya Operational Plan Report FY 2013 (p 59). Accessed July 9, 2014 at <http://www.pepfar.gov/countries/cop/2013/index.htm>
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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, evidenced-based policies and increased funding for critical programs. CHANGE believes that every individual has the right to basic information, technologies, and services needed to enjoy a health and safe sexual and reproductive life free from coercion and preventable illness.

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