

FINDING: PEPFAR currently promotes both male and female condoms by population to “high risk” groups instead of targeting promotion at the level of the general population. This results in stigmatization of condom use.

RECOMMENDATION: The U.S. should increase HIV prevention efforts by expanding the scope of female and male condom promotion to encompass the general public. Programming for female condoms will depend on each area’s epidemiological profile, and should be free of messages and attitudes that stigmatize condom use.

FINDING: More efforts by the U.S. are needed in female condom promotion and programming. Requiring PEPFAR focus countries to pay for male and female condoms out of their prevention budgets negatively impacts promotion of female condoms, as male condoms are cheaper and missions will purchase the cheaper product.

RECOMMENDATION: The U.S. should invest more funds in female condom promotion and programming. The U.S. should subsidize female condoms for PEPFAR-funded programs.

FINDING: Coordination between U.S. government cooperating agencies working on female condom availability and programming could be improved. Coordination around programming and procurement among international donors exists at the headquarters level but is not always replicated at the country level. At the country level, no mechanism exists to involve civil society.

RECOMMENDATION: At the country level, the U.S. should include civil society, especially women’s health and rights groups, in stakeholder meetings and encourage financing mechanisms that increase government-civil society collaboration in female condom programming.

FINDING: The requirement in the 2003 Global AIDS Act that 33% of PEPFAR prevention funds be spent on abstinence-until-marriage programs undermines the ability of countries to determine how best to prevent HIV transmission among their own populations and stigmatizes male and female condom use.

RECOMMENDATION: Congress should remove all earmarks and funding directives for abstinence-only, abstinence-until-marriage and fidelity prevention programs and fund comprehensive, integrated, and evidence-based HIV prevention programs that include female condoms and that promote and protect women’s health.

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For a copy of the full report, *Saving Lives Now: Female Condoms and the Role of U.S. Foreign Aid*, please visit www.preventionnow.net.

Saving Lives NOW

Female Condoms
and the Role of U.S. Foreign Aid

Executive Summary

Prevention Now! Campaign

An initiative of the Center for Health and Gender Equity

Executive Summary

In 2007, women represented half of all HIV infections worldwide, and 61% of HIV infections in sub-Saharan Africa. Eighty percent of all HIV infections are sexually transmitted. In spite of this reality, two and a half decades into the HIV and AIDS pandemic, the disease continues to outpace the global response. For every person who goes on antiretroviral therapy for treatment, six people are newly HIV infected. As international donors and country governments move forward with plans to make male circumcision more accessible and invest millions of dollars into developing microbicides and vaccines, they cannot afford to overlook the only available HIV prevention intervention that was designed to allow women to initiate protection: female condoms.

While the unique nature of female condoms in providing women with their own source of protection should be reason enough for donors and governments to promote the method, female condoms hold other advantages as well. They fill their own niche, as consumers often alternate their use with that of male condoms, thus increasing the total number of protected sex acts. They can be used by women living with HIV who do not wish to become pregnant, to protect against superinfection and to reduce the chance of HIV transmission to seronegative partners. Female condoms offer dual protection against both unwanted pregnancy and HIV, and some women and men report more sexual pleasure with female condoms than with male condoms. Female condoms also provide an additional option for protection during anal intercourse for men who have sex with men and heterosexuals. Moreover, female condoms can prepare for future microbicide use because they present similar programming and marketing requirements.

Certainly, female condoms are not the perfect method for everyone, and they bring unique challenges. Female condoms are prohibitively expensive in many parts of the world, and users can find them noisy, physically unappealing, or difficult to use. However, female condoms are a cost-effective mechanism for HIV prevention when measured against the costs of potential HIV infections or other HIV prevention mechanisms. Also, as more and more female condoms are produced and purchased, their cost will drop. Well designed and executed programs have overcome challenges such as noise and physical appearance, resulting in successful uptake and usage.

However, if current low investment levels in female condoms persist, these obstacles will remain significant. Female condoms are not readily accessible in most countries. In the countries where they are accessible, there is a growing demand for them. But because the vast majority of potential consumers are unaware that female condoms exist, there are no meaningful estimates of global demand. It is clear, however, that insufficient numbers of female condoms are available to those who need them globally for HIV prevention.

High quality female condom programming is critical to increasing female condom demand and uptake. Providers should ensure access to the product in a comfortable environment to promote acceptability and continued use of female condoms. Programmers also need to approach their distribution creatively, using engaging and appropriate marketing for different populations. To increase accurate and consistent use, training for providers and consumers is essential. Another consideration for programmers is that female condoms should be provided to those groups that are most in need of alternative options to male condoms without stigmatizing condom use. Civil society groups can be extremely valuable in developing effective programming because of their access to populations vulnerable to HIV infection and their experience working with these groups.

The U.S. has an important role in female condom procurement, distribution, and programming and is one of the largest procurers of female condoms for international distribution. Compared to

other donors, the U.S. excels at female condom procurement and logistics. Recipients of U.S. female condoms experience fewer stock-outs and supply chain challenges than the recipients of non-U.S. procured female condoms.

However, bureaucratic obstacles, funding restrictions, and a lack of high level commitment to female condoms have significantly hindered the expansion of U.S.-funded female condom distribution efforts. The U.S. government has no policy guidance encouraging missions or contractors to promote female condoms, which has meant that female condom procurement is dependent on a few field-level champions who are committed to the method. The cost differential between male and female condoms also discourages the latter's procurement, as providers who do not understand the benefits of female condoms see little reason to choose a higher priced method.

Perhaps the most significant deterrent for both male and female condom use lies within U.S. global policy for preventing the sexual transmission of HIV. The policy guidance adopted by the U.S. Office of the Global AIDS Coordinator prioritizes condom promotion programs under the President's Emergency Plan for AIDS Relief (PEPFAR) for "high-risk persons," stigmatizing condom use and leaving married women and youth at particular risk of HIV infection. In addition, the congressionally mandated requirement that PEPFAR spend 33% of all HIV prevention funds on abstinence-until-marriage programs directs a disproportionate amount of money toward programs that promote only abstinence and fidelity as means of preventing HIV. The Government Accountability Office (GAO) and Institute of Medicine, National Academy of Sciences (IOM or Institute of Medicine) have both found that the abstinence-until-marriage requirement is an obstacle to effective prevention efforts and should be removed.

Based on interviews with key experts and an extensive review of current literature on female condoms, the findings and recommendations of this inquiry are as follows:

FINDING: U.S. agencies responsible for female condom programming and procurement do not have policies that promote the integration of female condoms into HIV prevention and family planning programs. Whether the U.S. procures female condoms in a given country is highly dependent on the personal biases of USAID mission staff.

RECOMMENDATION: USAID and OGAC should issue policy guidance promoting female condom procurement and programming within U.S.-funded development programs, including PEPFAR. As a signatory of ICPD, the U.S. should promote female condoms as a vital tool to prevent both pregnancy and HIV infection.

FINDING: The U.S. excels at assisting countries in female condom logistics and procurement.

RECOMMENDATION: The U.S. should expand technical assistance for female condom logistics and procurement to additional countries to increase HIV prevention efforts.

FINDING: Sustained product availability and effective programming is limited to a few countries. Accurate estimates for female condom needs do not exist.

RECOMMENDATION: The U.S. should apply intensive programming efforts to an additional three countries for scale-up and replication. These efforts could be used to create a more realistic assessment of global female condom needs for scale-up.