

Fighting to close the condom gap in Uganda

Strange smells first alerted authorities to a problem with Uganda's most popular brand of condoms, "Engabu". After failed safety tests, 20 million of the sheaths have now been quarantined. Will this crisis destroy the country's trust in condoms? Emily Bass reports.

20 million condoms will soon be airlifted into Uganda, after an emergency order issued by the government in early March, with funding from international donors. The new supplies will help to ease a crisis that has gripped the country for more than 5 months, ever since doubts were raised about the quality of "Engabu" brand condoms, which are free and account for 80% of the condoms distributed in Uganda each year. NGOs and donor groups have welcomed the airlift as a long-awaited step towards resolving the country-wide condom shortage.

After immediate supplies are restored, however, Ugandan health agencies will face further challenges, including what to do with at least 20 million Engabu condoms that have been quarantined, re-establishing long-term supplies into the country, and how to restore public faith in condoms. The latter task may be complicated by disagreements about various components of the Ugandan prevention policy—"ABC" or abstinence, being faithful, and using condoms—says Ugandan MP Elioda Tumwesige, who chairs the parliamentary committee on HIV/AIDS. "This has come at a time of debate over what we should emphasise more. It could not have come at a worse time for condom promotion."

Crisis of confidence

Questions were first raised about Engabu condoms when consumers complained about their smell. Although the brand has been in existence since the mid-1990s, the contract for procuring the condoms has been granted to various companies over the years. The most recent batches were imported by a German company, Stephan Buchmann, which, together with a Chinese condom manufacturer,

won the procurement contracts for 2003–04 in a competitive bidding process administered by the Ugandan AIDS Commission. Both contracts were for roughly 80 million condoms, and were paid for with loan funds from the World Bank. The first consignment arrived in March, 2003. About 18 months later, consumers began to complain about the condoms' odour, says Elly Ruharo, who monitors condom quality reports at the Ugandan AIDS Control Project. The National Drug Authority responded, in September, 2004, by sending three batches of condoms to Sweden for testing.

According to Ruharo, the laboratory found that the condoms had failed the freedom-from-holes test and the smell test, and in October, the drugs authority made a public announcement that there were concerns over the brand's quality. In response, the ministry of health quarantined the remaining 7–10 million Engabu condoms stocked at the country's central storage facilities, and instructed district health services to collect or halt distribution of those condoms that had already been sent to regional health centres.

Quality tests were repeated by the Australian laboratory that had done the preshipment tests and certified the condom's quality before importation. The Australian testers did not find any holes in samples taken from the same batches of condoms that failed the Swedish tests. But the Australian laboratory confirmed problems with the sheaths' smell, which Ugandan director general of Health Services Frances Omaswa says was grounds enough for ceasing distribution.

Quantities of circulating condoms were further reduced, in October, 2004, by a new National Drug Authority policy. This policy requires samples of all condom shipments to pass quality tests after arriving in the country and before distribution—in addition to pre-shipment quality checks. The post-shipment policy temporarily froze distribution of other condoms in the country, including Lifeguard and Protector (distributed by Marie Stopes International and Population Services International, respectively); together these organisations hand out an estimated 40 million "socially marketed" condoms each year.

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Reuters

Discussing the ABC prevention policy at Nkumba primary school

“We have been very, very affected”, says Edward Zzimbe, marketing manager of the Ugandan branch of Marie Stopes International. According to Zzimbe, the National Drug Authority took months to decide which laboratories would do the post-shipment testing. And during this time, all condoms awaiting distribution were kept under quarantine, driving down available supplies. At 13 Marie Stopes clinics nationwide, 3185 condoms were distributed between October and December, 2004, compared with more than 28 000 in the previous quarter. Research for the charity also found that prices for condoms that remained on the shelves had increased by as much as ten times—from US\$100 (\$0.05) for a packet to US\$1000 (\$0.50).

The post-shipment testing policy also raised costs for condom importers, who have had to absorb the costs of shipment to the outside laboratory, and the bill for the tests themselves, which can cost up to \$1000 per batch.

In December, 2004, the price tag for bringing condoms into the country increased even further, when the National Drug Authority announced a 0.8% levy on imported condoms. Overall, Marie Stopes International Uganda estimates that its importation costs have risen more than 500% since the new measures were introduced.

While acknowledging the delay and additional costs, the Ugandan ministry

of health stands by the new requirement, calling it a necessary precaution that will help guarantee high-quality condoms for Ugandans. “Many people did not want us to impose post-shipment testing, including many of the donors”, says health service director general Omaswa. “But I am sure we made the right decision.”

Uganda’s health authorities now face several long-term challenges. Chief among these is the question of how to fill the void left by the now-discredited brand. Action on this matter has been complicated by the fact that Stephan Buchmann has contested the Swedish test results. The company insists that it only accepted the condoms from the manufacturer after the Australian laboratory issued a clean bill of findings. The company also questioned whether the condoms were appropriately stored during and after delivery, suggesting that unregulated temperature or humidity might have hastened the breakdown of the latex, according to Godfrey Magezi, the company’s Ugandan representative.

Magezi says that the Buchmann-Quangzhou group does not believe that the 2004 contract should be voided, and it has continued its scheduled deliveries. So far, 42 million condoms from the new contract have been imported into Uganda; 35 million more have been produced, and some are already on their way.

Uganda AIDS commission director general David Kihumuro Apuuli says these condoms will also be sent for post-shipment testing, but it is unclear what will be done with them should they be certified safe. Repackaging would be difficult since “Engabu” is stamped on the foil packaging. The alternatives include incinerating the condoms or returning them to the manufacturer. Health services director general Omaswa says that the ministry of health had begun to work with social marketing groups to guide its decision-making process for developing a new free brand of condom, or a potential rebranding campaign.

Winning back trust

This condom crisis comes at a time when Uganda is embroiled in a heated debate over the relative importance of condoms, abstinence, and fidelity in reducing the spread of HIV. The controversy has been fuelled by selective funding of abstinence-only programmes through the US Presidential Emergency Fund for AIDS Relief (PEPFAR), which has pledged more than \$500 million to Uganda.

PEPFAR guidelines state that 30% of prevention funds should be spent on abstinence—a stipulation based on research by Edward Green, from the Harvard Center for Population and Development Studies, MA, USA, who asserts that the dramatic reduction in HIV prevalence seen in Uganda from the mid-1980s onwards is largely a result of behaviour change.

Green’s view is highly controversial, and was most recently challenged at a conference in Boston where Columbia University’s Maria Wawer presented data that showed decreasing HIV prevalence over 9 years among 10 000 adults in Uganda’s Rakai district. Wawer reported that there was no increase in abstinence or monogamy during this period, and attributed the declining prevalence to increased condom use, as well as deaths within the cohort.

Ultimately, the current condom shortage could provide yet more data for this debate, since STD clinics and HIV testing centres will be able to track changes in incidence rates before and after the shortage began. Ugandan MP Elioda Tumwesige fears that the combined effects of the condom shortage and the controversy about the ABC prevention policy will hinder HIV prevention efforts. He explains: “The message that some of the condoms are fake, coupled with the message on the need to promote A and B in tandem with C—or actually at the expense of C—all of these could have a negative effect on HIV control.”

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