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**August 26, 2005**

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**CONDOM CRISIS DEEPENS IN UGANDA  
SHORTAGES SPREAD TO OTHER COUNTRIES  
US POLICIES UNDERMINE HIV PREVENTION PROGRAMS**

A condom crisis in Uganda is now in its 10<sup>th</sup> month, and shows no signs of being resolved, reported the Center for Health and Gender Equity (CHANGE), endangering Uganda's previously successful prevention efforts.

Condoms have become difficult to find in cities, even for a price, and are unavailable in many rural areas. Reports indicate that in some areas, including those with large numbers of internally displaced persons, people desperate to prevent HIV infection have begun using garbage bags as condom substitutes. Similar condom shortages and abstinence-only campaigns -- including those funded by the Bush Administration -- are reducing access to and undermining public confidence in condoms as a tool for prevention of both HIV and unintended pregnancy in other countries as well.

"The crisis in Uganda has been created by the actions -- and inaction -- of the Government of Uganda and the Bush Administration, the primary donor for HIV/AIDS programs in Uganda, and a major force in undermining effective HIV prevention programs throughout sub-Saharan Africa and Central America," stated Jodi Jacobson, Executive Director of CHANGE. The United States contributed \$137 million dollars to Uganda for HIV prevention and treatment programs under PEPFAR in FY 2005, and will contribute over \$170 million in FY 2006.

The two largest sources of condom supplies in country are the Ugandan government and the U.S. government. Since the mid-nineties, the Government of Uganda has provided condoms free through government health clinics under the brand name *Engabu*. Condoms provided by the United States have long been sold in Uganda through social marketing programs at subsidized prices. These were further supplemented by smaller stocks from other donors. (See Uganda Condom Crisis, Basic Facts, August 2005, at [www.genderhealth.org/uganda.php](http://www.genderhealth.org/uganda.php).)

In October 2004, the Museveni government issued a nationwide recall of *Engabu* based on disputed claims that the condoms were of poor quality. Condom supplies were further reduced when the government began requiring that all condoms entering the country, including those from the United States, undergo quality testing after delivery in Uganda, even in cases where pre-shipment quality tests had been performed. All condom stocks in government warehouses were impounded and further shipments of *Engabu* under the contract held with a German-Chinese consortium were rendered worthless. (See Uganda Condom Crisis, Timeline, August 2005, at [www.genderhealth.org/uganda.php](http://www.genderhealth.org/uganda.php).)

"The government took this drastic step with no back-up plan in place," stated Jacobson, "resulting in a major crisis in the country." And, to make matters worse, she continued, "new taxes and campaigns to discredit condoms have further reduced access to condoms, and undermined public confidence in prevention technologies overall after years of successful efforts to promote safer sex."

"According to the Ugandan Ministry of Health," notes Jacobson, "an estimated 120 million to 150 million condoms are needed per year to meet the basic need for HIV prevention in the country. " In a "good" year, according to the MOH, actual supplies would be 120 million condoms. But the past two

years have seen rapidly diminishing supplies of and capacity for distributing condoms. “In FY 2004,” notes Jacobson, “fewer than 88 million condoms were available for distribution in Uganda.” In FY 2005, less than 30 million condoms were available, and these are now gone. “Today,” stated Jacobson, “condoms are about as scarce in Uganda as weapons of mass destruction in Iraq.”

Having recalled *Engabu*, the government began levying high taxes on all imported condoms, causing the price of condoms in some parts of the country to increase more than 500 percent. An estimated 32 million *Engabu* condoms remain in storage, but are virtually worthless because, despite tests confirming the acceptable quality of these supplies, “public confidence in the brand is utterly destroyed.”

“The concerted effort to undermine public confidence in condoms—supported in part by U.S. funding—comes at a time when funding for comprehensive prevention programs is undergoing a profound—and dangerous—shift.” Anti-condom efforts are being led, for example, by the First Lady of Uganda, Janet Museveni, whose office receives funding under PEPFAR, and by organizations such as the Makerere Community Church, led by Martin Ssempea, another PEPFAR grantee.

Due to shifts in prevention funding under PEPFAR, those at greatest risk are being denied the information and technologies necessary to prevent infection. “For example,” noted Jacobson, “adolescents and young adults ages 15 to 24 are at high risk of infection in Uganda, but are no longer included in outreach campaigns intended to promote safer sex.” In Uganda, the average age at first intercourse for females is 16.7 years, while the average age at first marriage is 17.8 years of age, a gap of over a year. Sixty-six (66) percent of all males and females ages 15 to 24 (married and unmarried) are sexually active.

Yet with support and pressure from the United States, people in these age groups are no longer eligible for comprehensive prevention programs, and instead are targeted only by abstinence programs. In FY '05, approximately \$20 million dollars of PEPFAR funding went to prevention programs in the country. Of total prevention funds for Uganda under PEPFAR, 76 percent were spent on prevention of sexual transmission, and 56 percent of all funds for prevention of sexual transmission were spent on abstinence-only programs. The other 44 percent of funds for prevention of sexual transmission is highly restricted, according to sources in the field, and may only be used for outreach to sex workers, truck drivers, and people in bars. Billboards supporting multiple approaches—abstain, be faithful, use condoms—have been replaced by those focusing only on abstinence.

These same trends are evident in many countries receiving PEPFAR funding, notes Jacobson. “In Nigeria, for example, 80 percent of PEPFAR funding for prevention of sexual transmission is being spent on abstinence/be faithful programs and large amounts of PEPFAR funds are flowing to “faith-based” groups with no proven track record in public health. In the words of Dr. Richard Tiemoko, an expert on reproductive and sexual health issues in Nigeria, “Pentecostal and evangelical Christians are certainly gaining importance in Nigeria. One has the impression that both US Policy and these emerging religious and cultural fundamentalisms are reinforcing each other to support abstinence only programs.”

Similar trends are underway in a number of other countries, including Zambia, where reduced supplies of condoms, and shifts in funding of prevention programs is leaving millions at risk, and Kenya, Namibia, and Tanzania where U.S. funding is indirectly supporting the resurgence of fundamentalist religious movements and undermining effective HIV prevention. Recently, U.S. funding for a successful outreach program to sex workers run by Population Services International in Central America was cut based solely on ideological concerns, and condom social marketing programs have been removed from new PEPFAR guidelines for prevention in Central America and Mexico.

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