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Developing effective condom programmes

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Abbreviations

NGO	nongovernmental organization
PrEP	pre-exposure prophylaxis
UNFPA	United Nations Population Fund

Introduction

Purpose

The purpose of this technical brief is to provide information for countries preparing funding requests for comprehensive condom programmes. The brief describes best practices in condom programming in countries with a moderate to high burden of HIV, in which strong condom programmes are essential to national HIV prevention efforts and to prevent other sexually transmitted infections and unintended pregnancies. Significant weaknesses in inclusive programme stewardship, demand and supply result in lower than desired levels of condom use among people at higher risk of HIV, sexually transmitted infections and unintended pregnancies in many of these countries.

The brief has been developed by the Global Condom Working Group in collaboration with UNFPA and UNAIDS to support funding requests to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Additional reference materials are available in the Global Fund's *HIV Information Note* and its modular framework and condom gap table. The revised UNAIDS and UNFPA *Condom Needs Estimation Tool (1)* also complements the related Global Fund funding requests and application materials.

The principles and practices described in this document can also be used to support the development of national condom programmes and decisions on allocating resources for condom programming in the context of prevention of HIV and other sexually transmitted infections as well as contraception.

Key terms

The term "condoms" refers to male and female condoms in this brief, except where noted. Nevertheless, female condoms face a different set of social, cultural, structural and economic barriers to availability and use.

Lubricants are an important component of prevention programming, especially for women who experience vaginal dryness or engage in anal sex, as well as with key populations, and should be integrated into condom programming reaching men who have sex with men and sex workers.

The challenge

Despite gains made in preventing HIV transmission and scaling up treatment programmes, the number of people acquiring HIV is still alarmingly high in some settings (2). The Evidence for Contraceptive Options and HIV Outcomes study, for example, found HIV incidence of 3.8% among young women in selected study sites (3). Globally, an estimated 1.7 million people acquired HIV in 2019 (2), a 23% reduction compared with 2010 against a target of 75% decline by 2020. Although data (up to 2010–2015) show slow but steady progress towards higher levels of condom use, countries fall short of global condom use targets (some by a substantial amount), inequities remain and in seven of nine countries with Demographic and Health Survey data after 2016, condom use among young women declined in at least a few key countries (4). Donor funding for condom programmes is also a concern—global investment in HIV prevention declined 44% between 2012 and 2017 (5). Intensified efforts are urgently needed to increase investments in programmes to improve condom use in countries with moderate and high HIV prevalence.

Although condom programmes are integral components of broader HIV prevention and sexual and reproductive health programmes, they also require dedicated attention. The scaling of HIV testing and treatment, pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision has expanded prevention options but also created an imperative to integrate comprehensive condom programming into the broader HIV treatment and prevention ecosystem. There is also a need to ensure that key populations and other people at higher risk have the information and agency to make informed choices about which prevention method responds to their needs and circumstances. Given the low levels of coverage of these newer approaches to prevention in many settings, condoms must remain a high priority. Integrated programming models present an important opportunity to increase condom use among key populations and other priority populations by leveraging the funding, infrastructure and reach of treatment and new prevention programming. Condoms need to be promoted in the context of HIV viral suppression—undetectable is untransmittable (U = U)—and expanding prevention options, ensuring that potential users understand the important role condoms can play in preventing unintended pregnancy, preventing sexually transmitted infections and managing HIV risk with partners. At the same time, condoms need to remain widely available in the context of other sexual and reproductive health services and through non-health outlets. The guidance presented in this document should be considered in this integrated programming context.

Effectiveness of condoms

Condoms are inexpensive and cost-effective. They reduce the incidence of HIV and sexually transmitted infections and of unintended pregnancies and save costs for the health-care and social sectors. Condoms are highly effective in preventing the sexual transmission of HIV. The consistent and correct use of male condoms significantly reduces HIV transmission during vaginal sex (80%) (6–9) and anal sex (70–90%) (10, 11). Female condoms can provide similar levels of protection for vaginal sex and anal sex, although fewer data are available on their use during anal sex (12), making them among the most effective prevention technologies available today.

Condoms are a low-cost HIV prevention option. According to UNFPA, the commodity cost of one male condom is less than US\$ 0.03 and of one female condom about US\$ 0.30, which translates into a cost of an annual supply of 100 condoms of US\$ 3 and US\$ 30, respectively (13). Although full programming costs are higher, male condoms remain one of the most cost-effective prevention options, and female condoms have also been found to be cost-effective in different settings.

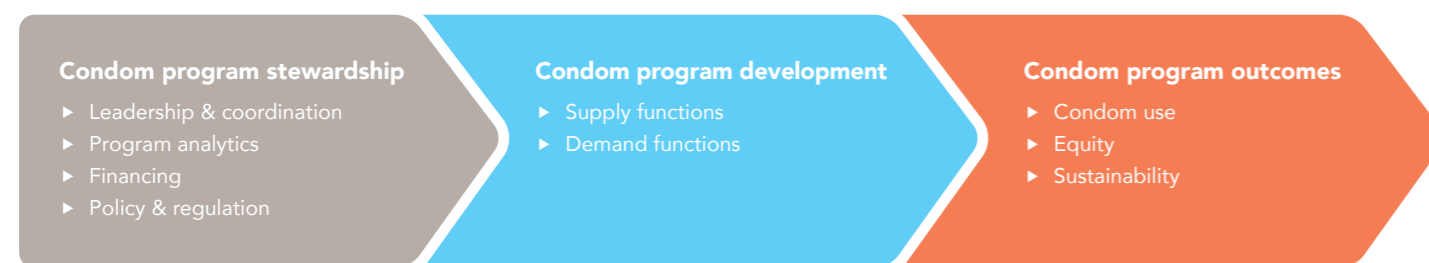
Condoms are also a familiar and convenient prevention method to most people and, for young people and sex workers in many countries, still the only viable option to prevent HIV, other sexually transmitted infections and unintended pregnancies. Condoms are a user-controlled method, are easy to use and store, do not require prescriptions or direct provision by health-care personnel or in facilities and can be used by anyone who is sexually active—including young people. Condom programming is one of five core UNAIDS prevention pillars (14) and should be an integrated component of all HIV prevention and care packages, offering individuals at higher risk an important and effective choice to prevent HIV, other sexually transmitted infections and unintended pregnancies.

Challenges in increasing condom use and the condom programme pathway

Strong condom programming requires investment at the systems level in programme stewardship, which will support improvements in demand and supply, leading to improved programme outcomes (Figure 1).

Figure 1.

The condom programme pathway – a theory of change



Sources: Coombes Y, Evanson LA, Jones C, Madan Y, Mann C, Miller N et al. The condom program pathway. Columbia (SC): Mann Global Health; 2017 (https://manglobalhealth.com/wp-content/uploads/2017/11/MGH_Condom-Landscaping-Report_Final_091117.pdf, accessed 30 July 2020).

Programme stewardship

Programme stewardship is a critical function for every condom programme to develop and implement people-centred strategies to increase use sustainably. The components of programme stewardship are all prerequisites for success (15):

- ▶ Leadership and coordination that stretch across all sectors engaged in condom programming (public, NGOs and commercial).
- ▶ Community engagement and leadership: full engagement of communities and organizations representing people at higher risk and key populations in planning, resource allocation, implementation and oversight of condom programming.
- ▶ Country ownership of priorities and programming processes.
- ▶ Production and dissemination of programme analytics to inform intervention design and monitor progress.
- ▶ Funding to support needed interventions.
- ▶ A supportive policy and regulatory environment, especially removing policy and legal barriers.
- ▶ Investments in strengthening leadership and coordination and programme analytics are urgently needed in many countries.

These investments at the system level will improve the quantification of need and understanding of existing use and create a strong evidence base to understand the supply and demand dynamics that influence uptake and use.

National condom programmes also require efforts to develop a supportive environment, including improved coordination and advocacy to support a total market approach that engages all sectors and enabling policy and regulatory environments that support diversified markets to ensure that condom access is sustained.

Demand functions

Sustained demand generation that results in repeat, intensive exposure to behaviour change messages tailored to diverse user needs remains a critical need in many countries. Decreasing funding for condom programming across many countries has weakened efforts to develop and deliver behaviour change interventions of the scale and intensity necessary to overcome barriers to condom use (5). Significantly more investment in demand-generation activities, ranging from branded and generic mass media to highly targeted interpersonal communication, is needed to ensure that people—especially young people, people living with HIV and key populations—have the knowledge, skills and agency to use condoms correctly and consistently.

Supply functions

Condom programmes must ensure that the condom supplies and distribution systems are adequate to meet current and future user demand. Although some countries have made progress in securing sufficient funding for condom procurement and for increasing condom distribution through the public sector, underserved areas and key locations remain. Condom stock-outs at the facility level and condom wastage remain challenges. Procuring condoms in excess of reasonable projections for growth in demand also contributes to condom wastage in some countries.¹ Mechanisms should be put in place to track condom stock levels and prevent stock-outs as well as excess condom availability for restocking and redistribution. Context-relevant quantification methods and monitoring need to be available to support evidence-informed condom procurement and allocation. Decreased funding for social marketing programmes and low interest from the commercial sector in reaching beyond high-value urban markets also contribute to the supply and access gaps. Efforts need to include adequate condom and lubricant procurement and supplies; community-based distribution to priority populations; targeted distribution of free commodities for those with greatest need, especially in rural and isolated locations; and deliberate efforts to engage the commercial sector.

¹ Wastage here refers to condoms procured that are not used either because they expire or damaged/degraded in transportation and storage

Defining success

Where condom procurement, storage and distribution are part of broader reproductive health or health commodity systems, it is important to link these supply activities to the other condom programming efforts. Supply needs to be synchronized with emerging changes in demand and changing user expectations of product choice. In the context of COVID-19, including condoms as part of essential supplies requires dedicated attention.

Supply and demand do not necessarily translate into access and use. Achieving high levels of condom access requires understanding where different priority populations prefer to access condoms. Key populations, young people and men face different access barriers that need to be removed. Law enforcement agencies using the possession of condoms and lubricants as evidence for sex work can be a significant access barrier for sex workers. Restricting the quantities of condoms distributed to key populations per service encounter rather than multi-month dispensing of supplies creates another common barrier. Young women and men need condom access options that do not expose them to adult judgement about being sexually active. Men require access through non-health sector platforms at venues they frequent.

UNFPA and UNAIDS jointly developed a *condom needs estimation tool (1)* to support countries in their efforts to develop and implement robust, comprehensive and people-centred condom programmes to prevent HIV, other sexually transmitted infections and unintended pregnancies. It supports countries, in partnership with communities, in estimating their total condom needs and commodity costs for a period of 3–5 years up to 2023. It also enables female, specialty condoms and extra lubricant needs and costs to be estimated and can thereby form the basis for developing a condom total market approach (see *Annex 1*).

Investments in condom programming should aim to increase condom use equitably and sustainably among priority groups to reduce the incidence of HIV and sexually transmitted infections and to help meet the unmet need for modern contraception.

Programmes should achieve increases in consistent condom use in high-risk partnerships. Although increases in condom availability and motivation to use condoms are important intermediate outcomes, investments should result in increased condom use (associated with reduced sexually transmitted infections).

Equity in this context is defined as achieving equal levels of use across population segments: for example, closing the gap in condom use between rural and urban populations or low-income and high-income populations would demonstrate increased equity. Equity of access is also critical.

Sustainability refers to minimizing long-term dependence on external donor funding while maintaining high levels of condom use over time. Strong condom programme stewardship led by governments is a critical component of sustainability. The strategy to expand access through the commercial sector does not mean eliminating subsidized or free condoms for those who need them or are disadvantaged, since this support is still necessary in many contexts. Domestic funding is an important element of ensuring sustainable programmes to support free or reduced-price condoms.

Annex 2 includes a model results framework showing the relationship between the anticipated high-level outcomes and the activities and intermediate outcomes that lead to them. The section on strategic information, monitoring and evaluation provides guidance on tracking key indicators.

Guiding principles

The following principles are key to successful condom programmes and should be integrated across programme design, implementation, monitoring and evaluation.

- ▶ **Put the user at the centre of all interventions.** Strong involvement of communities at all stages, including developing and implementing tailored programmes, is critical. Interventions should seek to work with communities in understanding and then focus on the specific needs of priority populations and ensure equitable access to condoms. Interventions should be designed with the understanding that user choices—such as choosing different types of condoms or other HIV prevention and contraceptive options—can influence how and when condoms are used. User-centred interventions can ensure not only that condoms are available when and where they are needed but also that choices and preferences align with the wants and needs of users.
- ▶ **Develop results-oriented condom programmes.** The core objective of condom programmes should be reducing HIV, sexually transmitted infections and unintended pregnancies through high, consistent, equitable and sustainable use of condoms—working in combination with other prevention choices. All other objectives in terms of supply, demand generation, systems and market development need to be oriented towards achieving this higher-level result.
- ▶ **Adopt a total market approach.** A total market approach is a framework to use the full range of public, commercial, non-profit (including community- and faith-based organizations) and donor resources in a country's health system to sustainably, equitably and efficiently increase access to priority health information, products and services (16). A total market approach aims to ensure that subsidies are targeted so that condoms for all population segments are available at affordable prices to varied market segments through effective coordination and collaboration between government, NGOs and private companies based on each sector's relative strengths and efficiency. A total market approach is especially important when resources are scarce and must be allocated as efficiently as possible to maximize coverage and health impact and to strengthen the market for greater sustainability and equity in the long term. Best practices entail targeted government distribution of free condoms for low-income and vulnerable individuals, private-sector condoms for those with higher earnings and, in some contexts, social marketing condoms for those with some but limited disposable income or in areas unlikely to be reached by the commercial sector.
- ▶ **Use data and evidence about users and the market to design interventions.** It is critical that programme leaders and other key stakeholders, including communities, understand patterns of condom use in different segments of the population and the dynamics of the total market, including user perceptions and motivations, in designing interventions. Data on user barriers to condom use should be regularly collected to inform interventions. Programmes should include regular engagement with communities and collecting and using data on social and behavioural barriers to continually improve interventions. Understanding the

contributions of the subsidized and commercial sectors and analysing the regulatory and policy barriers should also inform programme design. This may require considerably more investment than current levels.

- ▶ **Systematically combine and integrate with broader HIV prevention and treatment strategies.** Given the emergence of new prevention options that reduce viral load and the risk of HIV transmission, it is critical that condoms fit within a more comprehensive treatment and prevention landscape. The increased availability of interventions that aim to make the virus undetectable and therefore untransmittable (U = U) are powerful additions to the prevention portfolio. The challenge is to develop condom programming that accounts for evolution in treatment and prevention programmes, without losing the focus required to increase condom use among populations who still need them, especially given the slow scale-up of PrEP as well as antiretroviral therapy adherence challenges in some settings or among some populations (such as young people or men not seeking treatment). Even when other choices are available, condoms will remain a critical low-threshold prevention tool for many situations in people's lives in which other options requiring a previous HIV diagnosis are not available, which is often the case with spontaneous encounters.
- ▶ **Ensure counselling and education on condoms for HIV and other sexually transmitted infections,** especially in settings in which women and girls are using contraceptive methods that do not protect them from HIV and other sexually transmitted infections. Availability of condoms, HIV testing, treatment and PrEP within contraceptive service delivery is especially important in settings with high incidence and prevalence of HIV and sexually transmitted infections.
- ▶ **Meet human rights standards.** Human-rights norms and principles must be integrated into programmes, and programmes must be implemented to remove human rights-related barriers to accessing HIV services, including condoms. Human rights standards are especially important considerations in countries in which condoms are not provided, for example, to some incarcerated people, since condoms are perceived to encourage same-sex relations among incarcerated people or used as evidence of sex between men or of sex work. Similarly, rights-related barriers to condoms such as age-of-consent laws and provider attitudes are hampering access for adolescents, many of whom are highly vulnerable to acquiring HIV in sub-Saharan Africa.
- ▶ **Address gender-related barriers to condom use.** Gender is a critical factor in risk for disease and how people are able to access and receive products and services. Programmes must be designed, implemented and monitored with the greatest possible understanding of gender-related disparities and why these disparities exist.

Planning for success

Strong condom programming requires an effective, inclusive planning process that examines the current situation and develops interventions to address specific challenges. Funding requests must be based on the outcome of this planning process—a strategic operational plan that articulates a vision for achieving high, consistent, equitable and sustainable condom use (integrated within a broader prevention strategy for sexually transmitted infections and HIV) with specific, time-bound goals and activities designed using available evidence.

The Global Condom Working Group is currently updating guidance for the condom strategic planning process. UNFPA's guidance for comprehensive condom programming (17) remains a recommended resource.

At a minimum, the planning process should answer the following questions.

Which groups are the highest priority?

Operational plans in resource-constrained environments require setting priorities. Using a public health approach, country programmes should determine which groups are the highest priority for interventions based on current levels of the epidemic, current levels of condom use and the potential to change and maintain behaviour within the groups to achieve health impact cost-effectively. (See the section on focus populations below for further guidance.)

Whom is the condom programme and market failing?

The total market and programmes are failing if condom use is not growing towards high levels of consistent condom use in populations at higher risk and being sustained at these high levels. Country programmes should use available population-based data and other surveys and studies to develop detailed analysis of the trends in condom use across a wide range of population segments to identify where condom use remains low and/or has stagnated. (See the section on strategic information, monitoring and evaluation for further guidance on indicators and data collection tools. Where data are lacking, a potential investment would be to improve routine data collection systems.)

How is the programme reaching priority groups—what are the gaps?

For each priority group, ask which programme functions are failing. In addition, identifying programme barriers and bottlenecks is important. These functions are described at a summary level in the condom programme pathway (in *Figure 1*). Failures may cut across multiple priority groups (such as policies that restrict communication about condoms in general) or may be specific to a group (such as policies that restrict the distribution of condoms in schools). Failures also include such issues as the inability to secure resources to design and implement large-scale demand-generation campaigns.

What can be done to address programme gaps, barriers, bottlenecks and market failures?

Activities should be designed to address specific market failures that affect one or more focus populations and address barriers confronted by the multiple actors in the market. A key step in developing activities is to identify whether funded interventions are already seeking to address the same issue. If these interventions exist, ask whether they are effective and whether they could be strengthened and/or expanded. Some needed interventions will likely directly face the users (such as creating demand); others will be more system-oriented (such as improving forecasting for condom procurement). Consider the feasibility, time frame, complexity and political will when setting priorities for activities. (See the section on intervention areas and activities for further guidance.)

Setting priorities

Condoms are life-saving commodities that should be available to all sexually active individuals regardless of age, sex, marital status, HIV status, economic or education level, religion or sexual orientation. Programmes should aim to provide universal access to condoms, but focused efforts are required to increase condom use by populations at higher risk of HIV transmission. Interventions are more effective when they are tailored to the needs of well-defined subpopulations based on evidence on their needs and the barriers to condom use within these groups.

Countries should use the following guidance to set priorities among focus populations and develop segmentation strategies for condom programmes.

Set priorities according to the incidence and prevalence of HIV and sexually transmitted infections and teenage pregnancies

National strategic plans must give priority to populations and locations with a high incidence of HIV and sexually transmitted infections and ensure that condom and lubricant programmes are intensified there to address the needs for preventing HIV and sexually transmitted infections in these communities. This is especially important when locations within a country differ significantly in incidence and prevalence. Providing epidemiological descriptions, drawing on available epidemiological, surveillance, modes of transmission, behavioural and programming data, will help to inform efforts to scale up condom programming for maximum impact and efficiency by targeting resources where they are needed most. District-level data should be considered when available to identify unmet need and programmatic gaps.

Defining focus populations

The following paragraphs highlight a few common considerations across countries, but this does not mean that all populations should receive the same level of attention in all locations. The discussion of potential priority groups needs to be country-specific based on considerations of the level of disease burden, condom gaps and other inequities in condom access. This requires countries to establish baselines in terms of condom use for the various priority populations and set targets for them. For several of the key and priority populations, combination HIV prevention packages including services and community-led outreach are in place in countries, and condoms need to be integrated into these.

Key populations and their sexual partners

Because of the high incidence of HIV and sexually transmitted infections in a context of high stigma and discrimination, key populations remain high-priority populations for dedicated combination HIV prevention programmes. The distribution and promotion of condoms and lubricants need to be a core element of key population programmes, including peer-led outreach and facility-based services focused on key populations. *The Global Fund's technical brief on key populations (18)* provides more detailed guidance on the full package of HIV and other health services for key populations. Four detailed implementation tools provide additional guidance on key population programmes more broadly (19–22).

Sex workers (female, male and transgender). Condom and lubricant programming for sex workers and their clients has proven to be an effective tool for preventing HIV transmission and has been associated with population-level HIV incidence declines in various settings (23, 24). Condoms remain a product of choice for sex workers, who often prefer condoms as a barrier method, because they do not seek intimacy with their clients and want simultaneous protection from HIV, sexually transmitted infections and unintended pregnancy. Meaningful engagement with sex workers helps to determine the types, designs and prices of condoms that are preferred and to identify suitable access and distribution points and quantities needed. An enabling environment for condom programming is critical for addressing legal and policy barriers that penalize the possession of condoms and thereby limit access and usage. The female condom has been well received by female sex workers as a device that requires less active cooperation of their male clients and can be inserted in advance.

Clients of sex workers. This is a diverse group, and multi-layered strategies and approaches are needed to meet their respective needs for preventing HIV and sexually transmitted infections. Outreach activities targeted at locations where clients meet sex workers (bars, brothels, parks, transport hubs, motels, etc.) can amplify the activities and are often more effective than efforts to reach the general population.

Partners of sex workers. Long-term partners and trusted clients of sex workers are often overlooked in condom programming. Successful integrated programmes with strong condom and lubricant components, such as the Avahan project (25, 26), have emphasized the importance of multi-layered combination HIV prevention interventions to also address the vulnerabilities and risks faced by sex workers in their private or trusted relationships in which condom use may be more difficult to sustain.

Gay men and other men who have sex with men. Condoms and lubricants are not always available for gay men and other men who have sex with men in low- and middle-income countries. Laws that penalize the possession of condoms and lubricants limit promotion and distribution efforts, with implications for the HIV incidence for this group. Modelling scenarios have confirmed that, without condom use, the HIV incidence in this group would be much higher (27). Treatment optimism, fatalism and high HIV incidence in this group—which is, on average, up to 19 times more likely than the general population to be living with HIV—warrants consideration of tailored condom distribution, dedicated social mobilization and continued demand-generation efforts to reach these men. Although PrEP and treatment as prevention (U = U) are being used widely—where available—by gay men and other men who have sex with men, condoms and lubricants remain important choices for many men, even in settings with high PrEP use. The vast majority of gay men in low- and middle-income countries do not yet have access to PrEP and often not to any prevention services and therefore require continued and expanded access to combination prevention, including condoms and lubricants.

Transgender people. Combination HIV prevention programme coverage for transgender people remains especially low despite high HIV incidence. In a context of high sexual transmission of HIV and sexually transmitted infections, including transmission through anal sex, condoms and lubricants remain important prevention choices as part of broader HIV prevention packages for transgender people.

People who use drugs. Although the primary route for HIV transmission among people who inject drugs is not sexual, high HIV prevalence and incidence from injecting practices leads to high risk of sexual transmission as well. Condoms and lubricants therefore remain important components of harm-reduction programmes for people who inject drugs (including safe injecting equipment, opioid substitution and other services) and other people who use drugs who may face increased risk of acquiring HIV sexually.

Prisoners. Sex and drug use in prisons are often not recognized as a reality and can lead to high incidence of HIV and sexually transmitted infections. Access to condoms and lubricants are an important component of HIV prevention packages in prisons.

Other sexual partners of key populations. Female partners of bisexual and other men who have sex with men and sexual partners of people who inject drugs are at elevated risk of HIV and sexually transmitted infections. They can often not be reached directly but in specific settings can be reached directly with condom promotion and distribution: for example, through venue-based programmes in sex work settings or social work in the context of drug use.

Other populations in settings with medium to high HIV incidence

Since this technical brief supports the development of Global Fund proposals, the following subsection focuses on settings with elevated HIV incidence, mostly in sub-Saharan Africa. Condoms remain an important choice for preventing sexually transmitted infections, HIV and pregnancy globally, but many of the following priority populations will also be relevant for domestically funded condom programmes and condom market development globally.

Men and women with non-regular and multiple partners. Having non-cohabiting and multiple partners is associated with elevated HIV incidence. Although people with non-regular partners can achieve high condom use, gaps remain large in many countries. In terms of programming, people with non-regular partners are not a homogeneous group and form part of the wider population of sexually active young people and adults who need to be given priority among the populations described below, including young people, women accessing sexual and reproductive health services and men. Condom use among people with non-regular partners is a useful frontline indicator for condom programming and should be used in Global Fund performance frameworks. Operationalizing demand-generation and supply-side interventions to achieve progress against this indicator requires context-specific analysis of how people with non-regular partners can best be reached.

Young people. In many countries in sub-Saharan Africa, declines in child mortality and a slow decline in fertility have resulted in a youth bulge in which 60% of the continent's population is younger than 25 years (28). In some countries, there has been limited progress in the response to HIV among people 15–24 years old. As the overall number of young people grows and coverage of prevention services remains the same, more young people are at risk of HIV infection. Youth is often a period of experimentation and forming new relationships, which requires access to a low-threshold and multi-purpose prevention tool such as male and female condoms. The alarming data on incidence rates among young women in the recent Evidence for Contraceptive Options and HIV Outcomes trial results further highlight the need (3). Young people should therefore be considered a priority population (further segmented as appropriate) for condom programming in most contexts. It is a common misconception that condom promotion and distribution efforts encourage young people to have more and riskier sex. Evidence has firmly concluded that this is not the case. Instead, data from sub-Saharan Africa have confirmed the effectiveness of young men using condoms (29), and condom availability in high schools increased use (30). Intervening at an early age to establish condom use at first sex as a norm with young people who are just becoming sexually active is likely to provide long-term benefits in the incidence and prevalence of HIV and sexually transmitted infections as well as unintended pregnancy.

Adolescent girls and young women. For many young women, using male or female condoms is currently the only available prevention option to protect themselves against HIV. Condoms also remain the primary contraceptive choice for adolescent girls. For adolescent girls and young women, preventing unintended pregnancy is often considered a more immediate priority and provides an entry point for condom promotion. Male and female condom promotion and distribution needs to be integrated into all programmes for adolescent girls and young women and consider social and behavioural contexts such as gender norms as well as age-disparate and transactional sex. Legal, social and cultural barriers affect young people's access to condoms, and young people are vulnerable to pressure from both peers and people who are older and more authoritative, placing them—especially young girls—at risk. Programmes will benefit from strategies to counteract or convert pressure to result in protective behaviour options.

People living with HIV, including serodiscordant couples. Easy access and adequate supplies of condoms for people living with HIV are critical elements for ensuring their health and dignity and preventing other sexually transmitted infections and the transmission of HIV (31). Population-based survey data suggest that people living with HIV who know their HIV status use condoms at higher rates than other populations. In addition, to counselling about U = U, condoms (and PrEP) remain an important element of the package of services for serodiscordant couples, especially during the period until viral suppression levels are confirmed. Condoms must be routinely available at HIV care locations and where PrEP is available. Addressing the full reproductive needs of people living with HIV and their partners within health-care services also includes support for safely conceiving (32).

Users of other sexual and reproductive health and HIV services, including HIV testing. Users of contraceptive services, sexually transmitted infection services, pregnant and breastfeeding women and users of HIV testing services can be at elevated risk of HIV. Although guidance includes condom promotion as part of these services, active HIV prevention counselling, including provider-initiated condom promotion for periods of risk (for example, until the status of a partner is known), is often not actively provided and requires strengthening.

Other populations who may be at higher risk of HIV and sexually transmitted infections in specific country settings. Migrants, mobile populations, mineworkers, farmworkers, fisherfolk, seafarers, truck drivers and military and uniformed personnel may be at higher risk of HIV and sexually transmitted infections in specific settings, and if combination prevention packages are provided to these groups, condom promotion and distribution should be included in the package. People with disabilities are a diverse population, and condom promotion and distribution needs to be part of the package of health services for sexually active people with disabilities.

Other people who use condoms for contraception. Globally, unmet need for family planning remains high, affecting more than 200 million women. Although this gap requires increasing access to several contraceptive options, including long-term methods, condoms also have an important role as part of the contraceptive method mix. In any settings, couples without a specific known sexually transmitted infection or HIV risk profile use condoms as contraceptive choice. Their continued condom access needs to be ensured. In settings with high incidence of HIV, sexually transmitted infections and unintended pregnancy, separation of condoms for HIV prevention and family planning may create bureaucratic hurdles or access barriers. Access to condoms as a multi-purpose tool should therefore be ensured.

Apply segmentation to fine-tune and differentiate interventions within the identified priority populations

Analysis of incidence data and the potential for the long-term impact of behaviour change may indicate a need to reach broader populations such as young people, serodiscordant couples or adults with non-regular partners; this is especially important in settings with high HIV prevalence. Although these populations share common behaviour, they generally face different challenges: for example, youth in urban areas and rural areas face different barriers to condom use. It is therefore important to segment these larger groups based on demographic, socioeconomic and psychosocial profiles to target interventions appropriately. A highly targeted approach could include the strategic use of mass-media campaigns in a context of low condom use and high incidence and where social norms have been identified as a barrier to use. In some contexts, mass media may be highly effective at creating an environment that is more conducive to condom use for multiple groups at high risk of acquiring HIV. For other populations that are hard to reach, interpersonal promotion strategies will be more adequate. Segmentation can also support the identification of population groups to be targeted by public distribution programmes or commercial sector investments in condom marketing.

Consider the impact of viral suppression and new prevention methods

Expanding antiretroviral therapy coverage and access to other prevention methods such as PrEP and voluntary medical male circumcision also has implications for the design of condom programmes, as does the increased availability of HIV testing. Setting priorities for focus populations for condom programming must consider expanding these other programmes.

Condoms and viral suppression—undetectable is untransmittable (U = U).

High levels of viral suppression are highly effective individually in preventing the transmission of HIV. U = U is therefore an important additional HIV prevention choice that should be promoted for couples who know their HIV status and have a confirmed level of viral suppression. Although HIV treatment is effective with high adherence, it does not eliminate transmission by undiagnosed people, including people infected recently. Analysis based on the PopART trial (33) suggests that about 40% of the people newly infected with HIV acquired it from people who acquired HIV less than 12 months previously, who would be missed by an annual test-and-treat approach. People newly infected recently may also be part of more short-term sexual networks that are likely to lead to further people acquiring HIV more rapidly. HIV treatment as prevention, which requires a series of longer-term actions from diagnosis to viral suppression, and shorter-term prevention choices such as condoms and PrEP are therefore complementary. Among newly diagnosed people who initiated antiretroviral therapy, additional prevention choices such as condoms or PrEP are required during the period until viral suppression is achieved and confirmed. People with a suppressed HIV viral load may also still choose to use condoms for contraceptive purposes or preventing sexually transmitted infections. HIV testing and treatment programmes should therefore include provider-initiated condom offers as part of the service package and choices.

Condoms and PrEP. Oral PrEP—if used as prescribed—is highly effective for preventing the sexual transmission of HIV and also effective in preventing HIV transmission related to injecting behaviour (34). Alternative forms of PrEP, including a vaginal ring and long-acting injectable PrEP, are likely to become more widely available. Condoms and lubricants should be part of PrEP services for additional protection from other sexually transmitted infections and/or pregnancy. Further, in accordance with a person-centred approach and the changing needs of users, a full choice of options should be provided according to people’s situation in life.

Condoms and voluntary medical male circumcision. Since voluntary medical male circumcision is only partly protective against HIV and other sexually transmitted infections, condoms remain an essential complementary prevention choice as part of voluntary medical male circumcision service packages. Since these services are often provided before sexual debut or at least before the time of highest risk of acquiring HIV and sexually transmitted infections, they provide an important platform for socializing men around health-seeking behaviour, including condom use and other prevention choices.

Overall, considering that the coverage of alternative prevention options is still insufficient for antiretroviral therapy and voluntary medical male circumcision and low for all forms of PrEP, condoms remain an essential basic choice for prevention and will remain part of prevention packages to disrupt the transmission of HIV and sexually transmitted infections, especially in settings in which people frequently change partners.

Intervention areas and activities

Many intervention areas and activities are available to condom programmers to address barriers to condom use. Intervention selection and activity design are context-specific and should be based on the objectives and outcomes described in a national programme's overarching results framework. The results framework must be included in the national condom strategy, where it works as the programme's theory of change, describing the intended causal connections between activities, output and desired outcomes.

Landscaping exercises in countries with low condom use (4) suggest a general need to strengthen the following areas.

- ▶ **Programme stewardship.** Many stewardship functions (such as leadership and coordination and programme analytics—see *Figure 1*) are weak, and coordination across sectors urgently needs to be improved, including engaging affected communities, to increase the collection and purposeful dissemination of market intelligence.
- ▶ **Demand creation.** Social and behaviour change communication intended to overcome barriers to condom use is vastly underfunded. Condom use will be slow to increase (or will not increase) without substantially more investment into condom promotion, which combines focused population-level communication and increased interpersonal promotion at the point of distribution. Although there are many strong interventions, most are not sustained at sufficient intensity to drive increases in condom use.
- ▶ **Supply chains, especially last-mile distribution.** Although the overall supply of condoms has improved in many countries, there are still gaps in distribution, especially in more remote areas. In this context, the solution is not simply to procure more condoms (although more may be needed in some countries) but to identify gaps in access and apply a user-centred perspective on how best to cover these gaps sustainably, while strengthening data systems to know where condoms are reaching and being used.

The tables below summarize activities national programme managers can consider in their efforts to increase condom use. This is not an exhaustive list, and programmes do not need to intervene across all these dimensions; however, many programmes will find that these interventions address important weaknesses in condom programming.

Program stewardship	
Intervention area	Main activities
Leadership and coordination	<ul style="list-style-type: none"> ▶ Development, coordination and planning <ul style="list-style-type: none"> ▷ Establishing an inclusive national condom programme coordination platform ▷ Strengthening government leadership capacity and support for market facilitation to build a strong condom programme and total market approach ▷ Catalysing and coordinating partnerships across public, NGOs, communities and commercial actors ▷ Catalysing partnerships to pursue the integration of condom programming within the broader HIV prevention and treatment response and with other reproductive health initiatives ▷ Agreeing on national condom targets and developing a national condom plan aligned with HIV and sexual and reproductive health strategies ▷ Developing estimates of condom and resource needs using national and subnational targets (in accordance with regular updates of condom needs estimates using the condom needs estimation tool (1)) ▷ Engaging priority populations and communities from design to implementation, monitoring and evaluation ▷ Defining needs for technical support and capacity development ▷ Integrating condom programming into other strategic planning and coordination platforms, including national strategic plans for HIV and sexual and reproductive health and relevant HIV and sexual and reproductive health working groups, including the Global Fund country coordinating mechanism ▶ National planning for demand creation <ul style="list-style-type: none"> ▷ Developing evidence-informed and segmented condom demand-generation strategies based on programme analytics (see below) and responding to users' needs and preferences ▷ Continuing to analyse trends, gaps and inequities in condom knowledge, demand, access and use for priority populations for condom programming ▶ Forecasting the procurement and supply of commodities, including condom-compatible lubricants

Program stewardship	
Intervention area	Main activities
Programme analytics	<ul style="list-style-type: none"> ▶ Condom total market analysis to understand where and how the market is failing to support access, demand and use <ul style="list-style-type: none"> ▷ Measuring the volumes distributed by the public, NGO and commercial sectors—including data use at the local level and upward reporting ▷ Retail audits to assess the physical availability of condoms in commercial outlets, including non-traditional sites such as bars and guesthouses ▷ Coverage surveys and government logistics management information system data analysis to understand public clinic availability and user perceptions of availability ▷ Contributing to designing and analysing community and nationwide surveys to measure changes in condom use and examine barriers to condom use and condom preferences in priority populations ▷ Measuring (monetary) value in the market (as a proxy for financial sustainability) ▷ Supporting the dissemination of market data and necessary capacity-building to enable data use to inform decisions ▷ Analysing enabling functions such as regulations, taxation and coordination that affect condom programmes ▶ Monitoring systems to measure performance across the range of indicators in the results framework <ul style="list-style-type: none"> ▷ Monitoring free condom distribution through health facilities, community distribution and other distribution points to track the effectiveness of targeting ▷ Surveys to identify specific gaps in condom programming

Program stewardship	
Intervention area	Main activities
Funding and sustainability	<ul style="list-style-type: none"> ▶ Coordination across public sector and implementing organizations to ensure that funding requests reflect national priorities and known gaps in condom programming ▶ Advocacy with donors to ensure that funding reflects national priorities, including support for a total market approach and use of domestic resources to fund programmes ▶ Strengthening country ownership at the level of programme managers, decision-makers and domestic financing institutions ▶ Technical support for developing funding proposals ▶ Building capacity for government stewardship and coordination and support for market facilitation and helping to foster an enabling environment for the total condom market across all market actors
Policies and regulation	<ul style="list-style-type: none"> ▶ Advocacy to ensure a level and transparent regulatory playing field; reduce the friction of registering, importing and marketing high-quality condoms; reduce the cost of importing and marketing condoms, including exploring exemption from value-added tax and reducing registration costs and excise duties on condoms ▶ Advocacy for systems to cost-effectively and efficiently assure the quality of condoms available in all sectors, which could include developing policies for pre-shipment testing through qualified manufacturers ▶ Advocacy to ensure a rights-based approach to condom programming, especially with key and priority populations—identify and advocate for the removal of specific legal and policy barriers for priority populations ▶ Support for behaviour change messaging in mass media and in areas accessible to populations at higher risk, including bars, transport hubs and schools ▶ Investment to address known policy or regulatory barriers to importing, distributing or promoting condoms to priority populations across sectors

Demand generation	
Intervention area	Main activities
Behaviour change interventions targeting priority populations	<ul style="list-style-type: none"> ▶ Promotion of condoms and condom-compatible lubricants <ul style="list-style-type: none"> ▷ Information and communication on safer sex and condom use, community-level and social media condom promotion ▷ Behaviour change communication and training on condom use and negotiation skills ▷ Demand generation through peer outreach and other peer-based strategies focused on identified barriers to condom use ▷ Television, radio, billboard, print and social media campaigns (may include promoting socially marketed condoms but emphasizing growing the condom category: all brands, including the public and commercial sectors) ▷ Active provider-initiated condom promotion at the point of condom distribution ▷ Condom promotion within settings promoting and offering HIV testing, treatment, voluntary medical male circumcision and PrEP ▷ Condom awareness campaigns in and outside school programmes, at workplaces, at festivals and in rural communities, concerts, football matches and other social events ▷ Design social network-based condom promotion activities, using networks as defined by the participants themselves ▷ Mobilize, engage and train traditional and religious leaders in condom promotion and distribution to address religious and cultural norms and stigma that limit the acceptability and uptake of female and male condoms ▷ Partner with youth and women's movement, networks of women living with HIV and family planning advocates to undertake political lobbying, manifestations and media advocacy activities, including agenda setting, framing, petitions to generate demand and ensuring that all women are empowered to demand and negotiate condom use
Developing communication strategies and designing programmes	<ul style="list-style-type: none"> ▶ Developing overarching population-specific communication strategies for condoms integrated with HIV prevention and treatment strategies ▶ Formative and quantitative research with priority populations to identify barriers to use, support segmentation strategies, profile users, etc.
Developing tools and skills	<ul style="list-style-type: none"> ▶ Developing standardized and evidence-informed toolkits for condom promotion and their use to make it easier for community-based organizations and civil society organizations to sustain high-quality interventions with priority populations, which could be a module integrated with prevention and treatment programmes

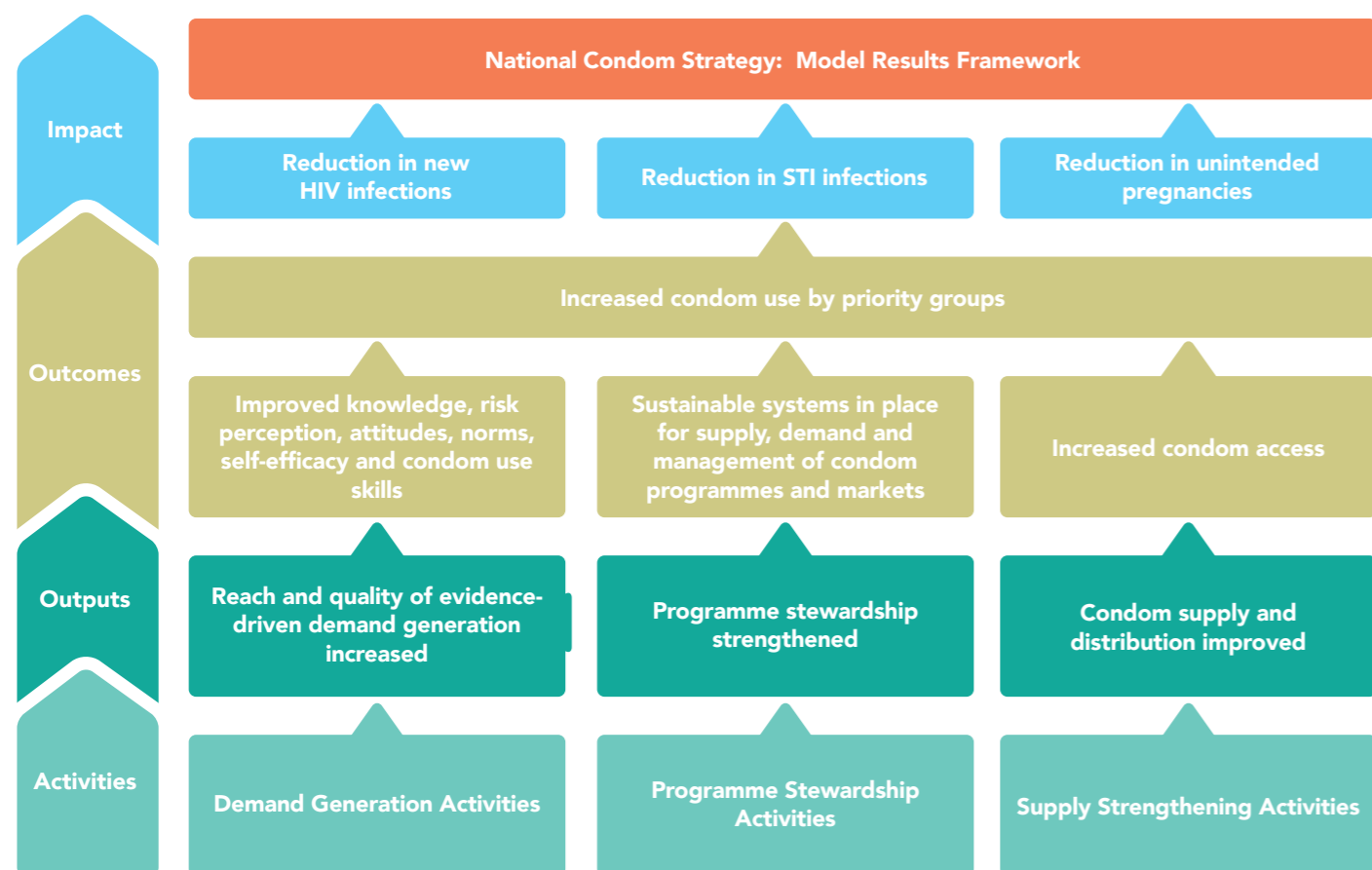
Supply	
Sector	Main activities
Public	<ul style="list-style-type: none"> ▶ Procuring and supplying commodities, including condom-compatible lubricants and condom variants to meet user preferences, based on realistic forecasts and quantification of current use, demand and incremental use ▶ Distribution of condoms and lubricants through the health system, including post-facility last-mile distribution through targeted outlets such as bars, transport hubs, select workplaces and guesthouses and through peer and community-led distribution ▶ Strengthening the health system, including support for storage and transport and logistics management information systems to manage and track distribution at all service delivery levels
NGO or community-based organization	<ul style="list-style-type: none"> ▶ Targeted distribution of condoms and lubricants to non-traditional outlets and directly to users through community-based agents (where appropriate) ▶ Sales of branded, subsidized condoms in traditional and non-traditional outlets within the context of a total market approach (social marketing) within justified contexts (where it will not crowd out commercial sector options), with subsidies to support commodities and packaging being justified based on market analysis ▶ Support for storage and distribution of condoms and lubricants in underserved, priority areas ▶ Intensify condom promotion and distribution in key locations via community distribution points (taxi and motorcycle drivers, taverns, grocery stores, hairdressers, pharmacies, petrol stations and vending machines) and mobilize community groups and community-based systems to reach key and vulnerable populations with male and female condoms
Commercial	<ul style="list-style-type: none"> ▶ Performance-based incentives, if needed, to initiate expanded condom availability in underserved areas and outlets
Cross-sectoral	<ul style="list-style-type: none"> ▶ Support for partnerships with commercial rapidly moving consumer goods distributors to address public and NGO sector distribution challenges ▶ Support for partnerships between the public and the NGO sector for distribution beyond health facilities in underserved geographical areas, including developing standard operating procedures (encompassing monitoring) for post-facility distribution

Strategic information, monitoring and evaluation

A strong strategic information programme is critical for designing, monitoring for management and evaluating condom interventions. Data should provide feedback on how interventions affect condom use and the factors that influence condom use. Data collection should be coordinated across sectors and implementers to provide the fullest possible picture of market evolution and analysed and reported in a way that is useful to stakeholders and market actors in each sector.

It is recommended that programmes develop a results framework that reflects the condom programme pathway. *Figure 2* provides the structure for a results framework in which activities (grouped by broad intervention areas: programme stewardship, demand and supply) lead to outputs, which lead to lower-level outcomes (factors that influence condom use), which in turn lead to higher-level outcomes (changes in condom use in priority groups) and health impact.

Figure 2.
National condom strategy: model results framework



The indicators tracked in the programme's monitoring and evaluation plan should be driven by the programme's results framework. (See *Annex 2* for an illustrative example of a completed results framework with relevant indicators.)

Several tools and approaches are available to track indicators. Countries should budget for a monitoring and evaluation system that leverages existing and funded data collection activities, since key questions can sometimes be integrated into existing surveys. *Annex 3* includes the WHO-endorsed strategic information indicators that are collected and analysed at the global level; where appropriate, country-level indicators should aim to align with these indicators.

The categories, indicators and recommended data collection tools provided below are not exhaustive.

Higher-level outcomes		
Category	Indicators	Data collection tools
Condom use	<p>The most basic measure of the effectiveness of condom programming is the percentage of people who use condoms, especially during sex associated with greater risk. Key population indicators designated for global reporting include condom use among sex workers, men who have sex with men, people who inject drugs and transgender people. Condom use for the general population focuses on sex with non-regular sexual partners.</p> <p>Global targets of 90% condom use by young people and adults with non-regular partners, men who have sex with men, people who inject drugs and discordant couples by 2025; a target of 95% condom use in paid sex has also been adopted.</p> <p>These targets are aspirational; countries should select priority groups and behaviour based on the criteria described in the section on setting priorities and set targets that reflect ambitious but achievable increases in condom use from current levels.</p>	<ul style="list-style-type: none"> ▶ Demographic and Health Surveys, Multiple Indicator Cluster Surveys, Population-based HIV Impact Assessment or AIDS Indicator Surveys for the general population ▶ Biobehavioural surveys for key populations ▶ Other quantitative population-based surveys, such as PSI's TRaC, at the subnational level, which can be fielded at lower cost more frequently to provide insight into changes in behaviour in specific populations. It is critical for programmes to collect these data more frequently than every five years.

Lower-level outcomes		
Category	Indicators	Data collection tools
Program stewardship	<p>The monitoring objective for this category is to measure the effectiveness and sustainability of programme stewardship efforts: leadership and coordination; planning and forecasting; and a favourable policy environment.</p> <p>Sustained execution of the national condom strategy with active participation of all actors in the condom ecosystem is the most basic measure of the effectiveness of programme stewardship.</p> <p>Effective programme stewardship should also lead to greater sustainability, as measured by the decreasing dependence on non-domestic funding for condom programming and decreasing commodity subsidies in the condom market.</p> <p>Other indicators measuring the components of programme stewardship should be considered at the output level.</p> <p>Leadership and coordination</p> <ul style="list-style-type: none"> ▶ Presence of an active technical working group coordinating condom programming with supporting initiatives linked to the national plan ▶ Percentage of stakeholders who value participation in coordination mechanisms and contribute actively ▶ Condom needs estimates and targets updated in the past 12 months, reflecting the latest data on use and supply levels and adjusting the forecasting as needed <p>Program analytics</p> <ul style="list-style-type: none"> ▶ Existence of a national-level strategic information plan supported by stakeholders, with data collated and reviewed regularly ▶ Total market analysis conducted in the past three years and regularly updated with relevant data ▶ Identified studies supporting programme management are conducted and inform programmatic decisions <p>Policies and regulation</p> <ul style="list-style-type: none"> ▶ Policies in place that enable programmes to reach priority populations, such as policies that support the rights of key populations or in-school condom programmes ▶ Presence of government regulatory, quality assurance and taxation policies that create an even playing field for all sectors and are not excessively inhibitive (costly and overly difficult to follow) 	<ul style="list-style-type: none"> ▶ Programmatic reports ▶ Verifying by the existence of plans, policies and regulations ▶ Reviewing other documents ▶ Stakeholder survey to assess the perceived value of stewardship

Lower-level outcomes		
Category	Indicators	Data collection tools
Demand	<p>Programmes should track factors associated with condom use, such as HIV-related knowledge, risk perception, attitudes, social norms, self-efficacy and condom use skills. Data should be disaggregated by priority audience, which will likely include age, geography, wealth and other factors.</p> <p>Sample indicators:</p> <ul style="list-style-type: none"> ▶ % of the target population who feel confident in negotiating condom use with a partner ▶ % of the target population who perceive themselves to be at risk of acquiring HIV ▶ % of the target population who have comprehensive knowledge of HIV prevention <p>The monitoring objective in this category is to measure changes in factors that are associated with condom use in a specific group (and ideally also measuring whether changes are attributable to the condom programme interventions).</p>	<p>Factors associated with condom use in a specific context can be identified through the studies outlined under condom use above and through qualitative methods</p>
Supply	<p>In this category, monitoring and evaluation should aim to measure both physical availability and the target audience's perceptions of availability.</p> <p>Sample indicators:</p> <ul style="list-style-type: none"> ▶ Perceived availability: % of target population that report condoms are available "where and when I need them" ▶ Coverage: % of appropriate outlets (delivery points across sectors) that carry condoms (does not need to be 100%, but should be high enough to remove access as a barrier to condom use; where users and non-users of condoms perceive the same level of availability, consider whether coverage may already be sufficient) ▶ Coverage: proportion of health facilities with stock-outs of condoms ▶ Coverage: the proportion of target areas meeting established coverage standards (such as x condom-selling outlets per y households) ▶ Distribution: total number of condoms distributed in the past 12 months (often tracked at the output level) 	<p>Perceived availability</p> <ul style="list-style-type: none"> ▶ Tools cited in the condom use section above <p>Coverage</p> <ul style="list-style-type: none"> ▶ Outlet surveys, retail audits, logistics management information system <p>Distribution</p> <ul style="list-style-type: none"> ▶ Programme records (data reported from the public; the social marketing and private sectors should be aggregated)

Annexes

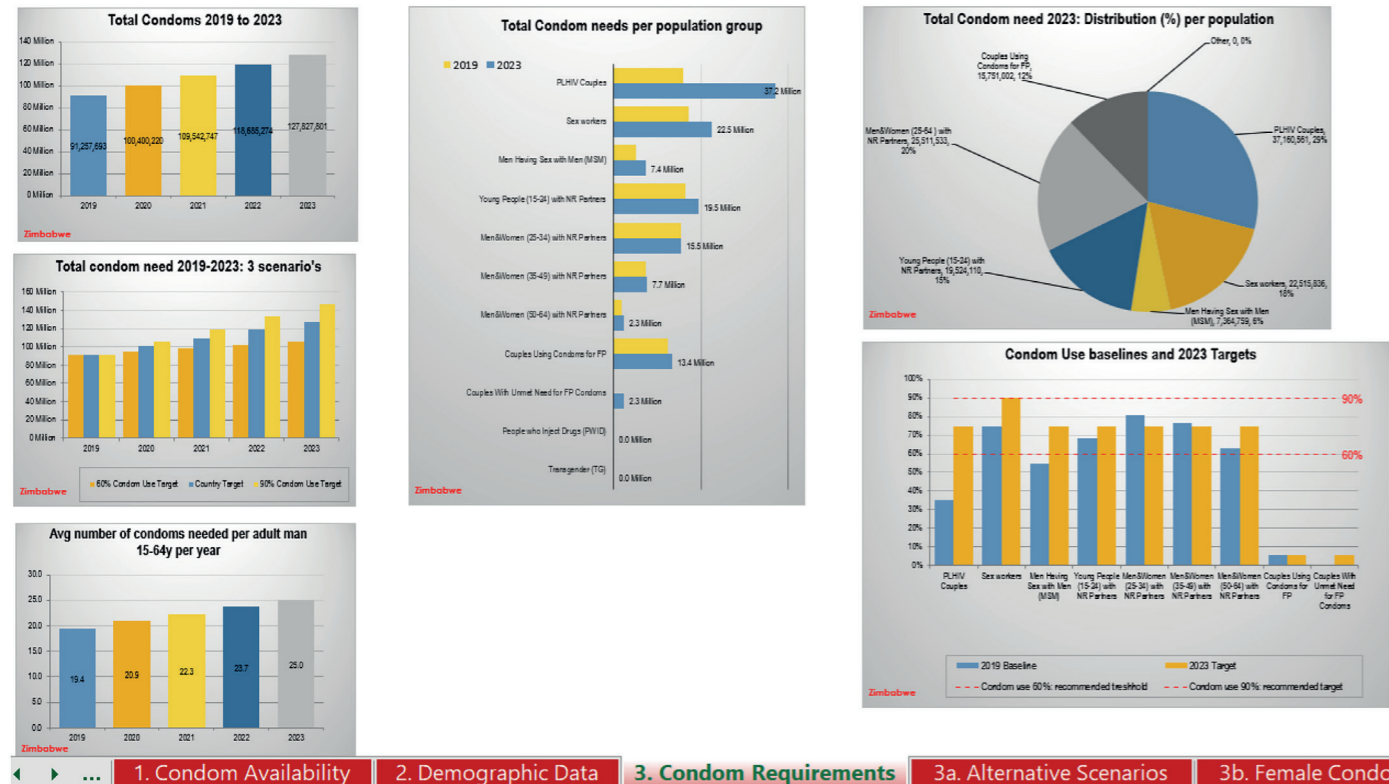
Annex 1. Condom needs estimation tool

UNFPA and UNAIDS jointly developed the Condom Needs and Resource Requirement Estimation Tool to support countries in their efforts to develop and implement robust, comprehensive and people-centred condom programmes to prevent HIV, other sexually transmitted infections and unintended pregnancies. It supports countries, in partnership with communities and in alignment to the global HIV prevention targets, in setting ambitious and realistic condom use targets for people living with HIV, key populations, young people and other populations at higher risk for HIV, sexually transmitted infections and unintended pregnancy. It helps countries to estimate their total condom needs and commodity costs for a period of 3–5 years up to 2023. Figure A1 shows a display of results from the tool.

In addition, the tool estimates male, female and special condoms and extra lubricant needs and costs. The tool enables priority populations for free condom distribution to be identified and a condom distribution scenario to be projected for the three pillars of the total market approach (free distribution, social marketing sales and for-profit sales). The tool provides a standardized method to estimate programme costs based on UNFPA's Comprehensive Condom Programming framework: leadership and coordination, demand creation, commodity security and support. It also enables the mapping of available funds against the estimated total programme costs, creating an estimate of the financial gap.

The tool and its earlier versions have been piloted in Burkina Faso, Kenya, Mozambique, Rwanda, Sierra Leone, South Africa, Thailand and Uganda and rolled out in eastern and southern Africa (Southern Africa Development Community and East African Community) in collaboration with UNFPA. The tool is being further developed, and updates will be made available through the HIV prevention coalition website (<https://hivpreventioncoalition.unaids.org/resource/condom-needs-and-resource-requirement-estimation-tool>).

Figure A1.
Example of outputs from the condom needs estimation tool



Annex 2. Activities supporting synergy in different sectors as part of a total market approach

Successful condom programmes and markets increase equitable use. Condom programmes and markets should be built around the recognition that condoms are a highly cost-effective and—in many settings—cost-saving multi-purpose prevention tool, for which universal access should be achieved rapidly. Sustainability requires while decreasing reliance on external (donor) subsidy. Although a healthy market requires all sectors to contribute to the goal of increasing use sustainably, the ideal market mix or relative volume contributions of the public, social marketing and commercial sectors depends on each context. A total market approach will help countries to develop sustainable condom programmes that leverage the relative strengths of each sector to support a vision of a healthy, sustainable market.

This section highlights overarching activities critical for a total market approach and specific interventions relevant to each of the three sectors.

Overarching investments to benefit all sectors

- ▶ Solidify and strengthen condom programme leadership and stewardship, led by government. This can include funding a nongovernmental market facilitator to support functions such as demand creation or data collection and analysis that benefit all condom brands, including ones that are distributed free of charge.
- ▶ Market assessments can help to understand the relative strengths and role of each sector to serve specific populations, identifying interventions to drive market segmentation.
- ▶ Invest in demand generation to support the growth of the entire condom category or all condom brands across all sectors.
- ▶ Generate and share data and evidence with each sector to inform investment decisions.
- ▶ Focus on donor coordination at the country level to improve the quality of investments that benefit each sector.
- ▶ Harmonize taxation policy (such as value-added tax) and regulations, such as costs to register, import or sell condoms, to ensure a level playing field.
- ▶ Ensure that procurement planning and quantification efforts factor in a vision for a healthy market and the relative role of all sectors. Understand that excessive reliance on donor-funded distribution free of charge leaves supply extremely vulnerable to funding gaps – just as donors begin to pull back from supporting commodities for condom programmes.
- ▶ Coordinate with family planning commodity supply.

Public sector

- ▶ Target distribution of condoms free of charge to specific, priority behaviour, locations and populations not reached by other sectors. For example, young people and key populations such as sex workers and men who have sex with men can be reached through targeted free distribution at universities, brothels, selected workplaces and bars and through peer or outreach programmes. Rural and peri-urban low-income populations may be reached through targeted community and clinic-based distribution. All public health facilities should have free condoms available.
- ▶ Free condom efforts should not duplicate distribution already underway through social marketing such as in bars and lodging establishments. Instead, target free condom distribution to specific geographical areas (such as rural and underserved areas) and outlets (such as brothels and universities) through segmentation strategies outlined in a total market approach strategy.
- ▶ Distribution free of charge should be guided by standardized and evidence-informed toolkits for consistent distribution. Link post-facility distribution through NGOs and community outreach workers to static sites at brothels, guesthouses, youth centres, etc. to ensure that priority populations know where to access condoms when outreach workers are not present.
- ▶ Although free condoms should be appealing to targeted populations, only invest in efforts to develop a public sector brand in a way that limits unintended crowding out of other sectors. Condom variants, including textures and flavours, can enhance user experience but require sophisticated supply chain management systems to coordinate consistent supply and distribution. Investments in condom promotion should aim to support the entire category and not just a brand that is free of charge.

Social marketing

Social marketing organizations should work, in most countries, with donors and governments to transition their condom brands to greater sustainability. Increases in condom pricing can make social marketing organizations less dependent on donor funding for sustainability—enabling scarce funding for priorities such as demand creation activities that benefit the entire condom category or targeted distribution.² A rationally priced social marketing brand is also less likely to crowd out the potential of the commercial sector (35).

² Increased income levels in many countries have led to a greater willingness to pay for condoms. A recent study in five countries (4) found a low risk of impact on condom use if the price of social marketing condoms were to increase. Meanwhile, funding support for social marketing programmes has declined.

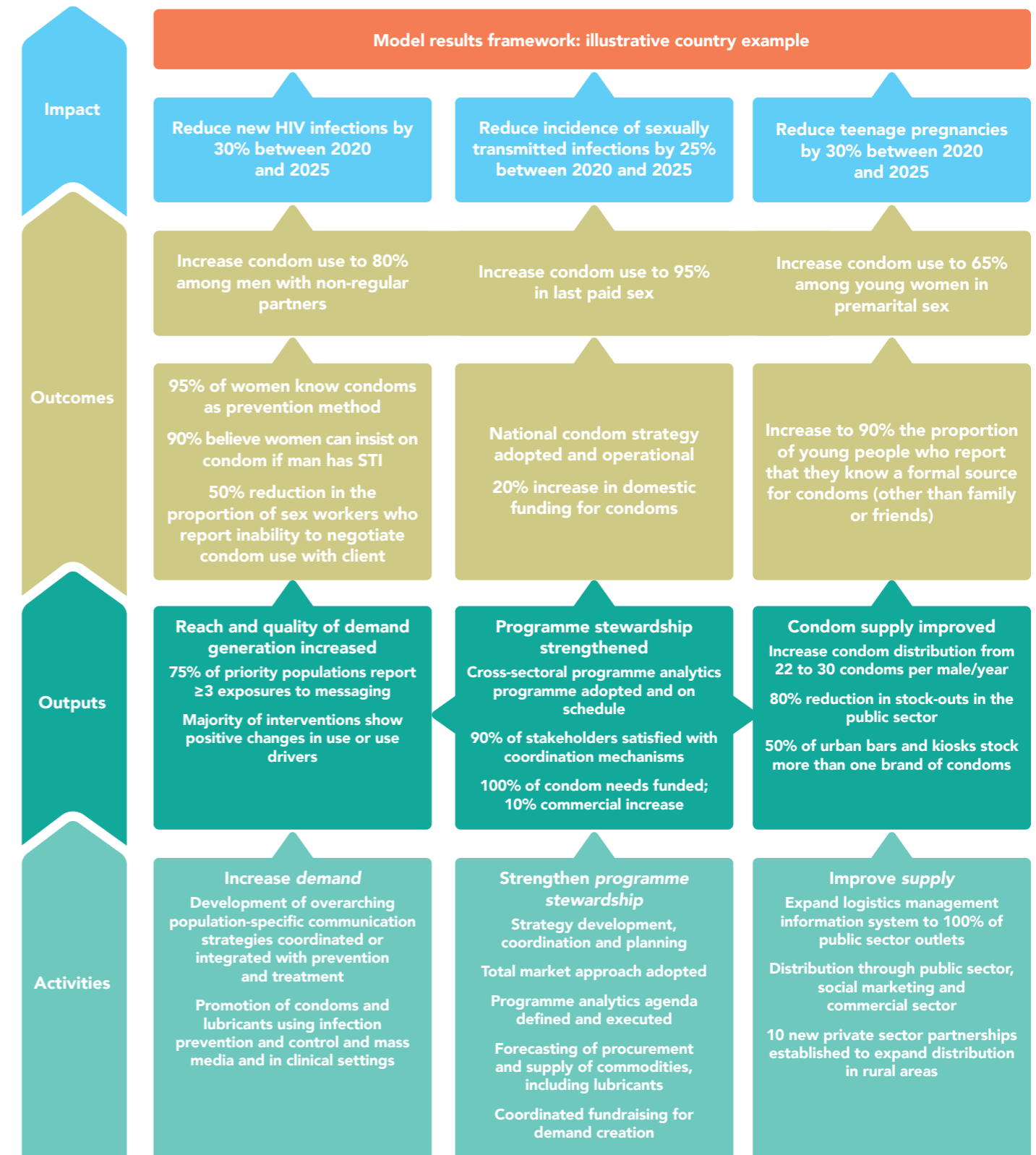
The evolution of social marketing brands under a total market approach would likely include the following:

- ▶ Support for well-planned, proactive pricing transitions of social marketing brands toward full commodity cost recovery to ensure that users and distribution partners have time to build in adjustments without adversely affecting affordability, availability or use.
- ▶ Setting prices for social marketing brands based on ability to pay and not costs and subsidies from a donor. In most cases, social marketing organizations should transition their condom brands to greater sustainability by phasing out the use of subsidies to support the commodity, packaging and urban distribution.
- ▶ Updating or refreshing a brand can be used to justify price increases (in some cases). Investing in a brand to justify the higher price charged to users can require market research to segment the market and identify priority users. New user-informed packaging supported by marketing campaigns communicating changes of the brand to users.
- ▶ Managing costs (which can be as important as managing prices). Cost-effective and efficient changes to distribution and supply chain management support cost recovery and sustainability efforts.
- ▶ Coordinating transitions with the public sector offering, thereby ensuring that options are available for those who are unable to pay for newly priced products, especially in rural and underserved areas, and for priority populations that may not be able to afford social marketing brands.
- ▶ The introduction of lower-priced condom brands to fill market gaps as social marketing prices are increased can lead to unintended consequences. Experience demonstrates that price-sensitive users will drop to the lowest-priced high-quality brand in the market. That can result in declining market share of social marketing brands as users shift to cheaper, subsidized condoms—and thereby negating any effort to support a more sustainable market. Focus free condoms to meet the needs of poor people who cannot afford social marketing brands.

Commercial sector

- ▶ Advocate harmonizing regulations and taxation policies (such as value-added tax) to reduce the burden on commercial sector actors, who often pay the most to import and sell condoms.
- ▶ Reduce the risk for commercial sector expansion in condom markets. Interventions could incentivize distribution in priority outlets such as high-risk outlets or ensure that commercial brands are included in marketing interventions supporting the entire condom category.
- ▶ Include commercial actors in technical working groups and produce and share market and user data that can be used to understand market potential and inform commercial strategies.
- ▶ Conduct thorough market segmentation analysis to reduce crowding-out by other sectors and maximize the contribution of the commercial sector.

Annex 3. Illustrative completed results framework with relevant indicators



Annex 4. Strategic information guidance from WHO

The *Consolidated strategic information guidelines: driving impact through programme monitoring and management (36)* produced by WHO can serve as a reference to develop consistent and high-quality HIV indicators. The aim of the guidance is to monitor the national and global response of the health sector to HIV. Its goal is to help countries choose, collect and systematically analyse strategic information to guide the health sector response to HIV.

The indicators specific to condom programmes presented below are included in these guidelines. These indicators are routinely captured and reported through the UNAIDS-supported Global AIDS Monitoring reports. To the extent possible, countries should use the language and measurement method as outlined below to feed into global reporting efforts and reflect best practice.

Indicator	Measurement method	Programme relevance and interpretation
National indicators		
PR.1 Condom use in the general population % of people who used condoms with a non-regular partner in the last 12 months GAM 3.18	Numerator and denominator: general population survey Health facility records could also collect this routinely in specialized clinics, such as HIV adolescent clinics, sexually transmitted infection clinics and male health clinics	Measures the extent to which condoms are used by people who are likely to have higher-risk sex. Trends should be interpreted along with changes in the percentages of people that have had more than one sexual partner within the past 12 months.
PR.1 Condom use among sex workers % of sex workers who used a condom the last time they had sex with a client GAM 3.6a	Biobehavioural surveys or other special surveys such as polling booth surveys, every two years	Condoms are most effective when their use is consistent rather than occasional. This indicator measures condom use during a single sex act and is therefore likely to overestimate the level of consistent condom use.
PR.1 Condom use among men who have sex with men % of men who used a condom the last time they had anal sex with a non-regular male partner GAM 3.6b	Biobehavioural or other special surveys every two years	For men who have sex with men, condom use at last anal sex with a male partner gives a good indication of overall levels and trends of protected and unprotected sex. In countries in which many men in the subpopulation surveyed are likely to have partners of both sexes, condom use with female as well as male partners should be investigated.
PR.1 Condom use among transgender people % of transgender people who used a condom during last anal sex with a non-regular partner GAM 3.6d	Biobehavioural or other special surveys every two years	For transgender people, condom use at last anal sex with a non-regular partner gives a good indication of overall levels and trends of protected and unprotected sex. In countries in which many men in the subpopulation surveyed are likely to have partners of both sexes, condom use with female as well as male partners should be investigated.
PR.1 Condom use among people who inject drugs % of people who inject drugs who used a condom the last time they had sex with a partner in the last month GAM 3.6c	Behavioural surveillance or other special surveys	Contributes to understanding the patterns of sexual mixing and condom use among people who inject drugs and between people who inject drugs and the wider population.
PR.2 Condoms distributed Total number of condoms distributed during the reporting period GAM 3.19	Programme records (local distribution offices, central warehouse stock records, etc.)	Measures the number of condoms distributed, which should then be analysed nationally and subnationally by comparing condoms distributed per adult man. The indicator is important for analysing monthly and annual trends. The best approach is to aggregate the number of condoms that moved out of service delivery points. since these data are not available in most countries, the number of condoms distributed out of central warehouses is also acceptable.

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