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Developing effective condom programmes

Contents

4	Abbreviations
5	Introduction
11	Defining success
12	Guiding principles
14	Planning for success
16	Setting priorities
24	Intervention areas and activities
30	Strategic information, monitoring and evaluation
34	Annexes
34	Annex 1. Condom needs estimation tool
36	Annex 2. Activities supporting synergy in different sectors as part of a total market approach
39	Annex 3. Illustrative completed results framework with relevant indicators
40	Annex 4. Strategic information guidance from WHO
42	References

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.

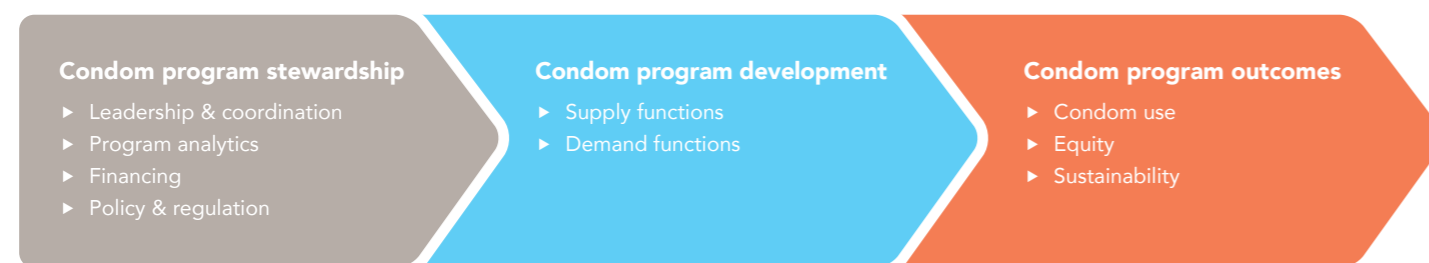
Condoms are also a familiar and convenient prevention method to most people and, for young people and sex workers in many countries, still the only viable option to prevent HIV, other sexually transmitted infections and unintended pregnancies. Condoms are a user-controlled method, are easy to use and 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://mannglobalhealth.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

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.)

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