

A young man with short dark hair is wearing a white surgical-style face mask. He is looking down at a small, red, rectangular packet of a condom that he is holding with both hands. He is wearing a patterned shirt and a colorful beaded bracelet on his left wrist. The background is a blurred blue wall.

**A Guide to Sustainable Condom Programming
in an Evolving Social Marketing Landscape**
IN EAST AND SOUTHERN AFRICA



This guide is intended to assist UNFPA regional and country teams in mitigating the impact of international SMOs transitions. The guide also seeks to assist governments and development partners to plan for seamless funding transitions and avoid reversals of gains in condom programming.

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome	MSU	Marie Stopes Uganda
CBOs	Community-Based Organizations	NACP	National AIDS Control Programme
CCP	Comprehensive Condom Programming	PrEP	Pre-exposure Prophylaxis
COGS	Cost of Goods Sold	PSI	Population Services International
CSE	Comprehensive Sexuality Education	RH	Reproductive Health
CSM	Condom Social Marketing	RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
DFID	Department for International Development	SADC	Southern African Development Community
DHS	Demographic and Health Survey	SBCC	Social and Behaviour Change Communications
EAC	East African Community	SMO	Social Marketing Organization
ESA	East and Southern Africa	SRH	Sexual and Reproductive Health
FBOs	Faith-Based Organizations	STI	Sexually Transmitted Infection
FP	Family Planning	TMA	Total Market Approach
HIV	Human Immunodeficiency Virus	TMARC	Tanzania Marketing and Communication
HTS	HIV Testing Services	TOC	Theory of Change
GF	Global Fund	UHMG	Uganda Health Marketing Group
GFF	Global Financing Facility	UNAIDS	Joint United Nations Programme on HIV/AIDS
KP	Key Populations	UNFPA	United Nations Population Fund
LMIS	Logistics Management Information System	USAID	United States Agency for International Development
M&E	Monitoring & Evaluation	VMMC	Voluntary Medical Male Circumcision
MGH	Mann Global Health	WHO	World Health Organization
MICS	Multiple Indicator Cluster Survey	WTP	Willingness To Pay
MOH	Ministry of Health		

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Glossary of Terms

Social and Behaviour Change

Communications

A research-based, consultative process that uses communication to promote and facilitate behaviour change and support the requisite social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both individual-level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behaviour or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment. (The Manoff Group, 2012)

Social Enterprise

An emerging model of service delivery that uses for-profit ventures to achieve social objectives. In contrast to social marketing, which may focus on equity of services and products across all population segments, social enterprises require cost recovery of services and products. (Mann Global Health: Condom Landscaping Report, 2017)

Social Marketing

Social marketing is the use of commercial marketing concepts to plan and implement programmes designed to bring about social change. (Social Marketing Institute, 2011)

Social Marketing Organization

A social marketing organization is any entity or organization, formal or informal, responsible for the management and implementation of promotional activities that achieve social goals. This term encompasses social marketing activities managed under a project status and those managed by local or international non-profit associations.

Social Marketing Transitioning

Refers to ways in which condom social marketing programmes have evolved in their approach towards greater cost recovery and steps taken towards greater sustainability of their condom programmes.

Stewardship

Public stewardship of health systems encompasses government policies and strategies, as well as regulatory mechanisms for ensuring guidance and accountability in which health care services are delivered in order to protect the public interest. (WHO, 2007)

Total Market Approach

An evidence-based process that brings together and leverages the advantages of all players - the public sector, donors, social marketing, private and for-profit - to inform strategies and interventions that will address inefficiencies, distortions and strengthen the total family planning market.

Foreword

Revitalizing condom programming in East and Southern Africa

In June 2021, 165 UN Member States, including all countries in East and Southern Africa, endorsed the Political Declaration on HIV and AIDS (Ending Inequalities and Getting on Track to End AIDS by 2030) and recommitted to end AIDS as a public health threat within ten years.

The Member States acknowledged that the global community had missed the 2020 HIV and AIDS targets as set in the 2016 UN General Assembly Political Declaration on Ending AIDS. In particular, the HIV prevention targets were missed by a wide margin: new infections were three-fold higher than the 2020 target of 500,000. The situation was worsened by the COVID-19 pandemic, which made access to HIV-related services more difficult, resulting in setbacks.

Ending the HIV epidemic will require additional effort and innovative interventions to navigate COVID-19 and other challenges. The 2021 political declaration on HIV and AIDS has set new targets to be met by 2025, to help the global community get back on track. These targets include access to services by 95 per cent of all people at risk of HIV infection.

UNFPA is committed to helping countries achieve these ambitious targets in East and Southern Africa (ESA) through championing evidence-based interventions for primary prevention of HIV. The correct and consistent use of condoms is a proven tool in our arsenal to prevent new HIV infections. UNAIDS' Global AIDS update report of 2021 notes that condom use has had an enormous impact on the global AIDS pandemic, with more than

117 million new infections having been averted since 1990.

The sub-Saharan Africa region has benefited the most in averting new infections through condom use. Of the 117 million cases averted, close to half were from sub-Saharan Africa. In

other studies, it is estimated that in high HIV prevalence countries – most of the countries in ESA fall into this category – male condom use has the potential to avert up to 37 per cent of new infections.

Condom programmes remain among the most cost-effective interventions in the HIV response. They have the additional health benefits of preventing other sexually transmitted infections, as well as preventing unintended pregnancies. By strengthening condom programming and offering a wide variety of prevention choices, there is a realistic chance we can end sexual transmission of HIV in ESA.

Ensuring that all people have access to condoms requires differentiated delivery mechanisms. For most of the countries in the region, the total market approach has been the standard practice. To this end, the majority have been providing both male and female condoms through three sectors – the public sector, which provides fully subsidized condoms (that is, free



to the user) distributed mainly through public health facilities; the social marketing sector, which provides partially subsidized condoms at low cost, mainly through non-health facilities as distribution points; and the commercial sector, which sells condoms for profit.

Social marketing organizations have played a pivotal role in supporting national condom programming efforts in the region including: (i) contribution to national condom distribution volumes; (ii) condom promotion, awareness creation and enhanced visibility and acceptability through behaviour change and branded campaigns; (iii) generation of market data for programmatic decision-making; and (iv) partnerships with governments and donors as key contributors to the overall national HIV prevention efforts.

In the past decade, we have seen a gradual shift in the condom landscape, partly due to the transitioning of international social marketing organizations (SMOs). These changes appear to have shrunk choices for HIV prevention in some countries. As a result, growth in condom use has not reached the desired levels. In some countries, the use has actually declined, especially among young people. There is therefore an urgent need to put in place systems to mitigate the impact of this transitioning of international SMOs. The areas that appear to have experienced the greatest setback are in demand generation, innovative delivery of condoms and market intelligence. If countries in ESA are to reach the 2025 targets for service delivery, urgent solutions need to be sought.

This guide has been developed to help countries put in place measures to mitigate the impact of international SMO transitioning on condom programming. For countries where transitioning has not happened, it will help guide the planning to ensure a seamless transition. Given the unpredictability of donor assistance, it is prudent to have options in the event the transition period is considered inadequate.

On the other hand, for countries that are in the process of transitioning, it provides safety options that could be considered. For those that have already transitioned, the guide highlights gaps to be addressed if condoms are to be readily accessible.

Lessons from transitioning in social marketing are also of value for the general sustainability of the HIV response. As most ESA countries are heavily dependent on donor support for HIV prevention and response efforts, important lessons need to be drawn on how best to transition to domestic resources.

I trust that those championing HIV prevention will find this guide useful to reinvigorate their efforts. Affording people a choice is the best weapon to end AIDS in our region, and globally.

Dr. Julitta Onabanjo

UNFPA Regional Director for East and Southern Africa

Acknowledgements

This work is a product of many stakeholders in the region and beyond. We would like to express our gratitude to all those that contributed in one way or the other to the development of this guide. The foundation of the guide was an outcome of the “Regional Consultation Workshop to promote sustainable condom programming in East and Southern Africa in the era of social marketing transitioning”, hosted by the UNFPA Regional Office of East and Southern Africa (UNFPA ESARO) in March 2019.

The meeting benefited from insights of 17 countries in ESA who were at different stages of transitioning. These countries were represented by officials from ministries of health or national AIDS agencies, NGOs and UNFPA country offices as well as people we serve, which included young people, women, people living with HIV and key populations. Furthermore, valuable inputs were shared by participants from leading social marketing organizations (SMOs) in the region such as International

Planned Parenthood Federation (IPPF) and Population Services International (PSI). Critical partners in condom programming also participated in the consultative meeting. These included USAID, UNAIDS, the Bill and Melinda Gates Foundation (BMGF), Global Fund, and the Swedish International Development Cooperation Agency (SIDA). We would like to thank all the organizations and individuals who participated in the workshop and contributed positively to help find solutions that will mitigate the impact of social market transitioning.

We would also like to thank Ms. Veronica Musembi who was the consultant for this guide, for capturing the workshop proceedings and also validating the workshop outcomes with a literature review and assessments carried out in a number of countries in the region. Lastly, we wish to express our appreciation to Mr. Innocent Modisaotsile for coordinating the development of this Guide.



Executive Summary

Background

This guide was commissioned by the UNFPA East and Southern Africa Regional Office (ESARO) and draws on a literature review of condom social marketing in East and Southern Africa (ESA) as well as inputs from a regional consultative workshop held in Johannesburg in March 2019. Workshop participants were drawn from the 16 UNAIDS Fast-Track countries, as well as representatives from national ministries of health, international social marketing organizations (SMOs), donors and community members served by SMOs. The guide defines i) the state of social marketing in ESA; ii) the impact of transitioning of international SMOs; iii) alternative models to address the gaps left by transitioning of SMOs, and iv) proposed strategies to manage the transition.

Historically, countries in ESA have relied on three sources to meet the national need for condoms: the public sector, which focuses on the provision of free condoms distributed through public health facilities and community-based outreach including interventions targeting key populations (KPs), and (where possible) at-risk areas such as bars and hotels; the social marketing sector which has been providing subsidized condoms mainly through commercial distribution and retail points; and the commercial sector which sells condoms at a profit to those who can afford them. The social marketing sector has supported condom programming in the region in several significant ways by i) reaching populations not covered by the public sector; ii) contributing to volumes of condoms distributed in

the market; iii) promoting condoms and enhancing their visibility and acceptability through generic and branded behaviour change campaigns; iv) generating market data used for programmatic decision-making, and v) partnering with governments and donors as key contributors to national HIV prevention efforts including participation in crucial technical working groups of the ministries of health (MOH). Social marketers have also supported stewardship by playing an important 'convening' role with other market actors, including the MOH, to support activities ranging from strategy development to dissemination of market intelligence.

Until very recently, the condom programme in ESA was reliant on donor funding, a significant share of which was channelled through international SMOs. However, current trends show that donor priorities are shifting and condom funding is declining, forcing ESA countries that previously depended on donor-funded SMOs to handle key components of their condom programming, to rethink their condom strategies. These funding shifts have forced many SMOs to transition their business models from total dependence on external funding in favour of more sustainable approaches.

Rationale behind a regional guide

This guide is intended to assist UNFPA regional and country teams in mitigating the impact of international SMOs transitions. The guide also seeks to assist governments and development partners to plan for seamless funding transitions and avoid reversals of gains in condom programming.




Tackling the HIV epidemic in ESA is a long-term goal that requires sustained effort and planning from both domestic governments and the international community.

In 2017, UNAIDS specified targets to be achieved by 2020:

Diagnose
2.7 million
people living with HIV who did not previously know their HIV status; start an additional

4.1 million
people on ART, and ensure that another

4.5 million
people living with HIV achieve viral suppression¹.



It is clear that if we are to reduce HIV in the region drastically, girls and young women must be at the centre of the response. This can be achieved by deliberately addressing gender inequality and inequity, tackling harmful traditional practices such as child marriage, and increasing educational opportunities.

Countries will need to assess how to allocate limited resources to ensure sustained access to condoms in the era of SMOs transitioning. Strategies should include the integration of condom programming with other sexual and reproductive health (SRH) and HIV services in order to increase access and uptake for both SRH and HIV services; and strengthening partnerships with relevant civil society organizations, the private sector, and communities that are most affected by HIV to implement prevention programmes including expanding

condom access beyond the public health system. National governments will need to create an enabling environment for all sectors to operate and thrive through regulations and rules that support, and not hinder, condom programming by all actors.

Goal, outcome and outputs of the regional guide

The main goal of this guide is to help the region minimize the negative impact on HIV prevention and family planning (FP) programmes as a result of the transition process and to propose alternative models for addressing the gaps left by SMO transitions. The intended outcome is that quality condoms are available and accessible for all segments of the population that need them and that these populations are informed and empowered to use them correctly and consistently to prevent HIV, sexually transmitted infections (STIs) and unintended pregnancies. Proposed interventions should be adjusted according to each country's position within the SMOs transitioning continuum.

Most ESA countries are either transitioning or have already transitioned. A few, however, have either yet to transition, or there is insufficient information to determine where they sit in the transition process. The guide proposes a focus on four areas: i) capacity strengthening of national governments to implement and manage comprehensive condom programmes (CCPs); ii) advocacy for increased domestic financing for CCPs; iii) strengthening national leadership and stewardship of the condom programme; and iv) knowledge management including generation and use of data to make programmatic decisions and promote regional exchanges of communities of practice at national and regional levels to share the lessons learned through the transitions.

¹ (UNAIDS, 2017), Ending AIDS: Progress towards the 90-90-90 targets

Transition road map

Based on lessons learned and good practices, this section provides a road map to support a smooth transition of SMOs in ESA while mitigating the impact on HIV prevention and family planning. The steps can be adapted depending on the specific country context and circumstances surrounding the planned transitioning of the SMO.

i. Conduct a pre-transition assessment of the country's readiness to transition from donor-supported programming

This should be done long before the intended transitions take place and should be an inclusive process involving key stakeholders. In the absence of such assessments, donors may prematurely transition or graduate programmes when there are large segments of the population still reliant on subsidized condoms marketed by SMOs. The assessment tools will need to have specific parameters that are agreed upon by stakeholders through an inclusive process that defines readiness.

Donors may have different criteria for determining whether and when a country might be ready for transition and best practice dictates that the criteria include indicators other than income levels alone. If a country is found to be ready to transition, then a transition road map can be developed.

ii. Develop a transition road map

For countries that are eligible for transitioning, a road map should be developed to enable governments to anticipate SMO transitions and plan accordingly. Since SMOs are major stakeholders in condom programming within the countries where they operate, unplanned or unforeseen transitions are bound to result in

disruptions within the market. Transitions may require several years to implement, and therefore, a phased road map with clear milestones is extremely valuable in helping countries to achieve specified financial and operational targets. Development of the transition road map should be an inclusive country-owned process involving consultative meetings with key stakeholders to determine important issues and bottlenecks. Donors have a critical role to play in helping countries through the process. The national condom technical working groups led by the respective ministries of health might be best placed to steward the process, thereby ensuring it is a country-owned process.

iii. Monitoring and evaluation should be built into the transition road map/plan

Countries need to build monitoring and evaluation (M&E) into their transition road maps to monitor progress and – where necessary – adjust transition strategies along the way to ensure success. In addition to regular assessment of progress against the roadmap targets, each country needs strong M&E systems to track important health indicators, such as access to condoms by all segments of the population including key populations and youth. Post transition, it is also essential to monitor the performance of condom programmes and to track market response to the changes. This includes keeping track of how/if the commercial sector is playing a more significant role and serving a broader segment of the market in countries where subsidized condoms are either reduced or are no longer available.

iv. High-level political commitment and country ownership

Without commitment at the highest political levels, transitions can be easily derailed by changes in

political leadership, in key personnel or in economic circumstances. The commitment by many countries in ESA to end AIDS by 2030 could be an excellent opportunity to secure high-level political commitment to transition. Transitioning of SMOs means that national governments may have to allocate more resources to ensure no gaps are left in the market, which can only be achieved with high-level political commitment to the process. Aligning donor-funded projects with national policies, as well as with the national context, is essential if condom projects are to be absorbed by national governments when funding cycles come to an end.

v. Technical support

Development of a road map, including specified achievements and dates, is a complex undertaking for most countries. Technical assistance is needed not just for developing the road map but also with advocacy to secure high-level political support and goodwill. Countries need specific development assistance with transition processes to build the capacity of agencies that are likely to take over critical elements of HIV programming post-SMOs transition. The transition road map should address the division of roles between government and other entities, funding mechanisms, and other programme management aspects.



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Introduction

UNFPA commissioned the development of this guide aimed at mitigating the impact of transitioning of international SMOs on HIV prevention and family planning programmes in East and Southern Africa (ESA). The guide draws upon a literature review of condom social marketing in ESA as well as inputs from a regional consultative workshop held in Johannesburg in March 2019. The workshop participants were drawn from the 16 UNAIDS Fast-Track countries, as well as other stakeholders including representatives from national ministries of health, international social marketing organizations, donors and community members served by SMOs. The guide defines i) the state of social marketing in ESA; ii) the impact of transitioning of international SMOs; iii) alternative models to address the gaps left by transitioning of SMOs; and iv) proposed strategies to manage the transition.

Historically, countries in ESA have relied on three sources of condom supply to meet the national need: the public sector which distributes free condoms mainly through public health facilities; the social marketing sector, which has been providing subsidized condoms primarily through non-health distribution points; and the commercial sector, which sells condoms to those who can afford to pay. The social marketing sector has supported condom programming in the region in several important ways: i) it reached populations that are not reached by the public sector; ii) it contributed to volumes of condoms distributed in the market; iii) it promoted condoms and enhanced their visibility and acceptability through generic and branded behaviour change campaigns; iv) it generated market data used for programmatic decision-making, and v) it partnered with governments and donors as key contributors to the national HIV prevention efforts including participation in key technical working groups of the MOH.

However, as donor priorities shift, condom funding is becoming unpredictable. Many countries that previously relied heavily on international SMOs to handle critical components of condom programming have had to rethink their condom strategies. In this context of declining funding for condom social marketing (CSM), international SMOs are transitioning their business models from the traditional dependence on external funding in favour of more sustainable approaches. This has inevitably left programmatic gaps. Under these circumstances, ensuring sustained access to condoms for populations that need them is becoming increasingly important. National governments, therefore, need to do more to mobilize domestic investment to address the gaps in programming left as a result of the transition process.

In some situations, SMOs are transitioning even though governments are unprepared, resulting in disruption of services. This situation is aggravated by the absence of transition planning to establish how the critical functions hitherto handled by SMOs will be addressed going forward, and which entities are best placed to do this. It is vital, therefore, for the region to have a guide to mitigate the impact of international SMOs transitioning to ensure that people who cannot afford commercial condoms continue to access them.

1.1 Purpose of the Social Marketing Transitioning Mitigation guide

The primary purpose of this guide is to guide UNFPA's efforts in shaping the condom landscape in ESA. The guide seeks to strengthen the region's preparedness for the inevitable transitioning of SMOs by proposing key focus areas to ensure sustained access to condoms, thereby ensuring minimal disruption of services.

1.2 Methodology

The development of this guide relied on the following sources of information:

- i. A literature review that sought to define:
 - The state of social marketing of condoms in ESA
 - Trends in the financing of condoms
 - Analysis of the gaps observed with the transitioning of social marketing and its impact on HIV prevention and family planning programmes.
- ii. Inputs from a two-day regional consultative workshop convened by UNFPA East and Southern Africa Regional Office in Johannesburg in March 2019. The main theme of the workshop was how to promote sustainable condom programming in the era of social marketing transitioning.
- iii. The consultant developed a brief survey which was circulated with the help of UNFPA to ESA countries for the purposes of obtaining additional information on the state of social marketing to help fill the gaps in the literature.



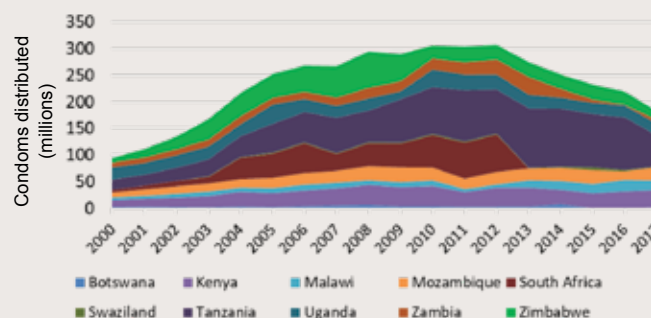


The State of Condom Social Marketing in East and Southern Africa

SMOs have played a pivotal role in supporting national condom programmes in ESA. By providing subsidized condoms, SMOs bridge the consumer gap between those who need free condoms and those who can pay for commercially priced brands. Some of the key roles played by SMOs in the region include i) contribution to national condom distribution volumes; ii) condom promotion, awareness and enhanced visibility and acceptability through behaviour change and branded campaigns; iii), generation of market data and intelligence for programmatic decision-making; and, iv), partnerships with governments and donors as key contributors to the overall national HIV prevention efforts. Sustained donor funding for condom social marketing (CSM) programmes enabled SMOs to carry out these critical market functions.

Evidence from the DKT Contraceptive Social Marketing Statistics report reveals that SMOs distributed nearly 400 million condoms in ESA annually between 2008-2016, contributing significantly to national condom volumes. However, the contribution of social marketing to national condom volumes has declined sharply in recent years, from a peak of over 500 million condoms in 2012 to less than 300 million condoms in 2017². As social marketing sales have decreased, the market share of social marketing condoms has declined, as illustrated in Figure 1 below based on ten selected countries in ESA.

Figure 1: Declining social marketing volumes in selected ESA countries³



A situation analysis on condom social marketing in ESA – conducted as part of this guide development – established that on the demand side, SMOs implemented sustained condom marketing and promotion campaigns that increased the demand for and use of condoms among key target populations. However, with declining funding for CSM, the scale of social and behaviour change communications is on a downward trend. Social marketing transitions have affected the other market functions of SMOs, such as the generation of market data and intelligence used for decision-making and market facilitation.

Essentially, the role of social marketing organizations in the region is changing. In response to market changes, SMOs are transitioning their condom social marketing models towards greater sustainability. Broadly, the two main drivers of social marketing transitioning are evidence of greater willingness to pay for condoms among consumers and defunding of condom programmes or declining donor funding.

² DKT Contraceptive Social Marketing Statistics

³ DKT Contraceptive Social Marketing Statistics 2000-2017

It is clear from the literature that major donors such as FCDO, USAID, and KfW are phasing out funding for some of their condom social marketing programmes by graduating brands – and in some cases entire condom programmes – to more sustainable models.⁴ Defunding of condom programmes or declining donor funding without any transition plans has forced SMOs to evolve their business models in favour of more sustainable approaches such as increasing the cost recovery of their brands or transitioning programmes to commercially viable social enterprises. Other approaches include consolidation and regionalization, which includes exploring opportunities to bring economies of scale to implement interventions that are regional in scale (i.e. focused on multiple priority countries, or regional programmes), and to apply local/global insights to markets and consumer behaviour. In the case of PSI, regionalization includes managing multiple country programmes centrally to improve cost efficiencies. As SMOs continue transitioning their CSM programmes, they need to coordinate better with host governments and other market actors, including donors, to ensure that all segments of the population continue to be served.

To illustrate, when PSI’s funding for condom social marketing came to an end in Botswana, Lesotho,

Eswatini, and South Africa, the organization consolidated its operations in these four countries by forming a regional commercial social enterprise operating out of South Africa. As part of the transitioning guide, PSI repositioned its regional condom brands – *Lover’s Plus* and *Trust* – and transitioned them to commercial brands through price increases and changes in packaging, effectively becoming new retail brands in the market. PSI’s regional office in Johannesburg manages the procurement, distribution, marketing, and all activities related to the two condom brands in Botswana, Lesotho, Eswatini and South Africa.

Even in countries with large urban populations with higher ability to pay for condoms such as in the four Southern African countries mentioned above, the transitions still resulted in market gaps as explained in the next section. In Uganda, where donor support for fully subsidized condom social marketing came to an end for two of the leading SMOs, other approaches had to be adopted. These included leveraging other programmes to sustain condom brand marketing and distribution and increasing the prices of the socially marketed brands while transitioning popular brands to commercial prices for sustainability.



⁴ MGH: Challenges and recommendations for reaching “Fast-Track” targets for condom use.

SMOs are also evolving beyond promoting their own branded condoms to supporting the national government in the branding of free condoms. In Kenya, South Africa and Zimbabwe, for example, SMOs supported the national governments to rebrand free condoms to improve the perception of quality among users.

Secondly, there is evidence of a greater willingness to pay for condoms among users in many countries in ESA. For example, a willingness to pay (WTP) for condoms study conducted by Abt Associates in five sub-Saharan African countries found there was low risk of impact on condom use if prices were to increase.⁵ In addition, a five-country condom investability overview report prepared by Mann Global Health (MGH) showed that in Kenya and Nigeria, 70 per cent of free condom users would buy condoms if free ones were unavailable. This number was 64 per cent in Zambia, 39 per cent in Zimbabwe, and 30 per cent in South Africa.⁶ Based on these findings, SMOs are moving their brands towards greater cost recovery by increasing consumer prices and in some cases shrinking trade margins where the data shows the current margins are too high and consumer prices too low. Examples of how SMOs have implemented greater cost recovery of their condom brands are illustrated in the Situation Analysis of Condom Social Marketing in ESA report conducted as part of this mitigation guide development process.

2.1 Social Marketing Transitioning Continuum

Based on a review of the literature and stakeholder insights gathered during the regional consultative workshop held in Johannesburg in March 2019, it is clear that most condom social marketing programmes in ESA

have either transitioned or are in the process of doing so. However, it is more difficult to define what that means in practice and where individual countries currently sit within that continuum. This paper defines social marketing transitioning as “the approaches condom social marketing programmes have employed to move them towards less or no reliance on donor funding, in order to achieve greater sustainability of their condom programmes”. The transitioning continuum is adapted from the sustainability continuum for social marketing developed by Abt Associates.⁷ It illustrates the different elements involved in SMO transitioning and helps to determine each country’s position in that process. It is difficult to establish time frames for each phase since each country context is unique, and SMO programmes are also different. The pace of transition may also depend on external factors beyond the SMOs control, for instance, reaching the end of a funding cycle and being unable to secure follow-on funding. A detailed table with defining characteristics of each phase can be found in annex I at the end of this document.

A five-country condom investability overview report prepared by Mann Global Health (MGH) showed that:

Kenya and Nigeria	Zimbabwe
70%	39%
Zambia	South Africa
64%	30%

of free condom users would buy condoms if free ones were unavailable.



⁵ Kenya, Nigeria, South Africa, Zambia and Zimbabwe

⁶ MGH: 5-Country Condom Investability Overview

⁷ MOVING TOWARD SUSTAINABILITY: Transition Strategies for Social Marketing Organizations

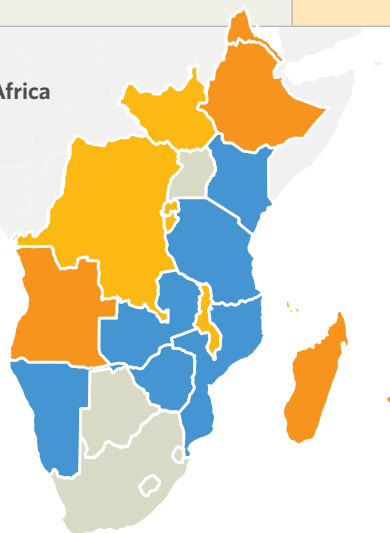
Table 1: Social marketing transitioning continuum

Phases	Pre-transitioning	In transition	Post-transition	Countries with unknown or unclear status
Countries	Angola Burundi Eritrea Ethiopia Madagascar	Kenya Mozambique Namibia Tanzania Zambia Zimbabwe	Botswana Eswatini Lesotho South Africa Uganda	Comoros DR Congo Malawi Mauritius Rwanda Seychelles South Sudan
Key characteristics	<ul style="list-style-type: none"> Still have substantial external funding for CSM SMOs still play their traditional roles of marketing subsidized brands, large scale demand-creation campaigns, and market facilitation High market share of socially marketed condoms 	<ul style="list-style-type: none"> Reduced funding for CSM especially for commodities Implementing cost recovery efforts e.g. increase in prices of socially marketed condoms Reduced focus on brand-specific demand creation in favour of category-generic campaigns Declining market share of SM condoms 	<ul style="list-style-type: none"> Substantially reduced or no donor funding for CSM SMOs transition into social enterprise models in some countries Social marketing brands sold at commercial prices Reduced focus on traditional SM roles Absence of subsidized brands in the market 	<ul style="list-style-type: none"> Inadequate information available on these markets to determine their level of SMO transitioning



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East and Southern Africa





The Impact on HIV and Family Planning Programmes of International SMO Transitioning



Transitioning of international SMOs has impacted on condom programming in the region in very particular ways. Participants during the regional consultative workshop identified six constraints affecting condom programming in ESA, five of which can be linked to the transitioning of international SMOs. However, it is important to note that these constraints are in sync with global challenges affecting condom programming and therefore transitioning of SMOs is likely to be one of many contributing factors. For this reason, individual countries and the region as a whole need to find comprehensive solutions to tackle these weaknesses more holistically, and not just address transitioning of SMOs in isolation. The five constraints that are most relevant to the transitioning of SMOs are explained below.

i. Reduced demand generation campaigns

In all the countries where social marketing organizations are either in transition or have transitioned, there is a near absence of sustained condom demand creation campaigns. The design and implementation of large scale branded and generic demand generation campaigns have been one of the main contributions of SMOs, and therefore, their transitioning is creating a gap in this area. There is a risk that the lack of coordinated, harmonized, evidence-based SBCC and condom demand generation interventions may erode the gains in condom demand and use within the region unless this issue is addressed. A total market approach (TMA) study conducted by MGH in Botswana found that with PSI's departure following the transition to a social enterprise, there was no longer a national champion for harmonized SBCC/demand creation efforts.⁸

⁸ MGH Condom Case Study: Botswana 2017

⁹ MGH: Challenges and recommendations for reaching Fast-Track targets for condom use

¹⁰ UNAIDS Prevention Gap Report, 2016

Condom use trends in the region show a modest but steady increase in condom use with a non-marital non-cohabiting partner, despite reduced demand creation efforts. Secondary data analysis by MGH in 13 UNAIDS fast-track countries showed a relatively uniform increase in condom use over time across different population between 1999-2016.⁹ However, the literature shows that condom use at last sex among adults with more than one sexual partner in the past 12 months is still low, estimated at 23 per cent among men and 33 per cent among women.¹⁰ Literature shows that among youth, condom use has stagnated or decreased in countries such as Tanzania and Uganda.¹¹ Additionally, many of the countries in the ESA region fall short of the 2020 target of 90 per cent condom use during the most recent sexual activity with a non-regular partner despite overall positive trends in condom use.¹² Reduced efforts in demand generation may also explain the lower perception of condom efficacy among youth. For example, a survey by PS Kenya showed a decline in perceived condom efficacy among youth following the withdrawal of messaging.¹³ Finally, inadequate condom messaging means that new cohorts of youth entering the market have not been exposed to the same level of condom messaging that previous generations received.

ii. Weakened market national leadership and coordination of condom programming

In addition to contributing to national strategies, policies, and guidelines, SMOs have played a key role in facilitating condom programming by working closely with governments and other stakeholders and supporting key technical working groups, effectively enabling ministries of health to fulfil their stewardship

¹¹ MGH: Challenges and recommendations for reaching Fast-Track targets for condom use

¹² www.aidsinfo.unaids.org

¹³ PS Kenya HIV TRaC Report, 2013

and coordination role. With more SMOs transitioning, this vital champion role is affected. A condom landscaping study by MGH found that limited national stewardship has been a national market failure in the five countries included in the study.¹⁴ According to the study, many stewardship functions of the market were performed by external market actors, such as donor-funded SMOs. In this role, these external actors filled the gap in local condom market capacity to address issues of access, affordability, demand and supply of condoms. The study recommends capacity building for national stewardship going forward. In countries where SMOs have transitioned out, this support is lacking unless other market actors take on this role. A study conducted by MGH found that consistently weak market stewardship hinders progress in priority countries, specifically when it comes to developing a total market vision; gathering, disseminating and applying market intelligence for decision-making; and monitoring demand-generation activities and distribution to ensure coverage of at-risk populations.¹⁵ Weak market stewardship includes a limited understanding of TMA

and the potential to leverage the potential of different actors to strengthen condom programming.

iii. Limited availability and access to condoms

From a supply perspective, the transitioning of SMOs has affected condom distribution outside the public health system. In Botswana, Lesotho, Eswatini, and South Africa (where PSI transitioned into a social enterprise), socially marketed condoms are no longer available in the market, and outlets which previously stocked them may not necessarily have replaced them with commercial condoms. This limits consumer choice, leaving users with two alternatives: free public sector condoms or commercially sold brands. This distribution gap was a concern echoed by many countries during the regional workshop in Johannesburg, especially as once an SMO has transitioned, there is no guarantee that stockists would fill the vacuum with commercially priced condoms. This was especially so in rural and remote areas, where the SMO's exit often meant the end of condom options in these areas.



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¹⁴ MGH Condom Landscaping Report, 2017

¹⁵ Challenges and recommendations for reaching Fast Track targets for condom use (MGH, 2018)

Even where public sector free distribution increased, the drop in the share of social marketing to overall condom distribution in ESA means that access to condoms for young people and key populations who value discretion has dropped. This is because the public sector relies mainly on facility-based distribution, and cultural stigma and criminalization of key populations can inhibit and restrict access to government facilities.

iv. Lack of market data and intelligence

Social marketers are credited with the generation of market data and intelligence that have been beneficial in supporting evidence-based condom programming in ESA. As SMOs transition, they leave a gap as no other entity is as yet fulfilling this important market function. The generation of market data is critical to inform programming, and this is a function that may continue to require donor support in the short term as governments strengthen their capacity to step in or to identify other market actors such as local NGOs to carry it out. Advocacy is needed to ensure that market research is built into national condom programming budgets to address this gap.

v. Financing

Defunding or reduced funding for SMOs has affected condom programming with many SMOs unable to carry out many of their traditional functions. Overdependence on external funding for condom programmes has left country programmes highly vulnerable as donor priorities shift, leading to transitioning of SMOs. From a total market approach perspective, consumers have limited choice as there are no subsidized condoms in some markets where SMOs have transitioned to a social enterprise or where they have transitioned their brands to full cost recovery. For segments of the population that relied on subsidized commodities, this choice is no longer available in many ESA countries.



Lessons learned from transitioning of SMOs

- i. **Lack of transition planning:** None of the countries that have transitioned or who are currently in transition, had or have a transition plan. Many transitions were triggered by end of funding cycles, obliging SMOs to recover the cost of their brands with no time to allow brands to evolve gradually towards sustainability. There is no timeline for current and/or anticipated transitions, which hampers effective sustainability planning early in the process. Planning is, therefore, critical to ensure successful transitions.
- ii. **Ad hoc implementation of transitions:** There is no single model guiding SMOs transitioning in ESA countries. Furthermore, there is no systematic way of sharing the lessons learned during the transitioning process that would benefit countries that are yet to transition. Each SMO in each country is, therefore dealing with the effects of defunding or reduced funding in isolation, designing their own strategies to cope with the inherent challenges. Sharing experiences among countries in the region would enhance learning and minimize the risks, shortcomings and impact of SMO transitions on the condom programme.
- iii. There is **no evidence of prior consideration of how transitioning of SMOs might impact on key populations.** None of the countries that are transitioning or have transitioned has put any measures in place to mitigate the impact on key populations. In addition, key populations seem unaware that SMOs are transitioning and they do not, therefore, know the implications of such market changes on their ability to access services. Considering the high risk of HIV among key populations, it is important to consider how SMOs transitions might affect their ability to continue accessing condoms conveniently and consistently. Government programmes tend to target the general population in order to have the greatest impact, and therefore many of these groups rely on SMOs to supply them with condom information and commodities. In addition, key populations programming is often heavily donor-dependent and not readily absorbed by governments due to limited data and resources.
- iv. **No post-transition evaluations have been done to assess its impact on HIV prevention and family planning,** including the effect of price increases on accessibility among users of socially marketed brands. None of the countries has conducted post-transition evaluations to determine how the transitions are affecting key programmes previously handled by SMOs, as well as to assess any gaps in programming as a result of these transitions.
- v. **Donor funding is needed in the short term to support key aspects of condom programming such as demand creation and market data.** This will ensure the gains achieved in condom demand and use are not lost while ensuring that new cohorts of users do not miss out on behaviour change messaging. In the long run, however, more sustainable ways of funding these functions will need to be established under the stewardship of national governments. SMOs could still contribute towards demand generation efforts as well as gathering market intelligence required to inform such campaigns even as they continue to evolve their brands to full cost recovery in many countries.
- vi. There is **no evidence of donor/host government coordination or engagement regarding the ongoing transitions. As a result, there are no mitigation plans in place to minimize the negative impact these transitions** have had on condom programming. Such engagement prior to the transitions would ensure joint planning and redistribution of roles. To resolve this, the current national stewardship and leadership of condom programmes will need to be strengthened.



Alternative Models to Address Market Gaps

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To address the gaps in programming, some of which may have been exacerbated by SMOs transition, the region requires alternative models that will ensure sustained access to condoms for all population segments. This will ensure that the gains in HIV prevention in the region are not lost. The recommendations below build on those from the regional consultative workshop convened by UNFPA ESARO in March 2019, where participants made recommendations for addressing the priority programmatic gaps in ESA. A detailed implementation plan that specifies the activities needed to address these gaps, those responsible and resources required is attached as Annex I to this guide.

4.1 Demand creation

Social marketing organizations are still active in the majority of countries in ESA. Where they are present, donor funding could be provided for demand creation campaigns led by the SMOs based on their experience. Donors should also invest in building capacity of relevant departments within the ministries of health such as the design and implementation of promotions to create demand. Governments need to own this function as SMOs continue to transition. Social enterprises may not be able to take on the demand generation role without external donor support as they seek to optimize the use of their limited resources by maximizing on cost efficiencies. There is an opportunity to also build the capacity of national NGOs to carry out this function. The most critical gaps in demand creation include a lack of new consumer data to inform the development of evidence-based communication campaigns. More specific recommendations for how to address this gap are explained in the transition road map in section five of this document.

4.2 Availability and access

In order to address gaps related to condom availability and access, the region needs to identify alternative distribution models such as community-based distribution and the private sector to expand access and availability of condoms (and lubricants) beyond the public health system, for all segments including key populations and youth. Countries should also explore integration with other related health programmes to take advantage of every opportunity to make condoms widely available to people who need them.

4.3 National leadership and stewardship of the condom programme

National leadership and stewardship of the condom programme is a key pillar of condom programmes and is integral to the successful transitioning of international SMOs. National governments are mandated constitutionally to provide the highest standards of health to their citizens and therefore are obliged to own and lead condom programming to ensure sustainability. Governments have the leverage to influence the market by creating an enabling environment for all actors, coordinating national efforts of different players, as well as ensuring all citizens access quality health care including condoms irrespective of where they live or their social-economic status. Strong national leadership and stewardship of the condom programme is needed to carry out landscaping assessments of markets to determine country capacities and preparedness for major changes arising from transitioning of SMOs and leading efforts to develop and manage transition road maps in the individual countries.

4.4 Market data

Market data is needed to generate evidence to inform programmatic decision-making, including development of behaviour change communications. As a mid-to-long-term strategy, and as SMOs continue to evolve, consumer research on SRH/HIV/FP and condoms could be integrated into other periodic country surveys such as the demographic and health surveys (DHS) and multiple indicator cluster surveys (MICS). The research component can also be outsourced to private firms or SMOs based on the availability of funds. In the interim, however, donors need to continue supporting this function as data is lacking to support programming and advocacy efforts for increased resource allocation to condom programmes. SMOs are still well-positioned in many countries to carry out this role with donor support or on behalf of government. Consumer and market data is needed to support segmentation efforts to inform a total market approach to condom programming in the region. This should include investigating how the consumers who relied on socially marketed brands are accessing condoms, and which condoms they are using in light of increased brand prices of previously subsidized socially marketed brands.

4.5 Financing of condom programmes

The condom programme in ESA has been heavily dependent on external resources from donors making it highly vulnerable when this funding is reduced or withheld. As part of their stewardship role, national governments need to invest more resources and lead efforts to mobilize domestic funding to ensure the sustainability of the programme. With social marketing organizations transitioning to full commercial enterprises for sustainability, more domestic financing is needed to provide condoms to population segments that cannot afford to pay for commercially priced condoms.



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Proposed Strategies to Better Manage SMO Transitions

This section presents the recommended strategies that, if implemented at country and regional level, could mitigate the impact of social marketing transitioning.

Studies done to review good practices in transition risk analysis and planning show that countries facing transition away from external support of health programmes, and donors seeking to exit without negative consequences can improve the probability of mutual success by following a collaborative and coordinated process for managing transitions. This process includes: pre-transition assessment of readiness; an agreed transition plan that proactively mitigates identified risks; a framework for monitoring the transition process; and a mechanism for ensuring accountability.¹⁶ Transition plans should therefore align with other concurrent strategic changes in the health system (such as devolution of authority to lower level jurisdictions within the health system, or adoption of social insurance or other pooled health financing). Plans for transitioning financing should have incremental, verifiable milestones and mechanisms to foster accountability between external donors and national counterparts.

At the planning stage, a variety of domestic stakeholders should be identified and involved in the pre-transition assessment of readiness process. These include relevant departments within the national government such as the ministries of health and finance, as well as the national budgeting agency, various legislative committees on health, as well as other market actors.

¹⁶ Transitioning financial responsibility for health programmes from external donors to developing countries: Key issues and recommendations for policy and research, *Journal of Global Health*, Published online 2018 Jan 20. doi: 10.7189/jogh.08.010301

¹⁷ Dave Burrows, Gemma Oberth, Danielle Parsons, and Lou McCallum; Transitions from donor funding to domestic reliance for HIV responses: recommendations for transitioning countries, March 2016

In summary, the literature shows that successful transitions can be achieved using the following guiding principles¹⁷:

Transparency and predictability – being able to anticipate which countries might become eligible for transitioning and when.

Good practice – using the available literature on good practice for transitions, and sharing models and frameworks developed by others to guide countries and donors in this process.

Human rights – considering how transition impacts key populations and human rights interventions.

5.1 Transition road map

Based on lessons learned and good practices in transitioning programmes away from full dependence on donor support, this section provides guidelines in the form of a road map to support countries to achieve a smooth transition of SMOs in ESA while mitigating the impact on HIV prevention and family planning. The steps can be adapted depending on the specific country context and circumstances surrounding the planned transitioning of the SMO.

i. Conduct a pre-transition assessment of the country's readiness to transition from donor-supported programming

This should be done well before the intended transitions take place and should be an inclusive process where key stakeholders are involved. In the absence of such assessments, donors may prematurely transition or graduate programs when there are large segments of the population that still require the subsidized condoms socially marketed by SMOs. The assessment tools will need to have specific parameters that are agreed upon by stakeholders through an inclusive process that defines readiness.

Different donors may have their own criteria of determining which country might be ready for transition, and when, but best practice dictates that the criteria should include indicators other than income levels. If a country is found to be ready to transition, then a transition road map can be developed.

ii. Develop a transition road map

The goal of a transition road map is to enable countries to anticipate SMO transitions and plan accordingly. Where SMOs are major stakeholders in condom programming, unplanned or unforeseen transitions are bound to result in disruptions within the market. Transitions may require several years to implement and therefore, a phased road map with clear milestones will help countries to achieve specified financial and operational targets. Development of the transition road map should be an inclusive country-owned process involving consultative meetings with key stakeholders to determine potential issues and bottlenecks. Donors have a critical role to play in helping countries through this process. The national condom technical working group, which is led by the ministry of health, is often best placed to steward the process and ensure that it is country-owned.

iii. Monitoring and evaluation (M&E) should be built into the transition road map/plan

Countries need to build monitoring and evaluation into their transition road maps to monitor progress and to be able to adjust transition strategies along the way to ensure success. In addition to regular assessment of progress against the roadmap targets, each country needs strong M&E systems to track important health indicators, such as access to condoms by all segments of the population including key populations and youth. It is also essential for countries and regions to monitor the

performance of condom programmes post-transition, and to track how markets have responded to these changes. One crucial aspect to keep track of is how/if the commercial sector is playing a more significant role and servicing a wider segment of the market in countries where subsidized condoms have either been reduced or are no longer available.

iv. High-level political commitment and country ownership

Without commitment at the highest political levels, transitions can be easily derailed by changes in political leadership, key personnel or economic circumstances. The commitment by many countries in ESA to ending the AIDS pandemic by 2030 is an excellent opportunity to secure high-level political commitment, especially given that national governments may have to allocate more resources to close gaps in the market. Aligning donor-funded projects with national policies as well as with the national context is essential if condom projects are to be absorbed by national governments when funding cycles come to an end.

v. Technical support

Development of a roadmap, including specified achievements and dates, is a complex undertaking for many countries. Technical assistance is needed not just for developing the road map but also to be able to advocate successfully for high-level political support and goodwill. Countries need specific development assistance with the transition processes to build the capacity of agencies that are likely to take over critical elements of HIV programming post-transition. The transition road map should address the division of roles between government and other entities, as well as funding mechanisms, and other programme management aspects.

Annex I: Implementation plan for addressing the gaps left by SMO transitions

GOAL: To effectively manage transitioning of international SMOs to minimize the impact on HIV prevention and FP Programmes in the ESA region

OUTCOME: SMOs transitioning is planned, coordinated and managed to limit the negative impact on HIV prevention and FP Programmes

Outputs	Proposed Actions	Leadership	Technical and financial support
<p>Output 1: Sustained evidence-based targeted demand generation campaigns for condoms</p>	<ul style="list-style-type: none"> Invest in - and involve beneficiaries - in formative research to design evidence-based demand creation interventions centred on needs and preferences of users as well as their willingness and ability to pay; Strengthen the capacity of relevant departments within the ministries of health to design and implement evidence-based social and behaviour change communications; Advocate for inclusion of demand creation in national condom strategies and budgets and future funding applications; Implement multi-channel demand social and behaviour change communications that target beneficiaries and leaders to change individual and collective socio-cultural norms; Integrate condom messages into other prevention programmes, i.e. RH, STI, PrEP, VMMC, and HTS - via integrated delivery of services. 	<p>National government supported by regional structures, i.e. SADC and EAC</p>	<p>Support from NGOs, CBOs and community gatekeepers Support from UNFPA and other development partners such as UNAIDS</p>
<p>Output 2: Strengthened national leadership and coordination of condom programmes and SMO transition</p>	<ul style="list-style-type: none"> Conduct landscape assessment of markets to determine country capacity and preparedness to cope with major changes/transition within SMO funding; Identify innovative and appropriate approaches to address potential demand or supply-side GAPS and promote regional exchanges of communities of practice at national and regional levels; Develop national SMO Transitioning Preparedness Tools, and transition plans to mitigate the impact and risks of SMO transitions; 	<p>National governments, ministries of health focal points</p>	<p>Support from UNFPA and technical and financial partners such as UNAIDS and other development partners, technical working groups</p>

Outputs	Proposed Actions	Leadership	Technical and financial support
<p>Output 2: Strengthened national leadership and coordination of condom programmes and SMO transition</p>	<ul style="list-style-type: none"> ▪ Identify opportunities/options to transition SMO led CSMs into viable social enterprises; this includes segmentation strategies to target subsidies for those most in need and offering full-priced condoms for wealthier quintiles that can afford to pay commercial prices; ▪ Advocate at government level to obtain and maintain high-level political commitment and ownership for condom programming; ▪ Advocate for governments to designate focal persons at national level and support multi-sectoral technical working groups at national and sub-national levels; ▪ Support integration of services across programmes; ▪ Invest in condom research, including market analyses and benefits of condom programmes, to inform advocacy; ▪ Promote strategic partnerships and coordination among relevant stakeholders at national and regional levels to assure that market facilitation function of SMOs continues to be supported by market actors. 		
<p>Output 3: Improved availability of - and access to - condoms</p>	<ul style="list-style-type: none"> ▪ Explore alternative distribution models such as community-based distribution and the private sector to expand access and availability of condoms (and lubricants) beyond the public health system, for all segments including key populations and youth; ▪ Explore public-private partnerships, e.g. commercial distributors taking condoms to rural areas alongside their products as part of corporate social responsibility programmes; ▪ Strengthen coordination and integration with other programmes to increase distribution channels through community-based distribution mechanisms; 	<p>National government supported by regional structures, i.e. SADC and EAC</p>	<p>Technical support from partners including NGOs, CBOs and commercial partners</p>

Outputs	Proposed Actions	Leadership	Technical and financial support
<p>Output 3: <i>Improved availability of - and access to - condoms</i></p>	<ul style="list-style-type: none"> ▪ Partner with CBOs and the commercial sector to support last-mile distribution; ▪ Strengthen capacity for government/MOH in forecasting and quantification; ▪ Inform and educate users about the quality of free condoms including repackaging and rebranding of free condoms; ▪ Develop public-private partnerships (PPPs) with relevant institutions such as condom manufacturers, commercial distributors, social enterprises and community-based organizations to expand distribution beyond the public health system and increase the sustainability of the markets. 		
<p>Output 4: Increase collection and use of market data and intelligence and use of comprehensive M&E systems</p>	<ul style="list-style-type: none"> ▪ Lobby for global support to develop behavioural indicators that illustrate the contribution of condom programmes to national health outcomes; ▪ Explore the use of existing data collection systems and tools to collect market data to inform the development of appropriate condom strategies. (e.g. expand DHS and MICS indicators, HMIS to include consumer preference data); ▪ Develop M&E tools to monitor implementation of national transition road maps; ▪ Conduct secondary analysis of existing data such as DHS and MICS and ensure data sharing across sectors and partners; ▪ Embrace technology, especially the use of electronic platforms to collect market research and consumer preference data. ▪ Assure/improve leadership and stewardship by government to ensure collation of data centrally and use it to inform programmes; ▪ Partner with other organizations to collect distribution data; ▪ Use technology to collect data on uptake beyond health facilities; 	<p>National government supported by regional structures, i.e. SADC and EAC</p>	<p>Financial and technical support</p>

Outputs	Proposed Actions	Leadership	Technical and financial support
<p>Output 4: Increase collection and use of market data and intelligence and use of comprehensive M&E systems</p>	<ul style="list-style-type: none"> Generate evidence through market research and identify, document and share best practices regarding transitioning of SMOs or major market shifts. 		
<p>Output 5: Increased financing for condom programming</p>	<ul style="list-style-type: none"> Advocacy targeting donors, government, ministry of finance, and other health policy forums to increase understanding of health impact of gaps in condom programming; Invite private sector to participate in condom technical working groups, country operational plans and funding applications such as Global Fund to leverage sector support for condoms. 	<p>National government supported by regional structures, i.e. SADC and EAC</p>	<p>Financial and technical support</p>



Annex II: Social marketing transitioning continuum

Phases	Pre-transitioning	In transition	Post-transition	Countries with unknown status
Countries	Angola Burundi Eritrea Ethiopia Madagascar	Kenya Mozambique Namibia Tanzania Zambia Zimbabwe	Botswana Lesotho Eswatini South Africa Uganda	Comoros DR Congo Malawi Mauritius Rwanda Seychelles South Sudan
PRODUCT	Commodities are donated or funded by a donor or local government. Procurement of commodities is not the responsibility of the SMO.	SMO procures some commodities while the rest are donated by donors or local government.	SMO procures all the commodities; does not benefit from any commodity donations.	
Indicators: <ul style="list-style-type: none"> ▪ Funding levels for social marketing commodities ▪ Value of donor or government-procured commodities ▪ Share of social marketing to national distribution volumes 				
PRICE	Socially marketed brands are highly subsidized, often below the cost of goods sold (COGS).	Socially marketed brands are partially subsidized; prices are adjusted to recover some of the costs, e.g. the cost of the product and packaging as well as freight charges. Cost recovery may not include distribution, marketing, personnel, and administrative costs.	Products are sold at full cost recovery. Prices cover COGS, SMO indirect costs and generate extra profit. SMOs may have a mix of products – some at break-even (full cost recovery) and some at premium prices to subsidize other elements of the programme.	
Indicators: Per cent of COGS recovered through trade prices				

Phases	Pre-transitioning	In transition	Post-transition	Countries with unknown status
PROMOTION/ COMMUNICATION	<ul style="list-style-type: none"> ▪ Brand-specific promotion and generic SBCC to generate demand for condoms. ▪ Generic BCC targets large segments of the population. ▪ Marketing campaigns are informed by research. 	<ul style="list-style-type: none"> ▪ Less focus on brand-specific promotion and generic BCC to generate demand for condoms. ▪ Generic BCC targets specific segments of the population. ▪ Reduced focus on market research. 	<ul style="list-style-type: none"> ▪ Branded promotions are designed to appeal to larger segments of the population. ▪ Generic BCC targets specific segments of the population, such as youth and key populations. ▪ Reduced focus on market research due to cost containment. 	
<p>Indicators:</p> <ul style="list-style-type: none"> ▪ Proportion of donor funding dedicated to branded promotions vs generic BCC ▪ Scale of brand-specific marketing/ promotion compared to historical levels ▪ Scale of generic BCC compared to historical levels ▪ Amount spent on branded vs generic BCC 				
DISTRIBUTION	SMO uses its own commodity logistics system and sales staff to distribute condoms at appropriate retail sales points.	SMO relies more on commercially outsourced services to distribute products to the retail level.	SMO relies entirely on 3rd party commercial distributors to move products throughout the distribution chain.	
<p>Indicators:</p> <p>Proportion of products sold by SMO staff vs external commercial distributors</p>				

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