



SUMMARY

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

Background

Social marketing is an integral part of the HIV prevention response in developing countries. It can be defined as the adaption of commercial marketing and sales concepts to achieve social goals by making subsidized health-related products and services readily available to low-income populations, thereby effecting positive behaviour change. In East and Southern Africa (ESA), social marketing organizations (SMOs) bridge the consumer gap between those who rely on free condoms and those who can afford to pay for commercially priced brands.

SMOs contribute hugely to national condom distribution volumes in the region —

**an estimated
400 million condoms
between 2008 and 2016 —
and influence behaviour through
branded condom promotion,
awareness and visibility campaigns.**



They also generate the market data and intelligence that underpin programmatic decision-making and partner with governments and donors as key contributors to overall national HIV prevention efforts.

These critical market functions are made possible by sustained donor funding for condom social marketing (CSM) programmes.

In recent years, however, volumes declined from a peak of over

**500 million condoms in 2012
TO LESS THAN
300 million condoms in 2017**

reflecting the changing role of social marketing organizations in the region.

This is driven by two factors: evidence of greater willingness to pay for condoms among consumers; and defunding of condom programmes or declining donor funding, resulting in countries having to transition from donor-funded and managed initiatives to country-led and financed programmes.

As a way of adapting to changes in the donor landscape, SMOs have been forced to take a more sustainable approach by either recovering more of their costs, collaborating on regional levels to achieve economies of scale or transitioning to commercially viable social enterprises. Regardless of their strategy, a change in the funding status quo risks exposing gaps in national and regional condom programming; potentially reversing gains made in HIV prevention and family planning.

Based on a review of the literature and stakeholder insights gathered during a 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. This paper seeks to determine where each country sits on the social marketing transitioning continuum, and how UNFPA country offices can assist ministries of health in achieving greater sustainability of their condom programmes and fill the gaps left by SMOs.

¹ DKT Contraceptive Social Marketing Statistics

The impact on HIV and family planning programmes of international SMO transitioning

The transitioning of international SMOs has affected condom programming in ESA as follows:

i. **Reduced demand generation campaigns:** The design and implementation of large scale branded and generic demand-generation campaigns are one of the main contributions of SMOs, and their transitioning is creating a gap that may erode gains in the demand for and use of condoms.

ii. **Weakened market national leadership and coordination of condom programming:** By working closely with government and other stakeholders and supporting key technical working groups, SMOs enable ministries of health to fulfil their stewardship and coordination role. As SMOs transition, this vital champion role is affected, resulting in national market failure.²

iii. **Limited availability and access to condoms:** The transitioning of SMOs leaves users with two alternatives: free public sector condoms or more expensive commercially sold brands. For low-income segments of the population who do not want to attend government health facilities, this can inhibit and restrict access to condoms.

iv. **Lack of market data and intelligence:** As SMOs exit, they leave a market intelligence gap that may continue to require donor support in the short term as governments strengthen their capacity to carry it out.

v. **Financing:** Overdependence on external funding for condom programmes has left country programmes vulnerable as donor priorities shift.



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² MGH Condom Landscaping Report, 2017

Six lessons learned from transitioning of SMOs to date:

- i. Planning is critical to ensure successful transitions, yet none of the countries that have transitioned or who are currently in transition had or have a transition plan.
- ii. Sharing experiences among countries in the region would enhance learning and minimize the risks, shortcomings and impact of ad-hoc SMO transitions on the condom programme.
- iii. Put measures in place to mitigate the impact on key populations before transitioning.
- iv. Post-transition evaluations are essential to assess the impact on HIV prevention and family planning, including the effect of price increases on accessibility among users of socially marketed brands.
- v. Donor funding is needed in the short term to support critical aspects of condom programming, such as demand creation and market data.
- vi. Strengthen the national stewardship and leadership of condom programmes to ensure better donor/host government coordination or engagement around transitions.



Alternative models to address market gaps

Alternative models are required to plug the gaps in condom programming to ensure that the gains in HIV prevention are not lost. Recommendations for ESA include:

Create demand: Find donor funding for SMOs that still operate in the region to continue with critical tasks such as demand-creation campaigns and the collection of new consumer data. Donors to invest in building the capacity of relevant departments within the ministries of health as well as non-governmental organizations to implement promotions designed to create demand.

Ensure availability and access: 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. Countries should also explore integration with related health programmes to take advantage of every opportunity to make condoms widely available to people who need them.

Boost national leadership and stewardship of the condom programme: National governments are mandated constitutionally to provide the highest standards of health to their citizens and therefore are obliged to ensure the sustainability of condom programming. Strong national leadership and stewardship of the condom programme are 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.

Collect market data: Data are needed to generate evidence to inform programmatic decision-making, including the development of behaviour change communications. As a mid to long term strategy, 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). Resources permitting, the research component can also be outsourced to private firms or SMOs. In the interim, donors need to ensure that data continues to be gathered to support programming and advocacy efforts for increased resource allocation to condom programmes and to support segmentation efforts to inform a total market approach to condom programming in the region.

Financing of condom programmes: 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, domestic financing is needed to provide condoms to population segments that cannot afford to pay for commercially priced condoms.





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Transition road map

UNFPA has drawn up a road map to help countries achieve a smooth transition from SMO condom programming without putting HIV prevention and family planning programmes at risk. The steps can be adapted depending on the specific country context and circumstances surrounding the planned transitioning of the SMO, and are grounded in the principles of transparency, good practice and human rights.

- i. **Conduct a pre-transition assessment of the country's readiness to transition from donor-supported programming:** an inclusive process that needs to start well before the intended transitions take place and involve all stakeholders. In the absence of such assessments, donors may prematurely transition or graduate programmes when there are large segments of the population that still require the subsidized condoms socially marketed by SMOs. Best practice dictates that in determining if a country might be ready for transition, criteria should include indicators other than income levels.
- ii. **Develop a transition road map:** Where SMOs are major stakeholders in condom programming, 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. Donors have a critical role to play in assisting 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) to be built into the transition road map/plan:** 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:**

The 2030 commitment to ending the HIV pandemic is an excellent opportunity to secure high-level political support, especially given that national governments may have to allocate more resources to close gaps in the market. Buy-in at the highest political levels also mitigates against the plan being derailed by changes in political leadership, key personnel or economic circumstances.

- v. **Technical support:** This is a complex undertaking for many countries. Countries need specific technical and 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.

Conclusion

A planned, collaborative and transparent process is key to ensuring that the transition does not reverse gains made in condom programming in ESA, and that the region remains on track to achieve the UNAIDS 2030 targets for the eradication of HIV.



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every childbirth is safe and
every young person's
potential is fulfilled**



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