Launching and promoting the female condom in Eastern and Southern Africa

Joint United Nations Programme on HIV/AIDS

UNAIDS

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KEY MATERIAL

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Table of contents

I. Introduction

Eighty delegates from 15 countries participated in a meeting entitled "Launching and Promoting the Female Condom in Eastern and Southern Africa" sponsored by UNAIDS, the World Health Organization (WHO) and Population Services International (PSI), with support from International Planned Parenthood Federation (IPPF). The objectives of the meeting were:

- to provide an update on recent studies and current knowledge regarding female condoms;
- to share information on planning, launching and promoting female condoms;
- to review draft material on female condom promotion;
- to identify strategies to advocate for and motivate country actions toward integrating female condoms as one of the options available for disease prevention and contraception; and
- to recommend possible ways forward for an effective, extensive and timely introduction and promotion of female condoms.

This report offers a summary of the issues and challenges that emerged from discussions during the meeting. Rather than providing comprehensive details from each discussion that took place during the three days, it is instead a reflection of the topics of primary interest to the participants, the major themes that were explored, and lessons learned from countries that have experience with the female condom.

II. Major themes

A. Efficacy

In order to be accepted, the female condom must be shown to be effective against both pregnancy and sexually transmitted diseases (STDs). Studies looking at its effectiveness against unwanted pregnancy suggest that, when used correctly and consistently, the overall probability of failure for the female condom is not statistically different from probabilities of failure for the diaphragm, the sponge, or cap. It also falls within the same efficacy range as the male condom.

Although little completed research examines the female condom's effectiveness against STDs, initial findings suggest that the female condom provides protection similar to that of the male condom. One study among commercial sex workers in Thailand suggests that when women and men are given a choice between the male and female condom, rates of STD infection are one third lower than when individuals are only given the choice of a male condom. This result suggests that increasing a client/consumer's choice greatly contributes to the decrease in STD incidence.

B. Acceptability

Acceptability of the female condom is generally high. Studies of this factor undertaken throughout the region (Zambia, Zimbabwe, Uganda and South Africa) highlight the fact that a significant number of both women and men find the female condom to be a satisfactory method of contraception and STD/HIV prevention. As with other methods, some attributes of the female condom are viewed as both positive and negative (e.g. lubrication can be seen as enhancing sexual intercourse or seen as too greasy).

When considering the introduction of the female condom, most countries have begun with an acceptability study. Some expressed concern that continued resource expenditure on the acceptability of the female condom was no longer necessary, since existing studies have established a general level of acceptability within the region, but delegates felt that it was important to explore the acceptability of the product within their own country. They noted many cultural differences found both within countries and throughout the region. Experience in Zimbabwe reveals that countries conducting acceptability studies need also to understand how men and women would like the female condom promoted and distributed.

Additional questions to be addressed, include "from whom do you want instruction about the product's use?" Additional necessary data should include male condom usage rates as well as prevalence rates of STD/HIV and unintended pregnancies. Analysis should consider the cost of other methods and their user profiles and an understanding of which sub-populations are interested and need access to this new method. Moreover, as the number of countries introducing the female condom continues to increase, and more women and men have experience with the product, it will become increasingly important to fund introductory trials.

C. Price and procurement

The high initial investments required to manufacture the female condom, as well as the material used, contribute to the price of the product. Because the female condom is made of polyurethane, a material that is more expensive than latex which is used in the manufacture of male condoms, it is unlikely that it will ever be as inexpensive as the

male condom. However, the Female Health Company (FHC), as the sole manufacturer of the female condom, continues to work with the international community in order to offer the lowest possible price. FHC and UNAIDS have negotiated a special public sector price that offers a reduced price of £0.38 per female condom. Furthermore, FHC is continually looking for ways to reduce the manufacturing costs of the product in order to lower the price. Finally, preliminary findings from a study in South Africa indicate that reuse of the female condom may be a possibility. In countries where this practice would be culturally acceptable, reuse will reduce the price per protected sexual act. Final results of the South Africa study are eagerly awaited.

However, numerous examples and experiences indicate that the price of the female condom is just one of many factors that are important when determining the feasibility of using the product within a country's reproductive health method mix. One important approach is to examine the cost-effectiveness of the female condom. Mathematical modeling indicates that, for many countries in eastern and southern Africa, the female condom is a cost-effective contraceptive and STD prevention method, both in terms of disability-adjusted life years (DALYs) and also in terms of cost per STD case averted. At the consultation the mathematical model was demonstrated with statistics from Zambia, a country that has high STD/HIV rates, similar to many countries in the region.

Mathematical modeling is just one of a number of approaches that should be considered when evaluating the feasibility of making the female condom available within a country.

Other criteria include

- cost effectiveness of incremental risk reduction (which assesses the introduction of the female condom in environments where the male condom is already widely distributed);
- incremental cost effectiveness of alternatives (which assesses the cost effectiveness of the female condom in comparison with alternative methods of contraception and STD/HIV prevention);
- economies of scale (which assesses how widely the product will be distributed within a given environment);
- institutional strength (which assesses the ability of different institutions to manage the packaging and distribution of the product and the training of providers);
- use dynamics (which examines the needs of specific target groups and their access to other methods of contraception and STD/HIV prevention);
- cost recovery (which assesses how much of the cost can be passed on to the consumer); and
- the epidemiological context.

When a comprehensive analysis that includes the above criteria reveals a potential for the female condom within a country's reproductive health method mix, then funding should be aggressively sought. Resources can come from a variety of sources including public and private sectors, local and international organizations, commercial, and project-related funds.

D. Social marketing

Countries where the female condom has been launched have usually included both a public and private sector distribution. Social marketing organizations have been instrumental in establishing distribution within the private sector. Social marketing complements the public sector distribution of any health product by harnessing the power of the commercial sector for health objectives. It does this by making available good quality health products at an affordable price (often the product is heavily subsidized). Product retail is supported by a communications campaign that includes IEC, mass media, interpersonal communication, and staff training. Social marketing contributes to the distribution of necessary health products through market research, communications (advertising and promotion), increased access to the product, cost recovery, and creation of brand loyalty and market positioning. PSI has been heavily involved in the introduction of the female condom in Zambia and Zimbabwe, two countries with the broadest distribution of the product, and plans to launch the product or expand marketing in South Africa and Tanzania. Marie Stopes International plans to expand social marketing sales of the female condom in Uganda.

E. The role of empowerment and gender equity

A central dialogue focused on the role of empowerment and gender equity in policy and programming of the female condom. It was felt by many that the female condom was unique in its ability to offer women a chance to protect themselves against unwanted pregnancy and more importantly, against STDs including HIV. Many felt that this should be highlighted at the policy level, particularly in countries where there was no articulated policy on the female condom or on reproductive health. Others felt strongly that discussing empowerment, especially at the programmatic level, was a hindrance to the acceptability of the product within the existing cultures of their countries. What emerged from the dialogue was a series of points to assist policy makers and programmers as they examine the feasibility of the female condom.

It was agreed that the female condom is one more way to increase choice. It is a method that women can choose and initiate. The method acts as a catalyst to strengthen women's sexual decision making and can assist in improving the communication between men and women.

For many countries it was the first time that they had considered the female condom as a method of dual protection. The similarity of the product designator "female condom" to "male condom" had led many of the participants to view the product primarily in terms of STD/HIV prevention rather than as a method of dual protection. Many felt that the dual protection option offered an exciting change.

There are two issues at the policy level to be emphasized. One is that placing the female condom within a reproductive health context emphasizes empowerment of both men and women through the expression of choice. Secondly, the female condom offers women an opportunity for empowerment as a product used primarily by women.

At the policy level, it is important to emphasize how the female condom can empower women (based on the global consensus at meetings in Cairo, Copenhagen and Beijing). Here there is an opportunity for activists, government, and NGOs to push the consensus at global meetings into action by promoting the empowerment that it can offer women. Perhaps the best example of this level of mobilization was in Zimbabwe, where women acted as grassroots activists to petition government to introduce the female condom.

F. Networking and collaboration

This consultation offered participants the opportunity to learn from other country experiences. Specifically, the vast differences in experiences within the region were highlighted. Since countries within the region have such varied levels of experience, it is important for those countries with greater experience in the promotion of the female condom to share this information with others. Countries about to launch programmes including the female condom should network with countries with more experience.

Individual participants were encouraged to make personal connections with other delegates and it is their responsibility to continue with this networking. One cluster of countries pushed this notion further and agreed to meet one month from the meeting to pursue a sub-regional strategy. Copies of the list of participants were updated at the meeting (see p. 14 for updated list). In addition, USAID is putting together an electronic "listserv" through email to provide a forum for discussion on the female condom.

Sharing of resources and documents is an important concern for all members. The participants intensively reviewed general documents focusing on policy, cost-effectiveness, and IEC materials. Constructive comments will be incorporated into the documents before they are sent to the participants. Countries that are still planning on launching the female condom need to consult more directly with those countries that have already launched, offering them an opportunity to see programes first hand and to understand more specifically the development of IEC materials.

Despite the fact that countries felt the need to conduct their own acceptability studies, participants still felt that it was important to have access to existing studies. Many felt that the introduction of the female condom into a country's method mix offered an important opportunity to re-examine existing training materials and philosophies that distinguish between contraception and disease prevention. They saw this as a way to articulate the national commitment to reproductive health at a programmatic level. Information on training needs to be shared. Those countries that have developed materials on training, education, and promotion for the female condom are interested in collectively reviewing their materials in the hopes of creating a core curriculum that could be used as a template for other countries within the region.

Collaboration between countries could take the following forms: networking, exchange visits, regional and sub-regional meetings, and comparative studies. Participants agreed to begin this collaboration.

G. Multi-sectoral involvement

Involvement across numerous sectors (including governments, nongovernmental organisations (NGOs), and social marketing organizations) has a specific role to play in the launch, promotion, and distribution of the female condom. In addition, countries where the female condom has already been launched have found it beneficial to have an umbrella group (a board or task force) comprised of all these groups, including donors, to oversee its promotion and distribution.

Governments can play a significant role in policy development signaling their desire to explore the possibility of including the female condom within their reproductive health method mix. They can also play a coordinating role, helping to organize the various sectors and monitoring progress of research and distribution.

NGOs include a wide range of groups sponsoring a variety of activities. Examples include women's groups, religious groups, family planning groups, and traditional healers. Since they each represent certain target populations, it is essential that they all become involved. It is also important to recognize and respect the limits of activity of each group. For example in Uganda, church leaders play a key role on the boards of the task force but cannot publicly endorse the product. Governments and NGOs alike have a coordination and distribution function.

Social marketing organizations can play a significant role in the expansion of the product within the private sector. They can also participate in research designed to examine the user profile, and can greatly assist in communication campaigns. In both Zambia and Zimbabwe, PSI's social marketing organizations have been actively involved in the research, provider training, communications campaign, and distribution of the female condom. All groups were encouraged to participate in research, both in its initial/preliminary stages and in the distribution of research findings.

H. Sharing of resources within the public and private sector

In countries that have successfully launched the female condom within the region, a key strategy was to maintain consistency throughout the public and private sector campaigns. This included ensuring consistent training, a consistent product designator and approach to the product (as a dual method of protection) as well as a joint launch. Coordination provides one national message about the product and ensures consistency in defining the product in both the public and private sector.

I. Involving and targeting men

Although a woman inserts the female condom into her vagina, it usually requires the knowledge and consent of her male partner. Culturally in the region, men are in charge

of their family's health (including reproductive health). Therefore, they need to feel included in the decision to use this product by their wives and girlfriends. Men must be included within the target group. Experience in Zimbabwe and Zambia reveals that men also play a significant role as consumers of the product. Promotional and educational materials must be directed towards both men and women (in Zimbabwe, the product was geared towards couples). Furthermore, by including men, countries are fulfilling their agreement to broaden their health initiatives to include reproductive health.

J. Importance of interpersonal communication

Because it is a new method, the female condom requires the development of effective educational materials. Many women have little understanding of the physical and biological aspects of their reproductive system. Since a woman must place the female condom inside her vagina, a process that is not necessarily familiar to her, explicit instructional materials are necessary to assist her in this task. One-on-one communication with trained personnel has been found to be effective. Despite it being resource intensive (training and salaries of staff), countries with the most experience in the promotion of the female condom have found training invaluable. Owing to the novelty of the product and the woman's lack of reproductive health knowledge, women often find insertion of the female condom difficult the first time. Without culturally appropriate personal communication strategies in place, women may discontinue use and negatively influence their peers. Interpersonal communication can occur in a variety of situations including hairdressing salons (where women spend a considerable length of time and can share direct experiences about the product), in pharmacies and doctors' offices (where there is an opportunity to learn from a trusted health practitioner), and in retail outlets (Zambia has consumer clinics at supermarkets where trained personnel can answer questions about the product for both men and women).

K. Training

Provider training plays a key role in the initial and continued successful use of the female condom. In South Africa, training was done jointly for social marketing and public sector personnel with an emphasis on direct experience with the product, with providers learning insertion and use before educating the client/consumer. In Zimbabwe, training was focused on health providers including pharmacy staff, private doctors and nurses, and public and private clinic staff. PSI/Zimbabwe and the Female Health Company have each developed training videos for staff and consumers.

Other important training, promotional and educational materials that have been produced include:

- brochures to assist in dialogue between women and men (South Africa, Zimbabwe)
- posters (Kenya, Uganda, Zambia, Zimbabwe)
- written instruction with diagrams (South Africa, Zambia, Zimbabwe)

- flip chart for use in one on one dialogue with consumer/client (South Africa, Zimbabwe)
- plastic models of vagina and penis (South Africa), and
- promotional video—for retail stores and clinics (South Africa, Zimbabwe).

L. Importance of political support

The introduction of the female condom is seen as an opportunity for governments to fulfill their obligation and commitments to increasing reproductive health within their contraception and disease prevention programs. Participants at the consultation emphasized the importance of including governments in the introduction of the female condom. Governments were encouraged to develop policies that included the female condom and to undertake a financial commitment, both by including its purchase within the health budget and by subsidizing the product. Governments were also encouraged to assist in reducing the cost of the female condom by waiving importation taxes on the commodity, thereby increasing its affordability to low-income, marginalized populations. Governments can also support NGO efforts to implement programming initiatives. National AIDS Programmes within ministries of health can also advocate for the female condom. UNAIDS should act as a catalyst between governments and NGOs.

M. Female condom promotes reproductive health

The female condom offers an opportunity for countries that have committed to pursuing a more holistic approach to contraceptive and disease prevention. As a dual method of protection against both unwanted pregnancies and STD/HIV prevention, the female condom offers an additional opportunity to promote reproductive health. Specifically, the female condom offers women and men a choice, to be used either as a contraceptive method or as an STD prevention method or both. In the promotion of the male condom it was often emphasized as an STD prevention method. This resulted in significant stigmatization of the male condom often making it difficult for women (especially those practicing monogamy) to purchase and negotiate its use.

N. Resources

Participants reviewed two draft documents prepared for the meeting: one on programming considerations facing decision-makers and managers in the public sector, the other on experiences and approaches to IEC, promotion and counseling. Several recommendations were made, and these documents will be completed and disseminated under the auspices of UNAIDS and WHO.

The WHO document *The Female Condom: A Review* (1997) remains the most comprehensive summary of technical knowledge and acceptability trials worldwide. Together with other materials, it is included in *The Female Condom: An Information Pack* (1997) distributed by UNAIDS and WHO. The Female Health Company is also an excellent source of videos, leaflets and other educational materials.

O. Regional follow-up

Meeting participants from agencies with regional operations (including UNAIDS, WHO, USAID, UNFPA, Population Council, IPPF and PSI) met separately and agreed on the following recommendations:

- There is need to support countries that are ready to include the female condom in introductory trials or other operations research activities that will shed further light on user perspectives in "real life" circumstances. However, countries should be encouraged to use existing studies rather than investing further resources in acceptability trials.
- The momentum created during the meeting should be sustained and mechanisms developed to stimulate the same at the country level. Country teams will be expected to initiate action in their respective countries and to keep in touch with UNAIDS and other collaborators. UNAIDS Country Programme Advisors will monitor the activities and give feedback as necessary.
- Those countries ready to start planning and implementation should make specific request to donor agencies as necessary.
- At the regional level, donor agencies present agreed to explore the following possibilities:
  1. developing a prototype content for a training manual on female condom education and counseling,
  2. repackaging the existing IEC materials and background papers and disseminating them through existing networks,
  3. cosponsoring activities that will serve to maintain the momentum, such as follow-up regional consultative meeting within 18 months,
  4. integrating the female condom into their commodity procurement systems.

III. Conclusions

Countries of Eastern and Southern Africa, and elsewhere, have begun to explore the potential of the female condom to increase the choices available to women and men seeking to protect themselves from diseases and unwanted pregnancy. The "state-of-the-art" for this product is evolving rapidly as acceptability studies have given way to introductory trials and, in a few countries, widespread availability. Increasing access to the product has provided opportunities for further insights into product-specific issues such as demand, education and counseling, re-use and cost-effectiveness. At the same time, participants' experiences with introducing and promoting the female condom seems to shed new light on old issues, such as gender dynamics and other sociocultural factors effecting reproductive health in the region. This regional consultation provided an opportunity for participants to share experiences and insights concerning the female condom. The organizers hope and believe that it thereby contributed towards the female condom assuming an appropriate place among the reproductive health products and services available to women and men throughout the region.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners - governmental and NGO, business, scientific and lay – to share knowledge, skills and best practice across boundaries.

Joint United Nations Programme on HIV/AIDS

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