Report of the “20 by 20” Workshop

A UNFPA Initiative
in collaboration with the World Bank, RHSC, USAID & ILO

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EXECUTIVE SUMMARY

The United Nations Population Fund (UNFPA), in collaboration with the World Bank, the Reproductive Health Supplies Coalition (RHSC), the United States Agency for International Development (USAID), and the International Labour Organization (ILO), has launched a new initiative to increase the availability, access, and usage of 20 billion condoms in low- and middle-income countries by the year 2020: the “20 by 20” initiative. This target would help to make the vision of significantly lower new HIV and STI infections, fewer unintended pregnancies, and universal access to sexual and reproductive health a reality. The focus of the initiative in 2015 is sub-Saharan Africa, where the deficit of condoms is most acute and the needs most urgent.

A series of consultations with public, NGO, and private sector partners will be held during 2015. The first consultation, the “20 by 20” workshop, was held in Bangkok, Thailand (20–23 January 2015), as most condom companies are in Asia and would ensure optimal private sector engagement in initial discussions. The workshop was a lively and productive meeting attended by more than 70 individuals from commercial condom manufacturers, public sector donors, NGOs, government, and multilateral organisations, such as UNAIDS and USAID.

The spirit of the meeting was to gauge interest in forming a multi-sector partnership dedicated to meeting the “20 by 20” target, and to brainstorm ideas for creating vigorous, equitable, and sustainable condom markets in Africa. By focusing the first “20 by 20” consultation on the companies that finance, produce and market condoms, the workshop provided a forum to discuss ways to increase private sector engagement in African condom markets, identify existing challenges and barriers to market entry, and explore creative approaches and opportunities to overcome these barriers.

The agenda focused on five key areas:
- the condom gap in Africa;
- the role of public sector donors and SMOs in shaping the condom market and the benefits of a total market approach;
- challenges and opportunities for private sector investment;
- innovative approaches to driving condom uptake and behavior change; and
- the unique challenges of the female condom market.

The workshop revealed a tremendous amount of interest among private, public, and NGO sector players in working together—perhaps in new and unfamiliar ways—on a common condom agenda. The primary outcome of the meeting was an agreement to form a coalition of multi-sector partners that would work to achieve the “20 by 20” goal. The coalition will take shape as a new work stream, known for now as Private Sector Condoms for Africa, and will be hosted by the Market Development Approaches Working Group (MDAWG) of the Reproductive Health Supplies Coalition (RHSC).

A steering committee will be formed in the weeks following the workshop. The group will refine the recommendations that emerged from a day of group brainstorming exercises and translate them into objectives and discussion points for the next consultation. The new coalition will meet with government and public sector representatives in Namibia in October 2015.

This report captures the discussions, presentations, recommendations, and outcomes of the initial “20 by 20” consultation held in Bangkok.
INTRODUCTION

The workshop, “20 by 20”, was held in Bangkok, Thailand, 20–23 January 2015, marking the launch of a new UNFPA (the United Nations Population Fund) initiative to increase the access, usage, and availability of 20 billion condoms by 2020: the “20 by 20” initiative. The workshop brought together more than 70 individuals from the private sector, NGOs, donors, government, social marketing organisations (SMOs), and UNFPA and its partner agencies, including ILO, USAID, UNAIDS, and the World Bank. This meeting was the first of a series of consultations to be held with multi-sector partners in 2015.

The overall objective of the workshop was to secure a critical mass of support from commercial condom manufacturers to work with the public sector, including donors, to increase the usage and supply of 20 billion condoms by 2020. The workshop also aimed to:

- Learn about successful marketing strategies for health, including common roadblocks;
- Explore private sector interest and willingness to penetrate the African market;
- Define the marketing conditions and criteria for the private sector across Africa;
- Discuss current market segmentation models in place in selected countries; and
- Gauge the level of donor support for this cross-sector coalition.

Presentations and talk show-style panel discussions focused on five key areas:

- **The broad context:** Epidemiology of STI, HIV and unintended pregnancy; the condom gap in Africa; trends in sales and donor funding; and condom programming mistakes.
- **Perspectives of donors and manufacturers:** The role of the public sector in the condom market; opportunities for public-private partnerships; marketing conditions and criteria for private sector engagement; market segmentation models; and growing the market.
- **Marketing concepts:** Segmenting the market and total market approach (TMA), with best roles for donors, government, the private sector, and SMOs; and lessons from a TMA in Côte d’Ivoire.
- **Creativity and innovation:** Social marketing approaches to increasing condom use and promoting positive behavior change; creative responses to the “20 by 20” challenge; the CONDOMIZE! and ONE campaigns; and good practices in the workplace for HIV screening, treatment and prevention, and making condoms accessible.
- **Female condoms:** The challenges and opportunities in the female condom market, and how to create a viable private market.

Group exercises were also a key part of the workshop. Three groups of condom manufacturers and one group from the NGO sector worked together to draft an initial set of questions and criteria for the commercial sector to enter African condom markets (see Appendix 1).

Four days of lively and productive engagement generated a commitment to form a coalition of multi-sector partners to facilitate the “20 by 20” initiative. It was proposed and agreed that the Market Development Approaches Working Group (MDAWG) of the Reproductive Health Supplies Coalition (RHSC) would create a new work stream to house the coalition, known for now as Private Sector Condoms for Africa. Led by UNFPA and a steering committee, the work stream will focus on refining and expanding the recommendations that emerged from the workshop. UNFPA will provide ongoing support to the steering committee as it drafts work plans, identifies other potential partners, sets the agenda for the next meeting in Namibia in October 2015, and ultimately sets targets and timelines to meet the goal of 20 billion condoms by 2020.

If successful, the action plan of the October meeting will be launched by UNFPA’s Executive Director, together with a Head of State and a CEO of a private sector company during the 2015 International Conference on AIDS and STIs in Africa (ICASA), Tunis 8–13 November 2015.
BACKGROUND

Male and female condoms are the only multipurpose devices that simultaneously prevent sexually transmitted infections (STIs), including HIV, and unintended pregnancy. While familiarity with condoms is high among most population groups and regions, condom usage, access, and availability around the world is inadequate.

The condom gap is particularly wide in Africa, where users in most countries have depended primarily on condoms provided by the public sector, which in turn is heavily dependent on donor support. This focus on wide-scale condom distribution has helped to increase access and availability of condoms, particularly in urban areas. However, untargeted distribution has made actual demand and consumption difficult to measure; condom companies are either struggling to gain a foothold in markets where most people get their condoms for free, or wondering whether there is a business case for entering African markets at all.

But times are changing. With rapid overall economic growth and many countries registering above-average or double-digit growth, the whole world is looking to Africa. Africa is not one market, but the continent's young, growing, and increasingly affluent and urban population is enticing to commercial condom manufacturers and marketers.

What does the private sector have to offer Africa? The private sector is a flexible, innovative, consumer-oriented, and user-friendly supplier of condoms in the markets where it operates. The general public—youth in particular—often find commercial condoms to be more attractive and better quality than the free condoms provided by the public sector, and are therefore more likely to acquire, carry, and use them. By reaching and engaging new users, encouraging more frequent use of condoms, and making condom use a lifestyle choice rather than a protective health measure, will all help to drive sales and uptake of male and female condoms.

Every sector has a role to play in the condom market. Rapid economic growth and grinding poverty exist side by side in many countries of Africa, and while significant health gains have been made possible through investment in the public sector, governments and donors cannot do it all. A total market approach (see Section 2) will be critical to leveraging the expertise and reach of the private sector, social marketing organisations, and the public sector to target limited resources efficiently, meet the needs of the underserved and more affluent consumers, and encourage greater advances in reproductive and sexual health.
I. SETTING THE CONTEXT

The epidemiology of STIs, HIV & unintended pregnancies: Is there a role for condoms?
Bidia Deperthes, Senior HIV Technical Advisor, UNFPA

In this session, Bidia Deperthes of UNFPA reviewed the epidemiology of STIs, HIV and unintended pregnancies in Africa, current levels of condom coverage and usage, and the commercial opportunities to improve the availability and accessibility of condoms across the continent.

Condoms are the only devices available now that provide triple protection against HIV, sexually transmitted infections (STIs) and pregnancy, are inexpensive, and have no side effects or resistance. What is the problem?

There is a condom gap in Africa
There are not enough condoms available in Africa to meet the needs of men and women. Those who need them most do not have sufficient access, and usage is not high enough to significantly curtail STIs, HIV, or unintended pregnancies.

Condom availability
In Sub-Saharan Africa (SSA), only 8 male condoms were available in 2013 for every sexually active individual. For men aged 15–64 in Southern and Eastern Africa (ESA), condom availability varies widely by country, from 46 in Namibia to 16 in Kenya and 3 in Madagascar. Women in Africa are even more underserved; in 2014, less than 4% of condoms procured by countries were female condoms.

Condom access
Even when condoms are available and there is data on how many arrived at health centres and other community outlets, we do not necessarily know whether they were distributed to end-users. Better data is needed to measure the gap between availability and access.

Condom usage
To have a significant impact on HIV and STI transmission, UNFPA recommends that condoms should be used in 80% of risky sex acts (high/higher risk) and 30% of lower risk (union) sex acts. However, no African country is currently meeting this requirement.

What are the opportunities for the commercial sector?
Donors and governments have reached capacity in terms of providing free or subsidised condoms. Bringing in the private sector will be critical to increasing availability and access of condoms in Africa and moving towards the “20 by 20” target. Africa’s steady economic growth and large young and urban population mean there are more people than ever before willing and able to buy their own condoms, which represents a major opportunity for commercial condom manufacturers.

KEY MESSAGES
Not enough condoms are available: Supply fails far short of demand for both men and women in Africa.
Access is a challenge: Even if condoms are available for distribution they are not necessarily reaching users.
Condoms are still underused: No African country is meeting recommended usage requirements.
There is major commercial potential in African markets, where a huge young and urban population is willing and able to buy condoms.

The effects of the condom gap

STIs: 500m new cases of curable STIs are reported every year.
HIV/AIDS: 35m people were living with HIV in 2012 and 2.5m died due to AIDS (1.1m in SSA).
Pregnancies: 40% of pregnancies in 2012 were unintended.
Ebola Virus Disease (EVD): Sexual transmission of Ebola is a new threat, and women are most affected.
Improving access while ensuring quality
Morten Sorensen & Agnes Chidanyika, UNFPA Procurement Services Branch

Quality is closely tied to marketing. Headlines about defective or expired condoms falling into the hands of consumers highlight the importance of ensuring quality reproductive health products and positive public perceptions of these products. In this session, the UNFPA PSB team discussed the various initiatives and efforts underway to support manufacturers and ensure the condoms UNFPA procures meet the highest standards for quality.

WHO/UNFPA Prequalification (PQ) Programme

The WHO prequalification programme was established to support governments that do not have the capacity to develop and implement quality assurance and control standards of their own. Prequalification is a voluntary and rigorous process for manufacturers, involving document review, on-site inspections, and product testing. Manufacturers benefit from accessing new markets, faster regulatory approval, and fewer inspections. Combined with pre-shipment testing and post-marketing surveillance, prequalification helps to assure quality RH products are entering the countries that need them most.

The quality challenge

For manufacturers: UNFPA recognises that meeting quality standards can be challenging for manufacturers, whose products and facilities may be subject to numerous inspections from different agencies. UNFPA supports efforts to create clear and timely registration processes, more harmonised standards, and a system of mutual recognition to avoid duplication.

Country level: Quality assurance challenges arise as a product travels down the supply chain to consumers. For example, post-shipment testing can be unreliable and affect stock-outs and distribution if products are held up in national laboratories. UNFPA advocates a risk-based approach to post-shipment testing, and has several initiatives to improve capacity at country level, such as regional capacity building workshops with national regulatory authorities, national quality control labs, and manufacturers; working with NRAs on harmonising standards and collaborating with them and partner agencies, researchers, and scientists to develop technical guidelines and documentation.

What resources are available for manufacturers?

MyAccessRH.org is a tool for governments, donors, and the public sector to buy quality-assured RH products, and includes tools like budget calculators and information on lead and shipment times.

RHI (Reproductive Health Interchange) provides live procurement data on contraceptive shipments updated every 24 hours from a variety of sources. RHI is very useful for procurement planning and ordering, and users can access information and generate reports on shipment history and geographic, value, and quantity summaries. Visit: MyAccessRH.org > Review Data.
What will 20 billion condoms by 2020 look like? In this session, Brian McKenna of the RHSC discussed supply and demand in the African market, donor funding trends that could affect availability and access, and how the commercial sector is seizing opportunities to enter robust and growing markets, such as South Africa.

Africa is not one market
With 54 countries and distinct clients, cultures, languages, religions, and environments, it is difficult to talk about ‘Africa’ as one market. What works in one country (advertising, consumer preferences) may not work in another.

Condom supply:
An example from Mali

If the commercial sector were to segment the market in Mali, there would be much better distribution, the number of subsidised condoms would go down, and the number of users from other segments would go up.

Donor funding trends for condoms
Condoms and prevention are getting less attention as donors are shifting their focus to HIV treatment and care. Key populations, such as MSM, sex workers and injectable drug users, remain a focus, but creative approaches will be needed to ensure condoms remain accessible and desirable products.

Robust and growing markets: The example of South Africa
RHSC has robust data on what the commercial sector is selling and making in South Africa. The data shows demand, diverse approaches and commercial potential, with volume growth of 3% and value growth of 10% year on year. Millions of condoms are being distributed every month – margins are low, but numbers are high.

The view from South Africa
South Africa’s government has a very strong position on publicly provided condoms as part of its public health mandate. 83% of condoms in South Africa come from the public sector. Moeketsi Motsepe of South Africa’s National Department of Health said the public and private sectors cater to different markets, and that when the private sector does well, the government also benefits (e.g., from condom advertising). The biggest challenge, he says, is the exchange rate. “Our suppliers are using the dollar, so whenever there’s a change in the exchange rate there’s a risk for the commodities—it compromises the supplies. Also, the profit margins for condoms are too little, so whenever there’s a weaker rate it also compromises the suppliers.”
Condom programming mistakes
Jeffrey Barnes, Abt Associates

Condom programming is overdue for a more evolved approach—one with fewer subsidies and more segmented, targeted, market-based strategies. What should the public sector stop doing so the private sector can do more?

#1 Massive free public sector distribution of condoms
- Many condom users can afford to pay, so subsidies can be wasted on those who do not need it.
- Focuses too heavily on urban areas, where the private sector also focuses. There is a dearth of access in rural areas.
- One price, one condom type, one location does not fit all.

What we should do instead:
- Target distribution by consumer segment based on need, willingness to pay, and preferences.
- Invest in data collection to assess actual consumer demand.

#2 Underpricing socially marketed condoms
- Increases donor dependence and reduces cost recovery as inflation and other costs increase.
- Makes it harder to convince retailers to sell the product, thereby reducing access.
- Makes it difficult to differentiate products and target different consumer segments.

What we should do instead:
- Set different prices for different market segments. Free condoms should be provided to the poorest and institute small, regular price increases for those who can afford to pay.
- Develop cross-subsidisation strategies so that profitable condoms subsidise the promotion or distribution costs for low-income consumers and key populations.

#3: Forecasting based on need rather than demand
- Assumes condoms supplied = condoms used
- Assumes market shares of free, subsidised, and commercial condoms should remain the same.

What we should do instead:
- Track sales units per month and project based on condoms purchased or taken at retail level.
- Develop scenarios for condom funding gaps, which include shifts from free to subsidised, full cost recovery, or commercial rates.

“There has been a missed opportunity for those of us in programming. We need to engage the private sector … and move from awareness to utilizing the condom. We need to look at creating opportunities for them to support the procurement of condoms in high-risk areas… and driving business in the right location.”

— Kehinde Adesola Osinowo, Association for Reproductive and Family Health, Nigeria
II. MARKETING CONCEPTS

Using a total market approach to improve equity of national FP programmes

Ben Light, UNFPA CSB

A total market approach (TMA) recognises that the actions of one market player can affect another, in both positive and negative ways. In this session, Ben Light of UNFPA introduced the TMA concept, discussed how it could apply to family planning, and examined the most appropriate roles for donors, government, SMOs, and commercial providers in the condom market.

In Africa, governments and donors provide a significant percentage of condoms for free, which increases availability and public awareness, but also has unintended negative effects, such as undermining social marketing campaigns, subsidising consumers who can afford to pay, and keeping commercial players out of the market. A TMA could “encourage us to align our efforts, play appropriate and perhaps slightly different roles, and get out of each other’s way.”

Increasing the use of modern contraceptives is an acute need. A TMA to family planning could look like this:

- **Public sector**: focus on those unable to pay and difficult-to-reach populations.
- **Non-profits (SMOs)**: focus on those who can pay a little bit now and a bit more over time.
- **Private sector**: focus on those who can afford to pay.

As a group, Mr. Light said, our goal should be to build a more equitable and sustainable market and move users up the value chain. By segmenting the market, we can identify those who are most underserved and target our limited resources more efficiently. For example, does it make sense for “bells and whistles” condoms to be available to everyone for free, or should the government focus on making a basic high-quality product available to everyone? This could help guarantee access for everyone and provide a space for the commercial sector.


“In Vietnam, Crown Agents worked with government to help them understand the value of creating space for the private sector in the condom market. One of our strategies was to ship condoms in bulk to PSI’s warehouse and employ local people to package them for $5/day (a good wage). We also convinced government that local manufacturers could be put to good use and, with donor funding, Crown Agents began to produce condoms in-country that met ISO and WHO standards. This helped to boost employment and produce a higher quality product for the population.”

– Daisy Tan, Crown Agents
Strengthening Health Outcomes through the Private Sector (SHOPS) is a USAID-funded initiative that has developed specific recommendations for a total market approach (TMA) to condoms, field-tested these concepts in Côte d’Ivoire, and identified the challenges of putting a TMA into practice.

CASE STUDY: CÔTE D’IVOIRE

Country snapshot

- **HIV prevalence is going down** (9% to 3.7%), but it is higher for women (4.6%) than men (2.9%).
- **Condom use is in decline.** 55.6% of unmarried sexually active men and 11.2% of married men report using condoms for contraception. Use of emergency contraception is up, especially among youth.
- **Huge gap in supply and demand of condoms.** ~68 million delivered in 2014.
- **Commercial sector represents only about 5% of the market.**
- **Availability is pretty good.** ~70% of retail outlets in urban areas stock condoms and 57.6% in rural areas.

Lessons learned

- Lack of coordination in donor-led procurement – HIV and FP programs don’t talk.
- Only 5% of condoms are sold at full price, which seems too high given the income levels in urban areas.
- Focus on traditional high-risk groups has created a big gap in terms of promotion to mobile men with money (MMM) and the general population.
- Government still has a poor understanding of the TMA concept. Some view the provision of condoms as an entitlement delivered by government.

Recommendations

For host governments:

- Formulate a national condoms strategy that cuts across FP, HIV, and donor programs.
- Adopt flexible procurement systems that can respond to demand.
- Support a TMA strategy with resources for effective coordination and data collection, especially retail consumption.

For donors and SMOs:

- Look at willingness to pay and target subsidies accordingly.
- Invest in data collection and monitoring usage, access, and equity.
III. PANEL DISCUSSIONS

Panel 1: Donor perspectives
Ben Light, UNFPA & Clancy Broxton, USAID

Is there room for the private sector in Africa when donors supply 80% of the market with free condoms? How can public-private partnerships help to achieve the goal of 20 billion condoms by 2020? What are the roles, opportunities, and challenges for donors and commercial players? Using an interactive talk-show format, this session heard from two major donors on these questions: UNFPA and USAID.

The view from UNFPA

A total market approach (TMA) would allow donors to provide free condoms to those who cannot afford to pay for them, the private sector to sell condoms to those who can, and social marketers to occupy the middle part of the market, helping consumers move up the value chain by gradually paying more for condoms. However, the social marketing segment has not been playing this role, and we do not have good examples of well-segmented markets that meet the needs of different consumers. Instead of talking about Africa as a whole, we should examine specific segments of the population, assess their capacity to contribute to their condom needs, and target marginalised populations in rural areas, which are currently massively underserved.

The view from USAID

USAID’s social marketing campaigns were always intended to be temporary and fill a gap, such as a market failure, but they are getting longer because commercial providers have not had a space in the market. The goal now is to work with the private sector to move away from subsidised products, while still maintaining access and supply for those who cannot afford them.

Public-private collaboration is going to be even more important since there is concern that USAID funding for condoms will decline as the focus shifts from HIV prevention to treatment and care. Manufacturers will need to develop a long-term plan for how to sell condoms if they’re not going to be making large institutional sales to donors. How can donors use their leverage on the ground and knowledge of markets to develop PPPs that help the private sector enter those markets? Better data for market segmentation is going to be critical.

“Donor organisations need to coordinate. If everybody is moving in a different direction, the space in the market is never going to be coherent or stable for the private sector, and that is one thing the private sector hates. It’s not that they won’t bother to enter the market, but they’ll just wait and keep tabs on it because it’s just too much risk.”

– Brian Lai, GummiWerks

“Key Messages

Donors should embrace a total market approach (TMA) and focus their efforts on making condoms available to those who cannot afford them.

Donor funding for condoms and HIV prevention may decline: public private partnerships could help condom manufacturers find a space in the market.

Access to free condoms is not an entitlement—donors and governments will need to shift some of the costs to the private sector and the consumer.

“We’ve painted ourselves into a corner—subsidising socially marketed condoms has kept commercial providers out.”

– Clancy Broxton, USAID
Panel 2: Manufacturer perspectives
Phil Davis (Durex), PJ Reddy (Indus Medicare Limited), and Goh Miah Kiat (Karex)

What market conditions are necessary for condom manufacturers to enter African markets? How can we move from sharing the current market to expanding it and achieving the “20 by 20” target? What opportunities and challenges do commercial suppliers foresee? This session heard from three major players in the commercial condom arena.

What are the barriers to market entry?

All three manufacturers identified similar challenges to entering African markets. Phil Davis of Durex pointed to price as a challenge in markets with wide-scale distribution of free condoms. PJ Reddy of Indus Medicare said it is difficult for a smaller company to develop a brand in a new market due to prohibitive marketing and distribution costs. Manufacturers may be willing to accept lower margins for a longer position in the market, but will need better data and access to information to accurately assess demand and identify market segments with the most potential for growth.

What makes a country attractive to a condom manufacturer?

A developed retail environment. Can we sell our products in stores in a way that suits our business?

Can we sell and communicate openly? Some countries have limitations (cultural, religious) on how we can communicate with customers, conduct mass media campaigns, and practice our business model.

Sufficient affluence. There is an emerging middle class in some countries in Africa, which is making these markets more attractive.

Infrastructure. Functioning distribution channels, and a sales force that understands consumer needs and behavior and can leverage a brand.

TALK SHOW QUESTIONS

Q: Marketing and distribution costs are major challenges. Are there regulatory challenges as well?

Indus Medicare: More and more countries are requiring registration, and it is a time-consuming and costly process. Post-shipment inspection is another challenge. In-country tests in West Africa have taken as long as 6 months while the product sat in the warehouse. Testing methods in some African labs are not good enough—training is needed.

Q: For manufacturers who have entered “developed” markets (i.e. Europe), could you share how you entered that market, what the challenges were, and what Africa could learn from the process?

Durex: They are very different markets. There is mutual recognition in Europe—if you can ship to one market you can ship to another. Developing markets are much harder to launch into. In Latin America, the regulatory timeframe has sped up and requirements are becoming less onerous. In Africa, we have to fly in international inspectors and sometimes send people over to set up the lab and do the testing. Mutual recognition would be something to emulate in Africa.
In this session, a panel of female condom manufacturers and advocates led a discussion on what it will take to create a thriving retail market for female condoms, the opportunities and challenges in the African market, and the importance of donor and government support to making the female condom a mature, in-demand product.

Two decades after it first appeared on the market, the female condom (FC) still feels like a young product. Globally, FCs are produced in relatively small numbers, 40 to 60 million, by a small number of WHO-prequalified manufacturers, and represent only 4% of condom procurement in African countries. An initial success, the FC offered variety and a new choice for women, but in the last three to four years, the market has stagnated and interest in the product appears to be waning. Without ongoing government and donor support and significant education and training, it could take decades for the female condom to gain traction and be difficult to sustain even current levels of global public sales.

**Time for a fresh approach**

The panel agreed it is time to try something new. Creating a differentiated, luxury product, changing its name, and marketing to men were all raised as possibilities.

**Differentiated products:** Om Garg of Cupid Limited is optimistic about the FC and asked why male condom manufacturers are not producing them as well. Cupid’s female condom has unique features: flavour, colour, a comfortable sponge, and an outer ring.

**A different approach to marketing:** “I’m kept up at night wondering if I should be marketing to women or if I should be marketing to men,” said Susan Ostrowski, pointing to Universal Access to Female Condoms (UAFC) research that shows if men try female condoms, the response is usually positive. “It fits anyone. Most importantly, with any condom, the greatest enhancement to pleasure during sex is comfort, and if you feel protected you feel comfortable.” Marketing the pleasure aspect to men may be something to try.

**Awareness, demand, and affordability:** Kehinde Adesola Osinowo of the Association for Reproductive & Family Health in Nigeria reported very low awareness of the female condom in Nigeria: 0.5%. Her organisation uses social media and advocacy to get the support of manufacturers, raise awareness and drive demand for FCs among women, and address barriers to usage (religious, cultural). Key stakeholders have been identified as FC champions, such as religious leaders and government policymakers, the advocacy project has attracted the support of government and donors, and SMOs are conducting pilot projects that are producing many useful lessons.

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**KEY MESSAGES**

- The female condom market is stagnant, awareness is low, and donor interest appears to be waning.
- Without ongoing government and donor support and significant education and training, it could take decades for the female condom to gain traction.
- A fresh marketing approach is needed, perhaps focusing on men and the pleasure aspect instead.

“Globally, female condom use is about 1% of total condom use. Even if we double to 2% the number of female condoms and women protected, it would only be a 10% increase in cost overall for a particular country. Don’t women deserve this?”

— Susan Ostrowski, Female Health Company
IV. INNOVATIVE APPROACHES

Enabling Africans to have lots of electrifying, memorable (and safe) sex
Professor Sameer Deshpande, University of Lethbridge

A social marketing approach to condoms would see governments, donors, and non-profits working to harmonise, educate, normalise, and build the male and female condom market, while the commercial sector would focus on branding, improving access, and reaching different market segments with engaging, behaviour-changing messages and a basket of contraceptive products.

1. Stop expecting people to be rational
“We don’t have to create awareness—it is all about behavior change.”
We expect consumers to be rational, but most of us make decisions unconsciously, acting out of fear, pleasure, pressure, habit, and environmental cues instead. The most effective condom strategies and campaigns make condoms desirable, entertaining, normal, and personal. Since we do not generally plan to have sex, access to condoms should be easy and convenient—with arm’s reach.

2. Fun, easy, and popular changes behaviour
Use fear to attract attention, then propose a solution. Combined with the fear of negative consequences, aspirational behavior is made desirable (e.g., workplace safety programmes). Injecting humour and being audience-oriented helps people to find new behaviours attractive.

3. Burn that brochure!
“Facebook, cute lines, ads, and brochures don’t change the world.” Take a comprehensive approach to changing behaviour: identify and remove barriers to behaviour change, conduct a situation analysis, identify a target market, highlight the costs of competing behaviours, provide incentives for change, and employ a mix of marketing strategies.

4. Be (not just understand) the change you want to see in the world
“We pop into rural areas, pop out, and create campaigns. These are not effective because they don’t really understand that market. We need to be oriented toward the audience.”

KEY MESSAGES
A social marketing framework can take behaviour change to the next level for condoms.

• Empathise with the audience.
• Stop expecting people to act rationally about their sexual lives. Appeal instead to their fears, habits, pleasures, and pressures.
• Use fear to attract attention, but then focus on benefits and simple, practical solutions. Make desired behaviours fun and automatic.
• Stop raising awareness and create a favourable environment for behaviour change instead. Toss out brochures and use social media and edutainment.
• ‘Be where people are’, with both product and message. Learn from and immerse yourself in people’s lives through research, and then intervene early, at the right time and place—not at the end.
• Form unusual partnerships with sectors that share your customers and target those whose need is greatest and are most ready to take action.

Changing the message
“At PSI we found there was a lot of message fatigue. So we stopped talking about HIV, the red ribbon and condoms, and started looking at a more comprehensive approach to health. The Push campaign focused on overall health, testing for diabetes, and other health issues—counseling on condoms was just another service. With commercial sex workers, we found they were tired of being talked to about condoms. We realised we should be thinking about them not as sex workers, but as mothers, and approached it in a different way. We have anecdotal evidence that this approach was highly appreciated—that women were treated as women.”

— Brian McKenna, RHSC
From the factory to users: The step-by-step approach to successful quality condom usage

Phil Davis, Durex

This presentation focused on the approach Durex uses to drive condom use and promote positive behaviour change, namely celebrating protection and sexual health rather than focusing strictly on disease prevention.

Durex uses a 3-pronged strategy:

- **Awareness** – Raise consumer awareness and knowledge of their own sexual health and the methods of protection open to them. Educate consumers early and continue into adulthood.

- **Access** – Provide access to advice and have condoms in the right place, right time, and right format. Since there are a lot of cultural and social stigmas associated with condoms, it is important that people are able to access them easily and comfortably.

- **Attitude** – Empower couples to have the attitude that great sex = safe sex. Build the sexual confidence of both women and men. Make condoms aspirational and an enabler of great sex. A positive first experience with a condom can make a big difference in attitude and usage over time.

**Q&A: How are we doing in these three areas?**

**What is the awareness and understanding of HIV, STIs, contraception and condoms, and what impact do they have on consumer’s lives?**

“UNFPA analysed 150 countries and stratified the data by age. We found that among youth aged 15–24, knowledge about HIV and condoms is very high. But access is another story, and there is a big knowledge gap with STIs. When young people were asked if they knew where to get a condom, 70-80% knew, but only 50% were accessing them. Often young people are too shy or are stigmatised by service providers, which are not user-friendly for them. Knowledge is therefore not always related to behaviour and a positive health outcome.” – Bidia Deperthes, UNFPA

**What is needed to change behaviour and attitudes towards sexual health and sex with and without a condom?**

“I think there’s more to it than public education, posters, and making condoms available. After you have the condom, how do you talk to your partner? It is a struggle to go that extra step and negotiate clearly with partners and feel comfortable using a condom, without partners perceiving they are being accused of being promiscuous.”

– Franck DeRose, The Condom Project

“Knowledge alone doesn’t change behavior. Access alone doesn’t change behavior. Attitude is a huge part of it. All three working together are key.”

– Phil Davis, Durex
Creativity and condoms: Connecting and disconnecting to reach “20 by 20”

Vincent Ribiére, The Institute for Knowledge and Innovation Southeast Asia (IKI-SEA), Bangkok University

This session was devoted to examining the habits, perceptions, and creative blocks we will need to overcome to create a productive and innovative coalition of diverse stakeholders and achieve the “20 by 20” target.

What challenges will the “20 by 20” coalition face?

Building and maintaining synergies between public and private sector stakeholders with different backgrounds. With more diversity, the more difficult it will be to understand each other and agree on common goals. The group will need to question their perceptions of the public, private, and non-profit sectors.

Shifting to thinking about condoms as a lifestyle choice rather than just as a protective health measure.

Overcoming blocks to creativity

We are creatures of habit. 40% of actions we perform are not decisions, but habits. We should be aware of this, both for consumers and ourselves. There is a science to changing habits and we need to understand the process.

The trouble with expertise. Being an expert prevents us from looking for novel solutions to problems.

A “connect and disconnect” approach can help us to break “operational cycles” of routine, sticking to the rules, social conformity, and being satisfied with ‘good enough’.

Connect = MORE (Minds, Other Greats, Rebels, Environments)

- **Minds:** Most consumers don’t know what they want or need. Bringing them on board will help you to get inside their mind.
- **Other greats:** Disruptive figures (other greats) are important—take advantage of companies that have that mindset.
- **Rebels:** We have much to learn from rebels/outliers/wild consumers and stakeholders.
- **Environments:** Try to learn from other, unrelated fields. Look at their best practices to see how they might be applied, copied, or transferred.

Disconnect = LESS (Laws, Existing Forms, Sane Ideas, Self)

- **Laws:** move away from and challenge clichés
- **Existing forms:** disrupt the sequence and order of things
- **Sane ideas:** think about scenarios about the future and crazy ideas/extreme cases, then roll back slowly to a rational but novel approach.
- **Self:** We rely too much on our past experience and what we believe we know. We need to get out of our comfort zone.

KEY MESSAGES

“20 by 20” presents a creative challenge and an opportunity to build partnerships with people from very different sectors and backgrounds.

The challenge will be overcoming established habits of thinking and working that block creativity and prevent us from seeing the world differently.

A “connect and disconnect” approach can break us out of these habits and help us to envision innovative and collaborative ways to reach the 20 by 20 target.
Condom creativity success stories: ‘Mr. Condom’ and the ONE Campaign

Thailand’s ‘Mr. Condom’: Mechai Viravaidya

An incredibly creative man, Mechai Viravaidya has played a pivotal role in Thailand’s immensely successful FP programme, which saw one of the most rapid fertility declines in the modern era. He was also the chief architect of Thailand’s comprehensive national HIV/AIDS prevention policy and programme.

In 1974, he embarked on a national campaign driven by 4 goals: to reduce births, deaths, poverty, and ignorance. His creative, funny, and inclusive approaches helped to bring the entire country on board.

- Condoms were made available everywhere: at shopping centres, banks, trains, buses, taxis, bars, tollbooths, and anywhere else people gathered. Traffic police also handed them out (‘Cops and Rubbers’).
- Monks blessed contraceptives with holy water and helped spread the message that too many births create suffering.
- Mobile vasectomies and Father’s Day Vasectomy Festival promoted the idea that a vasectomy would lead to a better life and a bigger inheritance for children.
- Creative uses of condoms helped to ‘normalise’ them – mobile phones protected with a condom at water festivals, sculptures made of condoms.

The results:

- Between 1974 and 2000, the number of children per family in Thailand dropped from 7 to 3.3.
- HIV/AIDS infection has declined by 90% and more than 770,000 lives have been saved.

Watch the TED Talk: “How Mr. Condom made Thailand a better place”

ONE Campaign: Together we are one

Nearly 70% of the 50,000 new HIV infections in the US each year occur in urban communities.

The mission of the ONE Campaign is to increase condom use through products and programmes that make it easier to learn about, talk about, and practice safer sex.

The LustforLife campaign brings graffiti and street artists, health activists, community leaders, and customers together to design condom wrappers and shine a national spotlight on HIV infection and safe sex. Since 2004, hundreds of artist and customer designs have been turned into condom wrappers, and millions distributed through public health organisations in the US, and 12-packs and other retail products are planned, with a portion of sales donated to urban outreach programs.

Visit: www.onecondoms.com/lustforlife/
**The CONDOMIZE! approach: Attraction rather than promotion**

Franck DeRose, The Condom Project

In this session, participants learned the story and strategies of CONDOMIZE!, a joint campaign with UNFPA that uses creative approaches to engage, excite, and create a dialogue about condoms at national and international events.

**KEY MESSAGES**

Creating an exciting and participatory experience using colour, display, design, and performance helps to destigmatise condoms and makes people comfortable talking about them.

It’s not enough to hand out condoms. Need to create a community, dialogue, and space to talk about negotiating the use of condoms and other critical sexual health issues.

Creating partnerships has helped CONDOMIZE! put condoms on the international agenda, such as at the upcoming ICASA conference in Tunisia.

The UNFPA CONDOMIZE! Campaign: “Strategies dressed up in pageantry to get our message across.”

**Colour, display, design, and performance** engage and excite people, and help to break communication barriers and social and cultural taboos.

**Branding:** Well-recognised cultural images are used to grab attention, be provocative and destigmatize condoms. In South Africa they had Big 5 condoms made: Elephant (biggest one), Lion (glows in the dark), Panther (flavoured and textured), Water Buffalo, and Rhino (ICASA 2013, Cape Town).

“Branding is not just a pretty picture – you have to have something behind it. Once someone is comfortable talking about condoms, then you educate them and talk to them about how to negotiate its use, then they go home and use them.”

**Unique tools:** CONDOMIZE! volunteers use temporary tattoos to start conversations. While the tattoo is being applied they have a captive audience, and are able to ask them about their lives, whether they have heard about the female condom, and tell them where they can find them at the event.
The ILO has created a labour standard on HIV, “Getting to Zero in the Workplace”, that supports universal access to HIV education, information, treatment, care and support in the workplace, and guarantees the right to a safe and healthy work environment and social protection for those infected with HIV.

A snapshot of success in Thailand

150,000 workplaces in Thailand now have programs for condom promotion and distribution
4,000 large-scale companies distribute condoms to their workers
> 1 million condoms have been distributed in 3 years
Low-cost bulk prices and a revolving fund will ensure a sustainable supply of condoms

Best practices in workplace programs

Freeport Indonesia
This mining company has been a leader in making condoms, sex education, and STI/HIV services available to its workers, most of whom are indigenous Papuans. It has implemented a comprehensive HIV and AIDS program that includes policy, training, and peer education. The company has made STI/HIV testing part of its annual medical exam with 95% coverage (workers can opt out). It offers confidential STI/HIV treatment and support and no one has ever been fired for being HIV positive—600 employees out of 30,000 are on treatment and still working. The company also distributes condoms in the workplace, but has found that most workers choose to access them on the buses they take to go into town.

Bangkok’s gay saunas
In the Asia-Pacific region, STI rates are on the rise, Hepatitis B&C is increasing among gay men in major cities, and there is a burgeoning epidemic of HIV among men having sex with men, with Bangkok at the epicenter. The ILO aimed to change this by working with Bangkok’s 50 gay saunas to provide condoms and lube to workers and customers, and help develop policies and practices that would better protect them. This collaboration has produced guidelines on safe saunas, workplace policy, worker training, community outreach (through local NGOs), and easy access to condoms and lube at the saunas. Research shows that condoms are used when they are within arm’s length, so condoms have been made available not only in well-lit areas such as the shop, but where people are having sex as well (private rooms, dark rooms).

What are the lessons?

• Workplaces offer a potentially large, strategic, and high-demand market.
• Distribution is challenging—should focus on gaps, such as high-risk sectors such as mining, oil and gas, transportation, and construction, and populations such as “mobile men with money – MMM”.
• Religious/cultural sensitivities remain high in many areas in the Asia-Pacific region, so it is important to be flexible and avoid being dogmatic.
• Need to work more with industry associations and trade unions to reach the informal economy, which is huge in the Asia-Pacific region.
• Integrated approaches to primary health care and sexual and reproductive health—not just a focus on HIV and disease prevention—help improve perceptions of condoms.
V. TAKING STOCK

The best questions and brightest ideas of the “20 by 20” workshop

To make progress towards “20 by 20”, the public, non-profit, and commercial sectors will need to align their efforts, segment the market, drive positive behaviour change, and bring condoms and positive messages about sexual health to where people live, work, and play. Four days of meetings generated rich discussions and debate on how to do this. Below is a summary of the most salient and striking questions, ideas, and ambitions of the new “20 by 20” coalition.

Why isn’t the private sector already in Africa? What are the challenges and barriers to market entry?

The African market still seems very small. Massive public sector distribution of free condoms has made it difficult for the commercial sector to carve out a market. Donor-led programs do not coordinate their procurement to respond to actual demand, which can create high levels of subsidization that may not be justified. Without usage and consumption data to guide decision-making, free condoms are getting into the hands of people who can actually afford to pay and the commercial sector is left to wonder whether there is a viable market.

Other barriers to market entry: Uneven, onerous and time-consuming regulatory requirements; low-quality in-country testing; the cost of paying for outside regulatory and inspection officials; understanding distribution channels; weak infrastructure; knowing who to talk to in-country; and geographical, cultural, social, and religious challenges.

The private sector needs a clear business case to enter African markets. What makes a market attractive to manufacturers? What needs to be in place for manufacturers to take the leap?

A developed retail environment, enhanced and clear distribution channels, a functioning infrastructure, a sales force and pool of talent on the ground, demand-side data, and sufficient affluence. There is an emerging middle class in some countries that can afford to buy commercial products, which could be an enticement to condom manufacturers.

Where can manufacturers, donors, government, and non-profits cooperate? What are the opportunities?

Donor-led education can help grow the market. Donor programs have been successful at raising awareness and normalizing condoms, and increased availability has opened up communication about condoms, which in turn drives usage and sales. UNFPA and other donors can help the private sector convince consumers of the value of condoms and drive demand for branded, donated, and social marketed condoms.

The private sector could help the UN be more innovative in terms of condom packaging. Free condoms in generic packaging are sometimes perceived as a lower quality product, but there are opportunities to improve the customer’s perception of quality.

“If the market is not attractive, the commercial sector is not going to enter. Making the market more efficient and clear for the commercial sector will create foundational change and allow us to move towards 20 billion condoms in low- and middle-income countries by 2020.”

— Frank Sadlo, GummiWerks, LLC
Governments cannot do it all, nor can they afford to. One important role for government would be formulating a national condom strategy that cuts across family planning, HIV, and donor programmes.

SMOs should implement an incremental policy that reduces subsidies and weans people onto a product they pay for. By segmenting the market, SMOs can focus on specific groups, assess their willingness to pay for condoms, and target subsidies accordingly.

What about investors?

Who will provide the capital to scale up and reach the “20 by 20” objective? “Money will not come from donors or from companies. 20% of investment in condoms now comes from development assistance. To get to “20 by 20” we need an investable case: profits. Without it, we won’t have the resources to reach scale. The vaccines market has achieved this and might be an example to study and emulate.” – Francesco Ambrogetti, UNFPA

There is support for a coalition. What practical actions will we need to take to meet the “20 by 20” target?

Invest in data collection. This would help to segment the marketplace and determine who needs free condoms, who can afford subsidised condoms but not the commercial ones, and who can afford commercial condoms. For the donor, better data makes funding more efficient and attractive.

Segment the market. Africa is not one market. Clients, markets and environments, cultures, languages, religions are different across the continent. What works in one country might not in another. Need to identify different user groups and target distribution of condoms by need, behavior, willingness to pay, consumer preferences. (The highest risk group in SSA is men with non-regular partners.)

Assemble a manual/clearinghouse for manufacturers seeking to enter certain countries that includes who and where to contact. The Reproductive Health Supply Coalition’s (RHSC) registration project is currently gathering data for contraceptive suppliers in Africa and other regions, and should be up and running next year. In the meantime, the coalition will collect the necessary data to inform the October meeting in Namibia.

Adopt a total market approach (TMA). As a group our goal should be to grow the market, move users up the value chain, and make room in the market for those who can afford to pay. By doing this we can encourage a more nuanced approach, reach the underserved while also serving more affluent populations, have a much greater impact on health outcomes, and build a more equitable and sustainable market over time.

“As African-based manufacturers, we have a bigger role to play because all the other manufacturers don’t have to go to Africa. We have to – we’re home! They still have to look at the business case, but if there’s no business case they’re not losing anything. We need to get everybody (public donors) involved to ask: what are you trying to do in Africa and what is it that we can do to try to assist?”

– Michael Proctor
Gemi Rubber, Botswana
VI. RECOMMENDATIONS & NEXT STEPS

MARKET ANALYSIS

One of the first tasks of the “20 by 20” Coalition will be to gauge the potential size of the market for condoms in middle-income countries of Sub-Saharan Africa. While much analysis of SSA markets is already underway or about to begin, specific analysis of the condom market does not seem to be planned currently.

**TASK:** Advocate for market analysis of condoms for Africa, including the inclusion of condoms in planned analyses.

COUNTRY SELECTION

Which countries would be most appropriate for the “20 by 20” initiative? First, we will need to ensure the initial countries (perhaps 5–6) have a viable market for increased private sector involvement. Participants outlined a number of selection criteria (which will need substantial refinement), including:

- **Level of country development**, with recommendations to consider focusing on middle-income countries;
- **Market size issues**, including population size, CPR, HIV incidence and prevalence, condom needs, etc.; and
- **Openness of government** to support/lead development of a more differentiated approach to the provision of condoms, including more targeted distribution of free condoms to those unable to contribute to the costs and underserved populations; affordable regulatory and inspection requirements and more.

Donors are extremely concerned about reaching underserved populations and this approach could have real traction. In selecting which countries to focus on, it would be useful to look at those that have recently done a DHS (demographic health survey) and disaggregate the data so we can see who is accessing services at urban and rural levels.

**TASK:** A questionnaire for UNFPA country offices and USAID Missions to determine MOH interest in collaborating in the “20 by 20” initiative is to be approved.

ANALYSIS OF EXISTING DATA

**TASK:** Examine existing data pertaining to condom use, including: recent DHS data, behaviour surveillance surveys (BSS), willingness to pay and/or ability to pay studies; KAP studies gauging the knowledge, attitudes and practices of adolescent and young people (including using mobile technologies); recent/on-going efforts to map country condom needs – GPRHCS forecasts; and quantification and forecasting of condom needs for both FP and HIV (note recent work of UN Commission on Life-Saving Commodities).

PRACTICAL NEXT STEPS

- Examine possible funding sources to move this work forward (UNFPA, USAID, RHSC Innovation fund);
- Draft TORs for the MDAWG work stream (“Private Sector Condoms Initiative”) that is to house this effort;
- Organise a steering committee ensuring donors, private sector, government, and non-profits are represented; and
- Identify other potential participants / players to get involved.

**NEXT MEETINGS**

**March 2015:**
A 1-hour conference call to update on progress

**October 20–23, 2015:**
Second in-person meeting of the “20 by 20” initiative in Namibia
**Appendix 1: Group work**

What needs to happen for commercial condom manufacturers to go into a market, take ownership of a brand, and develop a product? Three groups of manufacturers and one group of NGOs worked together to answer this question.

**GROUP 1: Manufacturers**

<table>
<thead>
<tr>
<th>1. Condom education</th>
<th>Educational support from UNFPA and others is needed for the middle/upper middle class population to know how to recognize and reject bad quality condoms and recognize and be willing to purchase good quality ones.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Regulatory requirements</td>
<td>Align requirements for all SSA countries to avoid duplicating registration protocols.</td>
</tr>
<tr>
<td>3. Create a protective body</td>
<td>To “ban” bad quality/sub-standard condoms from coming into SSA and have regular checks to ensure condoms meet minimum quality standards.</td>
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<tr>
<td>4. Impose an ‘import license’</td>
<td>If there were an import license for every batch, every container entering the market would be controlled, tracked and monitored.</td>
</tr>
<tr>
<td>5. Pre- and post-shipment capabilities</td>
<td>Independent laboratories in SSA countries are often unreliable; testing can produce inaccurate results that lead to unnecessary product recalls.</td>
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<tr>
<td>6. Local partner / manufacturer representative</td>
<td>A trusted local partner in an SSA country that understands the market conditions, level of local expertise, and resources to enable effective distribution.</td>
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<tr>
<td>7. Statistics/data availability</td>
<td>On HIV, socio-economic status &amp; demographics of SSA countries to understand market/distribution/price sensitivities.</td>
</tr>
<tr>
<td>8. Infrastructure/logistics</td>
<td>Of moving inland from market centres/seaport (e.g., Uganda, Lesotho, Rwanda).</td>
</tr>
<tr>
<td>9. Local government updates on import duties</td>
<td>Import duties change from one African country to another – perhaps they could be uniform.</td>
</tr>
<tr>
<td>10. Middlemen</td>
<td>Middlemen take a high percentage, which has an effect on prices.</td>
</tr>
</tbody>
</table>

**GROUP 2: Manufacturers**

| 1. Better coordination of public sector/donors* | Need to create a more sustainable supply of condoms (quantity/target groups), impose annual limits, and target distribution to make space for the commercial sector. Stop promoting in urban areas. |
| 2. Condom advocacy fund | Tie to permit system where brands/imports need a permit to sell in the country, part of permit rules is a per unit % of sales to the advocacy fund, so the private sector would be contributing funds, coordination, marketing strategies, and an exchange of information between market players. |
| 3. Currency fluctuation | This is a significant risk. What structure can be put in place to manage this risk (involving the government and national banks) and create a stable environment for the private sector to enter a market? |
| 4. Civil service inefficiency | The commercial sector approach is to go directly into the country, build a brand, work with local governments, local companies/staff for last mile – not going through middlemen and dealing with multiple layers of bureaucracy. |
| 5. Distribution | To bridge the last mile we need to find dependable, efficient, committed partners on the ground. Opportunity to work with universities to recruit and groom the next generation of social entrepreneurs! |
| 6. Does the market (end users) need us? | Does it want us there to supply product? Is there/can we get big data to show there is a meaningful mass of users? Do they want to be charged? This is the key thing the private sector must look at before investing in a market. |
| 7. Create disincentives for free condoms* | Free condoms should still be high quality, but no bells and whistles. Need to create a gap/product distinction so the private sector can sell a premium product instead. |
| 8. Explore distribution system optimisation and coordination | Need to leverage lowest possible level of IT infrastructure. To get good data from the ground and have sustainable data collection, we should replicate India’s commerce-driven SMS message system that works on any phone. |

* It was noted that points 1 & 7 would be important to address at the next “20 by 20” meeting in Namibia.
## GROUP 3: Manufacturers

**Presenter:** Phil Davis, Durex

<table>
<thead>
<tr>
<th>1. Political / governmental environment</th>
<th><strong>How open is each government:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• to private sector sales of condoms (if not, why not)</td>
</tr>
<tr>
<td></td>
<td>• to separating the market by geography (TMA) (rural, urban poor, urban affluent)</td>
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<td></td>
<td>• to restricting distribution in some of the above (and focusing on others)</td>
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<tr>
<td></td>
<td>• to providing just the basic condom (not flavoured/coloured)</td>
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<td></td>
<td>• to having a common registration standard (shared with other African nations)</td>
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<td></td>
<td>• to stopping local country-specific testing that is preventing free market entry</td>
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<td></td>
<td>• to helping drive demand (i.e. education on using condoms provided by private/social/free sectors)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Market size / structure</th>
<th><strong>What is the current condom penetration (extent to which condoms are used)?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• What is the current level of branded competition / size of retail sector?</td>
</tr>
<tr>
<td></td>
<td>• How many donors are present (&amp; have a current working relationship with other donors/gov.)</td>
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<tr>
<td></td>
<td>• How many foils are distributed by: donors, government, NGOs, social marketing, combination of all?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Retail &amp; competitive environment</th>
<th><strong>What is the quality of free condoms (to determine opp. to offer a differentiated product)?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• How developed is the retail sector (pharmacy/supermarket/local trade) &amp; current distribution network (for free/subsidised)?</td>
</tr>
<tr>
<td></td>
<td>• How affluent are consumers (size of population with a disposable income high enough)?</td>
</tr>
<tr>
<td></td>
<td>• What is the size of population (18-35 yr olds)?</td>
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<tr>
<td></td>
<td>• Are there any cultural/religious challenges in advertisingcommunicating about condoms? (How easily can we as a private sector communicate)?</td>
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<tr>
<td></td>
<td>• How complex is the regulatory environment (how long does it take to register a product)? A coalition of donor manufacturers could be used to show (gov.) how consistent standards could be maintained (and reduce reliance on country specific pre-qualification).</td>
</tr>
</tbody>
</table>

## GROUP 4: Non-profits

**Presenter:** Rineke van Dam, UAFC

<table>
<thead>
<tr>
<th>1. Condom scarcity</th>
<th>Donors are not flooding the market with free condoms. We are only meeting 10% of the need. Scarcity should be interesting to private sector actors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Total market approach (TMA)</td>
<td>• Donors may want to use resources in a more targeted way, which would require strong coordination and collaboration with governments, companies, and civil society.</td>
</tr>
<tr>
<td></td>
<td>• National governments need to be on board to drive and coordinate private sector activity in national condom sales market. Segmentation of the market and sustaining access for all groups can only be achieved if national governments take that leadership role.</td>
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<tr>
<td></td>
<td>• We need to look into distribution and sales concepts: performance-based financing, the Unilever Lifebuoy model, etc.</td>
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<td></td>
<td>• Civil society is important for reaching vulnerable and target communities, and reaching out to rural areas through community-based approaches. They also need to hold governments accountable—advocating for sufficient condom budgets, monitoring policy (for instance when the market is segmented, ensuring poorest communities remain covered), etc.</td>
</tr>
<tr>
<td>3. Create incentives for condom use</td>
<td>• Cameroon: female condoms are sold in hair salons, subsidized to match the price of a male condom. Women can buy 3 female condoms for the price of 1.</td>
</tr>
<tr>
<td></td>
<td>• The South African government bought female condoms and gave them to LoversPlus for rebranding. They marketed the condoms in women’s magazines and this has been an effective strategy.</td>
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<tr>
<td></td>
<td>• Using incentive vouchers or performance-based financing structures or lotteries to tempt people to buy condoms, linked to a financial reward.</td>
</tr>
<tr>
<td>4. Infrastructure and distribution</td>
<td>Donors should focus their efforts and resources on strengthening infrastructure and distribution of health commodities. Warehouses need to be of good quality. Distribution bottlenecks result in condoms ending up mainly in cities and not reaching rural communities. Can we learn from other business models, such as phone vouchers, cooking oil, Coca-Cola and hair products that are available everywhere?</td>
</tr>
<tr>
<td>5. Female condom</td>
<td>We need a positive campaign and reimagining of the female condom! Get men and the pleasure aspect into the picture. It needs to be a joint effort to increase the total market for female condoms.</td>
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</tbody>
</table>
## Appendix 2: List of Participants

<table>
<thead>
<tr>
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<th>Company/Project</th>
<th>First Name</th>
<th>Last Name</th>
<th>Role/Position</th>
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<tr>
<td>1</td>
<td>Abt Associates</td>
<td>Ramakrishan</td>
<td>Genesan</td>
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<td>Abt Associates</td>
<td>Jeffrey</td>
<td>Barnes</td>
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<tr>
<td>3</td>
<td>Association for Reproductive &amp; Family Health, Abuja, Nigeria</td>
<td>Kehinde</td>
<td>Adesola</td>
<td>Director of Programs</td>
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<tr>
<td>4</td>
<td>Beiersdorf Medical Latex (DUA) SDN. BHD. Johor, Malaysia</td>
<td>Joshy</td>
<td>Babu</td>
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<td>5</td>
<td>Condomize Project</td>
<td>Franck</td>
<td>DeRose</td>
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<td>Daisy</td>
<td>Tan</td>
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<td>7</td>
<td>Cupid Limited</td>
<td>Om</td>
<td>Garg</td>
<td>Chairman and Managing Director</td>
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<td>9</td>
<td>Dongkuk Techno Rubber Industries</td>
<td>Kim</td>
<td>Dae Kyung</td>
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<td>Dongkuk Vietnam Co., Ltd.</td>
<td>Cao</td>
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<td>Philip</td>
<td>Davies</td>
<td>Global Brand Marketing Manager</td>
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<td>Durex</td>
<td>Steve</td>
<td>Coplin</td>
<td>Manufacturing Director Health</td>
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<td>Female Health Company</td>
<td>Susan</td>
<td>Ostrowski</td>
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<td>Morakot</td>
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<td>Gel Works Pty Ltd Australia</td>
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<td>17</td>
<td>Gemi Rubber Botswana</td>
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<td>Moeketsi</td>
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<td>Guangzhou Guangxiang Enterprises Group Co., Ltd</td>
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<td>Yong</td>
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<td>Thomas</td>
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<td>Richard</td>
<td>Howard</td>
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<td>Vincent</td>
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### Facilitators

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<td>Sandy</td>
<td>Pederson</td>
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