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MEETING TO PROMOTE CONDOM SOCIAL
MARKETING FOR AIDS/STD PREVENTION

YAOUNDE, CAMEROON
2-5 NOVEMBER 1993



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**MEETING TO PROMOTE CONDOM SOCIAL MARKETING
FOR AIDS/STD PREVENTION
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The purpose of this meeting was to review lessons learned from existing condom social marketing (CSM) programmes; to promote CSM especially among those countries that have not yet established a programme; and to stimulate interest and commitment on the part of multilateral and bilateral donors to support condom social marketing interventions at the country level.

SUMMARY OF DISCUSSIONS

1. Condom Programming

Condom programming is a complex undertaking that has many important and complementary components: demand generation, logistics management, support to programme development and research. In order to be effective, the condom component of a national AIDS control programme must combine several approaches and strategies. Some national programmes have relied almost exclusively upon free distribution systems in the past. Usually these programmes have not been effective in making condoms available to those who need them the most. They have failed (a) to persuade those who need to use condoms to do so, (b) to increase access to condoms, and (c) to address the issue of condom quality.

2. Condom social marketing

Social marketing uses commercial techniques and existing distribution infrastructure to sell good quality condoms at affordable, subsidized prices. The meeting participants stressed the need for a comprehensive condom programme as a component of the national AIDS prevention programme and emphasized the importance of CSM as a fundamental part of condom programming.

3. Complementarity of distribution systems

Because of the complexity of social networks, the dynamics of markets, and the diversity of populations that a national AIDS programme needs to reach, a combination of different promotion strategies, distribution systems and channels must be combined in order to achieve the best results. The meeting participants stressed the importance of complementary distribution systems involving efforts in the public (free), private (more expensive), and non-governmental sectors (low costs). They pointed out that, unlike single channel systems, one of the elements of success of multi-channel, balanced, comprehensive programmes is that they can reach different target populations.

For example, case studies of community-based distribution (CBD) systems were presented, which illustrated how CBD can be used to increase the reach of existing CSM programmes to serve the needs of different sub-populations. The CSM programme of Burkina Faso used the CBD strategy to overcome resistance from a

conservative northern community. While people there were reluctant to buy condoms when they were commercialized through the usual CSM operations, sales figures soared when the community-based approach was adopted. In Cameroon, community-based distribution initiatives involving commercial sex workers, as a complement to the existing CSM programme, yielded very encouraging results. Community-based distribution systems seem to work best when members of that community play an active role. Their knowledge of the social structures, the norms and the habits of the community make it easier for them to reach even the most isolated populations, who would not otherwise be reached.

In a few countries, in addition to the community-based initiatives referred to above, CSM programmes are developing innovative promotion strategies. In Cameroon, for example, the PSI programme has designed a new package specifically for women and is working on a promotional campaign that targets this specific sub-population. The idea is to make the condom package attractive, discreet and easy to conceal. In the beginning, the distribution of this new package will be through community-based channels. The condoms will be distributed through outlets where women are likely to gather for business or entertainment such as hairdressing salons, dressmaking shops, cosmetic shops, but also through workplace and training institutions.

4. CSM launch

Launching a CSM programme can be a difficult process even in countries where policies and conditions are positive. Among the ingredients for the launch of a successful CSM programme, three factors have been singled out as critical: careful assessment studies, strategic planning, and the involvement or blessing of opinion leaders and decision-makers in the community. Although the ability to recognize and exploit opportunities is helpful, careful assessment studies and market research are fundamental to success. Research, particularly qualitative research, helps CSM staff identify obstacles, understand the complexity of the setting and find appropriate solutions critical to the development of effective promotion strategies, and distribution systems.

In Côte d'Ivoire, for example, the PSI programme was faced with a legal obstacle in the form of a law, inherited from the former colonial power, prohibiting the open promotion of contraceptives. The patient negotiations of the CSM programme staff and the staff of other population programmes with officials of the administration resulted in the repeal of the 1920 law by the National Assembly. The same approach has been used effectively in other francophone countries in the region. In other CSM programmes, opposition arose from religious communities and/or their leaders. In northern Cameroon the CSM staff, once they realised the extent and the source of the opposition, undertook a delicate public relations exercise in order to convince the Muslim leaders of the importance of the programmes for their own community.

5. Condom quality

Although condom quality was allotted only a limited space on the official agenda of the meeting, the issue, as it pertains to the national AIDS control programmes in general and to CSM programmes in particular, dominated much of the discussions. The concern of the participants about condom quality was expressed from different perspectives:

- a) From a public health viewpoint, condom use is the only method available to sexually active people to prevent HIV transmission. The question is how do national health officials ensure that condom quality remains acceptable from the time of manufacture to the time of use. Testing the quality of condoms at the time of manufacture is an important safeguard; however, many participants felt that

this alone is not sufficient. National programmes need to conduct occasional "spot checks" from time to time to ensure that condoms already in the market remain of acceptable quality. Many countries do not have a quality assurance laboratory to give them this minimum level of assurance. The few laboratories in the region (which were set up with the support of WHO/GPA) do not yet function as regional test laboratories to serve the needs of neighbouring countries.

- b) Secondly, from a condom promotion specialist point of view, it is difficult to promote condom use to *new* users if the product suffers from a bad image. Equally important, people who have had a bad experience with condoms, such as breakage, will in all likelihood stop using condoms. Subsequently, these people can have a strong influence on those who are still hesitant. Their arguments are more authoritative because they are based on first-hand experience. The challenge for the condom promotion specialist is to counter these rumours, change negative attitudes and create a positive image; however, to achieve this, good quality products are a prerequisite.
- c) Finally, from the point of view of programme management, maintaining a constant supply of good quality condoms in difficult environmental (hot and often humid climates) and logistical conditions (poor warehousing and transport) is very problematic. Under these conditions, how does a national programme maintain reasonable condom quality? Or, even when a country manages to establish a reasonably efficient condom quality control system, how can it avoid the effects of poorer quality condoms from neighbouring countries?

Three sets of solutions were proposed to deal with the issue of condom quality. First, participants felt that the basis for resolving the problem lies in strong regional cooperation in the area of condoms. It was suggested that one solution is already being implemented by the social marketing agencies in the form of the "Pan-african condom branding and advertising campaigns". These agencies must register their products and ensure that they are kept in good condition in order to renew their operating licences. For example, "Prudence" and "Protector" are two social marketing brands registered, promoted and sold in many countries of the region, which ensure a certain level of quality, at least at the time of introduction into the countries.

Second, it was suggested that national programmes step up consumer education to complement regular prevention interventions. In other words, AIDS prevention education programmes need to strengthen the consumer awareness of the importance of quality. At present most education campaigns neglect this message. Only some targeted interventions using interpersonal communication approaches actually teach users how to check for condom quality (dates of manufacture, physical examination of the foil package, etc.). It would be useful if messages on safer sex and condom use provided basic guidance on judging the quality of condoms

Finally, the development of a training programme was suggested for those who have to deal with condoms at the national level, including those who work for related programmes. The training would go beyond the logistics management aspects of the issue, which, nevertheless, may be the most important element of the course. For example, programme managers regularly face the difficult task of estimating condom supply needs but lack the necessary information and tools to make the calculation. Often, donor agencies decide on the level of supply for the country on the basis of their own perception of need.

Most participants felt that the discussion about condom quality was useful and had made them aware of aspects of their work they had not considered before. The participants suggested that for a product of this importance in their daily work, it was essential to have specific staff assigned to deal with its many aspects.

In this respect, many of the IEC staff and programme managers present realized that the practice of making the IEC coordinator responsible for condoms is not satisfactory.

6. Consumer demands

The fact that condom quality often dominated the discussions is a very positive development in AIDS prevention in Africa. Only a few years ago, the concern of those working in the field was how to convince men in Africa to accept trial use of condoms. Health professionals as well as social scientists were proposing social, cultural, and psychological factors to explain why it would be impossible to persuade African men to use condoms. It was clear from these discussions that progress had been made and that national AIDS programme managers can now devote themselves to other matters.

With social marketing programmes increasing the volume of condoms sold, the concern of national programme managers is shifting from how to persuade people to use condoms to how to increase the supply of good quality condoms to meet the growing demand. This problem assumes greater significance as "donor fatigue" and the deterioration of national economies affect the countries of the region¹. Participants observed that condom users are becoming more "sophisticated" about the image and quality of the products they buy. National programme managers now realize that they are faced not with traditional "target audiences"; rather, they are dealing with consumers who, because they buy condoms as commodities, feel that they have the right to demand quality.

This situation could be an indication of the effectiveness of educational programmes that are persuading people of the importance of safer sex. A further indication of consumer sophistication is the growing number of complaints about condoms that national programme managers say they receive. In the past some national programmes simply collected complaints from prostitutes as part of focus group or informal discussion; today, more comments about condoms are heard from the general public.

7. Training

Issues related to training arose on several occasions during the meeting. Condom promotion activities in the national AIDS control programmes are usually assigned to the IEC staff who do not necessarily have the required skills and experience to deal with them. Realizing the complexity of the issue, several programme managers suggested that staff who are responsible for the condom component of the programme should be offered appropriate training.

- a) Ideally, marketing specialists should be hired by national programmes to deal with these issues, even if the actual practical work is done by marketing agencies, as in the case of CSM programmes. Unfortunately, national programmes either do not realize the importance of such expertise in the programme, or they cannot compete with private companies in attracting this kind of personnel. As an alternative, a NAP staff member could undergo special training to provide him/her with a comprehensive understanding of the issues involved and to be able to coordinate the entire condom component of the programme.

¹A few months after the meeting, the official currency of 14 of the countries of the areas was devalued by 50%, a situation which further underscores this point.

- b) Retailers who stock condoms cannot be expected to be aware of all the complex issues involved in handling this product. Ideally, some form of briefing or training should be developed to resolve this problem. CSM programmes routinely train the retailers with whom they work, but do not always cover all important aspects. It was suggested that national AIDS control programmes collaborate more closely with CSM programmes to upgrade the training of these retailers, especially with respect to quality assurance.
- c) At the national programme level, different training modules should be developed for staff at different levels. It was noted that various types of health personnel play a role in condom promotion and distribution. Training at all these levels should be an integral part of a comprehensive condom programme. It was suggested that GPA take the lead in developing such a training programme that national programmes could adapt at country level.

8. Political and religious opposition

Two of the most common problems faced by CSM programmes during the launch and implementation phases are political and religious opposition. Today, political opposition, still a factor only a few years ago, is almost non-existent. In a number of countries, national laws had to be modified or repealed to allow CSM programmes to operate legally, especially to make open promotion of condoms possible. In a number of francophone countries, for example, the restrictive law called the "1920 Law on propaganda of contraceptives" was repealed. At the same time, all of the CSM programmes represented at the meeting have had to deal with some form of religious opposition either coming from the Catholic Church or from Muslim communities. Interestingly, in some countries with a large Christian community, opposition came from the hierarchy of the Catholic Church; among the Muslims, it is rather the average community members who felt offended by the open promotion of condoms.

The meeting participants accepted that some religious communities could not be expected to share the same position as public health specialists on the question of condoms. However, it was agreed that every effort should be made to establish an open dialogue with religious leaders and that NAPs must be prepared to back up their position with scientific and medical data. Experience among the participants shows that positive outcomes can be achieved with dialogue. Over a period of time, when one party is not trying to impose its view on the other, the public health rationale often prevails. In some instances, even if religious leaders do not become condom promoters, they adopt a more conciliatory posture and stop their open opposition campaigns. However, it is important to emphasize, as do programme managers who have had successes in this area, that this is a long and delicate process.

9. Collaboration between CSM and other programmes

It was noted that CSM programmes, historically, were developed to increase acceptability of, and accessibility to contraceptives by the low and middle socio-economic populations of developing countries. As a result, important lessons have been learned from which new CSM programmes with an AIDS/STD focus can draw. In particular, lessons learned in the area of community-based distribution are relevant to condom distribution. It was argued that this approach is showing good results with some categories of urban women who are not sex workers. Arguably, family planning programmes can play an important role in extending the reach of CSM programmes to service the condom needs of women. Furthermore, the results of efforts to promote condom brands with dual messages for family planning and AIDS/STD prevention should be better documented to determine the extent to which they are synergistic.

10. Research

The importance of formative research to understand the social, political, religious and marketing context of communities during the planning phase and to guide programme implementation was stressed several times during the meeting. Examples of how failure to take these factors into consideration negatively affected CSM operations were presented and discussed. These involved insufficient preparation of the communities, insensitive promotion and advertizing campaigns, as well as lack of involvement of community and religious leaders in the planning which often resulted in long delays and disruption of programme activities.

More operational research activities need to be developed by CSM programmes to evaluate their effectiveness and sustainability. Unfortunately, one of the CSM implementing agencies with the most extensive experience in this area, SOMARC, was unable to attend the meeting to provide a first hand account of lessons learned.

11. Costs

Issues of cost recovery and programme sustainability were discussed. It was agreed that of all the public health programmes implemented in the countries of the region, CSM programmes offer the greatest opportunity to achieve one of the key objectives of the Bamako Initiative - cost sharing by beneficiaries. Although start up costs tend to be high, in the long run, CSM programmes have the potential to improve their cost-effectiveness ratio.

The issue of CSM programme sustainability is very complex. Although there are claims in the literature that some contraceptive social marketing programmes have reached the break-even point and are virtually self-sufficient, the participants, both among the CSM professionals and the programme managers, advocated caution. The consensus among participants was that self-sufficiency should not take precedence over serving the needs of low-income consumers. Cost-recovery should be built into the system, but self-sufficiency should be regarded as a long-term objective taking into consideration all possible alternatives for improvement. Some of the alternatives suggested were cost-sharing among programmes, regional branding, packaging and promotion, sharing of resources and operations across national programmes, and the pooling of supply across countries.

12. Unanswered questions and unresolved problems

Despite the success of CSM programmes in the African region during the last few years, representatives of national AIDS programmes at the meeting raised a number of questions for which there are no clear answers at the moment. For example, despite the large increase in volume of condoms sold by CSM programmes in Africa, is there any evidence that those who *should* be using condoms are in fact doing so? Specifically, are those groups who are considered to be most at risk of infection and most at risk of infecting others, being reached by promotion campaigns, buying condoms and actually using them? Once people start using condoms, do they continue to do so on a regular basis?

In a fair proportion of the sexually active population, even in high prevalence areas, condom use will be resisted because people wish to practice unprotected sexual intercourse within a mutually faithful relationship and/or they wish to have children. For these people, it is essential that clear information and counselling are available so that they may proceed safely with these life choices. Voluntary testing and counselling services should be offered to these groups.

Another issue that was raised for which no immediate answer can be found, especially at a time when cost-sharing is an accepted strategy, is the affordability of condoms by young people. It has been pointed out that while CSM programmes are effective in increasing access to condoms for those who have limited disposable income, young people who depend on others for money may not be able to buy the condoms they need. National AIDS control programmes need to devise supplemental community-based systems to cater to this and other sub-populations with similar needs.