

Global Consultation on Female Condoms

Review of Past Action Plans and
their Implementation
by Patrick Friel, PhD

Female Condom Meetings 1993-2004

- 1993 "Potential Role of the Female Condom in International AIDS Prevention" AIDSCAP
- 1997 "The Female Condom: From Research to the Marketplace" AIDSCAP
- 2001 "Technical Update on the Female Condom" FHI
- 2004 Experts Meeting GCM/GCWA

1993 Potential Role of the Female Condom in AIDS Prevention

- 58 participants, of whom all were US agencies and contractors except WHO and IPPF
- To assess the potential role of the FC in international AIDS Prevention

1993 Report (continued)

- Acceptability results are largely favorable
- Pregnancy rates as low as other barriers
- Consistent use of FC has "prevented re-infection by *trichomoniasis vaginalis* and *chlamydia*
- FC Expensive: affordability identified as major hurdle

1993 Report (continued)

- Group noted that data on efficacy vs. STI/HIV, acceptability and FC use on sustained basis is still limited
- Proposed interagency WG, Newsletter, further meetings and 2-year Research Action Plan but language weak
- USAID supported 19 studies, investigated reuse and procured 150,000 FCs

1993 Report: concluding paragraph

- "Yet without concrete steps by the public sector and sustained interest on the part of both family planning and AIDS professionals, it is safe to predict that the female condom will not be available to women in low income countries, and one potential weapon in the fight against STDs/HIV in developing countries will be lost."

1997 The Female Condom: From Research to the Marketplace

- 130 participants from 19 countries representing 60 organizations
- To share lessons since 1993 and develop *strategies to increase awareness, acceptability, availability and affordability* based on latest research findings and experiences from the field

1997 Meeting Design

- Participants: policy makers, donors and the private sector, women's advocates, programme planners, scientists in research and development, researchers in the field and community organizations
- Inquiry: science, women's empowerment, product delivery, product introduction, price, policy and evaluation

1997 Some of the many barriers

- The group focused on accessibility b/c in general they accepted the FC but recognized that there are barriers to overcome:
- Cost of the device; lack of funding
- Provider resistance
- Gender issues
- Lack of indicators and instruments for evaluation
- Concerns about cost-effectiveness

1997 Cost-effectiveness causes division among the groups?

- "Women's advocates" want the FC now
- "Researchers and donors", on other hand, said it was too expensive until more research shows it to be effective in slowing the AIDS epidemic
- But, how can the FC show success if we don't invest in it?

1997 Evaluate while implementing

- Group view: "enough is known to begin"
- ...by focusing so heavily on the cost issue, progress may get bogged down in assessing the possible impact of the female condom. Paul Feldblum, FHI
- "If we don't scale up and monitor what happens, we'll be having this same meeting three years from now and not have any more answers." Guy Stallworthy, PSI

1997 Six Recommendations

- Total of 61 recommendations and next steps were issues, but group agreed to:
- Six "Consensus" Recommendations emerged as the common ground amongst the disparate points of view.

1997 3 general & informational

1. Promote female condom for men as well as women
2. Market through interpersonal and mass media
3. Disseminate information broadly, including the media (But who would develop the media strategy and pay for the work?)

1997 3 specific and directive

1. Expedite research on re-use (WHO)
2. Provide incentives for alternative designs (USAID, et al.)
3. Begin large-scale introductions in 2-3 countries to permit answers to OR questions (?)

1997 2-3 “Large-scale FC introductions”?

- While FC sales increased 9-fold 1997-2003 and several comparatively large FC programs exist: Brazil, South Africa, Zimbabwe, but were they large enough to answer the questions about cost-effectiveness, the utility of the “Guide”, etc.?
- And, were subsequent OR studies done in a strategic way?

2001 Technical Update on FC

- 12 presenters from USAID, FHI, Pop Council and PSI
- Purpose: to share the latest scientific and programmatic information on FCs
- NB: 2001 was a “technical” meeting not a global consultation

2001 Report (continued)

- Main conclusions called for additional research: on effectiveness in preventing HIV/AIDS, cost-effectiveness, why providers resist talking about female condoms and randomized clinical trials of the male condom vs. the female condom

2001 Report (continued)

- Also "Intervention research needs to build on lessons learned. We need to get trend data over time, and make one last big push to develop the studies needed to answer critical questions."
- Who is "we", what are the critical questions for the big push and when was/will be the "big push"?

2001 and “cost effectiveness”

- The 2001 group asked: what is the “fully-loaded cost” of a female condom programme and what could be expected from investments in the FC?
- Then: “the only way it [the female condom] can achieve an *acceptable degree of cost effectiveness* is if it protects a substantial proportion of high-risk sex acts that have little chance of being protected by a male condom.”

2001 and “cost effectiveness”

- What is an “acceptable degree” of cost effectiveness?
- And, where are “large scale introductions” mentioned in the 1997 report?
- How to address 1 without a steady dependable supply?

2001 Quotation from the report

- “A central question in program development.... How can programs launch major introductory campaigns if they are not sure what the supplies will be from donors? ... subsidized supplies are essential. Having an adequate supply seems to be a critical step to ensure that the product remains viable in the market.”

2004 Experts' meeting on FC

- Organized in London by Global Campaign for Microbicides (GCM) on behalf of the Global Coalition on Women and AIDS
- Purpose: To understand the barriers and opportunities for increasing access to the female condom
- NB: 2004 was an “expert” meeting (10 people) not a global consultation

2004 Barriers

- Participants noted many barriers but focused on the “most complex”: the cost of the current product
- Participants also noted FC access has not reached anticipated levels. What are these “anticipated” FC levels?

2004 What are “anticipated” FC levels?

- NB: Today, the level of FCs is equal to less than one-half per cent of male condoms
- Following tables show average annual levels of FCs vs. MCs both in quantities and in US\$ value

Female Condoms = 4/1000 MC

UNFPA data on donor supply only	2001	2002	2003	Avg. #
FC	8.2m	11.7m	12.7m	10.9m
MC	2.7b	3.6b	1.8b	2.7b

Note: Male Condom figures reported to UNFPA by major donors do not include other sources that could raise the total to 6-9 billion units/year

Female Condoms: the math

- $2,700,000,000 \text{ MC} + 10,900,000 \text{ FC} = 2,710,900,000$ (all condoms)
- Female condoms = $10,900,000 / 2,710,900,000 = .004$
- Male condoms = $2,700,000,000 / 2,710,900,000 = .996$
- Takeaway msg: 996 of every 1,000 condoms are for males; if 9 billion MCs are used as the base, it's one FC in a thousand

Female condoms = 5 cents/\$

UNFPA data on donor supply only	2001	2002	2003	01-03 Avg.#	Unit cost \$	Avg. cost \$
FC	8.2m	11.7m	12.7m	10.9m	0.62	6.8m
MC	2.7b	3.6b	1.8b	2.7b*	0.05	135m

Female condoms: the costs

- $\$6,800,000 + \$135,000,000 = \$141.8\text{m}$ (combined MC and FC costs)
- Female condoms = $\$6.8\text{ m} / \$141.8\text{m} = .048$ or 4.8 per cent
- Takeaway msg:., out of every dollar spent on condoms, donors spend about 5 cents for female condoms

2004 Report actions & next steps

- Organize an informal list-serve (done)
- Commission a background paper on FC and discordant couples (underway)
- Re-think the reuse issue (underway)

2004 Report actions & next steps

- Most challenging proposed action: "Positioning female condom as an integral (not optional) part of HIV prevention, care and treatment strategies—both existing and future."
- Compare this with Global HIV Prevention WG position... (coming later....)
- As with others, 2004 report fails to explain where money for advocacy efforts can be sourced

2004 Report actions & next steps

- Participants' focus on the "most complex" barrier: the cost of the current product highlights a vicious cycle: perceived low demand, donors unwilling to invest in female condom programming and procurement, women don't find the product and the apparent "low demand" is perpetuated

Discussion and Recommendations

- Funding
- Research
- Integration
- Accountability
- "Choice" and Empowerment
- Social Marketing
- The "Guide"

Funding

- The Global HIV Prevention Working Group calls for doubling of annual research funding for vaccines (\$1 billion) and microbicides (\$300 million) and an
- ... increasing funding for other prevention technologies such as female condoms
- ... making "male and female condoms ... readily available in all health care settings"

Funding

- If donors were to scale-up their funding for female condom programming to reach the target of one female condom for every 100 male condoms, the FC commodity cost would be a modest \$18.6 million/year at current prices
- Volume discounts and new product developments could lower procurement costs even more

Research

- The FC meeting action plans do not communicate a clear sense of which research needs to be conducted by international agencies *to gain broad approval* and which research needs to be undertaken by local implementing programmes *to guide and fine-tune the promotion and distribution of the method*

Research

- Compile a comprehensive list of all female condom studies by topic, population, country and/or region, year and cost and compare with a model research paradigm
- Include source of funding for the studies and the role of national researchers/institutions
- Make results available on the internet
- 1997 "enough is known to begin..."

Integration

- Barrier methods for dual protection should be integrated into all programmes that deal with FP, MCH, VCT, PLWHA, STD, PMTCT, ART and so forth, wherever and however our institutional and health services reach into the community at large
- Wider access will help reduce stigma

Accountability

- Baltimore charts a new course with regard to accountability!
- Develop and maintain a collaborative, managed website to monitor the progress of “strategic efforts” undertaken by partners and to share that information widely

Choice and Empowerment

- Choice, a fundamental tenet of our work
- Married women, desperate for choice
- Structural factors of poverty and inequality underlie their vulnerability to STD/AIDS
- Female condoms should be part of women's empowerment strategies

Social Marketing

- Since 1996 PSI sold 8.5 m FC in 30 countries
- Of the 13 hardest hit countries in S/S Africa, PSI markets female condoms in only seven
- Bias: FC should be sold in every developing country where social marketing offers advantages to vulnerable, low-income women and girls

The "Guide"

- The WHO/UNAIDS/FHC "Female Condom Guide for Planning and Programming" is barely mentioned in the meeting reports
- It is an excellent primer for strategic planning at the country level
- It would be useful to compare FC country programmes developed with and without the Guide.... (?)

Conclusion

- Based on a review of the meeting reports, the female condom agenda today arises in large measure from the hard work and dedication of USAID and its partners
- The way ahead looks bright with the appearance of new partners and a more disciplined regimen with emphasis on commitments and accountability

Conclusion

- Many of the same issues highlighted in 1993 are still on the agenda
- How will this meeting be different from the others?
- Take a look at the principles and list of “things to do” attached to the print version of this presentation