

Condoms

The prevention of HIV, other sexually transmitted infections and unintended pregnancies



Contents

Executive summary	2
Introduction	4
Where are we with condom use around the world?	6
Is there a condom supply gap?	10
What do people think of condoms?	14
Role of condoms in prevention	20
Are condoms getting out of warehouses?	24
Female condom programmes	29
Making condom programmes	33
The way forward	37
Annexes	39
References	44

Executive summary

Condoms are a highly effective and widely used method to prevent transmission of HIV and other sexually transmitted infections and unintended pregnancies.

A global consultation meeting was held in Geneva, Switzerland, from 6 to 7 November 2014, to reaffirm the critical role of male and female condoms as part of combination HIV prevention, to shape an agenda to scale up condom promotion and distribution, and to identify strategies to overcome bottlenecks in scaling up.

The meeting established key trends in global condom distribution and use in different population groups:

- Condom use among young people has been increasing over the past two decades. Condom use at last sex varies from more than 80% in some Latin American and European countries to less than 30% in some African countries. Although increases were recorded in Africa and in some countries there is close to 80% of condom use with non-regular partners, condom use remains lowest in the Africa region. This degree of variation shows that there are important opportunities for strengthening demand and supply of condoms.
- Condom use among sex workers is high and exceeds 90% in several contexts. There is high demand from sex workers for more and better condoms and lubricants. Sex workers are strong condom advocates, but in many settings sex workers continue to face difficulties in terms of access, resistance to condom use among

clients, stigma and discrimination, criminalization and harassment, including because carrying condoms is used as evidence by police to prove involvement in sex work.

- Use of condoms by men who have sex with men has levelled off globally and on average has not increased in recent years. There is a need for new strategies and approaches for condom promotion that complement and take into account the multiple prevention options available, including new options such as early treatment and pre-exposure prophylaxis.

The meeting reaffirmed the evidence for the effectiveness of condoms.

The effectiveness of condoms to prevent HIV is estimated at 80–85% based on data from longitudinal studies, and may be as high as 95% with consistent and correct use. Condoms, if used consistently and correctly, are one of the most effective methods available to reduce the sexual transmission of HIV and other sexually transmitted infections and unintended pregnancy. Nevertheless, the key determinant of condom effectiveness is adherence, which varies between different groups. Condoms have had a transformative impact on the trajectory of HIV epidemics worldwide and, according to model estimates presented at the meeting, have averted around 50 million HIV infections.

A range of programmatic recommendations were discussed, covering the following:

- Condom promotion and distribution strategies and approaches need to be tailored to the

context and needs of the different communities, which need to be reflected in the type of distribution outlets, communications and choice of condoms.

- There is no one global condom supply gap, but several regional, population-specific and issue-specific gaps (including various countries in Africa, lubricants, female condoms, sex workers, adolescents and local stock-outs).
- The context for condom programming has changed: condoms are part of a combination prevention package, and the discourse and messaging around condoms need to take into account voluntary medical male circumcision, pre-exposure prophylaxis and the prevention effects of treatment.
- There is an urgent need for a robust condom distribution and use monitoring system in high-priority countries, with a clear definition and monitoring of targets, and forecasting of need, gaps, coverage and end-user access.
- There are many excellent country examples, lessons learned and operational recommendations that should be used to develop minimum standards for country programming.
- The first step in re-energizing the condom agenda should target policy-makers, funders and the international community at large, since condom fatigue seems to be more common in this group than among potential users.

Introduction

Background

Historically, condoms have been at the centre of the response to HIV (1). Condoms have had a transformative impact on the trajectory of HIV epidemics worldwide, and today they are a well-known and widely used method to prevent HIV transmission.

Condoms are also used widely to prevent other sexually transmitted infections and unintended pregnancies, making them one of the most versatile and cost-effective health commodities. Condom (and lubricant) programming is a core activity area under the UNAIDS investment approach (2).

The effectiveness of condoms to prevent HIV is estimated at 80–85% based on data from longitudinal studies and may be as high as 95% with consistent and correct use. Condoms, if used consistently and correctly, are still one of the most effective ways to reduce the sexual transmission of HIV. Nevertheless, the key determinant of condom effectiveness is adherence. Furthermore, there is consensus in the HIV prevention community that combination prevention—a combination of different methods and approaches—offers the best promise of success. The roll-out of new prevention tools, including voluntary medical male circumcision, pre-exposure prophylaxis and early treatment, together with condoms, offers the potential to virtually end sexual transmission of HIV by 2030.

Condoms will continue to play an essential role in HIV prevention and in broader sexual and reproductive health, as global efforts embark on a Fast-Track approach towards ending the AIDS

in recent years, with stagnating or perhaps even declining investments for male and female condoms.

To reaffirm the critical role of condoms as part of combination prevention and to shape an agenda to scale up condom promotion and distribution towards reducing sexual transmission of HIV by 75% by 2020, UNAIDS, the United Nations Population Fund (UNFPA), the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Bill & Melinda Gates Foundation convened a "Condom Push" meeting on 6–7 November 2014 in Geneva, Switzerland.

The meeting brought together approximately 40 condom experts, civil society representatives, government condom champions and the United Nations system to:

- Discuss the role of male and female condoms in the prevention of HIV, sexually transmitted infections and unintended pregnancies and to review the state of condom programming, including financing, market dynamics, key gaps, messages and directions.
- Agree on key elements of a global acceleration agenda and a work plan to strengthen condom programming.
- Reaffirm commitment from key institutions, implementers and partners to strengthen male and female condom advocacy, programming and strategic information, and to identify opportunities for collaboration.

This report summarizes the proceedings of the meeting. Presentations from the meeting should be read in conjunction with the report. The presentations are available through the following link: <https://www.dropbox.com/sh/ock8ko5c2wb3toz/AAAban88w7NuuaxyIgXmEEiXa?oref=e&n=124048819>

Opening session

The meeting was opened by representatives of the four co-convening agencies. Elisabeth Benomar from UNFPA underlined the utility of condoms as multipurpose devices that have a central role in the prevention of HIV, sexually transmitted infections and unintended pregnancies. She stressed the challenge of encouraging and maintaining high condom use and called for renewed action to expand and strengthen condom programming. Nina Hasen from PEPFAR stressed how there is still room to both scale up condom programmes and optimize existing condom technology in order to respond to the needs of the populations that need them most. Gina Dallabetta from the Bill & Melinda Gates Foundation also highlighted the importance of the topic and the need to energize the policy discussion and programming on condoms and lubricants in the fourth decade of HIV.

UNAIDS Deputy Executive Director, Luiz Loures, reminded participants that the context has changed and we now know more about local epidemics. He also reminded participants that science has brought progress and options, from new condom types to antiretroviral medicine-based approaches for prevention. He emphasized that social mobilization brought about the scientific change and political

goals will require bringing condom (and condom-compatible lubricant) programming to scale and enhancing the effectiveness, reach and cost-efficiency of condom promotion among populations at higher risk of HIV infection. Yet global advocacy and social mobilization for condoms have faded commitment from which the HIV response benefited, but he also reminded participants to never underestimate the impact of stigma and discrimination. He stressed how discrimination is still fuelling the epidemic among key populations,

including people living with HIV, men who have sex with men, sex workers, people who use drugs, people in prison and adolescents. He called on participants to urgently close the gap between people who have access to services and people who are left behind. Business as usual is not enough and resources are less abundant than they used to be. Strategic and focused action is required to end the epidemic by 2030. He also stressed the importance of working with youth movements as a major catalyst for change.

Where are we with condom use around the world?

Lee Warner of the United States Centers for Disease Control and Prevention (CDC) provided an overview of the state of condom use globally. He illustrated how condom use varies widely across populations and settings. Condom use among young people seems to have stagnated in some countries and regions, including Europe and the United States of America, while it is still increasing in most of Africa. He presented the complexity of the condom use chain from intention to condom availability, ability to negotiate and use of condoms with partners during the entire act of intercourse. He recommended learning from the experience of serodiscordant couples about how to sustain long-term and consistent condom use.

Figure 1

Percentage of young people aged 15–24 years who used a condom at last sex, of all single sexually active young people surveyed, male, in western and central Africa

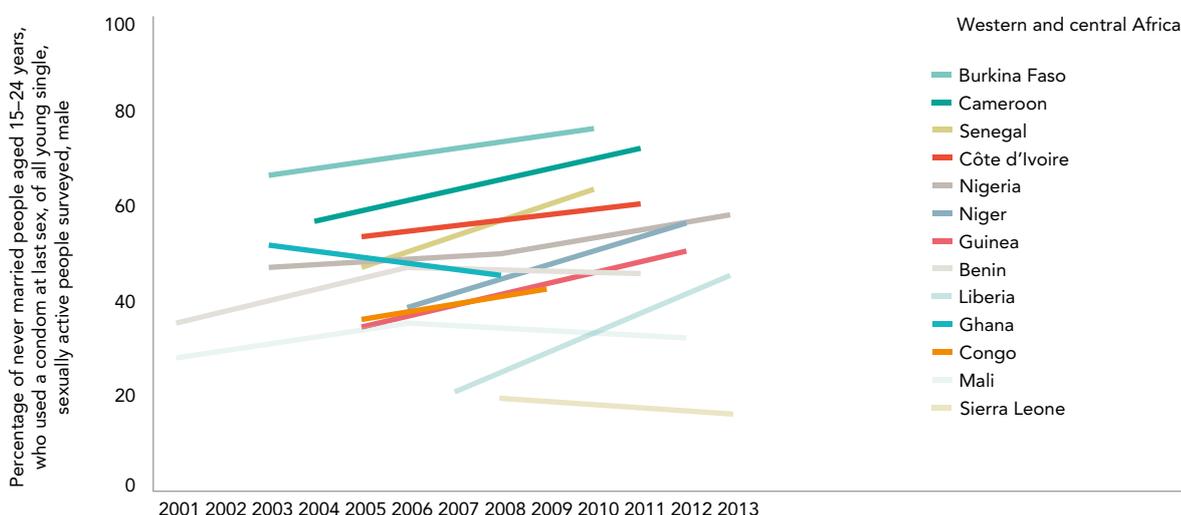
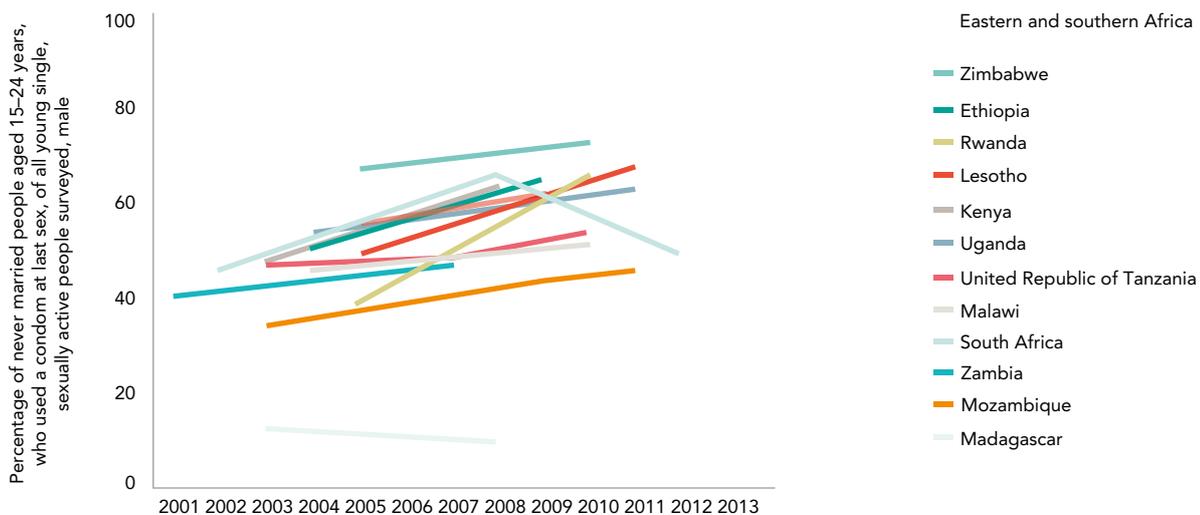


Figure 2

Percentage of young people aged 15–24 years who used a condom at last sex, of all single sexually active young people surveyed, male, in eastern and southern Africa



Source: presentation by Keith Sabin, UNAIDS, based on data from Demographic Health Surveys.

Keith Sabin of UNAIDS gave a broad overview of condom use across various regions and countries and populations. He showed that condom use among people living with HIV tends to be higher than among people who are HIV-negative or who do not know their HIV status. He also shared information about condom use trends among key populations, noting that trends are mostly flat but with sex workers reporting higher use than other key populations. Condom use among adolescents and young people is high, with up to 70% reporting use at first sex in some regions and countries, but in Africa it is lower, with large differences between

countries but increasing in most countries, as shown in Figures 1 and 2 for boys and men aged 15–24 years.

Marie Laga from the Institute of Tropical Medicine in Antwerp, Belgium, stressed that we must not forget our success in prevention and must recognize the gains and all the infections that have been prevented. “We have come from far and achieved a landslide movement” she said, referring to the increase in condom use around the world over the past 30 years. On the other hand, progress in condom use is uneven across countries and groups, with growing rates of sexually transmitted

infections among gay men and other men who have sex with men in recent years, the community who pioneered condom use in the 1980s, causing particular concern. In the discussion that followed, participants stressed that it is often challenging to continue to promote condoms and encourage their use based on a narrow public health approach focused on preventing disease. It was argued that condom promotion should instead be embedded in a discourse of enjoyable and responsible sexual behaviour.

Key discussion points

The following points were raised by participants:

- Achieving high rates of condom use is possible, as illustrated by high rates of condom use among young people, sex workers and people living with HIV in some countries.
- Differences in use may imply persistent gaps in availability and accessibility, limited promotional efforts to brand and tailor the range of condoms to the context and needs of various populations, and challenges with self-reported data.
- Triangulating HIV data and contraceptive Demographic and Health Survey data may provide a more reliable picture on actual condom use and not only use at last sex. Such analysis may also be helpful to understand reasons for non-use.
- It is essential to look at and address contextual factors (such as structural aspects, violence, gender, age, intergenerational relationships, vulnerabilities and criminalization) in order to support improved condom outcomes.
- Strong leadership is critical to increasing and maintaining condom availability, accessibility, promotion and de-stigmatization. Such leadership was, for example, underpinning Thailand's success in the 1990s (3), but the global and country condom landscape has changed and leadership for condoms now appears to be less prominent.
- There is a need to learn from countries that have scaled up and sustained their success in condom promotion and use, such as Brazil, India, Namibia, South Africa, Thailand and Zimbabwe. Technical support should be provided to document their successes and their good models.

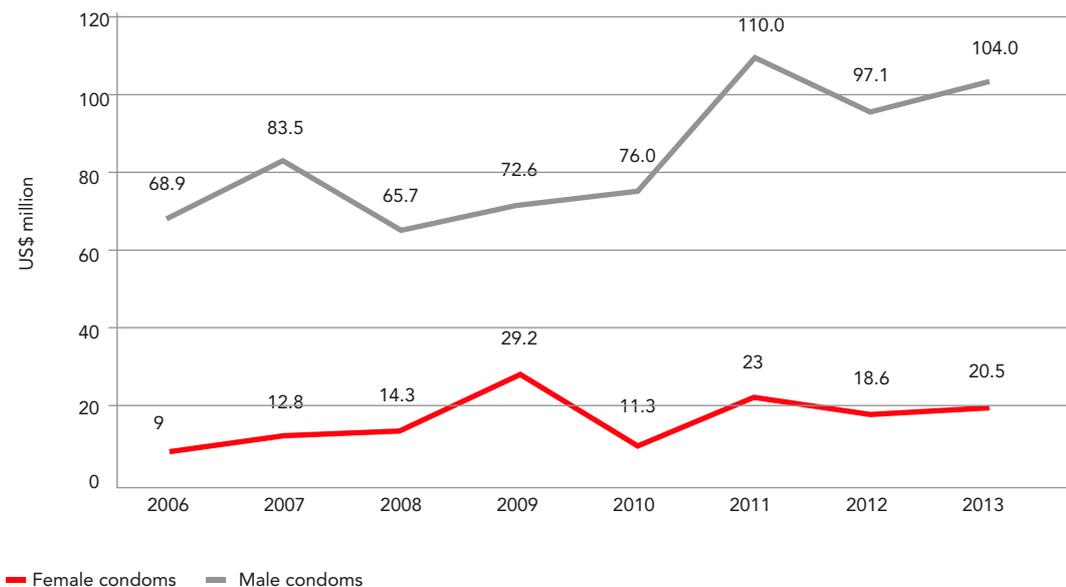
Is there a condom supply gap?

Bidia Deperthes of UNFPA explained that at least 13 billion condoms per year are needed globally to have a significant impact on transmission of HIV and sexually transmitted infections by protecting risky sex acts. Currently an estimated 4.4 billion condoms per year are used to prevent transmission of HIV and sexually transmitted infections, while the total number of condoms available, including for family planning, worldwide was 25 billion in 2012, including the private sector market. This global picture hides wide regional variations, however. In sub-Saharan Africa only an estimated eight condoms per man per year and only one female condom per eight women per year were provided in 2013. This would appear to demonstrate a regional supply gap, with local stock-outs being a persistent additional challenge. Ms Deperthes also commented on the fact that in order to better inform the condom agenda, data collection and the methodology to estimate condom needs and gaps need to be updated and refined.

Total donor investments into condom programming are difficult to ascertain. According to Renée Ridzon of UNITAID, in 2013 investments in male and female condoms were US\$ 104 million and US\$ 20.5 million, respectively, as shown in Figure 3. Although this seemed to represent only a small year-to-year increase in investments in male condoms, increases in investments had slowed over past years. According to UNITAID, there is a competitive global market for male condoms, and it would seem unlikely that market dynamics are responsible for changes in uptake—where there is demand, supply would usually follow.

Figure 3

Expenditure on male and female condoms, 2006–2013



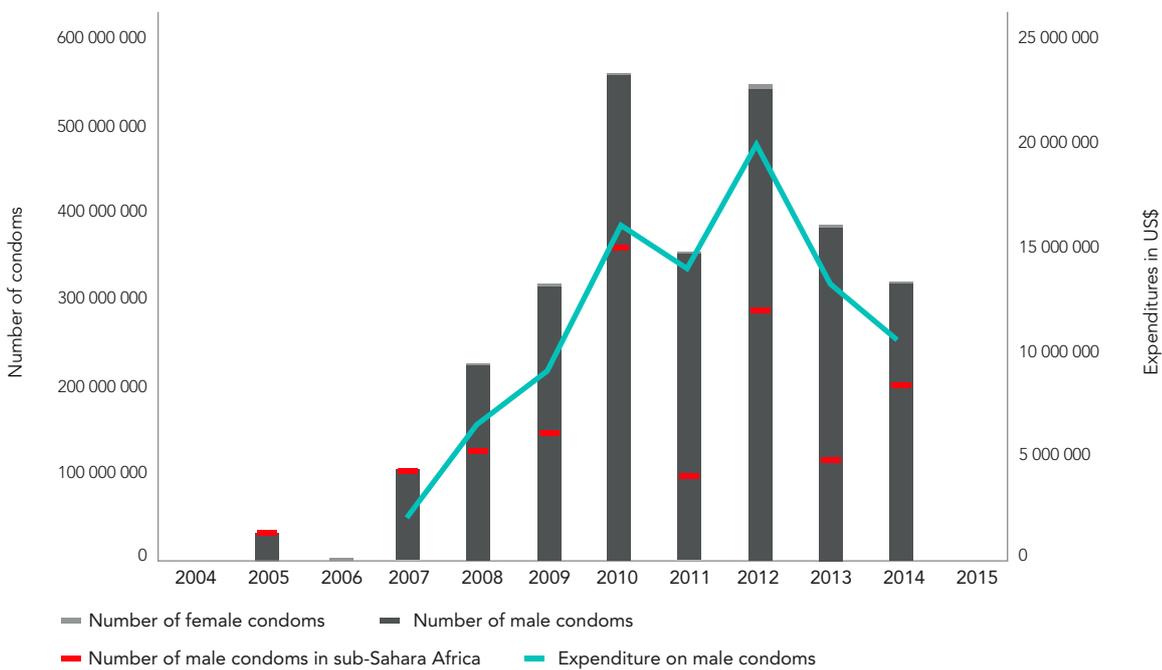
Source: presentation by Renée Ridzon, UNITAID, based on United Nations Population Fund 2013 donor support report.

By contrast, the global market for female condoms, which cost substantially more than male condoms, is much more limited, with private sector sales being minimal. The female condom brand FC2 accounts for the majority of female condom purchases, but more products are in the pipeline and may lead to a decrease in cost. Better targeting of promotional efforts for female condoms may be a cost-effective strategy.

Clancy Broxton of the United States Agency for International Development (USAID) stressed that condoms are a key area of support for PEPFAR. This includes supporting governments and social marketers to use a total market approach (4) and ensuring key populations have access to condoms and condom-compatible lubricants.

Figure 4

Global Fund to Fight AIDS, Tuberculosis and Malaria support to male and female condom procurement



Source: Global Fund to Fight AIDS, Tuberculosis and Malaria procurement database, 2014.

Viviana Mangiaterra from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) highlighted how the Global Fund's investments in condoms have been decreasing since 2012 (Figure 4), at the same time as UNFPA reported a decline in condom investments by other European donors as

well. A rapid assessment of condom procurement by the Global Fund in 2013 and 2014 indicated a reduction in condom procurement, while countries were prioritizing treatment activities in their concept notes.

Key discussion points

The following points were raised by participants:

- A large number of male and female condoms were available globally to prevent new HIV and other sexually transmitted infections. The majority of the condoms were sold by the private sector in Asia (mainly China and India), Europe and North America. Sub-Saharan Africa appeared to lack a sufficient number of condoms to protect all risky sex acts.
- Global male and female condom needs and gap estimates need to be updated and refined and should include an analysis for regions and high-priority countries. Updated needs estimates require up-to-date data and improved methodology. Condom-compatible lubricant needs estimates should also be developed, and lubricants distributed with condoms.
- Greater private-sector engagement is needed to ensure a further growing and sustainable market in low- and middle-income countries, especially in sub-Saharan Africa, but this requires further analysis to estimate the unmet need, the market segmentation and the impediments for scaling up in those countries.
- Advocacy with policy-makers in countries, PEPFAR and the Global Fund is necessary to encourage countries to include male and female condoms in their guidelines and proposals for funding. Governments must recognize male and female condoms as essential prevention tools and allocate funding for their purchase and appropriate programming.
- Efforts must be made to address supply chain management issues to ensure that communities and individuals who need condoms can access them and are educated on their correct and consistent use.

What do people think of condoms?

Social and cultural norms, stigma and lack of funding were cited as the three main barriers for youth organizations for the promotion and distribution of condoms.

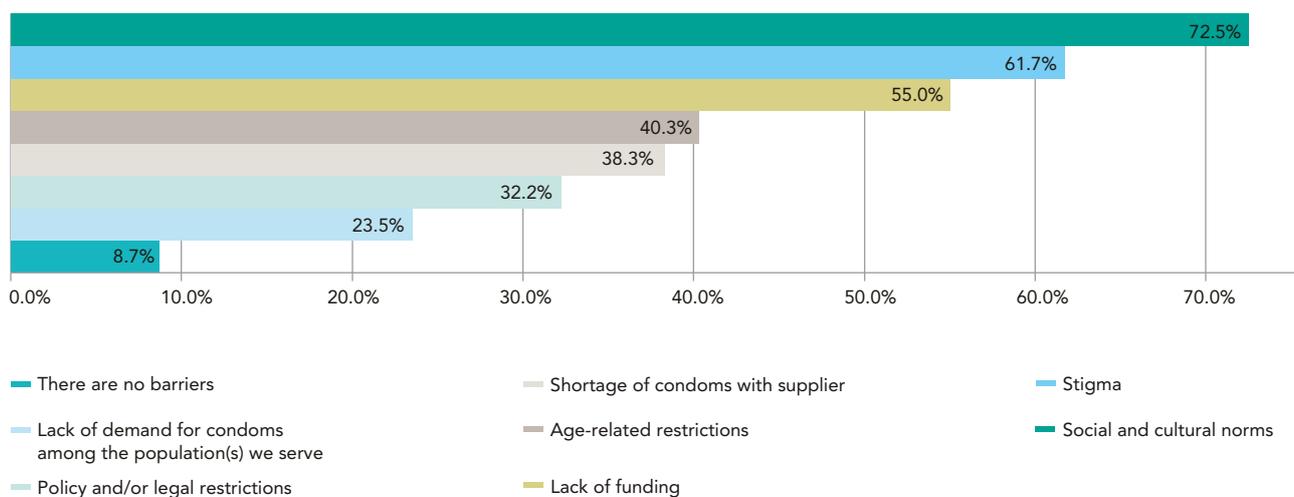
The session started with a presentation by Petar Mladenov (Y-Peer), who shared the results from a youth organization survey carried out with support from UNFPA and UNAIDS. The survey collected responses from 244 youth-serving or youth-led organizations in 84 countries. Social and cultural norms, stigma and lack of funding were cited as the three main barriers for youth organizations for the promotion and distribution of condoms (Figure 5). A round-table discussion brought together community representatives in a discussion of their experiences, attitudes and perceived programming gaps related to condoms: Petar Mladenov (Y-Peer), Lebohang Nova Masango (University of Witwatersrand/Zazi), Jim Pickett (Chicago AIDS Foundation), Midnight Poonkasetwattana (Asia Pacific Coalition on Male Sexual Health (APCOM)), Grace Kamau (Global Network of Sex Work Projects (NSWP)) and Chris Mallouris (UNAIDS).

The round-table group raised the following issues:

- Young people want more and more exciting condoms. Government condoms, mostly available from health services, tend to be unbranded, smell of latex and difficult to access. To increase condom use among young people, condoms must be better branded and young people engaged to express their preferences. Celebrities popular among young people should be engaged to support condom

Figure 5

Main barriers experienced by youth organizations in condom promotion and distribution activities



Source: Presentation by Petar Mladenov, Y-Peer, based on a global youth condom survey among 244 organizations in seven regions.

de-stigmatization and promote condom use among young people (the example of Beyoncé was given). Condoms must be accessible in places in the community and in or near places where risky sex happens.

- Men who have sex with men, and many other people who have anal and vaginal sex, want lubricants. The lubricant on the condom itself is not enough for all contexts, even when condoms

are extra-lubricated. Free and abundant access to lubricants alongside condoms is essential. In many countries, carrying lubricants or condoms is criminalized and used as evidence to convict individuals, limiting opportunities for people to protect themselves. In countries where lubricants are illegal or unavailable, many people use oil-based substances that are not compatible with latex condoms and increase their breakage rates.

- Sex workers are strong advocates of condom use but need more support to be able to use condoms. Condoms are a widely used and appreciated prevention tool among sex workers. However, free condoms distribution schemes often provide only one type of condom and the condoms and packaging are not attractive for sex workers and their clients. Sex workers need more and a variety of condoms. Accessing condoms and lubricants in large and regular quantities is often complicated and requires support of large nongovernmental organizations. In several countries, carrying condoms is used as evidence of being a sex worker and is associated with harassment, abuse and arrest. Violence and fear of violence by police and clients also hinders sex workers from using condoms consistently. Thirty years into the response, policy barriers still limit access to condoms and lubricants for key populations, particularly sex workers, men who have sex with men and young people.
- People living with HIV must be empowered and feel good about themselves in order to manage their health. Even if people know their HIV status, it does not mean their vulnerability goes away. To encourage condom use among people living with HIV, messages must be targeted to them. A more comprehensive package of services is essential for people living with HIV. Too often, condom efforts are geared towards staying HIV-negative. People living with HIV also need to understand the implications of early HIV treatment on their sexual lives.

Key discussion points

The following points were raised by participants:

- Sex and talking about condoms, especially with young people, remains an uncomfortable topic for policy-makers in many countries.
- Increasingly, people meet new sexual partners online through social media, where there is no information about safe sex or condoms.
- It is time to re-embrace the need to demedicalize condoms and move beyond a health-focused condom approach with sole emphasis on prevention and contraception. Condoms should be promoted as part of an enjoyable and healthy sexual lifestyle. We need to create incentives for people to use condoms by focusing the messages on what is good about condoms and how they enhance sex and pleasure.
- An oversimplified analysis of the reasons why condoms are not used (for example, describing non-users as either people who would like to use condoms but do not have access to them or people who have access to condoms but do not want to use them) must be challenged as it misguides the action needed to improve condom programming.
- As more prevention options, such as pre-exposure prophylaxis, become available, some people will opt for alternatives. Some people may use multiple methods interchangeably; for example, they may want to have pre-exposure prophylaxis and then

use condoms for casual encounters to prevent sexually transmitted infections. In this context, it is essential to adapt the training of peer educators and counsellors to this new context with new techniques, methods and messages.

- There is a need to look at the structural issues that hinder scale-up of condom use and invest in engaging, mobilizing and empowering communities as part of the efforts to scale up condom use.
- Violence and fear of violence hinder the capacity of male and female sex workers, men who have sex with men and young women to use condoms consistently and to access health services.
- Many countries do not procure lubricants, even if communities need them. Lubricants are often stigmatized and their need not considered by programme managers. In order to overcome this, UNFPA in collaboration with the World Health Organization (WHO) and Family Health International (FHI) have developed guidance that recommends that the use of lubricants is necessary in case of vaginal dryness and anal sex. Also, different populations should be targeted with the most suitable lubricant compositions.
- Aspirational lifestyles sometimes become an incentive for young women and men to engage in transactional sex. It is critical to mobilize influential people that embody these lifestyles as condom champions.
- Enabling policies and effective programmes are needed to make condoms available in hotspots. Programmers must identify places where risky

sex occurs and do more outreach to target the right emplacements and individuals who need them. This requires closer collaboration with the communities themselves.

- The pathway to accessing condoms is often too complicated for small nongovernmental organizations and community-based organizations that provide services to key populations. They often depend on large international organizations for their supply and funding.
- Lessons learned from the private and social marketing sectors suggest that, with limited funds, it is best to invest in well-branded condoms rather than to focus on mere quantities. Better partnership with the private sector is needed for better promotion of condoms that are attractive and fun. This will also allow donors to be more strategic in how to invest in condoms (where the need is greatest).

Recommendations

Participants proposed some specific recommendations:

- Key and vulnerable populations, including young women, adolescents, men who have sex with men, people who inject drugs, sex workers, transgender people and people living with HIV, must be prioritized for condom programming. This needs to be done in close collaboration with their networks and communities.
- Condom programmes must target young people and adolescents before they become sexually

active to ensure condom use among adolescents for their first sexual experiences. Currently most programmes are aimed at people above the age of 18 years, which corresponds to the legal age for condom access in most countries.

- There is a need for complementary messages tailored to individuals and their risks, and a more simplified universal message on condoms for the general population.
- Innovative messages and techniques are needed to encourage condom use by everyone engaged in risky sex. Special attention should be given to people living with HIV. These messages should emphasize self care and good health, including sexual and reproductive health, rather than “staying negative” or avoiding transmission to others.



CHOICE. PROTECTION

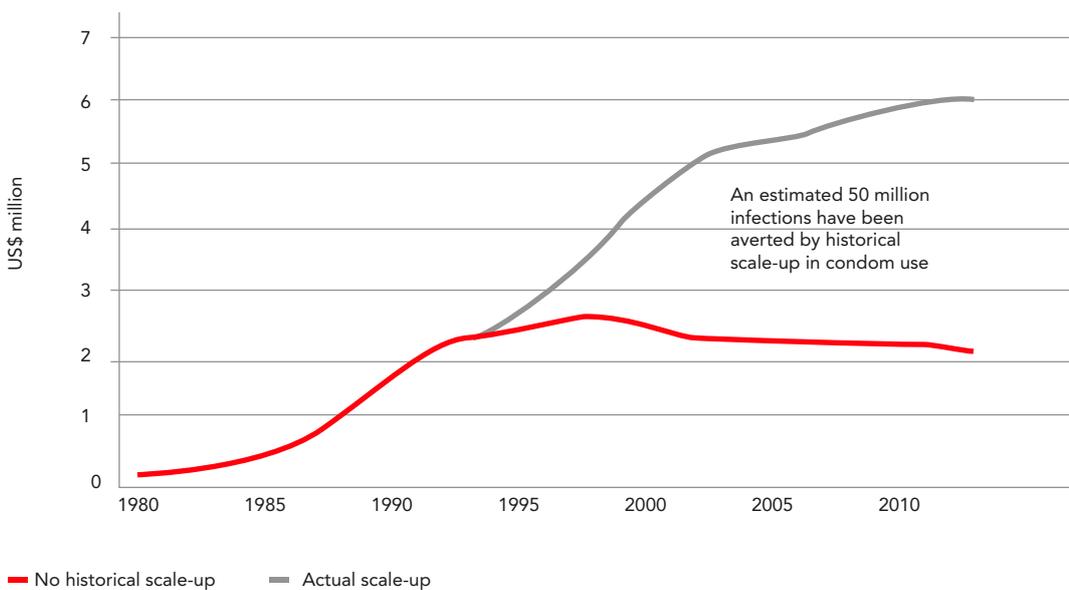
Role of condoms in prevention

John Stover from the Futures Institute presented a modelling analysis that assessed the role condom use has historically played in the HIV epidemic. Based on the model, an estimated 50 million HIV infections have been averted by condom use since the onset of the epidemic, as shown in Figure 6. He stressed that further scale-up of condom promotion and distribution will be important to achieving global goals and that condoms are cost-effective in most settings and comparably much cheaper than other programmes regarding cost per infection averted. He underlined the importance of smart targeting: condom use is already high among some key populations in some countries, and therefore the scope for further increase may therefore be limited.

Kevin O'Reilly (independent HIV prevention expert) presented on the role of condoms in a changing combination prevention landscape. He presented evidence that suggests that fears of decrease of condom use may be exaggerated or unfounded (5). In the recent iPrex trial, condom use remained largely unchanged. He noted that people living with HIV who are receiving treatment report more consistent condom use and condom use at last sex than people who are not on antiretroviral therapy. Nevertheless, messaging around condoms for people enrolled in treatment needs to be clarified.

Figure 6

Number of new infections with and without historical scale-up of condom use



Source: presentation by John Stover, Futures Institute.

Mario Festin from WHO spoke of condoms, sexual and reproductive health and contraceptive alternatives, emphasizing the need to promote

condoms as a multipurpose prevention tool and collaborate across workstreams.

Key discussion points

The following points were raised by participants:

- Condoms are at risk of falling off policy and programmatic agendas in some countries and agencies, with an impact on condom funding and promotion.
- In some population groups condom promotion and use may well have stagnated for some years, but treatment as prevention optimism may have further reduced attention to condoms. Yet, despite impressive treatment coverage in high-income countries, incidence is not going down fast enough.
- Modelling has shown that treatment alone will not be sufficient to contain the epidemic and must be complemented with effective and targeted combination prevention efforts that include condoms (6).
- Condoms have been around for a long time and have had a major impact on the epidemic, although their use may have reached a plateau in some population groups. There is therefore a need for a new approach to condoms and lubricants as part of a wider package of prevention options and choices, including voluntary medical male circumcision, pre-exposure prophylaxis, early treatment and condoms. This could be delivered in combination with innovative messaging, better condoms, better targeting, more supply, monitoring and a special push for female condoms.
- There is little evidence for increased risk behaviour following initiation of antiretroviral therapy (7), but there is evidence of increasing rates of sexually transmitted infections in some populations. Perceptions of viral suppression impact on how often people use condoms. Even though the PARTNERS study has confirmed that risk of transmission is very low in serodiscordant couples where the person living with HIV is virally suppressed (8), there is still fear and ambiguity in terms of how to interpret this evidence in sexual decision-making in their everyday lives. Feeling unsure about when it is “safe” to have sex without condoms promotes the need for further guidance in this area. Furthermore, viral load tests are still unavailable in many places.
- Condoms need to be branded as a sexy multipurpose prevention tool with impact on HIV, sexually transmitted infections and unintended pregnancy, and there should be greater integration of condoms into sexual and reproductive health platforms.
- Family planning programmes have been pushing for more effective methods; such as hormonal contraceptives and implants in recent years, but the recommendation stands that a wide range of products should be provided, including condoms for triple protection, to ensure that each woman and man has their different contraceptive needs met.
- Sex workers in developing countries have often reported high levels of condom use, which has helped to control the epidemic in several countries. It is therefore important to be careful

when introducing pre-exposure prophylaxis and avoid losing condom procurement and promotion capacity from years of successful programmes. At the same time, HIV prevalence and incidence among sex workers in some African countries are exceptionally high and call for additional prevention options.

- If young people start using condoms during their first sexual encounters, there is a high likelihood they will continue using condoms consistently. This demonstrates that it is critical to promote condom use early and that nurturing this practice can have a very high impact and be sustainable (9,10).

Recommendations

Participants proposed some specific recommendations:

- An estimated 50 million infections averted due to the use of condoms in the past is a massive achievement. This success should be promoted and used to underpin the messaging on the effectiveness of condoms and their critical role in achieving zero new infections.

- There is no competition between antiretroviral medicine-based prevention approaches and condoms. It is critical to convey harmonized messages for individuals for their protection, including messages for people in countries where viral load monitoring is not yet available.
- Segmenting populations and using tailored approaches for men who have sex with men, sex workers, adolescents, young people and serodiscordant couples is also critical. Condoms and condom-compatible lubricants have a different role to play in different populations and contexts. Each population requires separate strategies and should be actively involved at all levels of condom programming.
- As female condoms were not included in the John Snow International (JSI) model for measuring contraceptive security (6), it is worth investigating whether they can be added to the next version of the model.

Are condoms getting out of warehouses?

Thato Chidarikire, HIV Prevention Director at the South Africa Department of Health, shared experiences from one of the world's largest national condom programmes. In South Africa, condoms are a cornerstone of the national HIV combination prevention strategy. South Africa witnessed a significant drop from 45.1% to 36.2% in condom use at last sex across the country and among various subpopulations between 2008 and 2012. In response, the South African Government set an ambitious goal in 2011 to annually distribute 1 billion male condoms (50 male condoms per adult male per year) and 25 million female condoms by 2016.

In 2013–2014, 550 million male condoms and 12 million female condoms were purchased from eight suppliers and distributed through 60 primary distribution sites and over 3000 secondary distribution sites. In 2014, on average 38.6 male condoms were distributed per adult man (Figure 7), with the highest number (more than 75) distributed in the KwaZulu-Natal province (Figure 8).

The South African Government is working towards identifying better condom promotion and distribution approaches through a four-pronged approach: (a) increase supply through better procurement and supply management and identify new distribution sites; (b) increase and improve demand through community mobilization and social marketing; (c) improve the quality and appeal of condoms; and (d) enhance data management.

Challenges to introducing new condom brands in some communities persist, but the South African Government is trying to introducing new condom colours and flavoured condoms, develop a new communication strategy and identify new outlets for distribution, such as bars, bathrooms and nightclubs.

Josi Paz of the Ministry of Health in Brazil spoke about Brazil's historical and current efforts in condom promotion and distribution. In Brazil, focus is on high accessibility. The condom agenda remains strong in the context of combination prevention. With its population size and consumption potential, Brazil is working to attract private sector interest, such as from Durex and

other companies, to expand the market. Leadership has been essential to the success of the Brazilian programme. The programme has also gone through a constant process of building on lessons learned, research and innovation; these include new condom promotion strategies and better segmentation in terms of key populations.

Tony Hudgins from JSI highlighted the importance of accurate forecasts, liberalizing condom protocols to ensure that at least 30 condoms are distributed per time per person and stressed the need for more relaxed accountability with condoms. He stated the importance of ensuring active distribution (rather than letting people come and collect them) in key locations and among key populations.

Figure 7

Condom distribution in South Africa—number of male condoms distributed per man per year per province, 2010–2011 to 2014–2015

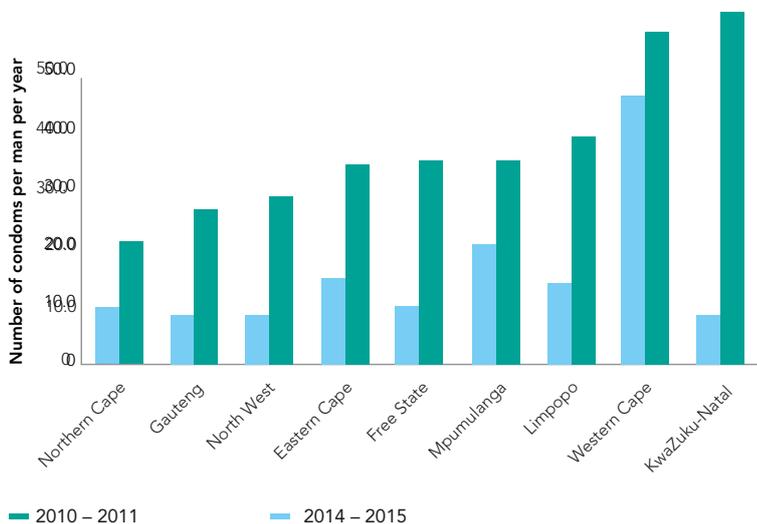
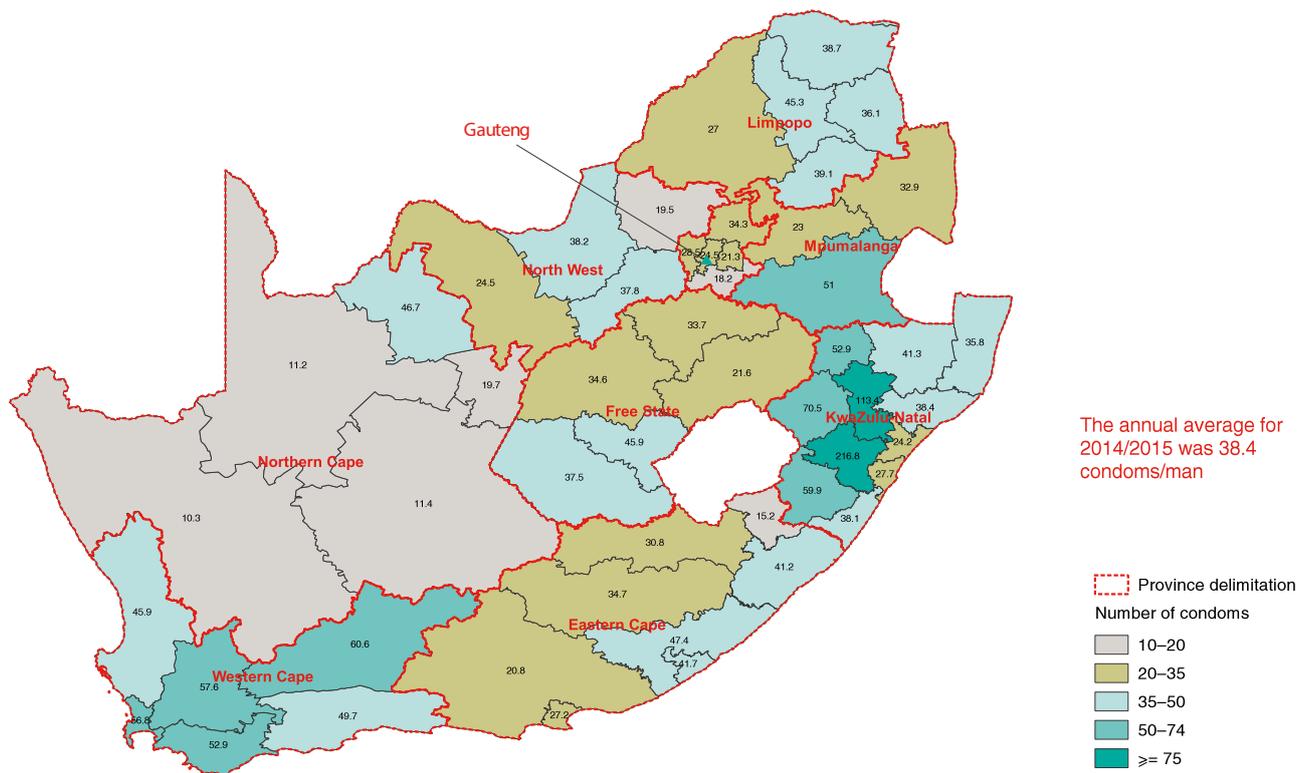


Figure 8

Average number of male condoms distributed per male adult aged 15 years or older in South Africa, by district, 2014–2015



Source: Department of Health, South Africa.

Key discussion points

The following points were raised by participants:

- Condom stock-outs remain a critical challenge to HIV prevention. Innovative ways to alert and overcome stock-outs are needed urgently.
- In some places, in-country supply and distribution systems are not working optimally and countries may not request condoms due to lack of appropriate quantifications and storage capacity. Condoms are bulky and come in packages of 6000 per unit, and the large boxes are difficult to store and distribute.
- In response to the findings from a South Africa/ UNFPA study assessing the decline in condom use among young people, the new South African Government tender for condoms includes criteria related to colour, scent and extra lubricant.
- Concern was raised over the procurement of condoms based on needs estimates rather than demand or capacity to distribute; often very unrealistic overestimations resulting in condoms being stored and expiring in warehouses. There is a need to provide technical guidance to ensure that needs estimates are realistic and based on demand from the community and that sufficient action is taken to generate demand.
- For reasons of costs and procedure, most condoms supplied through large-scale procurement platforms such as UNFPA or USAID are not branded and often have issues regarding their latex smell, colour, sizes and texture (they are often thicker than some of the branded

ones). They are often considered “boring” and “not sexy”.

- Stronger South-South collaboration regarding condom programming would be useful and feasible in terms of exchange of experience, exploring local production, documentation and technical support, but there is currently no financial support for this line of work.
- Most condom programming efforts are aimed at people over 18 years of age, but many young people have their first intercourse before this age. Reaching these young people requires dedicated efforts to encourage condom use earlier, as large campaigns aimed at catching them are not sufficient. Providing condoms and undertaking condom promotion in primary and middle schools is challenging, as access is still limited even in secondary schools and tertiary institutions.

Recommendations

Participants proposed some specific recommendations:

- There is a wealth of experience and expertise regarding condom programming, and yet many countries have weak condom strategies and programmes and would benefit from better guidance, technical assistance and South-South exchange. Advocacy efforts must target policy-makers to lower the age of condom access to young people and allow sexuality education, including condom demonstration and distribution in schools.

- There is a need for condom programmes to be flexible to be able to shift condom stocks across countries (for example, from Brazil to Surinam) and across provincial and district borders as needed.
- In collaboration with key partners, including civil society organizations, in-country procurement and supply management and distribution systems should be urgently strengthened, warehouse capacity expanded and monitoring systems established.
- Distribution systems should be simplified, building on the experiences and recommendations of social marketing organizations to study the consumers and catchment areas of outlets and coverage that can be drawn upon.
- There is a need to review the types of condoms procured through procurement platforms such as UNFPA and USAID and to address issues of branding, smell, colour, scent, size and texture. Key issues regarding the procurement and distribution of lubricants, which remain severely neglected, also need to be addressed.
- Operational research and continuous programme monitoring are at the core of effective condom programming and effective targeted distribution of condoms for populations in need.

Female condom programmes

Female condom researcher Mags Beksinska of the University of Witwatersrand provided an update on the status of female condom development and programming. She started her presentation by providing an overview of efficacy data, key female condom types in the pipeline (Figure 9), and experiences from some communities and countries that have introduced the female condom. Generally, female condoms are acceptable to women.

There are some key challenges with initiating and sustaining their use, but many challenges may be overcome by practice. Even better outcomes can be achieved if certain contextual factors are addressed.

There are still very few data on the acceptability of female condoms at the community level.

Karen King of the Female Health Company shared some history on female condoms since the introduction of FC1 in 1993 and of FC2 between 2006 and 2009, noting that FC2 condoms have already been programmed in several countries. She shared details on the types of activity that the Female Health Company is undertaking to expand the availability and use of female condoms.

Om Garg shared the experience of the private sector with the Cupid condom, noting important gaps in data on long-term use and challenges around pre-qualifications for new devices, which limit innovation.

Key discussion points

The following points were raised by participants:

- Parallel programming of female condoms remains a challenge. With international resources for condoms stagnating, there are concerns that female condoms may replace male condoms rather than protect additional risky sexual acts, which would be less cost-effective, given the price difference between the two devices. Efforts must focus on users, positioning female condoms as an additional choice for couples and women when male condoms are not used.
- Through the Develop the Next Generation of Condom initiative the Bill & Melinda Gates Foundation supports innovation in condom design. It supports research and development for condoms that significantly preserve or enhance pleasure, increase ease-of-use for male and female condoms or have attributes that address and overcome cultural barriers to condom use: <http://gcgh.grandchallenges.org/challenge/develop-next-generation-condom-round-11>
- Female condoms are considered Class III devices in the United States of America, requiring more stringent Food and Drug Administration applications than devices such as male condoms.¹ In Europe, female condoms are Class II devices.

- The female condom raises new questions of disposal that have not been addressed sufficiently. This includes issues related to maintaining the privacy of users.
- The question was posed about what we can learn from countries and programmes where female condoms are popular and where there is demand, to develop stronger, more positive advocacy messages regarding scaling up female condoms.

Recommendations

Participants proposed some specific recommendations:

- The female condom has long been neglected, but it has a critical role to play in HIV prevention. More and better targeted efforts should be made to bring it to scale, including from governments and funding partners. Civil society should also play a more active role in this process.
- There is a need for research on the use of female condoms for anal sex by men and women.
- Minimum standards of national condom programmes should systematically include the promotion of female condoms.
- There is a need to systematically take stock and map out condom outlets and the numbers of female condoms distributed.

¹ <http://www.fda.gov/AboutFDA/Transparency/Basics/ucm194438.htm> What does it mean for FDA to “classify” a medical device? Class III devices are generally the highest risk devices and are therefore subject to the highest level of regulatory control. Class III devices must typically be approved by FDA before they are marketed. For example, replacement heart valves are classified as Class III devices.

Figure 9
Female condom designs



FC2



VA WoW



Woman's Condom



Cupid 1&2



Panty



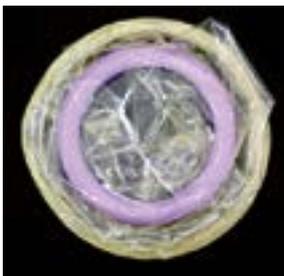
Origami



Velvet



Air FC



Pleasuremore



Phoenurse

Note: at the time of the meeting, only the FC2 and the Cupid female condoms were prequalified by the United Nations Population Fund.

Source: presentation by Mags Beksinska, University of Witwatersrand.

- Success stories of female condom programmes, including the experiences of Brazil, South Africa and, Zimbabwe, and other successes such as those of UNFPA working together with the private sector, should be shared more widely.

Making condom programmes fit for purpose

In this session, participants were divided into groups with the objective of identifying strategic priorities and follow-up actions to inform an acceleration agenda for condom promotion in order to achieve global targets for the reduction of sexual transmission of HIV. The following groups were formed:

- Group 1: communications and advocacy (global).
- Group 2: addressing communities' needs, creating demand and overcoming barriers.
- Group 3: commodities, supplies and access (from factory to user).
- Group 4: partnerships and coordination.

Table 1 summarizes the points and suggestions raised by the participants (these do not necessarily represent the views of UNAIDS or other organizations represented at the meeting).

Table 1

Discussion points from group work

Challenges identified during group work**Global condom advocacy and communications**

Weak global and country advocacy
 Competing new technologies: need for new messages and continuing to place condoms on list of available choices
 Unmet female condom needs due to negative attitudes, policies and low quantities available
 Legal barriers, criminalization and gender-based violence limit access and undermine condom promotion, distribution and use

Addressing communities' needs, creating demand and overcoming barriers

Adolescents and young people
 Different needs of diverse groups of young people (e.g. wealth, education)
 Limited ability to negotiate safe sex
 Lack of life skills, agency and experience
 Difficulty in accessing condoms

Sex workers

Affordability of male and female condoms and lubricants
 Administrative burden of accessing condoms
 Legal barriers and criminalization
 Condom brands unappealing

Opportunities and key actions proposed by group work participants

Write paper on estimated 50 million infections averted (Futures Institute)
 Identify and mobilize advocates and celebrity champions (UNFPA)
 Educate United Nations staff and Global Fund country co-ordinating mechanism members about role of condoms and need to strengthen programming
 Emphasize multipurpose use for prevention of HIV, sexually transmitted infections and unintended pregnancies
 Update condom statement (see below)
 Advocate for removal of age limits for condom distribution and promotion (UNFPA)
 Develop condoms that enhance sex (product innovation)
 National AIDS coordinating authorities to make use of Lancet special issues and Open Society Institute report for advocacy for decriminalization and work with police
 Disseminate success stories of female condom programmes (e.g. Brazil, South Africa)

Tailor communications to different groups, including in and out of school; ensure youth participation
 Identify young and new adopters of condoms and determine why they use condoms
 Aim for condom use at first sex
 Invest in skills building; develop specific guidance for condom programming in schools
 Map where young people have sex and determine how place affects risk—local programming and more focus on contextual factors
 Address accessibility and affordability issues
 When focusing on prevention for young women, female condoms should always be part of the programme
 Ensure much better access to female condoms and lubricants
 Empower communities to demand access
 Break down bureaucratic obstacles
 Addressing violence against sex workers
 Advocate for decriminalization and bring incidents to attention of United Nations staff
 Branded condoms and product innovation

Challenges identified during group work

Addressing communities' needs, creating demand and overcoming barriers

Men who have sex with men

Diversity of different groups

Use of social media neglected

Lack of lubricants and difficult to distribute in criminalized settings

Lack of government commitment

Commodities, supplies and access: from factory to user

Public health service-based condom programmes often do not reach all appropriate distribution sites, e.g. men rarely go to family planning clinics

Poor branding and segmentation, lack of total market approach and client orientation; difficult for nongovernmental organizations and community-based organizations to access

Inadequate requirements and specifications from donors: lubrication, smell, elasticity

Public-sector free condom schemes interfere with private market (risk of taking over the market)

Lack of updated global goals and country target-setting: need to monitor condom distribution and use in high-priority countries

Inadequate attention to lubricants, including lack of programming for increased supplies, and lack of evidence around technical issues with lubricants

Female condom market at risk of fractioning and collapse; lack of research into the impact of female condom programmes to inform resource allocation

Opportunities and key actions proposed by group work participants

Position condoms with other prevention methods

Develop social media strategies

Ensure budget for lubricant and its inclusion on the procurement list

Review the men who have sex with men implementation tool chapter on condoms and use as advocacy tool

Better guidance for countries and public sector condom programmes; improve coordination across family planning, sexual and reproductive health and HIV prevention, and distribution to sites frequented by men and venues where risky sex occurs

Client-centred approach: conduct market analysis (UNITAID) and build total market approaches

Enhance condom specifications from donors (lubrication, smell, elasticity)

Incentivize private sector into countries with emerging markets; further strategize at private sector meeting in Bangkok in February 2015

Forecasting of condom needs and gaps for high-priority countries for February 2015 private sector meeting

Need to improve methodology and gap analysis

Monitoring against targets in subset of high-priority countries

Expanding lubricant accessibility and coverage; generate research on lubricants (long-term effects and durability)

Make stronger case for investment into female condoms; conduct market risk assessment to find out whether competition might strengthen and further fraction market; increase demand

Challenges identified during group work**Partnerships and coordination**

Lack of global leadership and coordination
Family planning community does not prioritize condoms
Poor coordination across condom programming for sexual and reproductive health, sexually transmitted infections and HIV
Need to mobilize private sector
Unclear global condom procurement trends; lack of donor commitment
Declining Global Fund procurement on condoms
Global financing facility may have negative impact on condoms
Insufficient leadership on lubricants

Opportunities and key actions proposed by group work participants

Form subcommittee of the Global HIV Prevention Focal Points on condoms
Review progress towards targets in two years (UNAIDS)
Update UNAIDS position statement on condoms (UNFPA, WHO, UNAIDS)
Reignite alliance at Family Planning 2020 (UNFPA and USAID)
Re-engage with family planning and sexual and reproductive health community and collaborate with key family planning implementing agencies; push for integrated service delivery on triple protection
Design process to consult with different family planning groups on triple protection; new position statement on triple protection (UNFPA)
Build private sector collaboration through UNFPA January meeting; provide global demand forecasting amounts to private sector (UNFPA and UNAIDS)
Strengthen donor tracking and donor advocacy
Advocate with Global Fund to include opt-out provision in concept notes requiring procurement of condoms under their grants (UNAIDS)
Review possible threats (and opportunities) to condom procurement with shift to new procurement facility at the World Bank; work with stakeholders to ring-fence condoms (UNFPA)
Obtain timeline from WHO for review of WHO standards for lubricants (UNAIDS)
Write UNAIDS/UNFPA/WHO statement regarding lubricants that will be ready to release within a week of the new lubrication standards; focus on extra lubricants needed for vaginal dryness and anal sex (UNAIDS and UNFPA)

The way forward

Karl Dehne, UNAIDS Chief of HIV Prevention, provided a rapid summary of the key discussion points and recommendations from the meeting:

- Condom use among young people has increased overall over the past decade, but condom use is lower in Africa. High coverage and use are feasible, but the differences may at least partly be an issue of access and continuous supply.
- Condom use among sex workers is high, and there is high demand by sex workers for more and better condoms and lubricants. Sex workers are allies and strong condom advocates, but they face difficulties in terms of access, lack of awareness in the wider HIV community, stigma and discrimination, criminalization and harassment, including because of condom use.
- Use of condoms in many communities of men who have sex with men has levelled off. There is a need for new strategies and approaches that take into account the multiple prevention options available.
- Condom promotion and distribution strategies and approaches need to be tailored to the context and needs of different communities, and to include the identification of champions.
- There is no one global condom supply gap, but several regional, population-specific and issue-specific gaps (e.g. Africa, lubricants, female condoms, sex workers and local stock-outs).
- The context for condom programming has changed. Condoms are part of a combination

prevention package and the discourse and messaging around condoms need to take into account voluntary medical male circumcision, pre-exposure prophylaxis and the prevention effects of treatment.

- The existing UNFPA/WHO/UNAIDS condom statement should be updated so as to adequately address the use of condoms for triple protection, and the dialogue with policy-makers and key stakeholders working on family planning and sexually transmitted infections on the use of condoms for triple protection needs to be renewed.
- There is an urgent need for a robust condom distribution and use monitoring system in high-priority countries, with a clear definition and monitoring of targets, and forecasting of need, gaps and coverage.
- There are many excellent country examples, lessons learned and operational recommendations, but these are not written up or easily available in the form of guidance for designing and implementing large-scale condom programmes.
- There is a need for developing minimum standards for country programming.

- Data collection methods need to be improved for monitoring distribution and end-user access.

In summary, there appears to be less condom fatigue among potential users (although in many groups condom use has stagnated in recent years) than among policy-makers, donors and the international community at large. This meeting should be considered a first step to address this lack of attention and energy.

In his closing remarks, Luiz Loures, UNAIDS Deputy Executive Director, encouraged participants to keep working together and not to worry about condom fatigue. Condoms have been used for hundreds of years and we should continue to believe that condoms have an important role to play. He acknowledged that the field needs innovation, energy and persistence and that we should start preparing the next generation to advocate for condoms. He emphasized the opportunities within the youth movement and encouraged participants to interact with young people on the condom promotion agenda. He also called for new indicators that are not only disease-related and count numbers but also look at distribution and equity, access and use in key locations and among key populations. He thanked the participants of the event and reassured them of continued UNAIDS support.

Annexes

Annex 1. Agenda

Time	Session
Day 1	
09:00–09:45	Session 1: welcome (Deputy Executive Director, UNAIDS) Introductions (UNFPA, USAID, BMGF) Round of expectations (facilitator) Objectives and agenda (UNAIDS)
09:45–10:45	Session 2: where are we on condom use around the world? Global review of evidence (Lee Warner, CDC) Global AIDS response reporting data (Keith Sabin, UNAIDS) Discussant: Marie Laga, Institute of Tropical Medicine, Antwerp
10:45–11:00	Coffee break
11:00–12:30	Session 3: what is the global market? Is there a condom supply gap? Global condom and lubricant need and supply (Bidia Deperthes, UNFPA) Global market dynamics: condoms and lubricants (Renée Ridzon, UNITAID) Private-sector perspective: a few reflections (Charles Shepherd, Durex) Discussants: Clancy Broxton, USAID and Viviana Mangiaterra, Global Fund
12:30–14:00	Lunch break
14:00–15:30	Session 4: 30 years into AIDS, what do people and their communities think of condoms? Can young people push the condom agenda? (Petar Mladenov, Y-Peer) Gay men and condoms: have attitudes changed? (Jim Pickett, Chicago AIDS Foundation; Midnight Poonkasetwattana, APCOM) Condoms, clients, partners: what do sex workers think? (Grace Kamau, NSWP) Living with HIV and using condoms (GNP+)
15:30–15:45	Coffee break
15:45–17:15	Session 5: what is the role of condoms in the prevention of HIV, sexually transmitted infections and unintended pregnancy today? The contribution of condoms to combination prevention, past, present and future (John Stover, Futures Institute) Condom promotion in antiretroviral therapy and pre-exposure prophylaxis programmes (Kevin O'Reilly, consultant) Condom promotion to prevent sexually transmitted infections and unintended pregnancies (Mario Festin, WHO) Discussant: GNP+
17:15–17:30	Summary and closing; orientation for day 2 (UNAIDS)
19:00	Dinner sponsored by BMGF Update on BMFG condom challenge (Gina Dalabetta, BMGF)

Time	Session
Day 2	
09:00–10:30	<p>Session 6: are condoms (and lubricants) getting out of warehouses to where they are needed?</p> <p>Experiences with the two largest national condom programmes (Thato Chidarikire, South Africa; Josi Paz, Brazil; Tony Hudgins, JSI)</p> <p>Overcoming stock-outs and/or expired condoms: are in-country supply and distribution systems working? (Thato Chidarikire, South Africa; Josi Paz, Brazil; Tony Hudgins, JSI)</p> <p>Sex venues and condoms: where is the next outlet? (John Hetherington, PSI)</p>
10:30–10:45	Coffee break
10:45–12:15	<p>Session 7: can we bring female condom programmes to scale beyond research and development</p> <p>Evidence and state of affairs (Mags Beksinska, MatCH)</p> <p>Experiences in different countries and population groups (Karen King, Female Health Company; Om Garg, Cupid)</p>
12:15–13:30	Lunch break
13:30–15:00	<p>Session 8: group work—making condom programmes fit for purpose in the fourth decade of HIV</p> <p>Condom advocacy and communications</p> <p>Commodities, supplies and access</p> <p>Addressing communities' needs</p> <p>Partnership and coordination</p>
15:00–15:15	Coffee break
15:15–16:00	Feedback from group work
16:00–16:45	<p>Session 9: plenary discussion—towards a strategic agenda and action plan for condoms in the next decade (facilitator)</p>
16:45–17:00	Wrap up, closure (Luis Loures, UNAIDS)

Annex 2. List of participants

Name	Country/Organization	Title	Email
Various HIV prevention and condom experts			
Bidia Deperthes	UNFPA	Senior HIV Technical Adviser	deperthes@unfpa.org
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References

- 1 Position statement on condoms and HIV prevention. Geneva: United Nations Population Fund, World Health Organization and Joint United Nations Programme on HIV/AIDS; 2009 (<http://www.unaids.org/en/resources/presscentre/featurestories/2009/march/20090319preventionposition>).
- 2 Investing for results: results for people—a people-centred investment tool towards ending AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (http://www.unaids.org/sites/default/files/media_asset/JC2359_investing-for-results_en_1.pdf).
- 3 Evaluation of the 100% Condom Programme in Thailand, UNAIDS Case Study. Geneva: Joint United Nations Programme on HIV/AIDS; 2000.
- 4 A total market approach is a strategy that implies that suppliers and funders from all three sectors—public, nonprofit-making and commercial—coordinate to sustain the equitable use of health products and services. As a policy tool, a total market approach ultimately relies on market segmentation to achieve its goals—that is, when the contributions of each sector focus on the population it has an advantage to serve Total market approach in six African countries. Washington, DC: Population Services International and United Nations Population Fund; 2013 (<http://www.psi.org/total-market-approach>).
- 5 No Evidence of Sexual Risk Compensation in the iPrEx Trial of Daily Oral HIV Preexposure Prophylaxis Julia L. Marcus, David V. Glidden, Kenneth H. Mayer, Albert Y. Liu, Susan P. Buchbinder, K. Rivet Amico, Vanessa McMahan, Esper Georges Kallas, Orlando Montoya-Herrera, Jose Pilotto, Robert M. Grant Published: December 18, 2013 <http://dx.doi.org/10.1371/journal.pone.0081997>
- 6 The HIV Modelling Consortium Treatment as Prevention Editorial Writing Group (2012) HIV Treatment as Prevention: Models, Data, and Questions—Towards Evidence-Based Decision-Making. *PLoS Med* 9(7):e1001259. doi:10.1371/journal.pmed.1001259
- 7 Kennedy C et al. Is use of antiretroviral treatment (ART) associated with decreased condom use? A meta-analysis of studies from low- and middle-income countries (LMICs). July 2014 h International AIDS Conference. Melbourne, WEAC0104 - Oral Abstract Session.
- 8 Rodger A et al. HIV transmission risk through condomless sex if HIV+ partner on suppressive ART: PARTNER study. 21st Conference on Retroviruses and Opportunistic Infections, Boston, abstract 153LB, 2014.
- 9 Shafii T, Stovel K, Holmes K. Association Between Condom Use at Sexual Debut and Subsequent Sexual Trajectories: A Longitudinal Study Using Biomarkers. *American Journal of Public Health*, 97.6 (June 2007): 1090-1095.
- 10 Valadez JJ, Davis JC, Ouma J, Lwanga SK, Moxon S. Putting the C Back into the ABCs: A Multi-Year, Multi-Region Investigation of Condom Use by Ugandan Youths 2003–2010 *PLoS One*. 2014; 9(4): e93083.
- 11 John Snow, Inc./DELIVER and Futures Group/POLICY Project. 2003. Contraceptive Security Index 2003: A Tool for Priority Setting and Planning. Arlington, Va.: DELIVER for the U.S. Agency for International Development

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