



# **ADVOCATING FEMALE CONDOMS**

## **A REFLECTION ON STAKEHOLDER COMMITMENTS & TRENDS IN SUPPORT FOR FEMALE CONDOMS**

END-LINE STAKEHOLDER ANALYSIS UAFC

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## ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
ALLC	Advocacy, Linking & Learning and Communication
ART / ARV	Anti-Retroviral Therapy / Anti-Retroviral
CE	Conformité Européene (European conformity)
CHAI	Clinton Health Access Initiative
CHANGE	Center for Health and Gender Equity
CIDA	Canadian International Development Agency
CYP	Couple Year of Protection
DANIDA	Danish International Development Agency
DFID	Department for International Development (UK)
DGIS	Directorate for International Cooperation, the Netherlands' Ministry of Foreign Affairs
DHAPP	DoD HIV/AIDS Prevention Programme
DRC	Democratic Republic of the Congo
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EU	European Union
EWEC	Every Woman, Every Child
FHC	Female Health Company
FLOW	Funding Leadership and Opportunities for Women
FP	Family Planning
FP2020	Family Planning 2020
FSW	Female Sex Worker
FY	Financial Year
GFATM	Global Fund to fight AIDS, TB and Malaria
GFF	Global Financing Facility
HC3	Health Communication Capacity Collaborative
HIV/AIDS	Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome
HLL	Hindustan Latex Limited
HLFPPT	Hindustan Latex Family Planning Promotion Trust
ICPD	International Conference on Population and Development
IGAD	Intergovernmental Authority on Development

ILO	International Labour Organization
IPM	International Partnership for Microbicides
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device
KfW	Kreditanstalt für Wiederaufbau (Reconstruction Credit Institute)
LARC	Long-Acting Reversible Contraception
MARP	Most At Risk Population
MSI	Marie Stopes International
NFCC	National Female Condom Coalition (USA)
NGO	Non-Governmental Organization
NL MoFA	Netherlands Ministry of Foreign Affairs
NORAD	Norwegian Agency for Development Cooperation
ODA	Official Development Assistance
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PATH	Program for Appropriate Technology in Health
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PPP	Public-private partnerships
PrEP	Pre-exposure prophylaxis
PSI	Population Services International
PWID	People Who Inject Drugs
RHSC	Reproductive Health Supplies Coalition
SDG	Sustainable Development Goal
SHOPS	Strengthening Health Outcomes through the Private Sector
SIDA	Swedish International Development Agency
SOMARC	Social Marketing for Change
(S)RH(R)	(Sexual and) Reproductive Health (and Rights)
STI	Sexually Transmitted Infection
TRT	Technical Reference Team
UAFC	Universal Access to Female Condoms Joint Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCoLSC	United Nations Commission on Life-Saving Commodities
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNITAID	International Facility for country members to contribute airline tax to fight HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
US DoD	United States Department of Defense
USFDA	United States Food and Drug Administration
WHO	World Health Organisation

# I. INTRODUCTION

## 1. FEMALE CONDOM ADVOCACY & THE UAFC JOINT PROGRAMME

Female condoms are the only women-initiated dual protection method: they protect from STIs (including HIV/AIDS) as well as unintended pregnancies. Although they were developed already in the late eighties and their value and cost-effectiveness have been confirmed through multiple studies, female condoms are still not widely available, accessible and affordable. Through its joint programme, the Universal Access to Female Condoms (UAFC) consortium has actively tried to bring about change herein. The UAFC consortium consists of four partners: Oxfam Novib, Rutgers, i+solutions and the Netherlands Ministry of Foreign Affairs (NL MoFA). One of the strategic pillars upon which the UAFC programme has been built, is the Advocacy, Linking & Learning and Communication (ALLC) component. This component, which has been implemented under the responsibility of Rutgers, has been organised around three objectives:

- 1) Increased political & financial support for female condom procurement, programming, research & development and advocacy from donors and international organizations/institutions;
- 2) Increased political & financial support for female condom procurement, programming, research & development and advocacy from governments in the Global South;
- 3) Increased and improved involvement of large-scale SRHR implementing organizations in large-scale female condom programming.

## 2. OBJECTIVES OF THE END-TERM STAKEHOLDER ANALYSIS

In December 2015 the UAFC Joint Programme comes to an end. In order to assess changes in the global field of female condom programming, procurement and budgeting, UAFC has commissioned the current end-term stakeholder analysis. This analysis compares stakeholder commitments as elaborated in an earlier power mapping<sup>1</sup> and stakeholder analysis,<sup>2</sup> and provides a snap-shot and end-line analysis of stakeholders involved in and/or important for female condoms internationally.<sup>3</sup> More specifically, the end-line stakeholder analysis has been geared to:

- 1) Mapping and analysing **policies, programmes and budgets** (for procurement and programming) of donors, large international organisations and large-scale implementing organisations that are working on female condoms;
- 2) Providing a brief analysis of **trends in expenditure** on female condoms (including donor pledges and budgets, and trends in global procurement of female condoms);
- 3) Presenting an overview of **emerging trends and upcoming stakeholders** relevant for female condom advocacy, programming and procurement;
- 4) Formulating a number of **recommendations** for future female condom advocacy, elaborating on opportunities and risks in emerging trends.

The current end-line stakeholder analysis is not an evaluation of UAFC's contribution to observed changes. The contribution of UAFC to changes in political and financial support for female condoms has yet been assessed in the End of Term (EoT) Evaluation of the UAFC Joint programme. Rather the current end-line stakeholder analysis builds on the EoT Evaluation and sheds light on the commitments of a broader group of actors to female condoms, without relating these commitments to the UAFC Joint Programme.

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<sup>1</sup> UAFC 2010.

<sup>2</sup> J. Lyskawa 2013.

<sup>3</sup> Reference is made to the Terms of Reference, Rutgers 2015: 1.

This end-line stakeholder analysis is intended to contribute to learning within UAFC member organisations (to the extent they aim to continue female condom advocacy) as well as among other organisations advocating for female condoms; and also substantiates UAFC's end-line reporting to donors.

It should be noted that this end-line stakeholder analysis is a snapshot of current stakeholder commitments. It may not be comprehensive, as information on stakeholder commitments is not always publicly available and/or published online. This study should therefore not be considered the ultimate truth on stakeholder commitments to female condoms, but rather as a document that provides guidance and directions for female condom advocacy.

### 3. METHODOLOGY AND PROCESS

For this stakeholder analysis, it was decided to focus on a **desk review** of relevant policies, documents, budgets, procurement overviews, and expenditure of key stakeholders. These documents were largely provided by Rutgers; a number of them were found through a web search. This **web search** has been carried out to explore emerging trends, and study current and potential stakeholders that support comprehensive female condom programming.<sup>4</sup> An overview of the consulted documents and web pages consulted can be found in chapter V of this report. A **comparative** dimension has been added to this analysis: current stakeholder commitments have been compared to commitments as elaborated in the baseline mapping, which consists of a power mapping (UAFC 2010) and a stakeholder mapping (Lyskawa 2013).

Several **consultative meetings** have been held with UAFC staff members for clarifying research findings. Apart from these meetings, it has been a conscious choice not to include perceptions and opinions in the current study,<sup>5</sup> but rather to focus on gathering factual data on materialised stakeholder investments, positions and commitments for female condoms.

The study process has been carried out in close **collaboration and alignment** with Rutgers staff (advocates of the UAFC programme), and this final report was reviewed by the wider UAFC programme team. To ensure proper embedding of the findings in the Rutgers organisation, regular consultation and briefing of the Rutgers contact person has taken place. These consultations served also to **triangulate** research findings, i.e. to check whether the commitments donors and other stakeholders claim to have made were actually materialised.

The current report presents both straight-forward research findings on stakeholder commitments for female condoms (e.g. female condom procurement statistics), as well as an analysis of changes in these commitments, a stakeholder analysis, an analysis of trends and recommendations. For these report components, several analysis techniques have been employed:

- 1) **Changes in stakeholders' commitments:** for assessing the extent to which stakeholders have changed their commitments, a matrix-based scorecard has been used. This scorecard has been developed by Context, international cooperation for assessing changes achieved through lobby and advocacy interventions and outlines various (non-linear) dimensions of policy change and commitments.

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<sup>4</sup> The support of stakeholders may concern procurement, funding for distribution, programming, outreach, and advocacy. In this report, as well as in UAFC communication, the term 'comprehensive female condom programming' is used, which includes market intelligence, supply chain management, procurement, distribution, programming/outreach, (media) awareness-raising and advocacy.

<sup>5</sup> Reference is made to the EoT Evaluation of the UAFC Joint Programme, for which relevant stakeholders within various donor organisations were interviewed. ACE Europe / Context, international cooperation 2015.

- 2) **Stakeholder analysis:** in order to gain a deeper understanding of the relative positions and 'weight' of commitments by specific stakeholders, a stakeholder analysis has been carried out, using the influence-importance grid developed by Imperial College London.

#### 4. THE CONSULTANCY

The end-line stakeholder analysis has been carried out by Ms Karine Godthelp, consultant at [Context, international cooperation](#) (Utrecht, the Netherlands). Ms Godthelp had already been involved in the EoT Evaluation of the UAFC Joint Programme (September 2015) as team member responsible for the analysis of the ALLC component. Valuable inputs for the analysis of research findings and trends and the formulation of recommendations have been provided by Mr Pol De Greve, partner at Context.

The Context consultant worked closely together with Ms Saskia Hüsken, advocacy officer for UAFC at Rutgers. Valuable suggestions and contributions were made to the analysis of research findings, most notably by Ms Ciska Kuijper, MEAL officer for UAFC.

#### 5. LIMITATIONS OF THE STUDY

Overall, in terms of content, the study has been carried out as envisaged at the beginning of the process. Still a number of factors limited the implementation of the study. The following major issues need to be mentioned:

- **Information on putting pledges into practice are not always available:** The current study concerns a presentation of factual information and therefore does not include opinions or personal perceptions of individuals. The difficulty with such factual research lies in the unavailability of data. Especially financial data indicating to what extent pledges have actually been materialised is rather difficult to collect. Therefore the findings presented in this report may not be comprehensive, i.e. it does not include data that is not publicly available.
- **Non-comprehensive procurement and distribution data:** Data on procurement and distribution of female condoms is brought together in e.g. the AccessRH system of UNFPA and the social marketing statistics of DKT. The AccessRH system may not be complete, since registration of female condom shipments is done on voluntary basis. Also for the DKT social marketing statistics, it is not known to what extent these figures are comprehensive. The data shown on procurement and distribution should therefore be considered an estimation and an indicating of a trend, rather than hard facts.

The consultant is of the opinion that in spite of the aforementioned limitations, justice has been done to the Terms of Reference (Rutgers 2015) for this assignment, both in terms of process and deliverables.

## II. RESEARCH FINDINGS

### 1. INTRODUCTION

For this end-line stakeholder analysis, a review was done of policies and budgets of the following organisations and institutions:

#### 1.1. Advocacy ‘targets’

- **Foundations:** Bill and Melinda Gates Foundation; William and Flora Hewlett Foundation; John Templeton Foundation; Global Fund to fight AIDS, TB and Malaria (GFATM); UNITAID; David and Lucile Packard Foundation; Susan Thompson Buffett Foundation.
- **Bilateral donors:** USAID, most particularly through PEPFAR; DFID; NL MoFA; NORAD; Sida; Finland; DANIDA; KfW Development Bank; France; US Department of Defense; CIDA; European Union.
- **UN agencies:** UNFPA; UNAIDS; UNICEF; WHO; other UN agencies.

**1.2. Private sector:** Female Health Company; Cupid Ltd.; HLL Life Care and HLPPT; Shanghai Dahua Medical Apparatus Company; other manufacturers.

#### 1.3. Advocates & NGOs

- **Advocates:** PATH; CHANGE; NFCC; UAFC.
- **Implementing organisations:** DKT; PSI; Marie Stopes International; IPPF; Pathfinder International; IPM.<sup>6</sup>

More specifically, these stakeholders are listed below, with a presentation of the changes in their support for female condoms over the past years and an indication of their current commitments, on the basis of their female condom related policies, programmes and/or budgets.

Following the analysis of stakeholders’ support for female condoms, light is shed upon donor expenditure and procurement, and a number of trends in policies, programmes and financing of female condom programming and procurement are elaborated.

### 2. ADVOCACY ‘TARGETS’

#### 2.1. Foundations

##### 2.1.1. Bill and Melinda Gates Foundation

- **Introduction:** four programme areas are core to the programming and financing opportunities of the Bill and Melinda Gates Foundation (BMGF). One of these areas is the Global Health Division, which is largely geared towards developing technology and science for health interventions. Both STI prevention and family planning are covered within this programme area.
- **Comparison baseline – end-line:** no reference is made to the Gates Foundation in the 2010 power mapping, though in the stakeholder mapping in 2013, it is argued that the Gates Foundation is an important stakeholder that operationalises its interest in SRHR<sup>7</sup> through support to PATH on the development of the Woman’s Condom and close collaboration with (and financial support of) UNFPA on family planning and contraceptive research and development as well as procurement. Already in the 2012 stakeholder mapping, it is argued

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<sup>6</sup> It is acknowledged that this list is not comprehensive. The selection of stakeholders is based upon their visibility in the female condoms discourse, e.g. through funding for, programming and procurement of FC.

<sup>7</sup> Within this document, differentiation is made between SRHR, family planning and HIV/STI prevention. Whereas SRHR is used when reference is made to the entire area of sexual and reproductive health and rights, specific reference is made to family planning or HIV/STI prevention if the matter concerns only one of both.

that the Gates Foundation does not intend to invest in female condoms but rather prioritises long-acting methods, most particularly implants and injectables. In May 2013, however, the Gates Foundation announced its Grand Challenges Explorations initiative. This initiative came with a call to develop a 'Next Generation Condom', inclusive of female condoms.

- **Current commitments:** in the meanwhile, four inventors have been rewarded with \$100,000 grants for new types of female condoms that 'significantly preserves or enhances pleasure' for its wearers.

### 2.1.2. William and Flora Hewlett Foundation

- **Introduction:** the Hewlett Foundation provides grants in five programme areas. One of these is the 'Global Development and Population' programme, which includes attention for ensuring "access to quality family planning and reproductive health."<sup>8</sup>
- **Comparison baseline – end-line:** in the power mapping done in 2010, Hewlett was considered to be a major donor and influencer in the field of SRHR and female condoms in particular. Hewlett was the largest donor of the UAFC programme in the first phase of the programme with a contribution of €1,030,000.00 in 2008; and continued its financial support to the UAFC programme until 2012 (grants of \$1,400,000 in 2010 and \$900,000 in 2012).<sup>9</sup> After 2012 the foundation decided to shift its focus to emergency contraceptives rather than (female) condoms. Still a grant of €663,000.00 was provided to the UAFC programme for the period 2012-2014.<sup>10</sup>
- **Current commitments:** since 2014, no other financial support has been provided for female condom programming or procurement.

### 2.1.3. John Templeton Foundation

- **Introduction:** the John Templeton Foundation is geared around five core funding areas. These funding areas do not explicitly include SRHR or related field of expertise. In the past, a limited number of reproductive health-related projects have been funded through the foundation, though.
- **Comparison baseline – end-line:** at the time of the baseline (both the power mapping in 2010 and the stakeholder mapping in 2013) the Templeton Foundation was not yet involved in the area of female condoms and is therefore not discussed.
- **Commitments:** The Templeton Foundation has entered the field of female condoms by funding a two-year project on civil society engagement in UN Commission country processes, with a focus on advocacy for female condoms, emergency contraception and implants (3 of the 13 life-saving commodities) in Nigeria and Senegal. Pathfinder International leads this two-year project (USD 450,000.00 from March 2014 – June 2016) in collaboration with UAFC, ICEC and in-country advocacy partners.

### 2.1.4. Global Fund to fight AIDS, TB and Malaria

- **Introduction:** the Global Fund to fight AIDS, TB and Malaria (GFATM) aims to drastically reduce AIDS, Tuberculosis and Malaria. The HIV/AIDS pillar of the fund is the largest of the three, with a total amount of disbursed funds of \$14,980,901,347.
- **Comparison baseline – end-line:** in the 2010 power mapping, the GFATM is considered to be an increasingly important actor with regard to female condoms. It was argued that advocacy should target both Country Coordinating Mechanisms and the international level (i.e. the Board of the GFATM and several Committees, most particularly the Market Dynamics and Commodities Committee). Also in the 2013 stakeholder analysis it is argued that the GFATM is an important stakeholder, though the GFATM has not been subject to the study and therefore

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<sup>8</sup> Programs - Hewlett Foundation website.

<sup>9</sup> Donors - UAFC website.

<sup>10</sup> Ibid.



no detailed information on their commitments is provided. In a 2014 measurement framework for HIV programming,<sup>11</sup> the GFATM elaborates how male and female condoms are part of programmes for Most At Risk Populations (MARPs), most particularly People Who Inject Drugs (PWID), as well as for the general population. Female condom inclusion encompasses demand creation, training, behaviour change and distribution. Up to 2013, procurement data of the GFATM for female condoms are available. Over the past few years, the emphasis in GFATM financial support has come to lie on antiretroviral therapy. Prevention services are geared towards MARPs, but the emphasis is on ARTs: the GFATM leading target for 2016 for HIV/AIDS is 7,3 million people alive on ARTs.<sup>12</sup>

- **Current commitments:** it is not clear whether any materialised commitments have been made to female condom procurement, promotion and distribution after 2013 – the only reference to female condoms can be found in 2014 documents on (gender-responsive approaches to<sup>13</sup>) HIV prevention.

### 2.1.5.UNITAID

- **Introduction:** the multilateral organisation UNITAID has a focus on market development in the battle against HIV/AIDS, malaria and tuberculosis. In its work on HIV/AIDS, UNITAID is geared towards improving treatment and diagnosis. Scarce attention is paid to preventative measures including condoms, both male and female.
- **Comparison baseline – end-line:** in the 2010 power mapping, it is argued that UNITAID is expected to be an important actor in the field of female condoms. These high hopes did hardly materialise. In its strategic plan for 2013-2016, UNITAID elaborates on female condoms in the context of HIV prevention products, articulating low access to female condoms, high costs (as compared to male condoms and low uptake of female condoms.<sup>14</sup> In their strategic plan, UNITAID does not elaborate on its own role or action in promoting female condoms. It is argued that “For female condoms, market effects would be modest as it is expected that there will be three prequalified products from 2013 onwards. It may be focused around harnessing innovations on the cost of production, and securing volumes that meet price breakpoints. However, other players, such as UNFPA, have a dominant role in this space.” (2013: 75). Somewhat more attention is paid to female condoms in the 2014 UNITAID report on *HIV Prevention: Technology and Market Landscape*, describing female condoms as a key emerging commodity for HIV prevention. Also in the first version of this landscaping report, reference is made to female condoms.<sup>15</sup>
- **Current commitments:** currently, UNITAID does not visibly commit to female condoms through either funding for programmes or procurement or explicit policies on female condoms.

### 2.1.6.David and Lucile Packard Foundation

- **Introduction:** for the David & Lucile Packard Foundation the thematic area of Population and Reproductive Health is a major focus. The Foundation’s work in this area is aimed to “expand access to and improve the quality of essential services, including comprehensive sexuality education, voluntary family planning/contraception, and safe abortion.”<sup>16</sup>
- **Comparison baseline – end-line:** at the time of the 2010 power mapping, the Packard Foundation was involved in financing SRHR programmes and organisations involved in such programming, including PATH. Packard was identified as a potentially big donor for female condoms.

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<sup>11</sup> Global Fund 2014.b.

<sup>12</sup> Global Fund 2011.

<sup>13</sup> Global Fund 2014.a.

<sup>14</sup> UNITAID 2013.b.

<sup>15</sup> UNITAID 2013.a.

<sup>16</sup> Population and Reproductive Health - Packard Foundation website (2015).

- **Current commitments:** these high hopes did not materialise: barely any reference is made to female condoms in current Packard documentation, let alone in policies or grants analysed for this study.

### 2.1.7. Susan Thompson Buffett Foundation<sup>17</sup>

- **Introduction:** the Susan Thompson Buffett Foundation is a huge donor, established by Warren Edward Buffett. The Buffett Foundation has a major focus on reproductive health and women's rights – and on abortion in particular.
- **Comparison baseline – end-line:** in the 2010 power mapping, it is explained that the Buffett Foundation itself used to be the largest donor of Pathfinder International and therewith involved in the area of SRHR, although no particular attention or funding had been geared towards female condoms. It is argued that somewhat more advocacy towards the Buffett Foundation may be fruitful. No reference however is made in the 2013 stakeholder mapping and since 2013, the Buffett Foundation has not made any visible commitments to female condoms.
- **Current commitments:** the Buffett Foundation appears to be a closed fortress. As the foundation itself does not disseminate any press releases, its website is limited to providing information about college scholarships, and grantees are not allowed to disclose the identity of their benefactor, only second-hand information is available. Recent reflections on the Buffett Foundation's focus shed light on its reproductive health support, which used to be first and foremost about (financially supporting organisations providing) safe abortion care, and recently shifted to research, development and promotion of IUDs.<sup>18</sup>

## 2.2. Bilateral donors

### 2.2.1. USAID

- **Introduction:** reproductive health is one of the 6 cross-cutting areas USAID focusses on in the context of its wider focus on global health. USAID's focus on reproductive health encompasses access to reproductive health services (family planning, maternal health care and HIV prevention services, including usage of modern contraception to avoid pregnancy).
- **Comparison baseline – end-line:** in the 2010 power mapping, USAID is said to be the second largest spender on female condom procurement, after UNFPA.<sup>19</sup> This is reflected in the 2013 stakeholder mapping, which elaborates on USAID's prominent position when it comes to female condom procurement and programming. Still USAID is a major stakeholder and the second largest procurer as well as spender on female condom procurement. In September 2013, USAID released an updated version of its Technical Issue Brief on female condoms and in July 2014 the USAID-funded Health Communication Capacity Collaborative (HC3) released a publication on 'an adaptable communication strategy for female condoms.'<sup>20</sup> USAID also supports social marketing programmes of DKT in Angola and Benin amongst others, distributing respectively 11,000 and 8,364 female condoms in 2014; and management support to social marketing of female condoms through the AIDSMark programme in Uganda and the SOMARC programme in Zimbabwe.
- **Current commitments:** in April 2015 USAID published a Condom Fact Sheet, emphasising the cost-effectiveness and protective value of female condom programming. Apart from these publications, USAID supports work on female condoms in several programmes, most particularly the Commodity Fund (procurement); the Condom Emergency Fund (procurement); the Expanding Effective Contraceptive Options programme (research,

<sup>17</sup> D. Callahan - Inside Philanthropy website (2014).

<sup>18</sup> K. Weise – Bloomberg Business website (2015).

<sup>19</sup> UAFC 2010: 14.

<sup>20</sup> Health Communication Capacity Collaborative HC3 2014.

development and programming) (pilot introduction by WomanCare Global of the Woman's Condom in Zambia and Malawi<sup>21</sup>); and the DELIVER project (supply chain management). USAID is also currently funding the evaluation of South Africa's National Female Condom Programme, undertaken by MatCH Research.<sup>22</sup>

### 2.2.2. PEPFAR

- **Introduction:** the US President's Emergency Plan for AIDS Relief (PEPFAR) is aimed at addressing the global HIV/AIDS epidemic through a combination of strategies.<sup>23</sup> PEPFAR implements its policies through implementing organisations, most notably USAID. Main focus areas of PEPFAR include ARVs, HIV testing and counselling, LARCs and training of healthcare workers.
- **Comparison baseline – end-line:** in the 2010 power mapping, it is explained that PEPFAR had drastically changed its condom policies: whereas until President Obama was elected no condom programming took place; at the time of the power mapping, even in the organisation's mission statement reference is made to (female) condom programming. In the power mapping, a call is made to pay more attention to PEPFAR as a potentially large donor. This increasingly important role of PEPFAR is confirmed within the 2013 stakeholder mapping, in which it is stated that PEPFAR considers female condom programming important<sup>24</sup> and includes female condoms in its calls for proposals.<sup>25</sup> Over the past years, PEPFAR has been a major stakeholder in the female condom arena and one of the largest procurers of female condoms globally. Between 2004 and 2013 PEPFAR procured nearly 75 million female condoms; in November 2012, PEPFAR published its PEPFAR Blueprint: Creating an AIDS-Free Generation; and in its guidance for funds applications and operational plans at country level, it is explicitly elaborated that funds may be used for purchasing male and female condoms.
- **Current commitments:** currently PEPFAR explicitly mentions its commitment to female condoms in its general condom policy<sup>26</sup> and integrates female condoms in several programmes.<sup>27</sup> In documentation on PEPFAR's current focus programme 'DREAMS', 'core packages' are developed to impact HIV incidence among Adolescent girls and Young Women (AGYW). Male and female condom promotion and provision is included in the core packages concerned with 'Adolescent-Friendly Sexual and Reproductive Health for Girls,' 'Strengthening the family' and 'Decrease Risk in Sex Partners of AGYW.'<sup>28</sup> More specifically, the DREAMS initiative aims to study and address the barriers to female condom access and utilisation, and increase consistent use and availability of female condoms. PEPFAR allows purchase of female condoms with DREAMS funds. Still, there seems to be some inclination towards treatment, testing and counselling and LARCs, illustrated by the fact that in the entire annual report of 2014, condoms (in general) are mentioned only 3 times and no single reference is made to female condoms.<sup>29</sup>

### 2.2.3. DFID

- **Introduction:** already from 1995 onwards, DFID has been involved in female condom promotion – in first instance through support to PSI for a project called "Test Marketing of the

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<sup>21</sup> A new USAID cooperative agreement with WomanCare Global supports the research, development and introduction of woman-controlled family planning technologies in Zambia, Malawi and India - WomanCare Global website (2013).

<sup>22</sup> USAID 2014.

<sup>23</sup> About PEPFAR - PEPFAR website.

<sup>24</sup> J. Lyskawa 2013: 41.

<sup>25</sup> Ibid.: 63.

<sup>26</sup> Addressing condom supply and demand in PEPFAR programs - USAID website (2015).

<sup>27</sup> PEPFAR Dashboards - PEPFAR website.

<sup>28</sup> PEPFAR 2015.c.

<sup>29</sup> PEPFAR 2015.a.

Female Condom in Bolivia, Guinea, Haiti, South Africa and Zambia.”<sup>30</sup> This project was aimed at studying the appropriateness of social marketing strategies for female condom promotion. On its website, DFID explains that one of its seven core responsibilities concerns “improving the lives of girls and women through better education and a greater choice on family planning.” By 2015, DFID will “help at least 10 million more women to use modern methods of family planning.”<sup>31</sup>

- **Comparison baseline – end-line:** in the 2010 power mapping, the commitment of DFID to female condom promotion is somewhat ambiguous: although DFID has a strong focus on HIV/AIDS and gender equality, DFID pulled out of financing a female condom programme in Mozambique. Over the past few years, DFID has become increasingly important in the female condom realm. In the 2013 stakeholder mapping, it is elaborated how DFID procures its female condoms through UNFPA and (to a lesser extent) UNAIDS, involving large sums of money. Also DFID is an active member of the UN Commission on Life Saving Commodities (UNCoLSC). This corresponds to the organisation’s major focus on modern methods of family planning. In 2011, DFID released a helpdesk report on female condoms, providing a brief overview of key issues and a summary of literature available on female condoms.<sup>32</sup> The limited (and decreasing) donor support for female condoms is articulated in this report. Following, in December 2011, on World AIDS Day at the International Conference on Family Planning, DFID pledged £5 million for UNFPA to purchase and distribute female condoms.<sup>33</sup> In March 2013, DFID released funding for supporting the distribution of 17 million female condoms.<sup>34</sup>
- **Current commitments:** these commitments were materialised through the procurement of about 1,319,220 female condoms through UNFPA, i.e. 7% of the total core funding of UNFPA’s female condom procurement; as well as its own STRIVE project (which included a female condom component); and support to DKT social marketing programmes in Angola and Burma, through which in 2014 respectively 11,000 and 190,370 female condoms were distributed. No reference has been found to more recent commitments.

#### 2.2.4. Netherlands Ministry of Foreign Affairs

- **Introduction:** the Dutch Ministry of Foreign Affairs (NL MoFA) has long been involved in SRHR and women’s rights. Currently, and most notably, SRHR is one of the four priority themes of Dutch development cooperation policy, which is materialised amongst others through the SRHR subsidy, the Product Development subsidy, and the FLOW subsidy, which focuses on Funding Leadership and Opportunities for Women. The SRHR theme of NL MoFA is operationalised in four programme areas, of which the second concerns ‘better access to contraceptives, antiretrovirals and other medicines’.
- **Comparison baseline – end-line:** from the start of the UAFC programme, the NL MoFA has been the largest donor, providing grants of €5,000,000.00 for the period 2009-2011; €2,349,919.00 in 2012; and €5,000,000.00 for the period 2013-2015.
- **Current commitments:** although the NL MoFA remains interested in female condoms and is seeking options to provide small-scale funding for female condom advocacy and supply chain management support, no confirmed commitments have (yet) been made .

#### 2.2.5. NORAD

- **Introduction:** the Norwegian government has decided upon eight priority areas in international development. Global health is one of these. Within the encompassing field of global health, attention is paid to, amongst others, maternal, child and women’s health, as

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<sup>30</sup> DFID 1999.

<sup>31</sup> About us - DFID website.

<sup>32</sup> DFID 2011.

<sup>33</sup> Speech. Stephen O’Brien: Integrating HIV and family planning services - UK Government website (2011).

<sup>34</sup> PATH, CHANGE, NFCC and UAFC 2013.

well as sexual and reproductive health. Female condoms feature in a number of NORAD programmes on HIV/AIDS and family planning.

- **Comparison baseline – end-line:** at the time of the power mapping, in 2010, NORAD was an influential SRHR donor and already involved in female condom programming, by funding a female condom programme in Mozambique. Moreover, in 2009 specifically funded the UAFC programme by providing €458,000.00.<sup>35</sup>
- **Current commitments:** NORAD provides support to the UNCoLSC through multilateral organisations and global funds and health initiatives. Support includes technical and grant management support to the implementation of recommendations from the UNCoLSC.

#### 2.2.6.Sida

- **Introduction:** Sida's focus under the umbrella of health is on sexual and reproductive health and rights, as well as HIV/AIDS. Access to (and lobby/advocacy for) contraception is one of the core focus areas. Sida's support to a programme that aims to increase the use of female condoms is mentioned as an illustration of Sida's statement that "demanding increased gender equality and having an open discussion about contraception and sex education are crucial components in the fight against the epidemic."<sup>36</sup>
- **Comparison baseline – end-line:** already in the 2010 power mapping, Sida is said to be a strong SRHR donor. For three years (2009-2011) Sida has supported UAFC and its response to the global unmet need for contraceptives by providing funds amounting to €750,000.00.<sup>37</sup> Between 2013-2015, Sida again provided funds for the UAFC programme (€3,400,000.00). Between 2012-2015, Sida has provided financial support to PSI for a programme aimed to contribute to a 50% reduction in HIV incidence in Southern Africa by 2015 ('Expanding and improving social marketing in Southern Africa 2012-2015, Phase III'); a programme with a focus on female condom promotion.<sup>38</sup>
- **Current commitments:** for the post 2015 / SDG agenda, Sida has "pushed *gender equality*, climate and taxation issues."<sup>39</sup> Gender quality, for Sida, is incontrovertibly related to complicated issues such as sexual and reproductive health and rights and gender-based violence.<sup>40</sup> One core element of the right of women and girls to have control and power over their own bodies is access to contraceptives. It is not yet clear how and to what extent support for female condoms will be materialised.

#### 2.2.7.Finland

- **Introduction:** in a consultation response by Finland to the European Commission: The EU role in Global Health, representatives of public and third sector organisations argue that "Increasing access to contraceptives and condoms (both male and female) [...] is a cost-effective approach with far-reaching dividends" and should therefore be given priority.<sup>41</sup> Furthermore it is argued that "New funding mechanisms can and should provide developing countries with a better opportunity to secure reproductive health supplies. Greater funding stability, donor coordination and government commitment have the potential to improve access to male and female condoms and other contraceptives for the women and men who need them."<sup>42</sup>
- **Comparison baseline – end-line:** in the 2010 power mapping, Heli Mikkola, an advocate for female condoms, is mentioned, but no reference is made to government support for female

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<sup>35</sup> Donors - UAFC website.

<sup>36</sup> HIV/AIDS - Sida website (2014).

<sup>37</sup> Sida 2010.

<sup>38</sup> Regional HIV&AIDS Team 2014.

<sup>39</sup> Funding agreed for new development goals - Sida website (2015).

<sup>40</sup> Gender equality - Sida website (2011).

<sup>41</sup> Finland.

<sup>42</sup> Ibid.: 7.

condoms. For the period 2012-2013, the Ministry of foreign affairs of Finland provided financial support to the UAFC joint programme (€206,000.00). In 2014 and 2015, Finland did not continue its financial support to UAFC.

- **Current commitments:** post-2015 key issues for Finland include Gender equality and women's empowerment, with attention for guaranteeing sexual and reproductive health and rights for all.<sup>43</sup> Finland plans to increasingly channel its financial support through large-scale international institutions such as UNFPA. It is not made explicit to what extent and how female condoms are included in this future policy and practice.

#### 2.2.8. DANIDA

- **Introduction:** the Danish government support for international development is at the time of the 2010 power mapping largely focused on (providing funds for) SRHR. This still is the case in 2015: one of the five strategic priorities is 'social progress', a thematic area comprised of global health, sexual and reproductive health and HIV/AIDS.
- **Comparison baseline – end-line:** Danida is one of the funding partners of the UAFC programme, thus providing financial resources for female condom programming, advocacy and procurement. Danida's support to UAFC amounts to €4,021,000.00 for the first phase of the programme.<sup>44</sup> The UAFC consortium is mentioned by Danida as one of its collaborators in the field of sexual and reproductive health.<sup>45</sup> Also in other programmes between 2010 and 2015,<sup>46</sup> Danida has integrated female condoms, explicitly aiming to increase availability and access to quality female condoms by procuring them through UNFPA and National Ministries of Health, e.g. in Uganda<sup>47</sup> and Mozambique.<sup>48</sup> This funding also covers programming costs (i.e. demand creation and training of health service providers).
- **Current commitments:** In DANIDA's most recent document on government priorities for Danish development cooperation, an interest in SRHR is expressed,<sup>49</sup> through it is not clear what are the implications of this interest for support for female condoms.

#### 2.2.9. KfW Development Bank

- **Introduction:** the German federal government (most particularly the Federal Ministry of Economic Cooperation and Development) funds its development projects and programmes through the KfW Development Bank. Combining this government funding with its own funds, KfW Development Bank financially supports various types of programmes, including health. Infectious diseases (including HIV/AIDS) and Reproductive health are core topics in the overarching area of health. Notably, KfW explains that it "supports projects that combine HIV prevention and family planning because the two are closely linked."<sup>50</sup> Social marketing of reproductive health commodities is one of the core strategies adopted by KfW. KfW has supported social marketing programmes for contraceptives in **Benin**, Burundi, Cambodia, **Cameroon**, Cote d'Ivoire, Costa Rica, Dominican Republic, El Salvador, Guatemala, Guinea, Honduras, India, **Malawi**, **Mali**, Nepal, Nicaragua, Niger, Pakistan, Rwanda, Senegal, **Tanzania**, Uganda, Yemen and **Zambia**. Only in six of these countries (written in bold), the implemented programme included female condom sales. It cannot be traced back whether KfW has as well contributed to the specific female condom component in these programmes.
- **Comparison baseline – end-line:** KfW Development Bank has integrated female condoms in several of its social marketing programmes. This was already the case before the 2010 power

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<sup>43</sup> Ministry of Foreign Affairs of Finland 2014.

<sup>44</sup> Donors - UAFC website.

<sup>45</sup> Other collaborators – DANIDA.

<sup>46</sup> DANIDA 2014.a.

<sup>47</sup> DANIDA 2014.c.

<sup>48</sup> DANIDA 2014.b.

<sup>49</sup> DANIDA 2015.

<sup>50</sup> Health - KfW Entwicklungsbank website (2015).

mapping.<sup>51</sup> In 2012, KfW spent almost \$15.2 million on family planning commodities, of which \$87,410 on female condoms. Whereas the budget for female condoms composes 1% of the total value spent on family planning commodities, the budgets for male condoms, injectables and oral pills compose respectively 62%, 17% and 12% of the total value. Female condoms were only integrated in programmes in Burkina Faso and Guinea Bissau.<sup>52</sup> In 2013, KfW support for female condoms significantly increased to \$761,918, i.e. 2,6% of the total 2013 expenditure on family planning commodities. Still injectables (39,82%), male condoms (36,95%) and oral contraception (15,49%) compose the largest part of KfW support for family planning commodities.<sup>53</sup>

- **Current commitments:** currently, KfW supports an HIV/AIDS prevention project in Central Africa (Cameroon, Chad, DRC) for which both FC2 and Cupid female condoms are being distributed. This large project has a budget of over 5 million US dollars.<sup>54</sup> It is part of the PPSAC project, which started mid-2013 and runs until mid-2016 and is geared around social marketing of male and female condoms and establishing a sustainable marketing and distribution network for both types of condoms.<sup>55</sup>

#### 2.2.10. France

- **Introduction:** the French Ministry of Foreign Affairs emphasises the need for attention for reproductive, maternal, newborn and child health. This encompassing thematic focus includes attention for sexual and reproductive health and access to contraception. The French channel their funds through the WHO, UNICEF, UNFPA and UN Women for child spacing; and the Global Fund for the fight against AIDS.
- **Comparison baseline – end-line:** in 2010, French parliamentarians wrote an SRHR/Prevention statement, despite the fact that the French MoFA does not concentrate on SRHR.
- **Current commitments:** no information has been found about current (materialised) commitments of France to female condoms.

#### 2.2.11. US Department of Defense

- **Introduction:** the US Department of Defense (DoD) is responsible for the implementation of PEPFAR policy in host militaries and civilian communities globally.<sup>56</sup> US DoD support is organised through the DoD HIV/AIDS Prevention Programme (DHAPP)
- **Comparison baseline – end-line:** in 2012, US DoD provided support to social marketing and free distribution of family planning commodities, including female condoms, in Cameroon, Congo (DRC/Kinshasa) and El Salvador; in 2013 such support was provided in Burundi, Cameroon, Congo (DRC/Kinshasa) and El Salvador; and in 2014 only in Cameroon and Congo (DRC/Kinshasa).<sup>57</sup> Also in 2012, female condoms were part of US DoD programmes in Belize, Gabon and South Africa.<sup>58</sup>
- **Current commitments:** currently, US DoD makes some visible commitments to female condoms, e.g. by buying female condoms from the social marketing organisation ACMS in Cameroon. The amounts are limited, though the fact that US DoD still buys female condoms at least shows their interest in this commodity.

<sup>51</sup> Ref e.g. KfW Entwicklungsbank 2008 and KfW Entwicklungsbank 2012.

<sup>52</sup> UNFPA 2013: 23.

<sup>53</sup> UNFPA 2014: 25-27.

<sup>54</sup> Supply of FC2 and Cupid Female Condoms to the Project HIV/AIDS Prevention in Central Africa - Devex website (2014).

<sup>55</sup> Project: PPSAC – HIV/AIDS Prevention in Central Africa, Phase III - Swiss TPH website.

<sup>56</sup> Department of Defense (DoD) - PEPFAR website.

<sup>57</sup> Contraceptive social marketing statistics - DKT International (2015).

<sup>58</sup> US DoD 2012.

### 2.2.12. CIDA

- **Introduction:** for the Canadian International Development Agency (CIDA), SRHR is not part of the list of ‘Development Challenges and Priorities’. Some attention for SRHR is paid under the umbrellas of ‘Strengthening Maternal, Newborn and Child Health’ and ‘Gender Equality’. Also in its cooperation with UNFPA, CIDA aims to improve access to SRH services and HIV/AIDS prevention, care and treatment.<sup>59</sup> Female condoms are not mentioned in any of the programmes or collaborations of CIDA.
- **Comparison baseline – end-line:** in a 2008 publication on female condoms, CIDA is mentioned as one of the main donors in support of female condoms: “[they] have produced documents about female condoms, organised meetings and consultations, and funded or supported product development, training, promotion, and distribution of female condoms.”<sup>60</sup>
- **Current commitments:** by supporting the World Bank and Intergovernmental Authority on Development (IGAD), CIDA has supported female condom promotion and distribution, between 2009 and 2015. This programme, the ‘Regional HIV/AIDS partnership programme’, has been implemented in Djibouti, Eritrea, Ethiopia, Kenya, Sudan, Somalia and Uganda.<sup>61</sup>

### 2.2.13. European Union

- **Introduction:** in the 2010 power mapping, the European Union (EU) is presented as a ‘sleeping giant’, with much potential for supporting female condom programming. Until the power mapping, no such support had been provided, not least because of the bureaucratic nature of the institution, complicating female condom proposal submission.
- **Comparison baseline – end-line:** some references are made to female condom promotion and distribution, though these date from 2009.<sup>62</sup> Female condoms are mentioned once in a 2009 document on the EU contribution to global health, in relation to an explanation of commodities that should be given priority. More specifically, it is argued that “the EU should explore investment in research for New Preventive Technologies such as microbicides, AIDS vaccine and supplies (i.e. female condom).”<sup>63</sup> In June 2014, the European Commission released its post-2015 agenda in a policy paper called ‘A Decent Life for All: From Vision to Collective Action’.<sup>64</sup> This paper elaborates on the priority areas for the EU. Within the overarching area of health, the first ‘target topic’ is to “reduce child mortality, maternal mortality and ensure universal sexual and reproductive health and rights.”<sup>65</sup> It is explained that this ambition can be paired with increasing access to family planning. Also under the umbrella of gender equality and women’s empowerment, the EU strives to “ensure women’s and girls’ universal and equal access to essential services,” including health care and family planning.<sup>66</sup> It should be noted that over the past years, the EU has been directly involved in the area of female condoms through its CE mark, indicating that the product meets EU criteria for distribution: a necessary step in the prequalification of female condoms by WHO/UNFPA. This regulatory component of the EU however does not directly involve those policy makers involved in decision-making on EU policies or funding for programmes.
- **Current commitments:** despite its apparent inclination to gear development cooperation towards family planning services through both its health and gender priority areas, the EU has so far not made any visible commitments to female condoms promotion and distribution.

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<sup>59</sup> United Nations Population Fund - Government of Canada website (2014).

<sup>60</sup> Oxfam 2008: 20.

<sup>61</sup> Project profile: Regional HIV/AIDS Partnership Program - CIDA website (2015).

<sup>62</sup> European Union 2009.

<sup>63</sup> European Commission 2014.c: 14.

<sup>64</sup> Ref. European Commission 2014.a or European Commission 2014.b.

<sup>65</sup> Ibid.: 3.

<sup>66</sup> Ibid.: 4.



## 2.3. UN agencies

### 2.3.1. UNFPA

- **Introduction:** UNFPA is the UN body that is established to govern population issues, most notably access to sexual and reproductive health services and commodities. In a 2009 position paper on condoms and HIV prevention, UNFPA, WHO and UNAIDS articulate the potential value of female condoms for women empowerment: “Female condoms can provide women with more control in protecting themselves. However, women will remain highly vulnerable to HIV exposure, until men and women share equal decision-making powers in their interpersonal relationships.”<sup>67</sup> For years, UNFPA has articulated the existence and value of female condoms as dual protection method.<sup>68</sup> UNFPA is the largest female condom procurer, with a total amount of procured female condoms between 2010 and September 2015 of 73,957,244, worth \$41,923,103.00.<sup>69</sup>
- **Comparison baseline – end-line:** for years, UNFPA has integrated female condoms in its Comprehensive Condom Programming.<sup>70</sup> Especially through its large-scale procurement of female condoms, UNFPA was already considered at the centre of power in the arena of female condoms in the 2010 power mapping. “UNFPA has a leading role in the UN system on female condom programmes,” according to the 2013 stakeholder mapping. In this mapping, the strong collaborations of UNFPA with numerous organisations, manufacturers, governments and institutions are emphasised. Although UNFPA officially only provides commodities that are demanded by countries, they do have an influence on these national procurement lists, as explained in the 2013 mapping. UNFPA stresses the importance of a method mix and the fact that it does not want to differentiate or give a preferential treatment to one particular commodity. The agency however does want to ensure that female condoms are available to the general population, which has been beneficial to amongst others the UAFC Joint Programme: UNFPA has been an important donor for the UAFC Joint Programme, notably by delivering an in-kind contribution of 4,000,000 female condoms for the country programme in Nigeria and 1,419,000 female condoms (between 2008 and 2014) to ACMS in Cameroon. This is an interesting shift, as UNFPA has long restricted its contributions to public sector actors, whilst these contributions in Nigeria and Cameroon were provided to social marketing organisations.
- **Current commitments:** still for UNFPA female condoms are one of its major commodities, amounting to 6,18% of the total contraceptive distribution (in terms of value) in 2014. The emphasis has shifted, though, to injectables (34,22%) and implants (21,72%); and male condoms still account for almost three times the value of female condoms in distributed contraceptives (16,06%). UNFPA is the lead actor for the UNCoLSC Family Planning TRT that includes female condoms, aiming to enhance “access and use of female condoms for dual protection in low and middle-income countries.”<sup>71</sup> Also UNFPA is the lead organisation in the 20 by 20 initiative, aiming to foster private sector involvement in female condom promotion and distribution.<sup>72</sup>

### 2.3.2. UNAIDS

- **Introduction:** UNAIDS is the UN programme that is established to provide a proper response to the HIV/AIDS epidemic. The programme is a joint effort of a number of UN organisations,

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<sup>67</sup> UNFPA, WHO and UNAIDS 2009.

<sup>68</sup> Ref e.g. UNFPA and PATH 2006.

<sup>69</sup> By way of comparison: the second-largest female condoms procurer is USAID, with over the same period a total amount of procured female condoms of 44,698,025, worth \$33,553,902.00.

<sup>70</sup> UNFPA 2010.

<sup>71</sup> PATH 2013: 1.

<sup>72</sup> Although in the EoT Evaluation of the UAFC Joint Programme reference was made to the provision of programming support by UNFPA in case needed, no documentation on this was found in the current study.

which function as cosponsors and provide a lens for the work of UNAIDS on the basis of their own mandate (e.g. UNICEF focuses on HIV/AIDS among children and youth).

- **Comparison baseline – end-line:** UNAIDS has been considered an influential actor for years: already in the 2010 power mapping, it is explained that UNAIDS “determines the strategy of the UN on HIV/AIDS, which needed convincing since it regarded costs as an obstacle for female condom programming.”<sup>73</sup> Although UNAIDS did not elaborate on female condoms in its 2011-2015 strategy, it did announce a focus on ‘Prevention Revolution’, offering opportunities for female condoms as well. In the 2013 stakeholder mapping, it is argued that UNAIDS does recognise the importance of female condoms, but does not feel prompted to actively take on an approach for comprehensive female condom programming. Rather UNAIDS is said to pursue an approach in which female condoms are part of the prevention toolkit, in particular for high risk groups. In a 2014 Guidance Note, UNAIDS emphasises its focus on the procurement, distribution and marketing of both male and female condoms, being one of the six basic programme activities recommended by the UNAIDS strategic investment framework.<sup>74</sup> In a UNAIDS commissioned research on ‘critical enablers’, i.e. interventions in addition to basic programmes that are crucial to effective HIV reduction, female condoms are considered one of such critical enablers. They are crucial in programmes for both MARPs and the general population, especially as they form an effective gender-responsive component of HIV/AIDS programming. The article expands on the cost-effectiveness of female condoms and even their cost-saving potential, despite high programming costs. It is argued that female condoms are under-budgeted in HIV programmes and that, low demand and high commodity costs should be addressed through “intensified demand creation through women-focussed, transformative programmes and/or subsidised distribution,” especially among women at highest HIV risk.
- **Current commitments:** earlier this year, UNFPA, WHO and UNAIDS released a position statement on condoms and the prevention of HIV, other STIs and unintended pregnancy. In this position statement, the three institutions stress the importance and double protection value of both male and female condoms and pointing to the low availability and accessibility of female condoms. The current position statement is an update of an earlier position statement, originally developed in 2004 and first updated in 2009, in which female condoms are less prominent and male condoms are presented as the only most effective double protection method. The updated position statement therefore entails an important shift in thinking, in favour of the female condom. It is argued that “HIV programmes need to ensure that a sufficient number and variety of quality assured condoms are accessible to people who need them, when they need them.”<sup>75</sup> In terms of materialised commitments and UNAIDS expenditure on female condoms, limited information is available, apart from the fact that they have FC2 and Cupid female condoms available for their staff as part of their workplace programme.

### 2.3.3. UNICEF

- **Introduction:** UNICEF is the UN agency focused on children. One of the strategic directions of UNICEF concerns improving child health, also relating to HIV/AIDS. On its website, UNICEF states that it “works to ensure that all babies, children, adolescents and their mothers, are able to access life-saving HIV prevention, treatment, care and support.”<sup>76</sup>
- **Comparison baseline – end-line:** in the 2010 power mapping, no reference is made to UNICEF. In the 2013 stakeholder mapping, however, UNICEF’s involvement in female condom promotion and distribution is somewhat expanded upon. It is argued that UNICEF does not

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<sup>73</sup> UAFC 2010: 7.

<sup>74</sup> UNAIDS 2014.b.

<sup>75</sup> UNFPA, WHO and UNAIDS 2015.

<sup>76</sup> Unite for children, unite against AIDS - UNICEF website.

elaborate on female condoms in any of its policies, though comments are made on the opportunities for growing the female condom market, especially in the context of gender-sensitive programming. A similar situation is currently found: UNICEF does support condom promotion and distribution through its involvement in UNAIDS, but is not directly involved in female condom programming.

- **Current commitments:** although UNICEF is not directly involved in female condom programming, it does host the Global Technical Reference Teams that are responsible for pushing forward UNCoLSC's recommendations at the global level and translating these recommendations to national levels. Some project documents indicate that UNICEF has distributed female condoms as part of its contraception range, but this is not articulated in a policy paper, nor are expenditure and procurement data available.

#### 2.3.4. World Health Organisation

- **Introduction:** the World Health Organisation (WHO) has been a gate keeper in the field of reproductive health commodities and female condoms in particular for years, first and foremost since WHO qualification is a prerequisite for many large multilateral organisations for procuring commodities, including female condoms.
- **Comparison baseline – end-line:** already before the 2010 power mapping, the WHO was perceived to be increasingly cooperative, e.g. by improving the transparency of its prequalification process. The WHO has released a document outlining the prequalification process<sup>77</sup> and already in 2006 a female condom technical review committee was established. Still these prequalification processes are lengthy and bureaucratic. In the meanwhile, apart from the FC2, the Cupid female condom has received WHO prequalification in 2012.
- **Current commitments:** as yet elaborated on in the context of UNAIDS, together with UNFPA and UNAIDS, WHO published a position paper, emphasising the protective value of female condoms. However, apart from the ongoing prequalification processes for various female condoms, no visible commitments to female condom procurement or programming are currently made by the WHO. It should be pointed out that it is not necessarily within the mandate of the WHO to procure female condoms, as they are a technical agency, providing technical guidance, rather than taking care of comprehensive programming of female condoms.

#### 2.3.5. Other UN agencies

A number of other UN agencies are to some extent involved in female condom promotion and distribution. Most notably is UNDP, which has been procuring female condoms over the past years, but does not expand on its support for female condoms. Also through a UN General Assembly Special Session, support for female condoms is articulated in the context of HIV prevention, through the Political Declaration on HIV and AIDS, published in June 2011.<sup>78</sup>

The World Bank, another influential player, has been involved in the Global Financing Facility in Support of Every Woman, Every Child (EWEC) since its establishment in 2014. Although the World Bank is a neutral agency, its increased involvement in, amongst others, reproductive health may open up opportunities to increasingly stress the importance of female condoms for reproductive health and family planning.

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<sup>77</sup> Female condom - WHO website (2015).

<sup>78</sup> It should be noted that the documents and declarations resulting from UN General Assembly Special Sessions are non-binding. They might indicate an intention or strategic line of thought, but cannot be considered as commitments and therefore carry less weight than official policy documents et cetera.

### 3. PRIVATE SECTOR

A number of private sector actors and social marketers has yet been highly influential in the field of female condom programming, procurement and advocacy. Their involvement has taken the form of female condom manufacturing, promotion and marketing, and social marketing.

#### 3.1. Female Health Company

The Female Health Company (FHC) was the first and still is the largest female condom manufacturer globally. Its power is significant due to the fact that two of its models were qualified for large-scale procurement. The FC2, the FHC's current female condom on the market, was CE marked, WHO prequalified in 2007, with a renewal in 2012, and USFDA approved in 2009. For long, the FC2 has been the only female condom procured by UNFPA and other large institutions, as indicated in the 2010 power mapping and the 2013 stakeholder mapping. Also the fact that the FC2 already had three qualifications whilst other types of female condoms only had the CE mark, contributed to the influential position of the FHC. Since its establishment, the FHC has shipped female condoms to 144 countries worldwide. The FHC has been supportive of female condom upscale (which may be considered logical given their commercial interest in a healthy female condom market) through various means, i.e.:

- Pledge to increase access to the FC2 by investing \$14 million in reproductive health and HIV/AIDS prevention education and training (in joint collaboration with large partner organisations) and volume-based discounts on unit-pricing for large buyers.
- A commitment to award major public clients with female condoms worth 5% of their total annual purchase.<sup>79</sup>
- The SUPPORT division of the FHC, which supports programme implementation, specifically by investing in trainings, education materials and promotional tools.

#### 3.2. Cupid Ltd.

Cupid Ltd is a manufacturer of both male and female condoms, based in India. At the time of the 2010 power mapping, the Cupid condom had already received CE mark. In the 2013 stakeholder mapping, it is explained that the Cupid condom was as well WHO pre-qualified: In 2012, the Cupid 1 female condom got WHO prequalification and is therefore eligible for bulk procurement by large procurement agencies such as UNFPA and USAID, as well as national governments.<sup>80</sup> The USFDA registration process was started in 2012 and is ongoing. Cupid Ltd. has also developed a smaller female condom, the Cupid 2, which is currently in the process for WHO prequalification.

#### 3.3. HLL Life Care and HLPPT

HLL Life Care is based in India and is one of the largest male condom producers globally. Already in the 2010 power mapping, it is indicated that this actor is potentially an important ally for female condom advocates, as it may contribute to a variety of female condoms and increased competition on the market, and therewith lower prices for female condoms.<sup>81</sup> They are manufacturing the HLL female condom (branded Velvet as the commercial female condom in India) and the VA w.o.w. female condom. These two female condoms are under review for WHO prequalification. The Hindustan Latex Family Planning Promotion Trust (HLPPT) has been running its Female Condom project with the HLL female condom for years, in order to contribute to HIV/AIDS prevention in India.<sup>82</sup> For this project, which is primarily focused on female sex workers, not only direct

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<sup>79</sup> Female Health Company 2014: 3.

<sup>80</sup> Cupid Female Condom - Cupid Ltd website (2015).

<sup>81</sup> Notably no analysis is made of the position and commitments of HLL Life Care / HLPPT in the 2013 stakeholder mapping.

<sup>82</sup> HIV prevention and control - HLPPT website (2011.a).

programming is applied;<sup>83</sup> it as well includes advocacy at state and district levels to promote this female-controlled prevention method.<sup>84</sup>

### 3.4. Shanghai Dahua Medical Apparatus Company

This company, based in China, produces the Woman's Condom, a female condom that was developed and designed by PATH. At the time of the 2010 power mapping, this condom was already well scored in research among users in South Africa, though it did not yet receive pre-qualification.<sup>85</sup> In the meantime, the Woman's Condom has CE mark and is under review for WHO prequalification and USFDA approval. Under the USAID-funded programme by WomanCare Global the Woman's Condom is one of the products in pilot introductions in Zambia and Malawi.<sup>86</sup> The Woman's Condom is available on the market in China, South Africa (branded as 'V') and several other countries.

### 3.5. Other manufacturers

A number of other female condoms is at various stages of development and market entry, including **Phoenurse** (manufactured by Tianjin Condoobao Medical Polyurethane Tech. Co. Ltd., China. CE mark); the **Panty Condom** (manufactured by Innova Quality S.A.S., Colombia) and the **Origami** (developed by STRATA Various Product Design, USA). Beyond production of female condoms, several manufacturers have been involved in promotion and advocacy for their female condom. Examples are the Female Health Company's SUPPORT programme and the HLPPT programmes.

## 4. ADVOCATES & NGOS

### 4.1. Advocates

When analysing stakeholder commitments to female condoms, the role of advocacy organisations should not be neglected nor underestimated. In encouraging and keeping donor organisations committed to female condoms, advocates have played an important, if not crucial role. Through intensive advocacy towards donors and implementing organisations, they have been able to keep female condoms on the international agenda. Over the past years, several in-country advocates have stood up for female condoms. PATH, CHANGE, the US National Female Condom Coalition (NFCC) and the Universal Access to Female Condoms (UAFC) coalition have been most influential.

#### 4.1.1. PATH

PATH is an INGO that aims for innovative solutions contributing to child survival, maternal and reproductive health and for addressing infectious diseases. No reference is made to PATH's advocacy in the 2010 power mapping, though both in the 2010 power mapping and in the 2013 stakeholder mapping, PATH's involvement in the development of the Woman's Condom is mentioned. In the 2013 stakeholder mapping, moreover, it is explained that PATH has received grants from the NL MoFA for market development and advocacy for female condoms. Advocacy efforts include, amongst others, contributions to numerous conferences, PATH's leadership for the Global Female Condom Day and the Video Contest, PATH's leading role in the development of the UNCoLSC Advocacy Toolkit, and the development of the Woman's Condom, which is currently fully licensed to and manufactured by Dahua Medical Apparatus Company in Shanghai, China. PATH country offices in several countries, including China and South Africa, are involved in female condom promotion and training, especially with the Woman's Condom.

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<sup>83</sup> Including social marketing; awareness raising; and initially condom sales through condom vending machines.

<sup>84</sup> Social marketing – HLPPT website (2011.b).

<sup>85</sup> Notably no analysis is made of the position and commitments of Shanghai Dahua Medical Apparatus Company in the 2013 stakeholder mapping.

<sup>86</sup> A new USAID cooperative agreement with WomanCare Global supports the research, development and introduction of woman-controlled family planning technologies in Zambia, Malawi and India - WomanCare Global website (2013).

#### **4.1.2.CHANGE**

The US-based Center for Health And Gender Equity (CHANGE) has been advocating for SRHR since its establishment in 1994. One of the major principles of CHANGE is the necessity of comprehensive SRHR, i.e. the integration of reproductive and sexual health programmes. CHANGE acts upon this principle amongst others by advocating for female condoms. Although CHANGE is not mentioned in the 2010 power mapping, some reference has been made to their advocacy efforts in the 2013 stakeholder mapping.<sup>87</sup> CHANGE mainly targets the US government, advocating to influence US foreign policy, through senators and directly towards USAID. CHANGE has also supported in-country advocacy organisations, such as The Hunger Project in Malawi, for female condom advocacy activities, and has been a partner with UAFC and co-organiser of Global Female Condom Day from the start.

#### **4.1.3.NFCC**

The US National Female Condom Coalition (NFCC) brings together stakeholders aiming “to increase the awareness, acceptance, access and use of female condoms.”<sup>88</sup> Established by the AIDS Foundation of Chicago and CHANGE in 2011, it has grown to be a representation of influential female condom and SRHR advocates.<sup>89</sup> NFCC is currently leading the advocacy effort towards US-FDA to reclassify female condoms,<sup>90</sup> to facilitate access and variety of female condoms within the US and beyond (through USAID procurement, for example). Although NFCC is primarily oriented towards the US, it has a global pillar through its partners CHANGE, PATH and UAFC. At this global level, the NFCC has as well contributed to the Global Female Condom Day.

#### **4.1.4.UAFC**

As yet elaborated in the introduction to this stakeholder analysis, UAFC has been actively advocating for female condoms since 2009. Through its three-pillared strategy, encompassing programming, procurement (and supply chain management as well as market intelligence) and advocacy and communications, UAFC aims to enhance the availability, accessibility and affordability of female condoms. In the 2010 power mapping, UAFC elaborates on its own role and advocacy for female condoms and indicates that the UAFC Joint Programme has “an international position in the field of SRHR and HIV/AIDS with potential influence on decision making.”<sup>91</sup> In the 2013 stakeholder analysis it is argued that UAFC advocates for “the prioritisation of the female condom and strive[s] for commitment of key global actors.” The EoT Evaluation has shown that the UAFC Joint Programme has indeed played a major part in keeping female condoms on the radar among donors.<sup>92</sup> Current core funding from the NL MoFA will however end in December 2015, complicating follow-up and continuation of UAFC’s programme.

### **4.2. Implementing organisations**

Various types of organisations have been involved in (elements of) comprehensive programming of female condoms. Whereas DKT and PSI are implementing organisations with social marketing as a large strategic pillar, MSI, IPPF, Pathfinder International and IPM are SRHR organisations that implement programmes in various countries that may include procurement of, but are mainly

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<sup>87</sup> In the 2013 stakeholder mapping, no in-depth analysis has been made of the position, commitments and advocacy efforts of CHANGE for female condoms.

<sup>88</sup> Homepage - National Female Condom Coalition website (2015).

<sup>89</sup> Notably no reference has been to the NFCC in the 2013 stakeholder mapping (nor in the 2010 power mapping, due to the fact that the NFCC was only established in 2011).

<sup>90</sup> FDA Female Condom Reclassification Petition - NFCC website (2015).

<sup>91</sup> UAFC 2010: 5.

<sup>92</sup> ACE Europe & Context, international cooperation 2015.

concerned with programming of reproductive health commodities, to some extent including female condoms.

#### **4.2.1.DKT**

In the 2010 power mapping, DKT is said to be an organisation that was not yet involved in female condom programming, although they should relatively easily be convinced for the female condom case. In the 2013 stakeholder mapping, it is explained that DKT actually does distribute female condoms through social marketing programmes and aims to contribute to market development for female condoms. DKT's support for female condoms is considered to be strong, although it is argued that the market share of female condoms may be restricted by market realities. Much potential is observed in DKT integrating female condoms in its SRHR programmes. Between 2010 and 2014, female condoms have been increasingly integrated in DKT programmes, despite the fact that DKT has seen a decrease in general condom distribution from 2011 onwards.<sup>93</sup> Whilst in 2012, female condom distribution rates amounted to 294,240 pieces; in 2013 82,222 female condoms were sold; and in 2014 405,556 female condoms were sold.<sup>94</sup> Whereas in the 2013 annual report, no reference was made to female condoms, in the 2014 annual report they are mentioned. Still however male and female condoms are lumped together in distribution figures.

#### **4.2.2.PSI**

PSI is an implementing organisation with social marketing as one of its core strategies. PSI aims to contribute to global health, amongst others in the areas of family planning and HIV/AIDS. In the 2010 power mapping, it is explained that PSI is involved in female condom programming, though limited information is provided on its commitments or advocacy for female condoms. PSI has been involved in market development and increasing access to female condoms, mostly their social marketing approach, as elaborated in the 2013 stakeholder mapping. Female condoms are one of the twelve 'solutions', i.e. contraceptive methods that PSI promotes, and they have been partner in the UAFC programme since the start. Only in 2013, PSI sold over 8.7 million female condoms (social marketing approach) and freely distributed another 2.6 million in 15 countries.<sup>95</sup> In 2014, PSI distributed female condoms in even more countries, notably 19.<sup>96</sup>

#### **4.2.3.Marie Stopes International**

Marie Stopes International (MSI) is an INGO that aims for sexual and reproductive health services in order to avoid unintended pregnancies. MSI organises its work around contraception, safe abortion services and post-abortion care. Female condoms are part of the range of products provided by MSI, though MSI does not explicitly support female condoms. In the 2013 stakeholder mapping, this is illustrated by the fact that in a 2011 policy document, MSI did not distinguish between male and female condoms.<sup>97</sup> The UNFPA External Procurement Support Report shows that between 2011 and 2013, MSI support for procurement steadily decreased.<sup>98</sup> None of this support was geared towards female condom promotion; rather the primary focus of MSI is on male condoms, implants and oral contraceptives. Although a picture of a female condom features on the HIV/STIs website of MSI,

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<sup>93</sup> Annual reports - DKT website (2015)

<sup>94</sup> Results - DKT website (2015).

<sup>95</sup> Female condom - PSI website (2015).

<sup>96</sup> Namely Angola, Benin, Cameroon, Congo (DRC/Kinshasa), Ethiopia, Laos, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Togo, Uganda and Zambia. Ref Social marketing statistics - DKT website (2015).

<sup>97</sup> No relevant reference is made to MSI in the 2010 power mapping.

<sup>98</sup> UNFPA 2014: 12.

barely any reference is made to FC.<sup>99</sup> Rather, Marie Stopes country offices in for example Uganda and South Africa have been involved in social marketing of female condoms.<sup>100</sup>

#### **4.2.4. IPPF**

Sexual and reproductive health and rights advocacy and services are at the core of the work of the International Planned Parenthood Federation (IPPF). Member organisations of IPPF (including Rutgers) work on several dimensions of SRHR, of which contraception and HIV/AIDS are the two that encompass FC. In the 2010 power mapping, it is observed that IPPF has decreased its investments in female condoms. On the contrary in the 2013 stakeholder mapping, IPPF is presented as an advocate for female condoms, without preferring it over other commodities. In 2013, IPPF states that it advocates for female condoms and provides them in several of its programmes and clinics.<sup>101</sup> Besides Rutgers in the Netherlands, the IPPF Member Association ASBEF in Senegal is the lead partner for female condom advocacy under the Templeton-funded project.

#### **4.2.5. Pathfinder International**

Pathfinder International is a large-scale SRH organisation that, amongst others, aims to improve access to reproductive health commodities and fight HIV. Pathfinder has since long implemented female condom programmes (e.g. in Mozambique) and presents female condoms as one method within the method mix.<sup>102 103</sup> Pathfinder International has recently been deeply involved in female condom advocacy, through its leadership in the Templeton-funded project for increasing access to the three UNCoLSC family planning commodities, including FC, in Nigeria and Senegal. Also Pathfinder Mozambique is the UAFC implementing partner for UAFC, they have won the 'Female condoms are...' film contest and have been involved in several Global Female Condom Days.

#### **4.2.6. IPM**

IPM<sup>104</sup> advocates for a method mix, in which "microbicides would be a vital part of a comprehensive HIV prevention strategy, alongside behaviour change, abstinence, male and female condoms and male circumcision [...]."<sup>105</sup> Also reference is made on the IPM website to the UAFC-funded functionality study in 2013.<sup>106</sup> No further female condom commitments are made public.

## **5. DONOR EXPENDITURE AND PROCUREMENT**

In order to be able to assess the extent to which donor expenditure on female condoms has been subject to change in the past few years, insight in their programming budgets and spending is a prerequisite. Such information is however largely concealed or lumped. Therefore only limited information on female condom expenditure can be provided in this analysis report. In the following table, as far as data was available, an overview is provided of SRHR, Family Planning and/or STI prevention funds of the various aforementioned organisations, and if possible an indication of the funding for and procurement of female condoms is provided.

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<sup>99</sup> The only reference to female condoms found on the MSI website is related to a USAID-funded programme in Ghana. Ref Where in the world. Ghana - Marie Stopes International website.

<sup>100</sup> Ref e.g. MSI Uganda: Path 2013; and MSI South Africa: Marie Stopes International 2014.

<sup>101</sup> The humble female condom - IPPF website (2013).

<sup>102</sup> Pathfinder International 2014.

<sup>103</sup> No relevant reference is made to Pathfinder International in the 2010 power mapping and the 2013 stakeholder mapping.

<sup>104</sup> No reference is made to IPM in the 2010 power mapping and the 2013 stakeholder mapping.

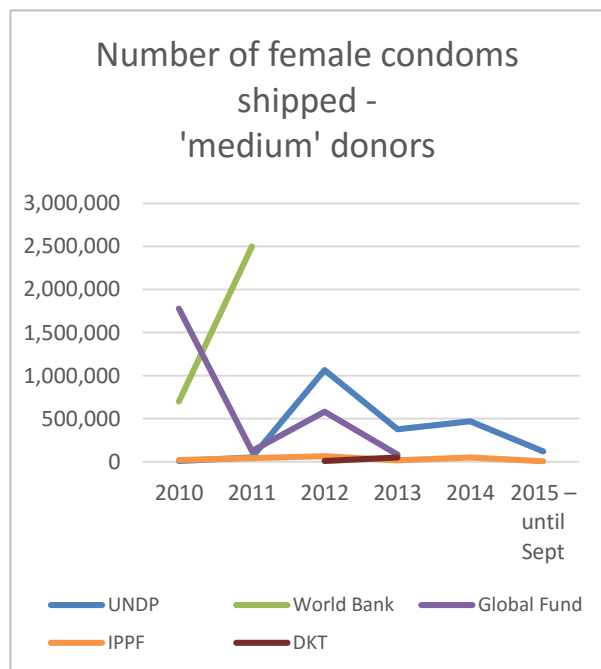
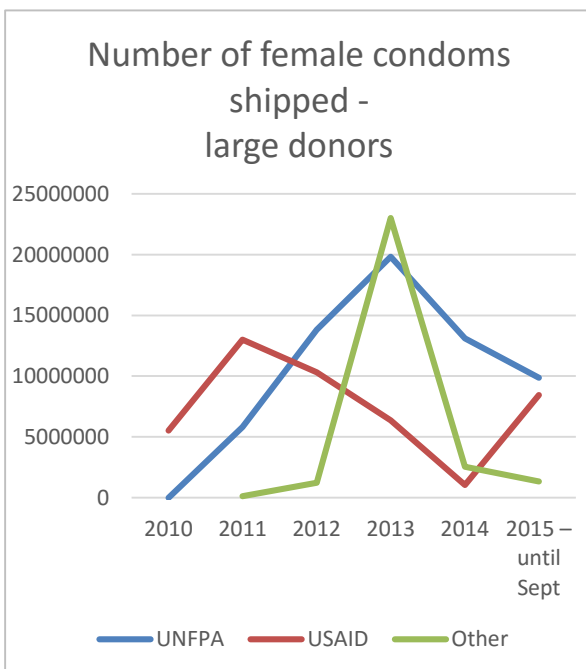
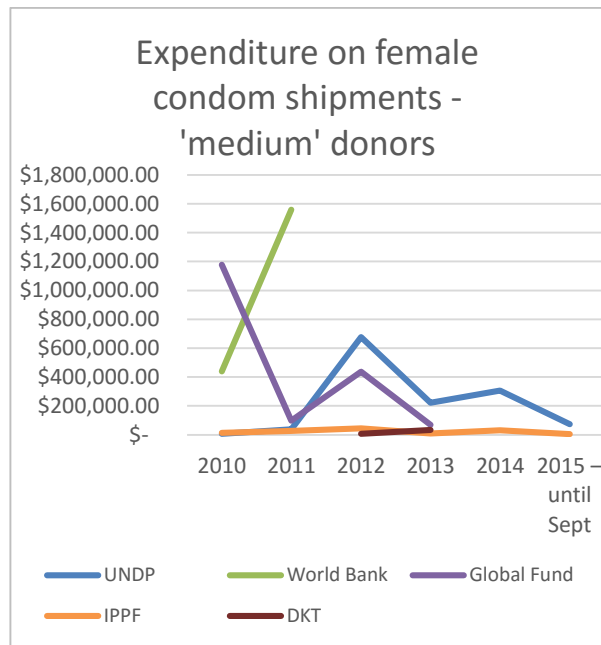
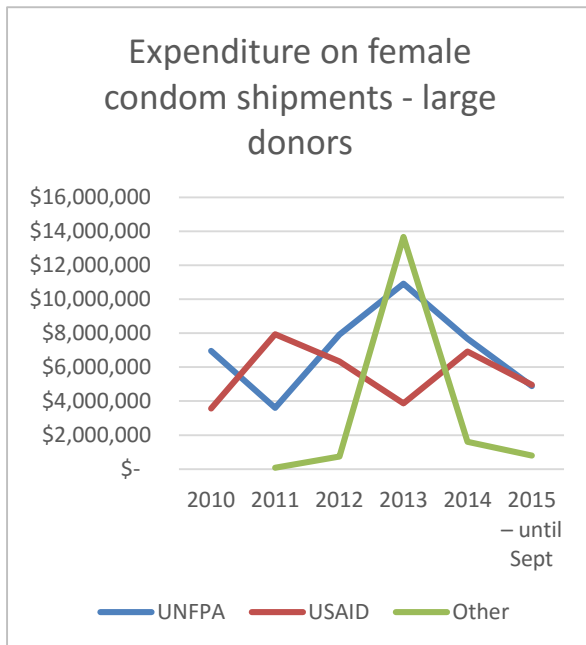
<sup>105</sup> Why Microbicides? - IPM website (2011.b).

<sup>106</sup> IPM 033 - IPM website (2011.a).



### 1.1. Procurement between 2010 - 2015

The following graphs show female condom shipment between 2010 and September 2015 of the seven actors that have contributed most, i.e. UNFPA, USAID, UNDP, IPPF, the World Bank, GFATM and DKT:<sup>107 108</sup>



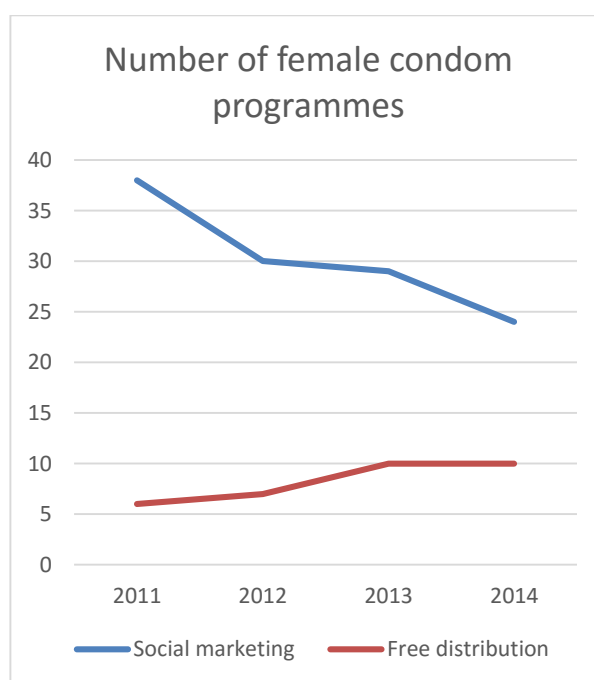
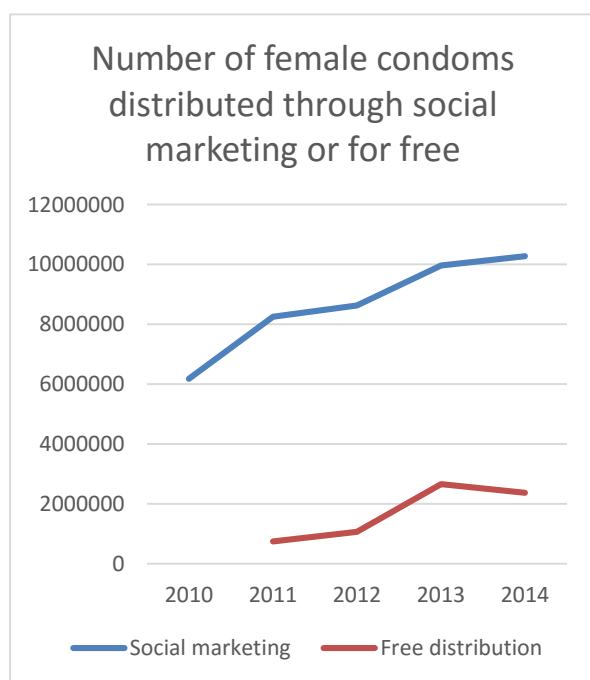
<sup>107</sup> Data derived from [AccessRH](#), the UNFPA procurement and information service for reproductive health commodities. It should be noted that registration of shipments in the AccessRH system is done on voluntary basis and therefore the data may not be comprehensive.

<sup>108</sup> The AccessRH system differentiates between 34 actors involved in procurement of reproductive health commodities. Two additional types of actors involved refer to 'Other Funding Source' or 'Other Ministry or government agency'. It is not clarified which funding sources are included in these 'other' categories. Therefore no further explanation can be given about the peak in expenditure on female condom shipments in 2013.

It can be observed that procurement amounts greatly differ per year and per actor.<sup>109</sup> UNFPA has been the largest procurer throughout the years from 2010-2015, closely followed by USAID. Several stakeholders procure female condoms on irregular basis: only once in a couple of years and/or varying amounts. This may be due to the shelf-life; when products are not consumed immediately, there is no need for a new order. In addition, there is often a time lapse between the ordering of a consignment, and the actual distribution of the product to the end-user. This applies to female condoms, but also to other reproductive health commodities. In general, it can be observed that most stakeholders have procured either less or varying amounts of female condoms. Nevertheless, between 2010 and 2014, the total number of procured female condoms has increased from 18,189,000, worth \$11,260,670 to 22,957,000, worth \$13,819,455 in 2014. This amounts to a percentage growth of 26,2% in procured female condoms and a growth of 22,7% in funds spent on these procured FC.

## 1.2. Distribution between 2010 - 2015

The number of female condoms distributed through social marketing has steeply increased over the past years, while interestingly the number of social marketing programmes in which female condoms are integrated has decreased. The number of female condoms distributed for free to end-users in social marketing programmes registered by DKT is much lower than those sold, but the number of programmes in which female condoms are distributed for free to the end-user has increased.<sup>110</sup> The percentage growth comes down to a growth of 66,3% in female condoms distributed through social marketing and a growth of 218,4% (i.e. more than tripled) in female condoms distributed for free to end-users in social marketing programmes. In terms of programmes, there has been a decrease of 36,8% in social marketing programmes, whereas the number of programmes in which female condoms are freely distributed has increased with 66,7%.



<sup>109</sup> Notably several other actors have shipped female condoms: UN Peace-keeping, DFID, MOH, PSI and the Netherlands jointly account for \$277,409.00 spent on female condom shipments, which comes down to a total of 958,005 female condoms shipped by these actors alone.

<sup>110</sup> The tables below are based upon social marketing statistics by DKT. Ref Contraceptive social marketing statistics (2015).

### 1.3. Investment & sales trends

The figures described above are also reflected in sales figures of the Female Health Company (FHC), the largest female condom (FC2) producer to date. In October 2015, the FHC released figures indicating that in financial year (FY) 2015 the unit sales have been second highest in the company's history, with 61 million unit sales. The average increase in unit sales since FY2006 has been 15,9%. In the CHAI Family Planning Market Report, released in May 2015, supplier-reported volumes for various FP commodities are presented.<sup>111</sup> This report shows that "annual female condom shipments have increased almost 50 percent from 17 million to 26 million from 2011 to 2013, resulting in over 200,000 women using female condoms" (CHAI 2015: 7). Between 2011 and 2013, the share of female condoms in the procured USAID method mix has somewhat decreased (2011: 0,3%, 2012: 0,3%, 2013: 0,2%), whereas in the method mix of UNFPA, the share of procured female condoms has somewhat increased (2011: 0,3%, 2012: 0,2%, 2013: 0,5%).

This increase in female condom sales can be largely subscribed to the increasing interest of the commercial sector: whilst government funding (from US and European countries) for female condoms declined over the past few years, commercial sector funding increased for female condom research and development. Investment trends are quite opposing: whereas the decline in EU funding is most visibly related to preventative commodities, increasing investments are made in the field of LARCs, PrEP and HIV treatment. In the US, actually investments are made in prevention, whilst investments in PrEP and HIV treatment decreased.<sup>112</sup>

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<sup>111</sup> Notably these reported volumes only include procurement and purchases of Ministries of Health, government and donors such as USAID and social marketing organisations; commercial sales are not included. Also it should be noted that only data from the prequalified manufacturers are included, i.e. FHC and Cupid Ltd.

<sup>112</sup> AVAC 2015.

### III. OBSERVED TRENDS

When it comes to analysing the above stakeholder commitments and foci, as well as broader developments in the field of sexual and reproductive health and rights, nine trends can be identified, namely:

- 1) Greater attention for family planning
- 2) Reduced attention for HIV/AIDS – STI prevention for MARPs
- 3) Focus on reproductive health commodities
- 4) Gender focus
- 5) Innovation as buzzword
- 6) Country level focus
- 7) Private sector involvement
- 8) Female condoms in the method mix
- 9) Pleasure framing

For each of these trends, below an explanation is provided of main characteristics, evidence of the trend and recommendations, based upon the opportunities and challenges that the trends bring about. It should be noted that these trends are generally results of active advocacy of mainly the aforementioned advocates, and at the same time directions and/or areas of concern for future advocacy. Below, in Chapter V, these nine trends are consolidated in five angles for future advocacy.

Greater attention for family planning	
	Evidenced by
<p>A variety of bilateral donors explicitly focus on SRHR as a policy area for international development to which considerable financial support is committed.<sup>113</sup> Noteworthy is the fact that within this overarching theme, the emphasis is on family planning, whilst attention for HIV/AIDS and STI prevention in broader terms is decreasing<sup>114</sup> and sexual rights remain controversial in many countries. Also in the recently formulated Sustainable Development Goals (SDG), SRHR<sup>115</sup> is a recurrent area of attention, notably in the third ('Ensure healthy lives and promote wellbeing for all at all ages') and fifth SDG ('Achieve gender equality and empower all women and girls').<sup>116</sup> At the same time, this attention for SRHR should be somewhat nuanced: criticism is expressed about the fact that none of the SDGs is organised specifically around SRHR,<sup>117</sup> sexual rights remain unaddressed and still in order to achieve the SDGs set around SRHR, improvements in the field</p>	<p>SRHR donors include Ministries of Foreign Affairs of the Netherlands, Norway, Sweden and France. The rising attention for family planning is as well reflected in the policy and funds concentration of the Hewlett Foundation, Gates Foundation, DFID and USAID. Also the funds that the World Bank Group dedicates to SRHR have increased over the past years, from 14% of its health budget in 2014 to 18% in 2015 – though it should be mentioned that the World Bank has up to date not updated its Reproductive Health Action Plan, which expires in 2015.<sup>119</sup> The significance of SRHR for health and development is explicitly recognised by the International Conference on Population and Development in 2014.<sup>120</sup> Besides, large-scale initiatives including FP2020 illustrate the thematic focus on family planning.</p>

<sup>113</sup> This observation is reflected in the 2015 IPPF report on 'Financing demystified'.

<sup>114</sup> Ref e.g. 20 by 20 2015.

<sup>115</sup> To be precisely, the SDGs address sexual and reproductive health and reproductive rights.

<sup>116</sup> Sustainable Development Goals - Sustainable Development website (2015).

<sup>117</sup> A. Starrs 2015.

of SRHR should accelerate three times faster than currently is the case.<sup>118</sup>

### Reflections

- There is some risk for female condom advocacy in family planning, as there are much more commodities for contraception than for STI prevention: female condoms suddenly ‘own’ an even smaller share of the commodities range. Female condoms do have their unique double protection value, which is their added value in comparison to other family planning methods. Therefore it may be recommended to (continue to) frame female condom advocacy according to the **double protection message**, i.e. female condoms are contraception that at the same time prevent STIs;
- A challenge as well is the fact that the WHO has indicated that condoms (both male and female) and other **user-dependent methods** are less effective for preventing unintended pregnancies than long-acting reversible and non-reversible methods such as IUD and sterilisation.<sup>121</sup>
- Funds may become available through the **FP2020**<sup>122</sup> initiative, in particular at country level, which may therefore be / remain at the centre of attention for female condom advocates.
- The **Global Financing Facility** (GFF) will also be an important source for funding in the area of reproductive health in a number of focus countries. This new facility should become a target for female condom advocates in future to ensure female condoms are integrated in the country plans/strategies/interventions and budgets.

### REDUCED ATTENTION FOR HIV/AIDS – STI PREVENTION FOR MARPS

Funding for the fight against HIV/AIDS is steadily declining.<sup>123</sup> Particular reference is made to reduced funding for global advocacy, social mobilisation and research and development related to female condoms.<sup>124</sup> A number of donors do continue their support to and focus on HIV/AIDS. The emphasis in this continued support is however largely shifted from prevention to treatment and care. It is mostly for MARPs that prevention and condom provision is maintained; and some reference is made to the importance of female condom promotion and distribution in relation to gender-sensitive programming.<sup>125 126</sup>

#### Evidenced by

UNITAID, the Global Fund, DFID and PEPFAR still provide funding for HIV/AIDS. Also domestic funding sources are available for HIV/AIDS.<sup>127</sup> In 2011 the ‘Global AIDS plan for children and their mothers’ was developed, although this plan also mostly focuses on ARVs rather than prevention. A new plan, aimed to drastically reduce HIV transmission by 2020, does actually include condom provision, but only mentions female condoms in relation to MARPs. In a 2014 press release,<sup>128</sup> UNAIDS does stress the importance of maintaining funding for the fight against HIV and opposing the decline in funding for, amongst others, female condoms as it has “long been proven effective and now being scaled-up as part of broader HIV prevention programmes.”<sup>129</sup>

<sup>119</sup> IPPF 2015.c.

<sup>120</sup> Homepage - ICPD Beyond 2014 website (2012).

<sup>118</sup> IPPF 2015.b.: 2.

<sup>121</sup> Guttmacher 2014: 11.

<sup>122</sup> An example of FP2020 related commitments is provided by the pledge of the Nigerian Federal Ministry of Health of increasing its budget for RH commodities with almost 300% and dedicating time and efforts to female condom programming. Ref Nigeria - Supply Promises website (2012).

<sup>123</sup> Ref e.g. UNAIDS 2014.a.

<sup>124</sup> Ref UNAIDS 2014.a and UNAIDS 2014.c.

<sup>125</sup> Ref UNAIDS 2014.c.

<sup>126</sup> Notably in a 422 page UNAIDS Gap report (2014.d) about fighting HIV, female condoms are mentioned *once*. Condoms in general (male or without comment on the type) are mentioned 87 times. In contrast: antiretroviral therapy or medicines are mentioned 289 times.

<sup>127</sup> Funding for HIV and AIDS - Avert website (2015).

<sup>128</sup> UNAIDS 2014.a.

<sup>129</sup> Ibid.

## Reflections

- In the context of HIV/AIDS and STI prevention in general, often reference is made to female condoms as a commodity first and foremost useful for MARPs, most notably female sex workers. Whilst sex worker-only targeted female condom programmes experienced stigmatisation of the product, it may still be recommended to make a plea for integration of female condoms in programmes that target MARPs, whilst aiming for a **balance** between integration of female condoms in these types of programmes and integration of female condoms in programmes for the general population. Actively advocating for female condom integration in MARP programmes may increase the stigma on female condoms, but may still foster the uptake of female condoms overall, and hence convince major donors of the usefulness and value of female condoms for other target groups as well.

## FOCUS ON REPRODUCTIVE HEALTH COMMODITIES

In line with the increased attention for family planning (rather than HIV/AIDS), the focus within the field of commodities has come to lie on reproductive health commodities, i.e. contraceptive methods. Besides a large focus on maternal health commodities, particular attention is being paid to LARCs<sup>130</sup> and emergency contraception.<sup>131</sup> Long-acting reversible contraception has become a major focus for various donors and implementing organisations. LARCs that receive particular attention (and funding) are IUDs, implants and injectables. Both in the UNCoLSC and in recent funding by the Hewlett Foundation and NORAD, emergency contraceptives feature as a core method. Notably although attention is paid to contraceptives, the provision of these methods still lags behind the needs, not least because commodity provision has not kept up with the pace of population growth in recent years.<sup>132</sup>

### Evidenced by

Large-scale initiatives include the UNCoLSC, which has selected three family planning commodities (female condoms, emergency contraception and implants); the 20by20 initiative, which aims to ensure promotion and distribution of 20 billion condoms in Africa by 2020 through private sector involvement; FP2020, which is geared towards closing the gap between contraception needs and use;<sup>133</sup> and the UNFPA Supplies Programme, which as well funds FC promotion and distribution.<sup>134</sup> LARCs are especially promoted by UNCoLSC. Implants are supported by the Gates Foundation and NORAD. Also emergency contraception has recently gained momentum especially in the organisations of UNCoLSC and the Hewlett Foundation and NORAD in particular.

## Reflections

- It may be a challenge that in terms of **Couple Years of Protection (CYPs)**, female condoms are the most expensive contraceptive method. In order to avoid this coming back too often, emphasis should be on the double protection value of female condoms: its advantage over other contraceptives is the fact that it as well protects from STIs.<sup>135</sup> Also the Business Case may be helpful in this regard, showing that CYPs do not provide thorough insights in the cost effectiveness

<sup>130</sup> CHAI 2015: 3.

<sup>131</sup> Particular reference is made to expanding access to, improving availability and reducing costs of female condoms in Asia and the Pacific; and to FP among adolescents through, amongst others, provision of female condoms in Latin America, under the umbrella of the ICPD. Ref UN Economic and social commission for Asia and the Pacific (UNESCAP) - Supply Promises website (2013) and Nigeria - Supply Promises website (2012.a).

<sup>132</sup> Guttmacher 2014: 4.

<sup>133</sup> E.g. in Uganda: Uganda - Supply Promises website (2012.b).

<sup>134</sup> UN Economic and social commission for Asia and the Pacific (UNESCAP) - Supply Promises website (2013).

<sup>135</sup> It should be pointed out that for female condoms to offer double protection, consistent use of condoms should be promoted: promoting female condoms only as a family planning method may cause that female condoms are only used in the fertile period and therefore do not offer protection against HIV/AIDS.

of the commodity. Taking a closer look at female condoms shows that investing actually does produce returns.<sup>136</sup>

- The **20 by 20 initiative**, organised by UNFPA in collaboration with the World Bank, RHSC, USAID and the ILO, provides an opportunity to advocate with large institutions (most notably the organising stakeholders) and the private sector, and offers a stage for female condom advocacy to an even wider range of stakeholders. More specifically, efforts could be made for ensuring that the share of female condoms in the 20 billion condoms by 2020 is at least in somewhat more proportion to male condoms than is the case in current ratios.<sup>137</sup> At the same time the 20 by 20 initiative can be used for drawing attention to the unmet needs for condoms (male and female) and for strengthening the argument for female condoms by emphasising the support of the aforementioned large stakeholders to the cause of FC.

## GENDER-FOCUS

It appears that the issue of gender increasingly often appears on political agendas. Gender is put in relation to labour rights and political participation, as well as with reference to women's rights for SRHR and maternal health.

### Evidenced by

EWEC; NL MoFA, SIDA, Finland, PEPFAR, Amplify Change, Sustainable Development Goal 5, Beijing+20. A particular financing opportunity is provided by the OECD-DAC Network on Gender Equality, which "commits to strengthen accountability for the effective implementation of SDG 5 and the other targets on gender equality in the SDGs by systematically tracking and analysing aid statistics and donor practice in support of achieving gender equality, women's empowerment and the realisation of women's human rights."<sup>138</sup> This commitment as well entails an effort to increase ODA for women's empowerment and gender equality. Also the Addis Ababa Action Plan on Transformative Financing for Gender Equality and Women's Empowerment provides opportunities for funding for RH. Although largely concerned with the economic position of women, UN Women and partners also commit to "Prioritised investments in accessible, affordable, and quality social infrastructure and essential services." This may include female condoms as well.<sup>139</sup>

### Reflections

- Quite some funds are available in the area of gender. A **gender-framing** of female condoms, i.e. by emphasising that female condoms are women-controlled and women-initiated, may open doors to such funding and enhance the willingness of implementing organisations to include female condoms in their programmes.<sup>140</sup> Concomitant programming is a necessity in this regard, with a

<sup>136</sup> Global Health Visions LLC 2014.

<sup>137</sup> For an illustration of the imbalance between male and female condoms in condom procurement and both reproductive health and HIV/AIDS prevention programmes, reference is made to UNFPA 2013.

<sup>138</sup> Voluntary commitments & initiatives: Financing for gender equality and women's rights - Financing for Development website (2015.b).

<sup>139</sup> Voluntary commitments & initiatives. Addis Ababa Action Plan on Transformative Financing for Gender Equality and Women's Empowerment - Financing for Development website (2015.a).

<sup>140</sup> It goes without saying that such gender-framing of female condoms should not diminish the focus on men in the programming practice of FC, as UAFC-commissioned research has shown the importance of including men in the success of such programming. Ref W. Koster and M. Groot Bruinderink 2012.



focus on communication between partners, sharing of responsibilities, women’s rights et cetera, because female condoms in themselves do not necessarily have an empowering effect on women. Put differently: “women empowerment -including negotiation skills and a better sense of self-esteem- may not always be a result, but can also be a prerequisite or essential condition for female condoms to be used at all.”<sup>141</sup>

- Also the explicit attention for gender in the SDGs may provide opportunities for female condom advocacy.<sup>142</sup> This Beijing Platform for Action commemorates its 20<sup>th</sup> anniversary in 2015, re-emphasising the need for increased access for women to sexual and reproductive health services, as well as the need to “[continue] efforts to enhance the availability, accessibility and affordability of quality services, including sexual and reproductive health and rights, for women and girls.”<sup>143</sup> The lack of access to contraception is articulated, whilst at the same time the report draws attention to “expansion of sexual and reproductive health services and HIV/AIDS prevention [...]” as an emerging trend in national-level implementation.<sup>144</sup> Both may provide room for expanding female condoms as a means to address gender imbalances in SRHR. Female condom advocacy may increasingly refer to these global goals, also through the country-level engagement/implementation mechanisms, and **hold large-scale stakeholders accountable** in view of their commitments to these goals.

### INNOVATION AS BUZZWORD

Although nothing new, innovation is pursued and (still) a buzzword in the field of SRHR and commodities in particular. Existing commodities are complemented by innovative technologies and alternative methods, which are currently in the phase of development or testing / qualification. These include microbicides, PrEP and new female condoms.

#### Evidenced by

New round of Gates Foundation grants for Grand Challenges Initiative, fostering innovation; Innovation Countdown 2030; and the RHSC Innovation Fund; UNAIDS, emphasising that “Continued innovation is essential. This includes better technology – improved condoms [...]”<sup>145</sup> Interestingly, UNAIDS presents female condoms as an innovation “ready for implementation at scale”, particularly useful for women at risk, including sex workers.<sup>146</sup>

### Reflections

- In female condom advocacy, female condoms may be increasingly framed as a proven method, long prequalified and thus reliable, though still **innovative** due to the various types currently (being) developed (e.g. Gates Grand Challenges) and relatively novel image of the product for many potential customers groups.
- The challenge however is that female condoms are not necessarily innovative (they have been on the market for over 20 years) and marketing of female condoms suffers from the persistent stigma (i.e. female condoms are to be used by sex workers), myths and misconceptions, and **negative product connotation** (e.g. female condoms are noisy, awkward).<sup>147</sup>
- The explicit mentioning of **UNAIDS** of female condoms as an innovative method in the fight against HIV/AIDS among women at risk may provide opportunities for increased integration of female condoms in HIV/AIDS programmes among MARPs and for funding of female condom programmes and procurement in particular.
- Another angle to innovation may be increased **involvement of female condom users** in improving

<sup>141</sup> ACE Europe / Context, international cooperation 2015: 77.

<sup>142</sup> Sustainable Development Goals - Sustainable Development website (2015).

<sup>143</sup> UN Women 2015: 16.

<sup>144</sup> Ibid.: 19.

<sup>145</sup> UNAIDS 2015: 3.

<sup>146</sup> Ibid.: 29.

<sup>147</sup> Ref e.g. Health Communication Capacity Collaborative HC3: 33.



designs and programmes. Embedding such principles and mechanisms in design and programming may require somewhat more advocacy.

### COUNTRY LEVEL FOCUS

<p>There seems to be a tendency towards fostering national responsibility and financing for SRHR,<sup>148</sup> bringing together stakeholders from the public, commercial and not-for-profit sector. By increasingly putting responsibility in the hands of countries themselves, scaling, national ownership and sustainability are pursued – or, as argued by the GFF, such initiatives are aimed to “changing the role of official development assistance [...] in unlocking domestic resources and private flows.”<sup>149</sup> Particularly countries in the transition from low to middle-income status are supported, as these often suffer from declining development support, whilst they may not yet have developed their own financing structures.</p>	<p><b>Evidenced by</b></p> <p>Especially through the so-called Global Financing Facility (GFF), a large-scale financing platform (to which the Gates Foundation has committed \$75 million for the upcoming five years), support is provided to creating national financing structures for Reproductive, Maternal, Neonatal, Child and Adolescent Health.<sup>150</sup> More specifically, the GFF aims to bring together national stakeholders that jointly work towards women and child health, under the leadership of the national government. Similar initiatives, aimed at national leadership and financing, as well as proper translation of global decision-making to specific socioeconomic contexts, include the national working plans of the UNCoLSC, the FP2020 focus countries and the translation of the SDGs to National Sustainable Development Strategies.</p>
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### Reflections

- Attention in advocacy may be geared towards **mobilising a critical mass at country level**,<sup>151</sup> jointly advocating for female condoms. Building grassroots demand and advocacy may bolster an upward loop in which increased voiced demand actually leads to increased supply and vice versa.
- When aiming to support national advocates, particular attention may be paid to **countries that are already on the radar** of donors and implementing organisations, because significant funds may be available for programming in these countries. Reference is made to for example the FP2020 focus countries;<sup>152</sup> the GFF front-runner countries (DRC, Ethiopia, Kenya and Tanzania) as well as the second wave of GFF countries (Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal and Uganda); and pilot countries for the UNCoLSC (DRC, Ethiopia, Nigeria, Senegal, Sierra Leone, Tanzania and Uganda).

### PRIVATE SECTOR INVOLVEMENT

<p>The private (for-profit) sector is an increasingly important partner in health: in several new initiatives in the field of SRHR the private sector features as a core partner. As (bilateral) donor commitments to SRHR by far do not meet the needs for SRHR services<sup>153</sup> it may be useful to look at the involvement of the private sector, in particular commercial (female condom)</p>	<p><b>Evidenced by</b></p> <p>The Strengthening Health Outcomes through the Private Sector (SHOPS<sup>157</sup>) project of USAID, aimed to involve NGOs and commercial sector actors to jointly improve availability, quality and coverage of health products and services; 20by20 initiative, which involves public and private sector to reach access to, availability and usage of 20 billion</p>
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<sup>148</sup> This argument is reflected in the 2015 IPPF report on ‘Financing demystified’, p.30.

<sup>149</sup> World Bank 2015.

<sup>150</sup> It should be mentioned that there are some concerns about the longer-term implications of the fact that part of the GFF funds are delivered as loans rather than grants. Ref e.g. IPPF 2015.c.

<sup>151</sup> This recommendation is reflected in the 2015 IPPF report on ‘Financing demystified’, p. 24; and in the EoT Evaluation of the UAFC Joint Programme, ACE Europe / Context, international cooperation 2015.

<sup>152</sup> Countries - FP2020 website (2015.a).

<sup>153</sup> IPPF 2015.b: 3; Gutmacher 2014: 4.

manufacturers. Many former low-income countries are currently in the transition towards a middle-income status and therefore increasingly often people are willing and able to buy their own condoms;<sup>154</sup> especially in various African countries the population is largely young and residing in urban areas; and in a context of withdrawing funding for condom promotion and distribution, there is a need for alternative, sustainable models for enhancing accessibility, availability and affordability of female condoms. A viable commercial market would be an important step in this regard. Therefore partnerships and blended financing mechanisms are increasingly popular, bringing together (financial resources of) various partners from private and public sector, as well as the third sector (grants).<sup>155156</sup>

condoms (including FC) by 2020;<sup>158</sup> the Market Dynamics Working Group, which functions as part of the FP2020 initiative and is geared towards improving market health for family planning commodities;<sup>159</sup> and the ICPD high-level task force brief on financing SRHR, in which it is argued that “the use of public-private partnerships (PPPs) as a means of financing SRH is on the rise.”<sup>160</sup> In this last document, however, it is argued that private sector involvement in SRHR “may negatively impact equitable access, especially by women and those least able to pay”<sup>161</sup> and should therefore be handled with caution.

### Reflections

- Upscaling **e-commerce** can be an opportunity for increasing private sector involvement in female condom marketing. A recent study on e-commerce for female condoms, carried out by UAFC (2015) under the RHSC Innovation Fund grant from the Institute for Reproductive Health, shows the potential of this marketing method.<sup>162</sup> Female condom advocacy towards the private sector may be geared towards audience-specific marketing of female condoms in order to increase product knowledge and demand as well as to embed female condoms in existing e-commerce structures. One of the main difficulties in private sector involvement in female condom marketing is the fact that female condoms have long been distributed freely or at highly subsidised prices. Many potential customers in ‘high resource areas’ are not aware of the existence of female condoms or are negatively biased by the product stigma. Also the absence of an infrastructure for e-commerce is a major barrier: especially in rural areas, people may not have access to devices on which they can purchase female condoms online and/or not be in a position to buy products online (e.g. since they do not have a credit card, bank account and/or virus-free computer). Therefore e-commerce through the private sector may be perceived and fostered as one of the various marketing strategies for promoting female condoms in ‘high resource areas’ (such as the US, Europe, China and urban areas in India and Nigeria).
- When aiming to increasingly involve private sector actors and have them bear the ownership of female condom promotion and distribution, it may be worth considering the **various ways** in which the private sector can be involved. This goes beyond financing: commercial actors may as

<sup>157</sup> About SHOPS - SHOPS Project website.

<sup>154</sup> 20by20 2015.

<sup>155</sup> IPPF 2015.a.

<sup>156</sup> However only few cases are known in which such blended financing has touched upon the field of RH. Ibid.: 12.

<sup>158</sup> Ref 20 by 20 2015.

<sup>159</sup> Market Dynamics Working Group - FP2020 website (2015.b).

<sup>160</sup> ICPD Beyond 2014: 9.

<sup>161</sup> Still it is a fact that global inequality in terms of outcomes (e.g. income) and opportunities remains high (Ref e.g. E. Dabla-Norris et al. 2015). Many people are not in a position to pay for their condoms. Therefore a total market approach, which involves private sector sale, social marketing (sale at subsidised prices) and free distribution through public channels remains an important approach for increasing female condom uptake.

<sup>162</sup> E-commerce can increase the availability of FC; is an easy and anonymous manner of buying FC; provides producers with the opportunity to disseminate product information; and can increase product awareness. At the same time, it is argued that female condoms e-commerce is hindered by a lack of product awareness; a lack of commercial markets; product stigma; lack of infrastructure for e-commerce; and gender inequality.

well reach out to markets, fulfil an existing demand for female condoms, promote female condom variety, assist with logistics, invest in awareness raising through commercials and advertisements et cetera.

- It may be important to consider the **definition of private sector** and the **different types of actors** that could be involved, ranging from wholesalers and retailers to social marketing organisations and manufacturers.
- Keep a caution that for female condom advocates, it remains key to work towards and achieve universal access and that a critical analysis of private sector involvement and new financing mechanisms is essential to ensure everyone can have access to female condoms. The right to choose the contraceptive of your choice has been at the core of several female condom programmes and advocacy efforts.

### FEMALE CONDOMS IN THE METHOD MIX

Donors increasingly provide funding for the method mix rather than to singled out specific commodities. This is reflected in a 2015 study by John Ross et al, in which it is argued that “The aim is not to prescribe a specific ideal method mix but to generally increase access to a wider variety of method choices.<sup>163</sup> This does leave room for product-specific advocacy, but calls upon advocates to frame female condoms as part of the method mix.

#### Evidenced by

Several stakeholders explicitly mention the importance they attach to the method mix. These stakeholders include DFID, which aims to “highlight the importance of a more strategic approach to achieving optimum method mix”<sup>164</sup> but also MSI<sup>165</sup> and UNFPA, emphasises its prioritisation of a proper method mix.<sup>166</sup>

#### Reflections

- A major reason for advocating for the method mix is the importance of **choice**: people have the right to choose the method that best suits their needs.<sup>167</sup>
- Positioning female condoms in the method mix may present some challenges with regard to the framing of and advocacy for female condoms: how to advocate for the inclusion of female condoms in the method mix, **without singling out** this commodity too much? In the EoT Evaluation of the UAFC Joint Programme, it is argued that product-specific advocacy for female condoms may actually be needed to avoid that female condoms remain often neglected, but that within this advocacy, continuously the relation with the wider range of commodities (the ‘wider discourse’) should be sought.<sup>168</sup>

### PLEASURE FRAMING

Especially when involving the private sector in the field of FC, it is important to carefully consider the framing of FC. It can be observed that there is a tendency to shed a rather ‘sexy light’ on FC.<sup>169</sup> Whereas they have long been primarily framed within HIV/AIDS and reproductive health discourses, they are now increasingly often

#### Evidenced by

The Female Health Company states in its product timeline that “Communities are being re-introduced to the concept of female condoms and providers are working to make them an exciting and sexy option.” The US company IXu,

<sup>163</sup> J. Ross et al. 2015.

<sup>164</sup> DFID 2013: 12.

<sup>165</sup> How increased contraceptive method mix will increase London Summit impacts - MSI website (2012).

<sup>166</sup> UNFPA 2014: 29.

<sup>167</sup> Ref e.g. MSI 2012.

<sup>168</sup> ACE Europe / Context, international cooperation 2015: 103.

<sup>169</sup> Ref e.g. The new female condom which can ‘make a woman orgasm every time’ – and its makers say it will be ‘better than using no condom at all’ - Daily Mail website (2015); A Condom Designed With Women’s Pleasure in Mind - Ms. Magazine website (2015); Can the Female Condom Ever Catch On? - Slate website (2015) and FC2 Timeline - Female Health Company website (2013).

marketed among the general population for which a development framing of female condoms would rather do harm than good. Instead, the emphasis in such marketing is on the pleasure dimension of female condoms – which argument is grounded in ample research, indicating that both men and women often enjoy female condoms and prefer it over the male condom.<sup>170</sup>

which has developed the VA w.o.w. female condom, claims that women can have an orgasm every time they use this particular female condom, and therewith aim to make it more attractive to use a female condoms than to use no condom at all. “If she is interested in trying a toy and protection is a priority for her, this might be the one sex toy she’ll love,” it is argued.<sup>171</sup> Interestingly, the claim of IXu has generated quite some media attention, ranging from a men’s magazine<sup>172</sup> to a popular medical website.<sup>173</sup>

### Reflections

- When increasingly seeking private sector leadership and initiative in the field of female condoms, the emphasis may come to lie on the **pleasure aspect** rather than maintaining the messaging around the prevention of unintended pregnancies and STIs/HIV.
- In such positive framing, the focus may be more on **men** as well, especially since UAFC research has shown that men often perceive female condoms as less restrictive and pleasurable. Creating such a positive demand may both foster the emergence of a commercial market for female condoms and diversify the supply of female condoms.

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<sup>170</sup> Ref e.g. W. Koster and M. Groot Bruinderink 2012.

<sup>171</sup> New Female Condom VA w.o.w. Promises An Orgasm Every Time. Trending News: New Condom Guarantees That She’ll Have A Happy Ending - Ask Men website (2015).

<sup>172</sup> The new vibrating condom that can make a woman orgasm nearly every time. There are great things to come from this new VA w.o.w. condom - Men’s Fitness website (2015)

<sup>173</sup> VA w.o.w. Female Condom And Seks Toy Claims 100% Orgasm Rate - Medical Daily website (2015).

## IV. CONCLUDING ANALYSIS

Summarising, it can be observed that there are six types of stakeholder commitments:



- 1) **Articulation of female condoms:** female condoms are mentioned in reports, articles on the stakeholder's website or other documents.
- 2) **Explicit support for female condoms:** the stakeholder explicitly argues for the need for and importance of female condoms in its documentation.
- 3) **Integration of female condoms in projects and programmes:** the stakeholder integrates female condoms in its projects and/or programmes.
- 4) **Financial support for FC:** grants are given or investments made for programming, procurement, advocacy and/or research and development for FC.
- 5) **Policy support for FC:** the stakeholder includes female condoms in its policy, framework and/or strategy.
- 6) **Implementation of policies that include FC:** the female condoms policy is put into practice by integrating female condoms in e.g. HIV/AIDS or family planning strategies.



These types of commitments are not necessarily degrees of commitment and should therefore not be considered as a linear change or steps towards enhanced commitments to FC. This argument may best be illustrated by the fact that not all stakeholders actually implement projects and programmes themselves. In the table below, an indication is given of the different types of commitments of the stakeholders discussed above. For each of these commitments, an indication is given of the change observed over the past years.<sup>174</sup>

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<sup>174</sup> This table does not necessarily provide a comprehensive overview of all (types of) commitments made by various actors over the past few years. Rather, it indicates the most visible commitments as elaborated in the previous chapters.

	Hewlett Foundation	Gates Foundation	Templeton Foundation	Unitaid	Packard Foundation	Buffett Foundation	Global Fund	DFID	USAID	PEPFAR	Netherlands MoFA	NORAD	SIDA	Finland	DANIDA	CIDA	France	KfW Development Bank	US Dept. of Defense	European Union	UNAIDS	UNFPA	UNICEF	UNDP	IPM	IPPF	Pathfinder International	DKT	PSI	MSI	
Female condoms policy implemented								Green	Green	Red												Green									
Policy support for female condoms								Green	Green	Red	Yellow										Green	Green									
Financial support for female condoms	Yellow	Green	Green				Red	Green	Green	Yellow	Green	Yellow	Green		Red	Yellow		Green				Green		Yellow							
Integration of female condoms in projects & programmes							Red	Green	Green	Green	Green				Yellow	Yellow		Green	Red			Green	Yellow			Yellow	Green	Green	Green		
Explicit support for the cause (female condoms)				Green			Green	Yellow	Green	Green				Yellow							Green	Green	Green		Yellow	Yellow	Green				
Articulation of the existence of female condoms				Green	Yellow		Green	Yellow	Green					Yellow						Red	Green	Green			Yellow	Yellow	Yellow				Red

 Increase in commitments  
 Somewhat shifting, varying commitments

 'Steady' commitments – no particular change over the past 5 years  
 Decrease in commitments



When analysing the stakeholders that are and have been engaged in support for female condoms, it can be observed that the majority of stakeholders has been increasingly committed to female condoms over the past few years. These commitments have taken the form of either strong articulation and acknowledgement of the value of female condoms and/or integration of female condoms in their existing or new programmes. New commitments can be found among the Gates Foundation –for which the ‘innovation and pleasure framing’ of female condoms has been the major incentive to start funding development of female condoms- and the John Templeton Foundation, which has stepped into the female condoms arena in an effort to ensure proper translation of the large UNCoLSC goals to country-level advocacy. A complexity in analysing the strength of these continued and/or increased commitments is the lack of clarity about the future with the shifting policy environment caused by the end of the MDGs and the start of the SDGs (2030 Agenda).



Despite renewed global commitments to SRHR and family planning in particular, many stakeholders are still rather ambiguous about their future commitments and practical support for FC. A number of stakeholders has reduced their commitments to female condoms or have entirely withdrawn from the field of FC. These stakeholders include the Hewlett Foundation, US DoD, PEPFAR and the Global Fund. Main reasons for this decreased support include a shift in attention from HIV prevention towards treatment and PrEP (Global Fund) and from condoms to other types of contraception for family planning, most notably LARCs and emergency contraceptives (PEPFAR).



Two foundations have barely been involved in female condoms and barely or not changed their stance towards FC, despite the expressed hope in the 2010 power mapping and/or 2013 stakeholder mapping. These include the Packard Foundation and the Susan Thompson Buffett Foundation.



The increased commitment to female condoms by a majority of donors is reflected in the growth of 26,2% in female condoms procured and 22,7% in funds spent on this procurement between 2010 and 2014. Regarding the number of female condoms that are actually distributed, the percentage growth comes down to 66,3% in female condoms distributed through social marketing and a growth of 218,4% in female condoms distributed for free to end-users in social marketing programmes. In terms of programmes, there has been a decrease of 36,8% in social marketing programmes, whereas the number of programmes in which female condoms are distributed for free to end-users has increased with 66,7%. Last but not least, manufacturers’ reports indicate that annual female condom shipments have increased with 52,9% between 2011 and 2013. Notably the second highest female condom sales in the history of the FHC were reported in October 2015: 61 million female condoms were sold in FY2015, which is a 43% increase compared to sales in FY2014.

## V. RECOMMENDATIONS

This stakeholder analysis has shown recent developments in the field of female condoms. A number of positive changes have been observed and there seem to be opportunities for further fostering support for female condoms. In order to truly contribute to the availability, accessibility and affordability of female condoms, making them available and promoting them is not sufficient. It should go hand in hand with advocacy for programming and procurement. Bringing together stakeholder commitments, trends and funding opportunities, five cross-cutting recommendations for future female condom advocacy can be made. These recommendations build upon the reflections outlined below the trends above and aim to bridge the different trends, in order to provide an overview of the most strategic advocacy angles to focus on.



ADVOCACY TARGETS	FUNDING OPPORTUNITIES	THEMATIC FOCUS	FRAMING	REMARKS/DILEMMAS
<b>1. The SRHR lens</b>				
<ul style="list-style-type: none"> <li>Bilateral donors (USAID, DFID, Ministries of Foreign Affairs of the Netherlands, Norway, Sweden, France)</li> <li>Gates Foundation</li> <li>World Bank Group</li> </ul>	<ul style="list-style-type: none"> <li>FP2020</li> <li>Fundraising for female condoms under the SRHR umbrella by in-country advocates and implementing organisations might open up funding baskets only available for country-level initiatives</li> <li>GFF</li> </ul>	Increased attention is paid to SRHR, especially by bilateral donors, also in SDG-related policies. This thematic focus is largely geared around the topic of family planning, which is reiterated by the increased emphasis on reproductive health commodities, illustrated by e.g. the UNCoLSC list of 13 neglected commodities.	Emphasising the double protection value of FC, emphasising the usefulness of female condoms for STI prevention also in combination with other contraceptive methods, may create room for attention and funding for female condoms among bilateral donors. In this framing, the matter of choice may be emphasised as well: by providing a proper method mix (which includes female condoms), people may actually select the contraceptive method that best suits their needs.	The argument of expense in terms of CYPs can be countered with the existing Business Case and possible additional evidence of cost-effectiveness of female condom programming.
<b>2. Engaging the private sector in positive framing of FC</b>				
<ul style="list-style-type: none"> <li>Manufacturers</li> <li>USAID (SHOPS)</li> <li>20by20 initiative</li> <li>FP2020 Market Dynamics Working Group</li> </ul>	Although there do not seem to be readily available funding opportunities, especially the 20by20 initiative may open up channels for future funding for engaging the private sector in promotion and distribution of female condoms. Investing in acquisition among and strategy development and networking with private sector actors may in turn result in investments and financial support from the private	When aiming to involve the private sector in female condom marketing, both social marketing and regular marketing may be considered as strategies, but also other types of involvement (from funding to increasing female condom variety) may be considered.	When aiming to reach mid to high resource areas, the development connotation of female condoms may be abandoned. Rather positive framing of female condoms may generate the necessary attention and touch upon the perceptions of sex and pleasure among especially urban youth, therewith creating a desire and demand for FC, which can be met by manufacturers. E-commerce	Advocates may be faced with a 'neutrality' dilemma if intensely collaborating with specific private sector actors. In modern international cooperation, such collaborations may however be crucial, particularly for reasons of sustainability. Open-mindedness to new approaches and partnerships should therefore be balanced with considerations of credibility and neutrality.

	sector itself.		may be a channel to reach these mid- to high resource target groups.	
<b>3. FC as gender mainstreaming measure</b>				
<ul style="list-style-type: none"> <li>Bilateral donors (PEPFAR, NL MoFA, SIDA, Finland)</li> </ul>	<ul style="list-style-type: none"> <li>Amplify Change; advocacy specific SRHR fund.</li> <li>Holding governments accountable on the basis of their commitments to the SDGs; the Beijing Platform for Action</li> <li>Potential funding sources include the OECD-DAC Network on Gender Equality and UN Women through the Addis Ababa Action Plan.</li> </ul>	In view of the various donor commitments and initiatives to promote gender equality and women empowerment, FC may be presented and integrated as a measure for explicit gender attention within family planning and HIV/AIDS programmes.	'Gender-framing' of female condoms implies an emphasis on the women-controlled, women-initiated character of female condoms – as well as the uniqueness of such characteristics among contraceptives and STI prevention. In FP and HIV/AIDS programmes, female condoms may be presented as a means to foster women empowerment and gender-sensitive programming, e.g. to stimulate women to engage in conversation and negotiation processes with their partners regarding contraception and/or STI prevention. The importance of male-involvement should be included in this gender-framing.	When primarily promoting female condoms as a means of contributing women empowerment, men may be taken out of the equation. In many contexts, men are still the decision makers when it comes to family planning, sex and the use of contraceptives; therefore they should be involved in female condom programming. Men are highly important in the increasing popularity of and demand for FC. In their effort to frame female condoms in the context of gender and women empowerment, men should therefore not be forgotten.
<b>4. Partnerships for innovation</b>				
<ul style="list-style-type: none"> <li>Gates Foundation</li> <li>UNAIDS</li> <li>Manufacturers</li> </ul>	<ul style="list-style-type: none"> <li>The Grand Challenges Explorations may be followed closely for new rounds of funding</li> <li>UNAIDS</li> <li>Private sector actors may be (or become) interested</li> </ul>	Bringing donors and manufacturers together may direct funds for innovative reproductive health commodities closer to manufacturers that can actually develop such	Framing female condoms as an innovative method has already created opportunities in the form of Gates Foundation's Grand Challenges Explorations grants for new types of FC. Also	FC advocates may face quite some difficulties and stigmatisation when presenting female condoms as an innovative method. There is a need to get around the negative product connotation,

	in engaging in the design, manufacturing, promotion and/or distribution of such an innovative pleasure method as FC.	innovative female condom models. Funding may subsequently be spent on the development and programming of these new types of FC.	private sector actors may be attracted to such an innovative method, especially if it in addition contributes to pleasure for both men and women. Involving end-users in the design and programming of new types of female condoms might help to best respond to the wishes and needs of potential users and buyers.	without losing the argument of female condoms being a proven method, long prequalified and reliable.
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### 5. Female condoms for HIV/AIDS prevention or the MARP stigma

<ul style="list-style-type: none"> <li>• UNAIDS</li> <li>• Global Fund</li> <li>• DFID</li> <li>• PEPFAR</li> <li>• UNITAID</li> </ul>	<ul style="list-style-type: none"> <li>• UNAIDS funding for female condoms for MARPs, most particularly FSW.</li> </ul>	FC may be promoted among MARPs, most particularly FSW, through social marketing and free distribution. The (reducing number of) organisations that still fund HIV/AIDS programmes may increasingly integrate female condoms in their STI prevention commodities range.	Female condoms may in this regard be framed as dual protection method, providing a barrier from unwanted pregnancies, HIV and other STIs. A 2010 study by Natasha Mack et al indicates that in advocacy for female condom programming among FSW, it is important to take into account elements of proper instruction in places without a 'stigma', use of standardised messages and parallel promotion of female condoms in the general population. <sup>175</sup>	A careful consideration and counterbalance is required when pursuing this road for female condom advocacy: while there seem to be funds for HIV prevention among MARPs, female condom promotion among these specific target groups may reiterate the stigma.
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<sup>175</sup> N. Mack et al. 2010.

## VI. RESOURCES

### **20 by 20**

2015 Report of the '20 by 20' Workshop. [http://femalecondoms4all.org/wp-content/uploads/2015/04/20x20-Workshop-Report\\_Bangkok\\_Final-Report.pdf](http://femalecondoms4all.org/wp-content/uploads/2015/04/20x20-Workshop-Report_Bangkok_Final-Report.pdf)

### **AccessRH**

2015 Global – Summary of Shipments. [https://www.myaccessrh.org/rhi-home?p\\_p\\_id=rhiuserportlet\\_WAR\\_rhiportlet&p\\_p\\_lifecycle=1&p\\_p\\_state=normal&p\\_p\\_mode=view&p\\_p\\_col\\_id=column-1&p\\_p\\_col\\_count=1&rhiuserportlet\\_WAR\\_rhiportlet\\_spage=%2Fhomerun.do](https://www.myaccessrh.org/rhi-home?p_p_id=rhiuserportlet_WAR_rhiportlet&p_p_lifecycle=1&p_p_state=normal&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&rhiuserportlet_WAR_rhiportlet_spage=%2Fhomerun.do)

### **ACE Europe & Context, international cooperation**

2015 End of Term Evaluation of the UAFC Joint Programme Phase II. Mechelen: ACE Europe / Utrecht: Context, international cooperation.

### **AVAC**

2015 HIV Prevention Research & Development Funding Trends, 2000–2014. Investing in innovation in an evolving global health and development landscape. New York: AVAC.

### **Avert**

2015 Funding for HIV and AIDS. <http://www.avert.org/professionals/hiv-around-world/global-response/funding>

### **Ask Men**

2015 New Female Condom VA w.o.w. Promises An Orgasm Every Time. Trending News: New Condom Guarantees That She'll Have A Happy Ending. <http://www.askmen.com/news/dating/new-female-condom-va-w-o-w-promises-an-orgasm-every-time.html>

### **Bloomberg**

2015 <http://www.bloomberg.com/news/articles/2015-07-30/warren-buffett-s-family-secretly-funded-a-birth-control-revolution>

### **CIDA**

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