



A UNAIDS Initiative

**The Global Coalition  
on Women and AIDS**

## **Observations and Outcomes from the Experts' Meeting on Female Condom December 10, 2004**

### **Background:**

Women's disproportionate risk of HIV and AIDS has commanded long-overdue attention in the last year, with a robust articulation of structural and systemic issues that increase women's vulnerability, as well as efforts at integrated responses. The Global Coalition on Women and AIDS (GCWA) is a UN-based initiative to focus attention and leverage action on key components of women's vulnerability. This includes the need for prevention methods and strategies more easily implemented by women than the existing standard "ABC," (abstain, be faithful, use male condoms). A female condom\* has been approved for prevention of HIV, STIs and pregnancy since 1993; however, access to and use of the female condom for HIV prevention has not reached anticipated levels. New designs of female condoms are at various stages of development, and the GCWA represents a new opportunity for helping female condoms fulfill their potential in reducing the impact of HIV and AIDS.

As a convening partner of the GCWA, as well as part of its own mission to expand prevention options for women, the Global Campaign for Microbicides (GCM) undertook an experts' consultation in order to understand barriers and opportunities for increasing access to the female condom. We first sought input from a number of individuals (see Appendix) with experience researching, programming, advocating for and/or funding female condom programs. We then dedicated a morning session at the GCM/GCWA partners' meeting to discuss the issues and make recommendations for concrete action strategies.

### **Barriers**

The first task of the process was to identify the frequently cited barriers to greater access to female condoms, and to evaluate whether those barriers are rooted in "real," (i.e.- inherent to current products, programming, or policy), or "perceived," (i.e.- subjective attitudes that act as barriers) factors.

Several people described *user-related factors* (cumbersome design, difficulty in use, partner objections, etc.) that often come up in discussions of the female condom. Some experts cited the wealth of acceptability research, as well as their own experience in researching and programming female condoms, showing that ease of use increases

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\* The Reality™ Female Condom, manufactured by the Female Health Company, is currently the only female condom on the market today.

with practice and support, and that features that are disadvantages for some users are advantages for others. Indeed, some would argue that if female condoms can be successfully and consistently used even by a small percentage of women at risk, as has been documented in many countries, wide-scale acceptability is irrelevant. The perceived low acceptability has been more of a barrier in generating strong donor and policy-maker support (at both country and international level) for purchasing and programming female condom. At the same time, however, the fact that individual users do encounter difficulties is a very real factor inhibiting greater uptake.

Another set of barriers similar to user-related factors are *social and contextual*. Participants cited cultural contexts that prevent women from taking the initiative to keep sex safe, as well as a general discomfort with female bodies and sexuality evoked by a product so specifically designed for vaginal use. These attitudes are demonstrated not just by society at large but also by “gatekeepers” such as health care providers and HIV/AIDS programmers. Experts noted, however, that these barriers are not unique to the female condom, that they affect every area in which we hope to address women’s vulnerability, and that they should be treated as challenges to be overcome rather than insurmountable barriers to expanding prevention options for women.

Perhaps the most complex barrier is the *cost* of the current product, which is available for public sector purchase at £ 0.38/ \$0.70 per unit. However, even the public sector price is out of range for the majority of women at risk, making it a real barrier at the level of individual consumers and administrators of tight public health budgets. To what extent, however, is per-unit cost a factor in the decisions of large donors, and how does it interact with other factors? And are these “other factors” real or perceived?

Cost relative to demand. Economies of scale suggest that if demand increases, the price per female condom will decrease. Consumer demand is unlikely to increase, however, without more guaranteed access and support. Based on this analysis, the only way to bring cost down, at least initially, is through bulk purchase. However, donors in a position to fund bulk purchases of female condoms cite the lack of clear, articulate demand among potential consumers. Indeed in the last two years, donors such as USAID and UNFPA say that they have met every country-level procurement request for female condoms. (The “Ask and you shall receive” paradigm). Female condom proponents point to the lack of sustained programming and promotion as responsible for the perceived lack of consumer demand, citing the time and effort put into other interventions (e.g.- male condom) and innovative products (e.g.- tampons at the time of introduction) for comparison. (The “If you build it they will come” paradigm).

Cost relative to impact. There are lots of data showing the potential impact of the female condom, including reduction in STI incidence (Thailand), increase in overall number of protected sex acts (Zimbabwe), and cost-benefit analyses based on HIV infections averted. However, there are no population-based studies demonstrating a reduction in HIV incidence upon introduction of female condoms. And while there are positive case studies and lessons learned from many country-level female condom programs, there are

no stunning examples of “success,” when success is defined as widespread, sustainable uptake and use of female condoms.

Cost relative to other interventions. A female condom costs up to ten times as much as a male condom. Its’ success also depends on substantial investment in programming, provider training, and promotion. Does the female condom fill a niche not otherwise being filled by other interventions? Paradigms shift rapidly, as exemplified by the exponential increase in investment in anti-retroviral (ARV) treatment in low-resource settings--an intervention that was widely considered far too expensive to even consider a few short years ago.

Cost relative to sustainability. Even if donors were to bear the up-front costs of investment in female condom procurement and programming, how long would this be sustainable? At some point market mechanisms would have to kick in ensure efficient manufacture, pricing and distribution. Experts from the donor community cited the lack clear pathways for sustainability as a barrier to greater investment.

## **Opportunities**

As expected, it proved rather difficult to tease out the interaction of various factors that act as barriers to widespread access and use of the existing female condom. One participant lamented the “predominance of the negative voice” in the last decade of discussions; another noted that female condom advocacy has not moved beyond “promotion by evangelists” and into mainstream public discourse. Fortunately, participants identified a number of opportunities for the field to move out of the “Is it the product or the policy?” cul-de-sac.

New designs to increase acceptability and reduce cost. A few new models of female condoms are in the works that will attempt to reduce the user-related barriers associated with the existing version. The Female Health Company will be launching a new version, the “FC2,” in the spring of 2005, and they expect it will reduce the “noise” effect that is a frequently cited drawback. In addition, the material and manufacturing process are different, reducing the labor involved. PATH (Program for Appropriate Technology in Health) is designing a woman’s condom with one ring and a soluble insertion aid, and is anticipating that this will ease insertion difficulties. There are female condom designs made of latex that are significantly cheaper in terms of materials; however, the effectiveness of latex products compared to current polyurethane is undocumented. Experts pointed out that any significant change to the materials would require intensive testing in order to gain regulatory approval for disease-prevention claims. Meanwhile, locating manufacturing facilities in India rather than London or the US is being explored, and could have a significant impact on cost.

Re-use of the female condom. A significant amount of research has been dedicated to exploring the practicality and acceptability of re-use of the current Reality™ female condom in order to reduce cost and increase access. The FC can be washed with a regimen of bleach and water up to seven times and will maintain its structural integrity

and infection-prevention capability. The World Health Organization (WHO) has developed a protocol for cleaning and re-using the FC, although they continue to recommend using a new condom first and re-use only as a back-up (see [www.reusefemalecondom.org](http://www.reusefemalecondom.org)). The issue of re-use carries a number of controversies that must be evaluated, from microbiologists concerned that the condom can't be clean enough, to men worried that they won't know if their partner has cleaned it properly or at all, to women wondering why they should bother to pursue an option that is portrayed as second rate. At the same time, the possibility of re-use, if embraced unequivocally or in a committed risk-reduction framework, could very well result in more protected sex, greater demand, and an overall reduction in cost. A proactive policy to promote female condom as a device that can be reused up to seven times would automatically reduce the unit cost of the female condom in donors minds to 10 to 15 cents.

Advocacy. The Global Coalition on Women and AIDS represents a new platform within which to re-invigorate advocacy for the female condom. Another entity, the Business Women's Initiative on AIDS (BWI) is forming to channel the energy and expertise of women business leaders in the US to issues of women and HIV, and they have taken access to female condoms as one of their agenda items.

## **Actions**

The consultation process emphasized a key gap in the dialogue about female condoms. We have fallen into a pattern of looking at and talking about female condoms as a stand-alone, take-or-leave intervention. We need to re-orient ourselves to the public health paradigms we are familiar with- providing people with a range of options, tailoring messages to specific audiences, and helping people reduce their risk. Some specific ways in which we can do this include:

- Positioning female condom as an integral (not optional) part of HIV prevention, care and treatment strategies- both existing and future.
- Designing messages and programs for key users of female condoms: sero-discordant couples, sex workers, users of voluntary counseling and testing (VCT) services, etc.
- Evaluating the pros and cons of actively promoting re-use of the female condom as a risk-reduction strategy

The consultation specifically recommended exploring opportunities to position the female condom as a device for women in *serodiscordant couples* identified through VCT programs or MTCTP programs. HIV screening and testing programs are being rapidly expanded to accommodate the needs of "3 by 5 ARV rollout" and the expansion of MTCTP programs. There is much unexplored opportunity to integrate female condom counseling and provision into the post-test, risk-reduction counseling protocols. Women who know they are positive may have extra incentive to protect their partners. Likewise women who newly realize that they are negative, may be more motivated to take action to maintain their negative status. The motivation to try female condoms may be particularly high in cases where couples know they are serodiscordant – a situation that may be

increasingly recognized as couples-based counseling and testing expand. Additionally, the post-partum period is one of particularly high risk for women, both because they are more susceptible to HIV due to hormonal changes and because their husband may have sought outside partners during periods of post-partum abstinence.

In addition, the consultation process identified ways to strengthen female condom advocacy and increase access and use. This advocacy can focus on three key groups who influence the various factors we identified as barriers and opportunities: users, gatekeepers, and donors.

#### Outreach to Users

- Frame female condom messages for “niche” users
- Re-positioning (“re-launching?”) of female condom as a choice for women and men/couples, a “sexier” product, etc.
- Promote female condom in women-centered spaces- hair salons (as in Zimbabwe), workplaces, etc.
- Facilitate involvement of local women’s/health/AIDS NGOs as “consumer representatives” in female condom advocacy at national levels

#### Outreach to Gatekeepers

- “Direct marketing” to health care providers, counselors, etc.
- Support “introduction programs” with case studies that help policy makers and programmers envision female condom as an integral part of their response

#### Outreach to Donors

- Conduct research on “donor culture,” and assess various decision points
- Apply models that predict the impact of various interventions in certain populations to female condom
- Create opportunities for donors to support cost reduction and long-term sustainability, rather than an open-ended commitment to procurement (e.g.- donor supports moving manufacturing to a more affordable location)
- Find ways for actual users/beneficiaries of female condom programs to advocate directly for support for female condom programming (rather than through paid advocates and interested parties)
- Frame female condom as not only integral to current prevention-care-treatment strategies but also as paving the way for future technologies, and/or as a means of applying a sexual and reproductive rights framework to HIV and AIDS programming.

#### **Next Steps:**

Based on the insights of the group, the Global Campaign agreed to undertake a number of “next steps” to facilitate continuation of the discussion begun at the meeting and to further explore several of the ideas generated during the meeting.

Specifically, the Campaign agreed to:

- 1) Organize an informal listserve to facilitate further dialogue among group members;
- 2) Work with the Global Coalition on Women and AIDS secretariat to commission a background paper that further evaluates opportunities and obstacles to integrating female condom programming into MTCTP and VCT programs associated with ARV roll-out; and
- 3) Explore opportunities to “re-think” policies around re-use and lobby WHO to adopt a policy that actively embraces reuse.

## **Appendix: List of Experts**

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