

HIV PREVENTION GAINS MOMENTUM

SUCCESSES IN
FEMALE CONDOM
PROGRAMMING

tips for negotiating
safer sex

helping women
overcome
social taboos

marketing
female
condoms
to groups at risk



**A MESSAGE FROM PURNIMA MANE,
DEPUTY EXECUTIVE DIRECTOR (PROGRAMME),
UNITED NATIONS POPULATION FUND**

Today 33.3 million people are living with HIV, and for every two receiving treatment, five are newly infected. To change the course of the epidemic, we must accelerate HIV prevention alongside treatment with the ultimate goal to achieve universal access to prevention, treatment, care and support.

The widening scope of the epidemic, which is affecting more and more women, calls for an urgent increase in combination HIV prevention strategies, of which condoms are an essential part.

At UNFPA, human rights, gender equality and cultural awareness guide our efforts. To be successful, prevention efforts must address the underlying determinants of vulnerability to infection, and ensure that human rights are promoted and protected.

This report examines a number of success stories - in countries such as Zimbabwe, Myanmar, Nigeria and in the Caribbean region - where governments, civil society and the private sector have united to educate the public and to empower individuals, especially women, to insist on their right to protect their health through correct and consistent condom use. We invite all partners to join us in making HIV prevention a universal reality.



“GIRLS AND WOMEN REMAIN VULNERABLE TO HIV AND WE HAVE TO SUMMON THE COURAGE AND POLITICAL WILL TO EMPOWER AND PROTECT THEM. WE HAVE TO INVEST IN PRACTICAL TOOLS THAT WOMEN CAN USE TO PROTECT THEMSELVES, SUCH AS THE FEMALE CONDOM.”

- Dr. Babatunde Osotimehin, Executive Director, UNFPA



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THE GOAL OF COMPREHENSIVE (MALE AND FEMALE) CONDOM PROGRAMMING

is to develop strategies and programmes through which every sexually active person at risk of HIV or other sexually transmitted infections – regardless of age, marital status, gender, sexual orientation, economic status, cultural and religious beliefs or HIV status – has access to good quality condoms when and where he or she needs them; is motivated to use male or female condoms, as appropriate; and has the information and knowledge to use them consistently and correctly.



A GLOBAL INITIATIVE TO PREVENT HIV



Though global trends show some progress against HIV, 7,400 people are still newly infected every day. Almost half of them are aged 15 to 24, with young women at greater risk of infection than young men.¹ In the absence of a 'cure' for AIDS, prevention remains the first – and only – line of defence.

Male and female condoms play a key role in this regard. They are the only proven barrier methods available that protect against both unintended pregnancies and sexually transmitted infections, including HIV. That is why UNFPA, the United Nations Population Fund, is working to ensure that male and female condoms are readily available to all who need them, when they need them, either free or at an affordable cost. Just as important is ensuring that both men and women are motivated to use condoms, and understand how to use them correctly.

Accomplishing these objectives on a global scale is a daunting undertaking, involving the creativity and collaboration of many partners – from government workers and donors to non-governmental organizations

(NGOs) and social marketers. Over the past several years, UNFPA has set in motion a worldwide programme to reinforce and coordinate its partners in their various roles as they work to raise awareness about the need for male and female condoms, increase demand, overcome stigma and taboos associated with condom use, ensure a sustainable supply, and support governments as they put in place the means to carry out effective condom programmes. This initiative, called comprehensive condom programming, or CCP, is described in this report, and highlights UNFPA's role in supporting national and international partners.

THE GOOD NEWS YOU RARELY HEAR

Behind the bureaucratic workings of a global initiative are a multitude of human stories, which give cause for hope despite the monumental challenge of AIDS. This report tells some of them: the networks of hairdressers and small entrepreneurs in Zimbabwe, Malawi and Guyana who have become the foot-soldiers in grassroots campaigns to increase condom use among their

clients; the neighbourhood coffee 'ceremonies' in Ethiopia, where housewives are helping each other break the barriers of shame associated with condom use among married women, and revealing their hidden fears; the media blitz in Swaziland, which has the world's highest rate of HIV infection, whose ad campaigns, jingles and situation dramas on radio, TV and in print increased demand for male condoms by 400 per cent, and for female condoms by nearly 200 per cent in the first month alone; and the humorous, 30-second videos of unorthodox uses of condoms that have helped break the ice in talking about condoms among audiences in Burkina Faso, Ethiopia, India, Nigeria and Thailand.

In addition to increasing demand for condoms, countries are moving forward in making them more affordable, ensuring a steady supply whose quality is assured, and managing the logistics of distributing condoms to towns and hard-to-reach villages across sometimes vast territories with poor infrastructure. This is the situation in Nigeria, whose condom programme



is also challenged by the need to overcome taboos and create demand in a country that is culturally diverse, with 250 different ethnic groups and 500 languages. Perhaps most importantly, the report describes efforts being made to increase the capacity of governments and their partners to carry out all

Half of the infections that are currently projected to occur by 2015 could be averted if HIV prevention were brought to scale.

aspects of a comprehensive condom programme, so that outside assistance can eventually be withdrawn.

Numerous countries in diverse regions have shown that it is possible to implement comprehensive HIV prevention efforts. Early action in Senegal, for example, averted a major epidemic. Brazil and Thailand managed to reverse the rapid growth of HIV through far-

reaching and systematic prevention efforts, including vigorous promotion of condoms.² As this report makes clear, strong evidence and replicable models exist for scaling up all forms of HIV prevention, underscoring the need to move beyond localized pilot projects to broad-based and comprehensive national programmes that are informed by evidence and grounded in human rights.

Increased use of combination prevention strategies could slow and even begin to reverse the trajectory of the global HIV epidemic. According to the Global HIV Prevention Working Group, half of the infections that are currently projected to occur by 2015 could be averted if HIV prevention were brought to scale.³

GIVING WOMEN AND ADOLESCENT GIRLS A LIFE-SAVING OPTION

A weak link in terms of prevention is the relative powerlessness of many women to protect themselves from HIV. This is often true among young adults and those who are married or in a long-term relationship, who represent a growing share of people living with

HIV. About half of the 33.3 million people living with HIV are women (in sub-Saharan Africa the share rises to 60 per cent).⁴ The large majority were infected through unprotected sex with their husbands or long-term primary partners. The need to reach them with HIV prevention methods that they can initiate and control is urgent.

Aside from the burden of HIV itself, women and girls who are infected with the virus tend to become even more vulnerable economically and socially. They are frequently discriminated against and exposed to greater levels of violence and abuse, all of which needs to be addressed. Providing male condoms and HIV prevention information and services have been shown thus far to be insufficient in addressing the specific vulnerabilities of women and girls.

UNFPA is working with governments and other partners to address the underlying structural factors and cultural norms, beliefs and policies that increase women's susceptibility to HIV and other sexually transmitted infections. At the same time, it is



“For the fourth consecutive year, access to female condoms has increased dramatically, reaching a record number of 50 million female condoms in 2009”.

tackling the sexual and reproductive health needs of women by scaling up access to female condoms and promoting their use.

Phase one of the Female Condom Initiative (FCI), launched in 2005, focused on some two dozen countries. The initiative is part of UNFPA’s reproductive health commodity security efforts to ensure that female condom programming is an integral component of national AIDS policies and reproductive health programmes. In addition, it provides a social and political platform from which other female-initiated prevention technologies still in development, including cervical caps and microbicides, will be launched.

For the fourth consecutive year, access to female condoms has increased dramatically, reaching a record number of 50 million female condoms in 2009 (see page 12). Partnership between governments and technical agencies helped maximize access to male and female condoms through public, civil society, social marketing and private sectors. Efforts were made to reach populations in remote and rural areas with targeted distribution programmes for vulnerable and marginalized groups, including those most at risk.

After UNFPA’s highly successful scale-up of female condom programmes in Malawi and Zimbabwe in 2006, which are described in the following pages, as well as in Zambia, other governments and UNFPA country offices requested the full integration of the Female Condom Initiative into their national condom programming efforts. Male condom programming, too, had been re-energized by the level of promotional activities and capacity-building that accompanied the Female Condom Initiative. Consequently, the Female Condom Initiative was expanded to become the Global Condom Initiative, with the focus shifting to comprehensive condom programming for both male and female condoms.

¹ Joint United Nations Programme on HIV/AIDS, 2008 Report on the Global AIDS Epidemic, UNAIDS, Geneva, 2008.

² Global HIV Prevention Working Group, June 2007, Bringing HIV Prevention to Scale: An Urgent Global Priority, Global HIV Prevention Working Group, convened by the Gates and Kaiser Foundations.

³ Global Report: UNAIDS Report on the Global AIDS Epidemic 2010

⁴ United Nations, Division for Economic and Social Affairs, 2009, The Millennium Development Goals Report 2009, UNDESA, New York.

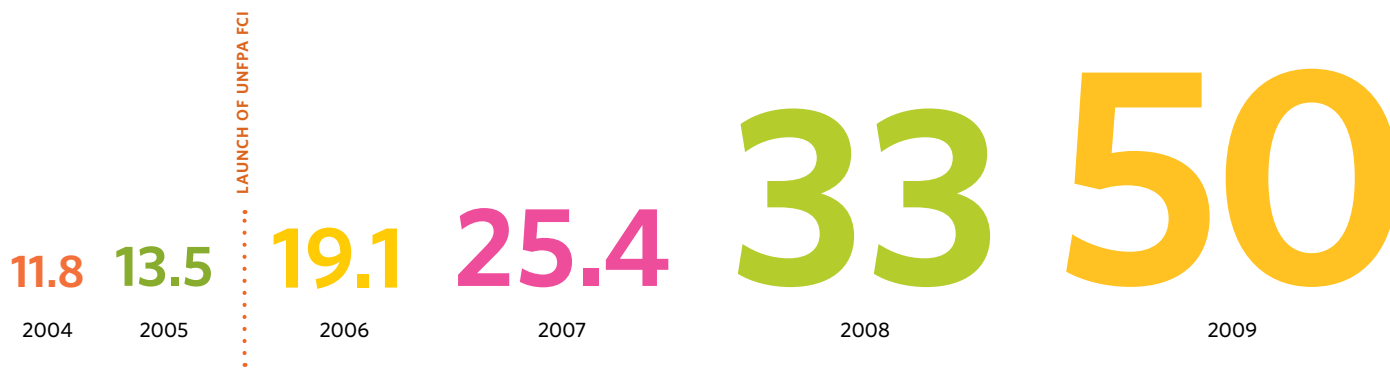
⁵ The Committee of Co-sponsoring Organizations of UNAIDS comprises representatives from the International Labour Organization, the United Nations Office on Drugs and Crime, the UN Educational, Scientific and Cultural Organization, the UN Children’s Fund, the World Health Organization and the World Bank.

GLOBAL DISTRIBUTION OF FEMALE CONDOMS MORE THAN TRIPLED FROM 2005 TO 2009



GLOBAL FEMALE CONDOM DISTRIBUTION 2004-2009

(Distribution in Millions)



Source: Female Health Company, 2009

COST AND AVAILABILITY REMAIN THE MAIN OBSTACLES TO WIDER USE OF THE FEMALE CONDOM

The female condom is a strong, flexible polyurethane sheath, 17 centimetres long, with a flexible ring at each end. When the closed end is inserted into the vagina, the open end remains outside and covers the vulva.

The protection provided by the female condom against pregnancy and sexually transmitted infections, including HIV, is approximately equal to that provided by the male condom. The female condom can be used, unlike the male condom, with both oil- and water-based lubricants without the risk of breakage. The female condom is currently the only HIV prevention method that women can initiate and control. The main disadvantages are cost and availability. Not only are female condoms more expensive than male condoms - costing as much as US\$1 per unit in some countries - but they are still

far less widely available. In 2009, only one FC was available for every 36 women worldwide.

The leading manufacturer of female condoms is the Female Health Company, based in Chicago. The female condom has been available in Europe since 1992 and was approved for use in the USA in 1993. In 2005, an improved version made of nitrile, called the FC2, was introduced. The FC2 is less expensive to produce and less noisy during sexual intercourse. Today, the female condom is available in more than 90 countries through public health programmes and is commercially marketed to consumers in ten of those countries.

UNFPA: AN INTERNATIONAL LEADER IN CONDOM PROGRAMMING

In 2002, a committee of UN organizations that co-sponsor the Joint UN Programme on HIV/AIDS (UNAIDS)⁵ designated UNFPA as lead agency for the Inter-Agency Task Team on Comprehensive Condom Programming. In this capacity, UNFPA plays a leadership role in global policy discussions regarding CCP fundraising; technical assistance; global and regional support mechanisms to countries; the identification of gaps in support at the country level; and working with stakeholders in-country to stimulate demand and coordinate efforts.

At the national level, UNFPA is working with strategic partners to facilitate the design and implementation of culturally appropriate and effective condom programming. These partners include national governments and local and international NGOs, as well as bilateral organizations such as the United States Agency for International Development, the German Development Bank (KfW) and the United Kingdom's Department for International

Development. They also include the Danish and Austrian governments. Together, UNFPA and its partners are working to establish:

- National coordination mechanisms for the security of reproductive health commodities;
- National condom support teams. These working groups, which have already been set up in 71 countries, are composed of stakeholders from government, the private sector, civil society and donor agencies working on HIV prevention and reproductive health programmes.

To support this process, UNFPA employs a 10-Step Strategic Approach (see pages 58-59) to scale up comprehensive condom programming. The approach encourages the participation of donors and international agencies while placing ultimate responsibility for decision-making and implementation in the hands of nationals.

WHAT DO SUCCESSFUL HIV-PREVENTION EFFORTS HAVE IN COMMON?

Strong political support

Involvement of affected communities and diverse sectors

Promotion of condoms and control of sexually transmitted infections

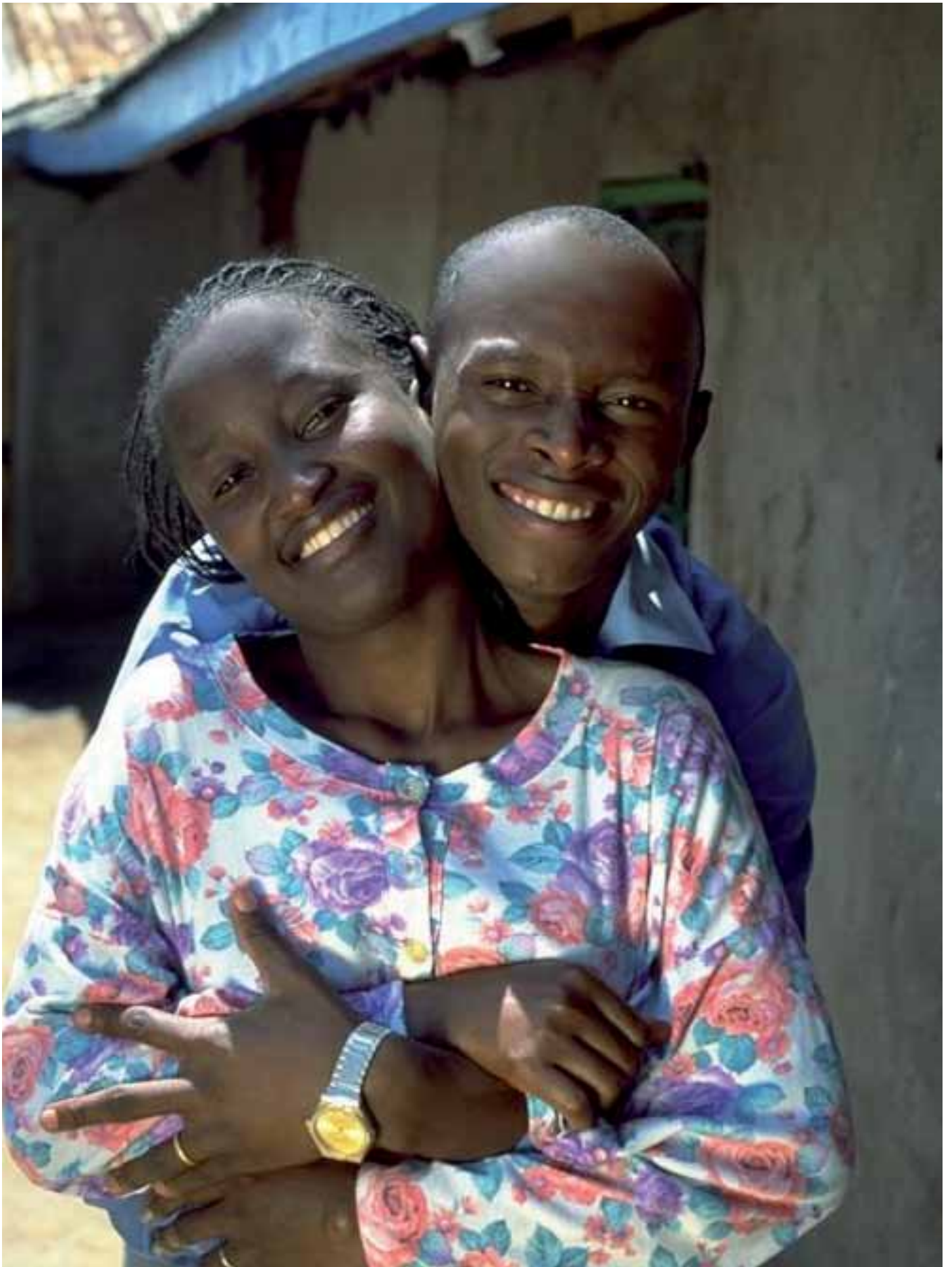
Other channels to raise AIDS awareness

Measures to prevent stigma

Evidence-informed action

Adequate and sustained financing

Source: Global HIV Prevention Working Group, June 2007, Bringing HIV Prevention to Scale: An Urgent Global Priority, Global HIV Prevention Working Group, convened by the Gates and Kaiser Foundations.



INCREASING CONDOM DEMAND THROUGH AWARENESS-RAISING AND BEHAVIOUR CHANGE

In country after country, UNFPA is working with its partners to change behaviour in order to save lives. Convincing people – even married women – that they are at risk of contracting HIV is the first step, requiring carefully crafted public education and advertising campaigns. Helping people, especially women, learn how to negotiate condom use is part of the process, and enlisting the understanding and commitment of both partners to safer sex is crucial. In a number of countries, governments, with support from UNFPA, are applying highly creative approaches to educating the public about condoms and to overcoming the stigma and taboos sometimes associated with them. In the process, they are discovering that the female condom is a tool for women's empowerment, enabling women and adolescent girls to take the initiative to protect their own and their partners' health. The impact of this change is far-reaching and is only just beginning to be felt.

ZIMBABWE: IN A TIME OF TURMOIL, REMARKABLE SUCCESS

One person who has seen the change coming is Langton Ziromba. He owns a small, outdoor barbershop in the Budirio section of Harare, **Zimbabwe**. In addition to haircuts, shaves and chats about football and women, Langton unexpectedly provides another service to his male customers: information about female condoms, how they are used, and the advantages to both partners of using them. Langton is one of around 70 barbers and 2,000 hairdressers in Zimbabwe who have been trained to promote the female condom. He sells Zimbabwe's most popular brand, called Care, and makes a small commission on the highly subsidized price.

For the last few years, the ongoing political and economic crisis in Zimbabwe has made headlines around the world. Yet remarkably, during the same period in which the country has suffered from uncertainty, it has emerged as a highly successful model for condom programming. The linchpin of Zimbabwe's success has been a commit-

The linchpin of Zimbabwe's success has been a commitment to understanding, and addressing, the behaviour that leads to HIV infections.

ment to understanding, and addressing, the behaviour that leads to HIV infections and actively promoting behaviour change.

In 1997, Zimbabwe became one of the first countries to introduce female condoms, but acceptance was slow. The government subsequently asked UNFPA to assist in scaling up the promotion of both male and female condoms by the public sector. In 2005, UNFPA provided funding and technical support for a National Behaviour Change Review that culminated in a comprehensive Behaviour Change Strategy to reduce sexual transmission of HIV. "The goal was for people to be able to perceive and identify their own risk and then to be able to do something about it," says Daisy Nyamukapa, HIV prevention services officer in UNFPA's Zimbabwe office. The task team implementing Zimbabwe's HIV-prevention strategy includes the Ministry of Health and Child Welfare, the Zimbabwe National Family Planning Council, the National AIDS Council,

and Population Services International (PSI), which has led the social marketing campaign. In addition to training for condom promoters, PSI's campaign for both male and female condoms has included billboards, radio spots and TV commercials. "People are mobilizing, they understand that they are at risk as long as they're sexually active and that they need protection," says Ms. Nyamukapa. "As long as risky sex is taking place, we want to make sure that these sex acts are protected."

As a result of the strategy, female condom distribution by the public sector in Zimbabwe increased from about 400,000 in 2005 to more than two million in 2008; sales of female condoms through social marketing rose from about 900,000 in 2005 to more than 3 million in 2008 (see page 16).

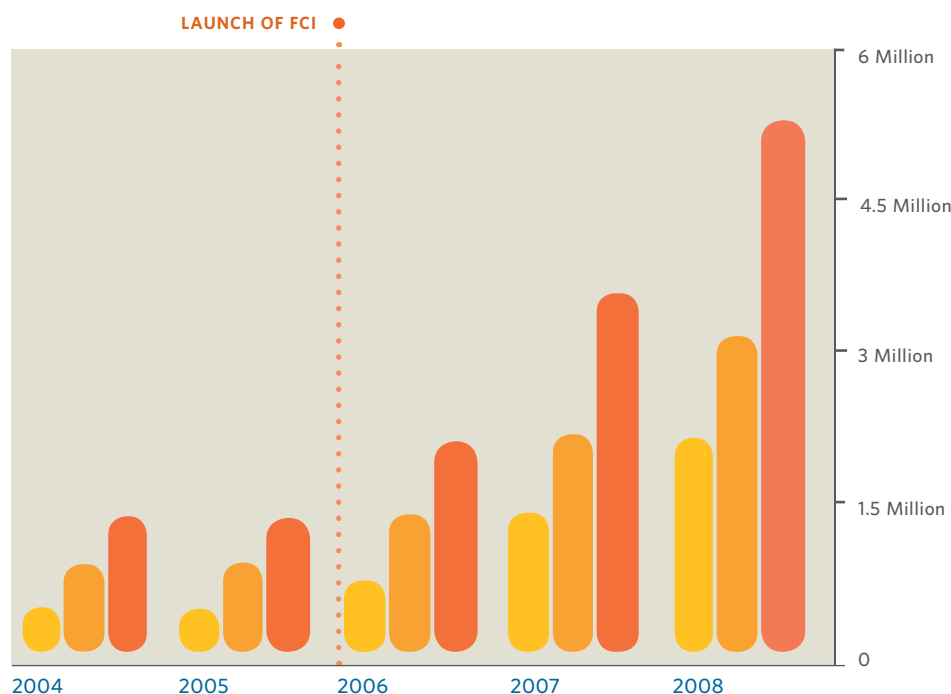


Condom Campaign

Sales of male condoms also rose. "Demand increased beyond what we had forecast in our condom procurement tables," says Ms. Nyamukapa. "We are now revising those tables and making sure that we increase the supply."

SALE AND DISTRIBUTION OF FEMALE CONDOMS IN ZIMBABWE, 2004-2008

Public sector Social marketing Total



NEGOTIATING SAFER SEX, ESPECIALLY IN MARRIAGE

One important lesson the Zimbabwe team has learned is that, surprisingly, marriage can actually increase the vulnerability and risk of HIV among young women. According to research carried out in Kenya and Zambia, marriage increases the frequency of sex and hinders a woman's ability to negotiate condom use or abstain from sex. For young women in particular, husbands tend to be older and to have higher HIV prevalence rates than the partners of unmarried girls.⁶

Married women are often afraid to ask their husbands to use a condom – or to use one themselves – since this implies that they suspect their husbands of having other partners. And despite high rates of infection among married women, they often do not recognize that they are at risk.

“Women think marriage is a safe haven,” says Beauty Nyamwanza of Zimbabwe's National AIDS Council. “They think that when you're married, you don't have to worry about HIV. We train trainers in negotiation skills to

help married women realize that they're more at risk because they're less suspecting of HIV risk than other women.”

In negotiating safer sex, PSI Zimbabwe encourages married women

Despite high rates of infection among married women, they often do not recognize that they are at risk.

to present the female condom not as an HIV-prevention tool, but as a family planning method – a means of avoiding unintended pregnancies. This enables a woman to avoid accusing her husband of having other partners and being a risk to his wife. In addition to preventing infection, condoms, unlike chemical contraceptives, do not cause nausea or headaches, which some users experience. Some women even tell their husbands that they want to use female condoms in order to avoid these side effects.

A number of organizations have been working to help women negotiate safer sex. At a UNFPA-sponsored workshop at the World YWCA International Women's Summit in 2007 (see page 26), a trainer pointed out that safer sex depends on the ability to convince sexual partners that condom use is in their best interest, without changing the basis of the relationship or the intimacy of the moment. One facilitator emphasized the importance of establishing and maintaining interpersonal relationships that allow for discussions of this nature.

Ironically, while married women often have difficulty raising the subject of condoms, sex workers sometimes have an advantage. “More sex workers are using the female condom,” says Daisy Nyamukapa of UNFPA Zimbabwe, “probably because they are in a stronger position to negotiate than married women or single girls.” For one thing, she says, the clients of sex workers are often drunk and may not notice that the woman is wearing a condom. More importantly, demanding the use of a condom is easier when the sex is transactional in the first place.

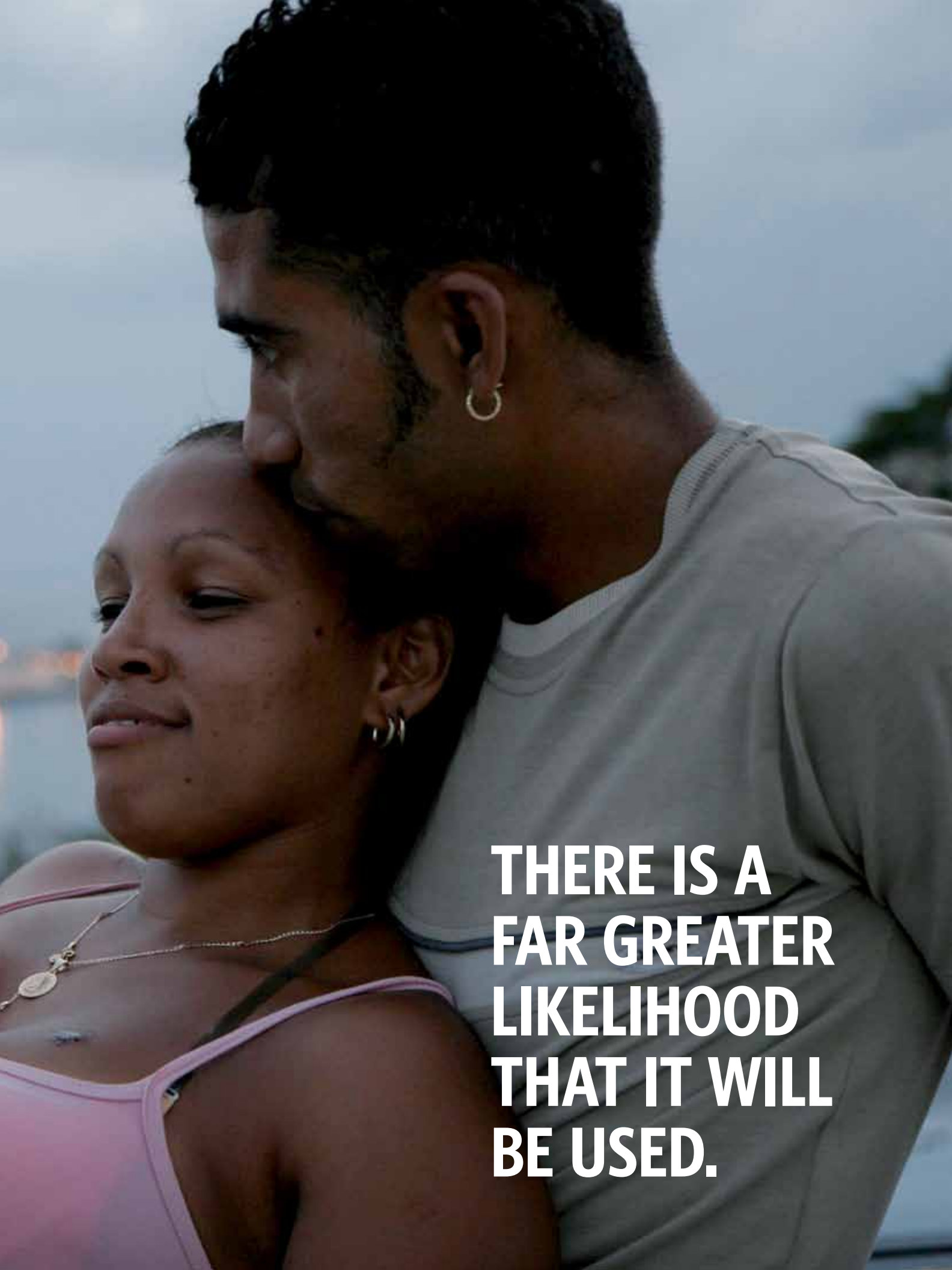
APPEALING TO BOTH PARTNERS

“Our research shows that for this product to be accepted and used by women, we also need to involve men,” says Margaret Butau of the National Family Planning Council. “We customize the benefits of the female condom according to the target group we are addressing.” Specific points highlighted for men include the fact that the female condom is not constricting like the male condom; it is even less prone to breakage; its use does not require an erection; and it enhances pleasure for both partners. Moreover, it is not necessary to withdraw immediately after ejaculation. And finally, it is the woman’s responsibility. “When we point all this out, we find that men become curious about having their partners try the product.”



IF **BOTH** PARTNERS
ARE MOTIVATED TO USE
THE FEMALE CONDOM,





**THERE IS A
FAR GREATER
LIKELIHOOD
THAT IT WILL
BE USED.**



One reason some women resist using female condoms is that they believe they are difficult to use. So, in addition to the countrywide network of hairdressers and barbers who promote the female condom in Zimbabwe, UNFPA funded the Zimbabwe National Family Planning Council to provide training to more than 350 community-based distributors. These distributors carry out one-on-one education sessions and female condom demonstrations, encouraging women to handle the product so that they feel more confident about using it. And, just as important, if both partners are motivated to use the female condom, there is far greater likelihood that it will be used.

SOCIAL MARKETING THROUGH HAIR SALONS AND BARBERSHOPS

Because women are often embarrassed to purchase female condoms in, say, a supermarket, the Zimbabwe programme has hit on a highly effective, woman-friendly venue for marketing the product: hair salons. As the economic crisis takes its toll, hair salons in Zimbabwe have become more and more informal. Often the hairdresser will work from a chair in her back yard. Such improvised salons stay open at all hours, so women can have their hair done – and discuss personal matters – in privacy.

Population Services International provides day-long training workshops around the country for the 2,000 hairdressers and 70 barbers who act as sales representatives for the female condom. In addition, PSI employs 20 female condom promoters (most of them women) who travel the country using public transport, distributing supplies of female condoms to hairdressers and barbers and spreading the word about the training. “They also make sure that the product is well-merchandised in the salons,” says PSI’s Kumbi Chatora. “They put up posters and other point-of-sale materials that



actually enhance the look of the salon. I think that's why some of our hairdressers continue selling the product – because we also try to enhance their businesses.”

In the current economic climate, however, the profit margins on the sale of female condoms have become very thin. So PSI is using additional marketing ploys to encourage hairdressers to stock them, such as offering towels, aprons and bags printed with the female condom logo: *Care*.

Access to male and female condoms has been further enhanced by the training of community-based distributors and so-called ‘depot holders’. These cadres are given in-depth training in motivating clients, preventing HIV, demonstrating condom use and re-supplying oral contraceptives and male and female condoms. The distributors also stock condoms at the local level, thereby reducing the distances clients must travel to access condoms and other contraceptives. Community-based distributors are recruited with the participation of the local community.

FROM ZIMBABWE TO GUYANA, SMALL ENTREPRENEURS PROMOTE HIV EDUCATION

Like Langton Ziromba's barber shop in Harare, barber shops across Georgetown, **Guyana**, are also buzzing with chatter about the latest trends, community happenings, neighbourhood gossip and, now, ways to protect young people from HIV. UNFPA has identified barber shops and beauty salons as information hubs, and is using them to spread the word about HIV prevention.

The project in Guyana also involves the training of shop staff to answer simple HIV-related questions, pass out informational material, dispense both male and female condoms to clients – and even provide on-site counselling and testing. As a result, young people in Guyana are given access to information and resources not readily available elsewhere in their communities.

This is important because their small country (population 751,000) has one of the highest HIV prevalence rates in the English-speaking Caribbean region: about 1.6 per cent for pregnant women, according to UNAIDS. Among sex workers, the prevalence rate shoots up to 26.6 per cent. AIDS is currently the leading cause of death among those aged 20 to 49.

Juanita Huburn, a customer at DJ's Magic Fingers, a hair salon that participates in the programme, described Guyanese society as ‘closed’ when it comes to issues related to sexuality. “You do not talk about sex; they just say you should not have sex, but this is not realistic,” she said.

Shops and salons were chosen for the programme based on their location in malls, parks, popular attractions, or low-income communities. Owners who participated got added marketing exposure for their businesses and were provided with incentives such as access to promotional materials. “Shops were informed about how their companies would be promoted through the project, and about the economic value of participating,” said UNFPA Guyana's liaison officer, Patrice La Fleur. “Most importantly, these shops are safe places to discuss sexuality and the prevention of HIV.”

Once the locations were identified, two employees from each shop were sent for training on basic AIDS education and prevention. They were also taught to properly monitor the project and introduce safe practices within the context of their own work (ensuring the sterility of hair-cutting machines, razors, needles for stitching and weaving, manicure and pedicure implements, and tattooing and body piercing equipment). In addition to training participants about sexual and reproductive health and gender issues, the project also focuses on building life skills such as communication, healthy relationships and leadership. “Participants expressed personal gains

in the quality of their relationships with friends, family, and clients,” said Babsie Giddings, a UNFPA programme officer who monitors the project.

Since the programme was put in place, businesses report a steady increase in clientele and more shops have come on board. “Business has

UNFPA has identified barber shops and beauty salons as information hubs, and is using them to spread the word about HIV prevention.

increased about 5 per cent since we joined this programme,” said Kevin John, owner of the barber shop, Kevin's Reflections. He believes it may be partly because people know his salon equipment is sanitized. Currently over 7,000 male and 400 female condoms are distributed monthly because of requests in the shops and salons. Work on the project was initiated last year through efforts of the UN Country Theme Group on HIV/AIDS, chaired by UNFPA. Also collaborating on the project is a local NGO, Youth Challenge Guyana. UNFPA provides continuous support through regular follow-up and monitoring of participating barber shops and salons. The project aims to reach some 2,000 young people with access to information, skills, services and supplies that they can use to protect their health.⁷

LEARNING FROM THE EXPERIENCE OF OTHER DEVELOPING COUNTRIES

Zimbabwe's campaign using hairdressers to market condoms has served as a model for a similar programme in **Malawi**, also carried out by PSI. Technical and financial support from UNFPA made it possible for representatives of the Malawi Ministry of Health and

⁷Story reported by Trygve Olfarnes in Guyana and Anusha Alikhan in New York.

PSI Malawi to travel to Zimbabwe to learn about the programme during several days of intensive training. The training coordinator from Zimbabwe then travelled to Malawi to help set up the Malawian programme on the ground, step by step.

When the staff returned to Malawi, recruiters organized groups of hairdressers, trained them in how to use female condoms and provided them with educational materials that they can give to their clients.

Some 2,400 Malawian hairdressers now sell and serve as advocates for the female condom in Malawi and their numbers are growing as word of the programme spreads. Every quarter, PSI brings the hairdressers together to reinforce what they have learned and to discuss any questions they may have. At the same time, a supervisor goes out once a week to visit salons and coach the hairdressers in condom promotion. So far, the programme has been located in peri-urban areas, but word-of-mouth is so strong that women in rural villages have been asking for female condoms as well. Sandra Mapemba, national condom coordinator in Malawi,

In three years, female condom distribution through the public sector alone in Malawi increased more than twelvefold.

says that the process was put in place surprisingly quickly, in a matter of months. “We had the whole Zimbabwe experience to learn from,” she notes.

EMPOWERING WOMEN TO BECOME MORE ASSERTIVE

The effects on women’s empowerment have been dramatic. “The female condom is actually empowering women to become more assertive and to stand up for their own health issues,” says Ms. Mapemba. “That’s the most exciting thing for me. Women who are in discordant relationships or women who are HIV-positive come and tell me that now they can actually insist on condom use. Before, their partners would refuse.”

In fact, PSI Malawi and UNFPA have also been directly targeting

Malawian men in their promotion of the female condom through localized campaigns at the village level. “Interestingly enough, we’ve had more men than women at these events,” says Ms. Mapemba. “Afterwards, the men actually demand the female condom, saying they prefer it to the male condom because there’s no interruption of intercourse as with the male condom and sex is more pleasurable with the female condom.”

Malawi’s condom programme has been so successful that UNFPA Malawi is now providing training in condom programming to some 35 international and local NGOs working on HIV-prevention in that country. To date, 36 grassroots-level service providers and 32 master trainers have been coached in promoting the female condom and explaining how to use it. These individuals then go out and train others in their organizations. Over the course of three years, female condom distribution through the public sector alone in Malawi increased from 124,000 in 2004-2005 to nearly 1.5 million in 2009.

SURMOUNTING TRADITIONAL BARRIERS

In some societies, the very idea of a condom for women is radical and is met with resistance, in part because some people associate condoms with promiscuity. Yet even in conservative communities where girls are married early, women are often infected with HIV because their husbands have multiple partners. This is why, in traditional societies such as that in Kano State in northern Nigeria, carefully-targeted advocacy and public education are crucial. “Knowing the culture and the traditions of our people, when we started introducing the female condom, we needed to do a lot of work in advocacy, in creating awareness,” says Adebusola Salako, director of training at Nigeria’s Federal Ministry of Health.

(continued on page 27)



“THE FEMALE CONDOM IS ACTUALLY EMPOWERING WOMEN TO BECOME MORE ASSERTIVE AND TO STAND UP FOR THEIR OWN HEALTH ISSUES.”



TIPS FOR NEGOTIATING SAFER SEX

Choose a relaxing environment in a neutral location, preferably outside the bedroom, where neither partner feels pressured.

Practise listening skills and let your partner know that you hear, understand and care about what she or he is saying and feeling.

Understand that success in talking does not mean one person getting the other person to do something; it means that both of you have said what you think and feel respectfully and honestly.

Avoid making assumptions, and ask open-ended questions to discuss expectations, past and present sexual relationships, contraceptive use, HIV testing, etc. For example, "What do you think about us both going for an HIV test?"

Engage in this discussion before becoming sexually aroused, since people are often unable to talk effectively in the heat of the moment.

Have patience and remain firm in your decision that talking is important.

Recognize your limits and that you don't have to know all the answers.

Ask questions to clarify what you believe you heard. For example, "I think you said you want us to use condoms. Is that right?"

Use 'I' statements when talking. For example, "I would feel more comfortable if we used a condom."

Be 'ask-able' by letting your partner know that you are open to questions and that you won't jump on him or her or be offended by questions.

Avoid judging, labelling, blaming, threatening or bribing your partner and don't let your partner judge, label, threaten, or bribe you.

Be assertive but not aggressive.

USING LAUGHTER TO TAKE THE STIGMA OUT OF CONDOMS

Ethiopia is one of five countries (along with Burkina Faso, India, Nigeria and Thailand) where UNFPA has been supporting the work of the Condom Project. The project, a US-based initiative of the Tides Center, takes a unique approach to breaking down people's inhibitions when it comes to handling, using and even talking about condoms.

The Condom Project works with local partner organizations to teach young people how to make their own 30-second videos about condoms. The video scripts, which are written by the participants, feature unorthodox uses for condoms ranging from hair ties to balloons to containers for soup. The idea is to get people laughing, to break the ice and launch a conversation about the real purpose of condoms. The videos have been viewed by thousands of people, projected on sheets hung from trees or on the side of a building, or viewed on a laptop. They have even been shown on television in Nigeria and Thailand.

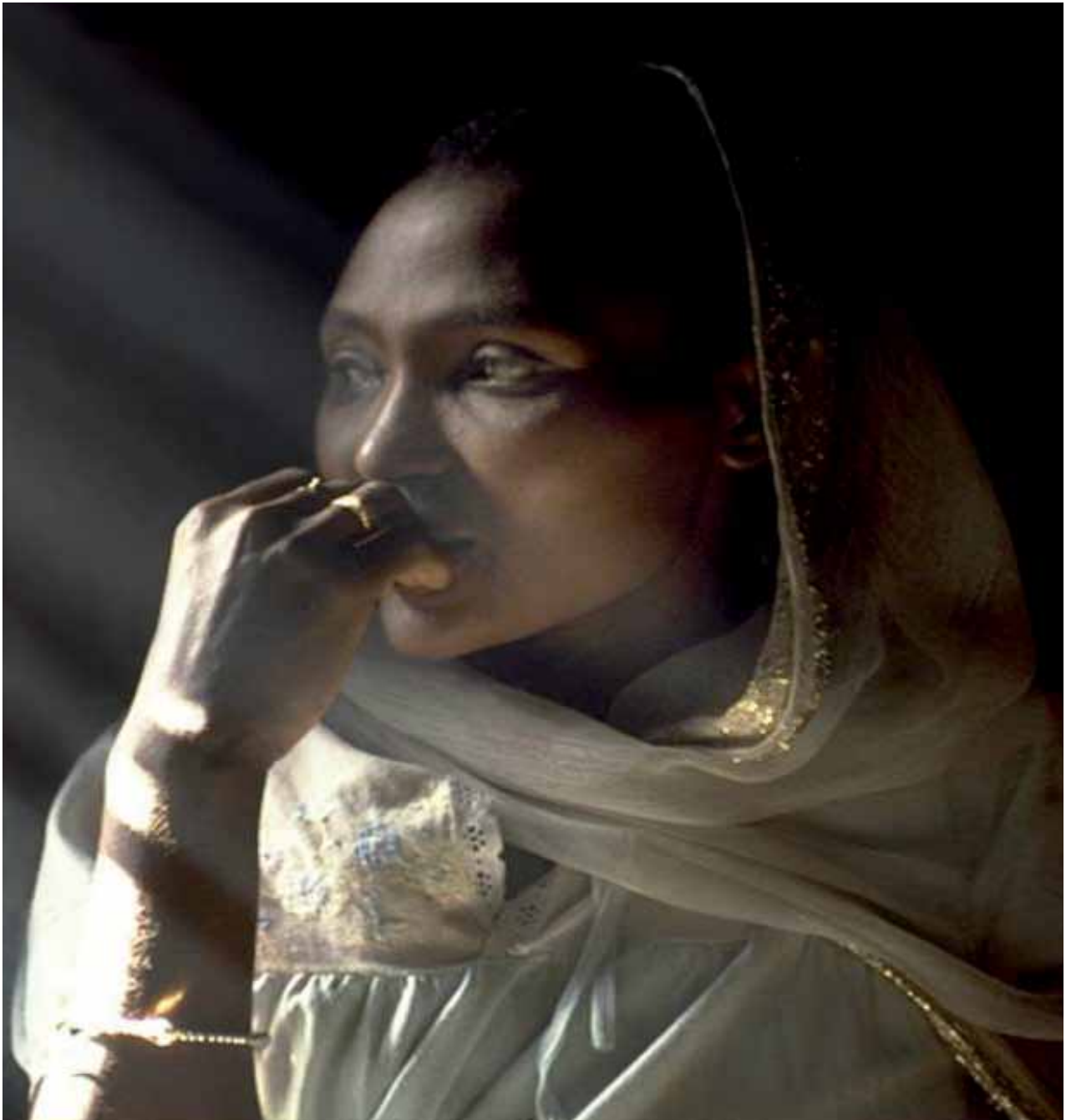
Another popular approach is the Condom Art Pin project, where young people use packets of condoms, scissors, tape and coloured paper to produce attractive pins that can be worn on clothing or attached to curtains. Like quilting bees, the art pin project gets participants to loosen up, feel relaxed and talk about condoms.

In addition to working with thousands of high school students and sex workers in Ethiopia and Thailand, the Condom Project also targets high-risk groups such as truckers in India and the sex workers who serve them. In many cases, the idea is to help young people become more knowledgeable and comfortable about condoms before they are sexually active.

In Ethiopia, the project has handed out 35,000 condoms through trained peer distributors aged 16 to 24. It has held workshops and interviewed people with questionnaires that start conversations about condoms. They also conducted a female condom acceptability study with 80 participants.

"It's about attraction, not promotion," says Franck DeRose, director of the Condom Project. "We create a framework for teachable moments when people are relaxed and the conversation really flows. Our programmes introduce condoms to people so that when they're ready to be sexually active, they know about condoms and they see them as indispensable."





SINCE EVEN TALKING ABOUT SEXUALITY, HIV PREVENTION AND CONDOMS IS TABOO IN SOME CULTURES, A WOMAN WHO FEARS THAT HER HUSBAND MAY INFECT HER – OR MAY ALREADY HAVE INFECTED HER – CAN FEEL ALONE AND HELPLESS.

In 2006, the Ministry of Health, UNFPA and several Nigerian NGOs produced a 100-page Training Manual for Female Condom Service Providers, with technical support from SUPPORT. The manual was based on training and materials provided by SUPPORT and focused on building the skills of master trainers. This national curriculum for promoting the female condom has so far been used in 23 states by the public sector and by social marketers, and was expected to cover the remaining 13 states by 2009. By end 2008, 1,380 service providers had been trained in female condom programming: at least 60 in each state, 40 from the public sector and 20 from NGOs.

This training, funded by UNFPA, provided an entry point to introduce the female condom in northern Nigeria, says Ms. Salako. "What we do in the north is to focus on preventing HIV, not on unintended pregnancy." (It should be noted that this approach varies from country to country. In some countries, such as Zimbabwe, a focus on family planning works better for women in stable relationships.) "We brought the providers together and gave them lots of training. In fact, our reproductive health coordinator in Kano recently asked me to train more people from NGOs, the local government and the military so that they could reach more people at the grassroots."

Ms. Salako says that, in Nigeria, as in other countries, (convincing men of the benefits of the female condom is crucial. To this end, the Nigerian Ministry of Health is developing a series of sensitization and awareness-raising workshops that will be held at bars, car repair shops, truck stops and vocational training centres – places where men tend to congregate. The Ministry is also planning student rallies in northern, southern and eastern parts of the country to spread the word about the

effectiveness of female condoms in reducing HIV. Though much remains to be done, Ms. Salako is encouraged by results so far. "In Kano there was initial resistance," she says. "But now the female condom is widely accepted and is being used."

HELPING WOMEN OVERCOME SOCIAL TABOOS

For married women living in rigidly traditional societies, the very suspicion that they may be HIV-positive triggers not only anxiety, but also profound shame and a sense of stigma that can be devastating. And since even talking about sexuality, HIV prevention and condoms is taboo in some cultures, a woman who fears that her husband may infect her – or may

'where they live', UNFPA's strategy is centred on an age-old social custom – a friendly ritual that serves as a comforting constant in women's everyday lives: the coffee ceremony.

Every afternoon after they finish their housework, women in Ethiopia congregate in the house of a neighbour for coffee and conversation. The gatherings are leisurely because the traditional coffee-making process is slow. "The women usually have three rounds of coffee at a session, so they have time to discuss things," says Meron Negussi, UNFPA's HIV/AIDS programme officer. "They like to discuss social problems."

But breaking the barriers of shame and actually talking about condoms is a formidable challenge



already have infected her – can feel alone and helpless.

This is why married women are a primary target group for UNFPA's HIV prevention programme in **Ethiopia**, operating in each of the country's 11 states. The programme focuses primarily on promoting male condoms and raising awareness about prevention among the country's most vulnerable groups. In order to reach people

for these women. UNFPA has provided financial and technical support to a nationwide network of Ethiopian community-based organizations who educate housewives about reproductive health, HIV prevention and the importance of using condoms. These 'peer educator' housewives are provided with a supply of condoms to share with their friends at the coffee ceremony. But often, the women refuse to listen.

“These issues are very much stigmatized,” says Ms. Negussi. “They don’t like to discuss condoms because it is taboo. These women believe that the condom is for promiscuous people, for sex workers, for unmarried people, and so on. So mostly they reject it. ‘No, it is not for us,’ they say. ‘We will not discuss this.’ So the community organizations use the coffee ceremony as an orientation session. And once the discussion is started, a lot of issues come out and then the atmosphere is much easier.”

Rather than fear of HIV, the entry point is family planning, since that is more socially accepted in Ethiopia, and also the suggestion that women can protect their daughters from risk. “The peer educators tell these women they can protect their teenage children who might be at risk of unsafe sex,” says Ms. Negussi. “Somehow, they become convinced. Women are drinking coffee and at the same time they are discussing all these issues freely.”

In fact, the coffee ceremonies have revealed that behind their shyness about sex, these women are living with very real fears. “They know they are at risk for HIV,” says Ms. Negussi, “even though they are afraid to discuss it openly in the beginning. When the discussion becomes hotter, you can hear how they are afraid of the virus, afraid that they might have it.”

TARGETING SEX WORKERS, YOUNG PEOPLE AND WOMEN LIVING WITH HIV

In addition to helping to ensure that condoms are widely available through local government outlets, community-based organizations and commercial retailers, UNFPA is also supporting a peer education programme among sex workers in urban areas and small towns. To identify the best candidates to become peer

educators, UNFPA consults members of the community who know the sex workers best: sex brokers. The peer educators receive five days of intensive training in reproductive health issues, HIV prevention, correct and consistent condom use and the treatment of sexually transmitted infections. Once they have been trained, they educate other sex workers in their areas.

Eighty sex workers in Addis Ababa participated in a UNFPA-funded programme run by the Condom Project, a US-based NGO that works to de-stigmatize condoms (see page 25). UNFPA donated 10,000 female condoms, nearly all of which were distributed to sex workers, and officials from the Condom Project conducted discussions with the sex workers and training in how to use the female condom. The programme demonstrated that as the sex workers became more comfortable with the female condom, they used it more often; some even charged their clients more when using it. All of the sex workers alternated between female and male condoms, depending on the customer. Most used between three and five female condoms per week; they were most likely to use the female condom consistently with their personal partners and regular clients. The use of female condoms with more casual customers seemed to depend on whether the customer was prepared to spend more, in which case the female condom was said to be ‘worth it’.

In its efforts to target Ethiopia’s youth, UNFPA has also been working with a nationwide network of more than 50 Anti-AIDS Clubs that are organized and run by young people. Each club has more than 50 members. UNFPA provides training in condom programming and makes condoms available to implementing



AS SEX WORKERS BECAME MORE COMFORTABLE WITH THE FEMALE CONDOM, THEY USED IT MORE OFTEN; SOME EVEN CHARGED THEIR CLIENTS MORE WHEN USING IT.



Convincing men of the benefits of the female condom is crucial.



partners who work with the clubs, such as government offices and community-based organizations.

UNFPA also supports four legally registered associations of women living with HIV, each of which has between 50 and 100 members. “These women are very vulnerable,” says Ms. Negussi. “They are poor and that’s probably how they got HIV: some used to be sex workers, some used to have transactional sex. Most of them are widows. That’s how they learned their HIV status, when their husbands died and they saw that they have the same symptoms their husbands had. Most of these women have families to support, with kids.” In addition to funding HIV prevention counselling for these women, UNFPA supports a programme that helps them develop proposals for small businesses. It then provides funding to enable the women to support their families without resorting to transactional sex.

MARKETING FEMALE CONDOMS TO GROUPS AT RISK

In Myanmar, the highest rates of HIV infection occur among female sex workers and men who have sex with men – two groups that can benefit from access to female condoms. So in 2006, UNFPA entered into an agreement with the Government of Myanmar and the social marketing firm PSI to provide female condoms to these two high-risk populations, with plans to extend the programme to other groups later. UNFPA pays PSI Myanmar’s operating costs for in-country branding, packaging and handling of female condoms through a variety of distribution outlets. It has also funded the delivery of 700,000 female condoms over a three-year pe-

riod. In return, PSI builds the capacity of government agencies, such as the Ministry of Health, in condom promotion for reproductive health service providers and helps improve male and female condom distribution networks in the public sector. Income generated from the sale of the condoms is ploughed back into the programme for use in other capacity-building and



educational campaigns and condom promotion.

In order to more effectively reach the target groups, PSI rebranded female condoms as *Feel for Men*, designed to appeal to men who have sex with men and male clients of female sex workers. Another brand, *OK Feel*, was developed to appeal to women in stable sexual relationships. The success of the initiative has been remarkable. Surveys carried out by PSI Myanmar show that condom use among sex workers increased from 20 per cent in 2004 to nearly 36 per cent in 2006. When interviewed about their response to the products, increasing numbers of sex workers (59 per cent in 2006 compared to 36 per cent in 2004) regarded female condoms as affordable and accessible.

A great deal of care and creative marketing contributed to this success. PSI produced 200,000 information pamphlets on female condoms and 1,000 life skills training booklets. To create brand loyalty, they developed an array of new promotional items carrying the female condom logo or slogan: 1,000 beauty kits, 500 mirrors, 500 purses, 300 towels, 200 umbrellas

and 100 signboards for barber shops that serve men who have sex with men. The goal was to raise awareness and enhance the appeal of new, affordable products for safe sex and to help customers realize that female condoms are strong and can be inserted by both men and women. “Just as a toothbrush and soap clean your mouth and body, female condoms keep you clean and protect you,” says one slogan.

In Myanmar, most sales of female condoms are directed to female sex workers and men who have sex

with men, and sales to retail outlets are restricted to ‘hot spots’: brothels, guest houses, massage parlours and karaoke bars. Female condoms are also sold to international NGOs such as Médecins Sans Frontières Switzerland, Pact Myanmar and World Vision for distribution to female sex workers and men who have sex with men in their project areas. And PSI is running social franchising for general practitioners in franchise clinics.

In addition, PSI organized a nationwide, targeted outreach programme with more than 130 sex worker peer promoters equipped with pelvic models and flip charts to demonstrate how to use the new female condoms. They sold the condoms to their peers for a small commission, provided training in their use and shared information on HIV and other sexually transmitted

“There is a need for constant reminders... we want total protection, 100 per cent use. Whenever people engage in risky sex, there should be a condom.”



infections. However, without salaries, many peer promoters lost interest and quit, while only a small, dedicated group remained active. The strategy was subsequently modified to become a programme, in which peers (both female sex workers and men who have sex with men) are hired as part-time staff, to work four hours a day for a small salary. Five training sessions were conducted for a total of 49 peer workers.

Since then, the original handful of peer workers has grown to 80 individuals working in ten cities, the largest group of staff at PSI Myanmar, and it is expected to continue to expand.

CONSTANT REMINDERS ABOUT CONDOM USE

Swaziland – a small country in Southern Africa with 1 million inhabitants – has the world’s highest rate of HIV infections: 34.6 per cent HIV prevalence in the 15-24 age group.⁸ In May 2007, UNFPA provided financial and technical support to Swaziland’s Ministry of Health for the launch of a strategic new approach to increasing condom use that was developed by PSI. During a month-long condom promotional campaign, a steady stream of information, concept messages, songs, jingles and ‘situation dramas’ was broadcast and published around the country via radio, TV and print media.

The result was explosive. “Our distribution pattern at the time had been around 283,000 male condoms and 18,000 female condoms per month,”

says Margaret Thwala-Tembe of UNFPA Swaziland. “But in May 2007, the month of this campaign, we distributed 1.3 million male condoms and 33,000 female condoms.” Similar high levels of condom use continued for the next five months, even after the campaign had ended.

To maintain this momentum, PSI then launched a series of campaigns at the community level to involve men in HIV prevention. This has resulted in increased condom distribution in local communities and increases in the numbers of men being tested for HIV.

In 2008, the government began implementing an intensive, long-term campaign to encourage people to find out their HIV status and to use condoms. UNFPA has been working to build the capacity of government to handle condom deliveries, storage and the logistics of condom supply. But most of all, as governments from Ethiopia to Zimbabwe have discovered, what is needed is behaviour change and an understanding that condoms are indispensable. “There is a need for constant reminders,” says Ms. Twala-Tembe. “We want total protection, 100 per cent use. Whenever people engage in risky sex, there should be a condom.”

⁶ Clark, S., 2004, ‘Early marriage and HIV risks in sub-Saharan Africa’, *Studies in Family Planning*, vol. 35, no. 3, pp. 149-160, quoted in: Haddock, Sarah, et al., 2008, *Comprehensive HIV Prevention: Condoms and contraceptives count*, Population Action International, Washington, DC.

⁷ Story reported by Trygve Olfarnes in Guyana and Anusha Alikhan in New York.

⁸ *Monitoring the Declaration of Commitment on HIV/AIDS (UNGASS)*, 2008, Swaziland Country Report.





BRINGING FEMALE-INITIATED HIV PREVENTION INTO THE MAINSTREAM

Improving the lives of women has long been the focus of the World Young Women's Christian Association (YWCA), a global network of women that works for social and economic change in 125 countries. An advocate for justice, health, human dignity and freedom, the World YWCA reaches more than 25 million women and girls through its work in 22,000 communities. In partnership with UNFPA, the World YWCA is doing much to bring female-initiated HIV prevention into the mainstream.

One example of this partnership is a training workshop on female-initiated HIV prevention methods that was held in Nairobi in July 2007 with support from UNFPA, the Female Health Foundation and other donors. The goal was to equip and train young, community-based women to raise awareness about female-initiated HIV prevention methods and comprehensive condom programming. Representatives from YWCAs in 27 countries participated.

An integral part of the World YWCA's Global Strategy on HIV/AIDS is to accelerate distribution of the female condom. The workshop was an opportunity to provide additional support and information to YWCAs while strengthening linkages with UNFPA to enable women worldwide to have information about and access to female condoms. The World YWCA is planning to work with UNFPA to develop women's leadership in this area, and new partnerships in condom programming are being forged. In particular, the World YWCA, UNFPA and other organizations are working together to develop stronger advocacy and more effective distribution channels for both male and female condoms.

The workshop created a pool of master trainers on the female condom who have the capacity to help UNFPA expand condom distribution in their respective countries. Women trained through this event are now more empowered to speak out about female-initiated preventive methods in local, regional and global forums; to advocate for increased access and availability of female condoms for women and girls; to incorporate condom distribution into existing HIV/AIDS programmes and to provide training on female condoms in their own countries.

TEAMING UP WITH SOCIAL MARKETING ORGANIZATIONS: A WIN-WIN SITUATION

To support ministries of health in the provision, promotion and distribution of male and female condoms, UNFPA supplied condoms to the governments of Ethiopia, Malawi, Mongolia, Myanmar, Nigeria and Zambia, which, in turn, distribute them to social marketing organizations such as PSI, DKT International, and the Marketing Science Institute. UNFPA also covers the cost of NGO support for in-country packaging and handling of the condoms for distribution through various outlets. In return, the NGOs are working closely with the governments and UNFPA to develop public-sector distribution of male and female condoms.

Income from the sale of the condoms is being used for various capacity-building activities, information, education and communication campaigns, training workshops related to skill enhancement, condom promotion and related activities.

In Zambia, for example, the Society for Family Health (a local chapter of PSI), successfully rebuilt the public sector distribution system for both male and female condoms. Zambia's 2006 Annual Programme Review showed that approximately 25 million male condoms were distributed from Central Medical Stores, half of them by the public sector. This represented a twelvefold increase since 2005. The 2006 female condom distribution is even more remarkable: 300,000 female condoms were distributed from Central Medical Stores, of which nearly 116,000 were distributed by the public sector, as compared to 14,000 in 2005.

This highly successful effort was accompanied by intensive condom promotion activities for demand creation. In 2007, the Society for Family Health's communications assistants, using a flip chart to illustrate selected key messages and correct condom application techniques, conducted more than 3,500 health education sessions with over 10,000 participants.



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CREATIVE MARKETING

With financial support from UNFPA, PSI Myanmar aims its condom promotion campaign at “most at risk populations:” female sex workers, their clients and men who have sex with men.

1-4 The little lizard, Pothinyo, was PSI’s mascot or brand ambassador for condoms from 2002 to 2008 and was seen as a trusted friend who could protect men from infection. Based on a character from traditional Myanmar folklore, he was originally associated with the chant, “Nod your head if you want a virgin.” PSI/Myanmar replaced this with the slogan, “Nod your head if you want an Aphaw.”

Pothinyo has the persona of a “big brother” to clients of sex workers, providing specific messages on how to prevent HIV.

Men interviewed in a PSI focus group said that they frequently used the lizard and his trademark hat as a proxy for reminding their friends to use a condom (“Pothinyo, wear your hat!”). Later, the Pothinyo character morphed into a “successful entrepreneur” type, the trusted friend of a younger man who sometimes thinks it’s more important to experience pleasure than to be safe. He believes that buying condoms is embarrassing and will not buy them from a woman. He feels comfortable buying condoms from shops with adequate stock, betel nut stands and places where he can simply ask for “Aphaw,” as opposed to places where he has to say “the C word.” Pothinyo advises his younger buddy, “I like to have fun, but in a responsible way.”

5-8 “Aphaw” means trusted companion. Aphaw gives men the confidence to build and enjoy a successful life because they use condoms. Aphaw is seen as keeping a young man safe from fear and confident in himself and his future. The fact that Aphaw is made in Myanmar gives users pride.

One packet of three condoms costs 100 kyat (about US 15 cents). The flavoured condoms cost 200 kyat (about US 30 cents) per packet.

INTEGRATING THE FEMALE CONDOM INTO EXISTING PROGRAMMES

The Caribbean region has the world's second-highest incidence of HIV after sub-Saharan Africa. Of all the regions in the world, the Caribbean is the only one in which every country reported to the United Nations, as requested, in 2008, on their progress in responding to HIV. UNAIDS noted that unprotected sex between men and women – especially paid sex – is believed to be the main mode of HIV transmission in the region. The report noted that “the Caribbean remains the only region, besides sub-Saharan Africa, where women and girls outnumber men and boys among people living with HIV...High infection levels have been found among female sex workers, including four percent in the Dominican Republic, nine percent in Jamaica, and 27 percent in Guyana.

– Source: News Bulletin Caribbean 360

A survey reveals widespread acceptance of female condoms

This is the context in which UNFPA's regional office for the **English- and Dutch-speaking Caribbean** (OEDC), in 2007, carried out a comprehensive review of the status of condom programming in 22 small, scattered Caribbean nations, most of them islands. The results revealed an acceptance of female condoms that surprised even UNFPA. “We held more than 60 meetings with government people, NGOs, faith-based organizations, etc., talking about contraceptive methods,” says Jaime Nadal, then deputy representative of UNFPA OEDC.⁹ “Particularly when discussing access to services by vulnerable populations such as sex workers, over and over there was anecdotal evidence that the female condom had a high acceptance rate. That's something that really drew our attention.”

In the Caribbean, as in other parts of the world, it was clear that female condoms needed to become an integral part of existing reproductive health commodity programmes. “If we want the female condom to be sustainable, we have to make sure that it's integrated as part of the services that are provided by the public sector and by NGOs,” says Mr. Nadal. “So we're building the capacities of governments to take the female condom on board as one of a constellation of methods that is offered to the population. We have incorporated the female condom in both the supply and demand side as just one more element of our work. We don't treat the female condom as something

separate from other efforts to strengthen commodity security.”

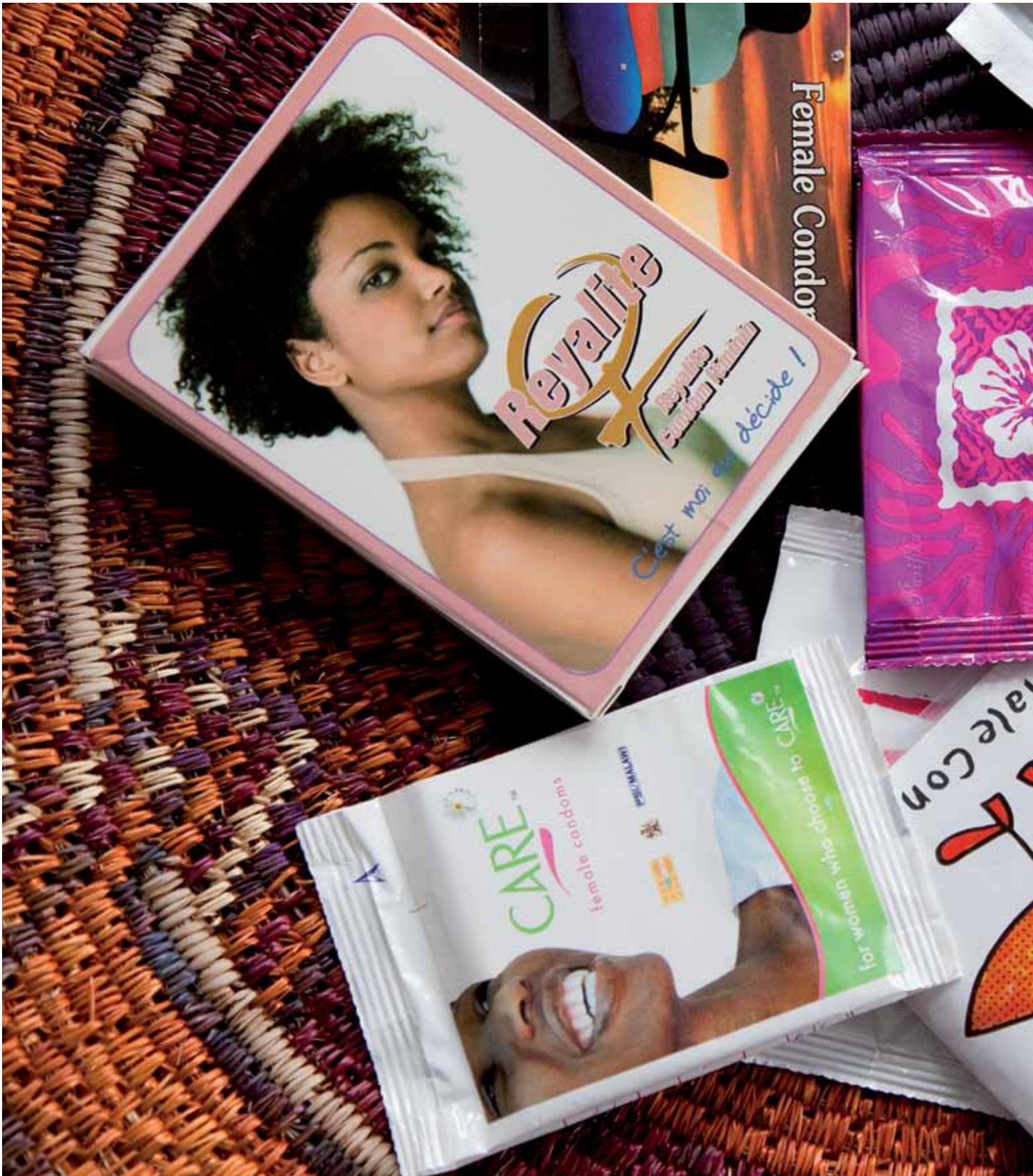
Ironically, in integrating the female condom into mainstream condom programming, one of the challenges UNFPA has faced is the very fact of the female condom's high acceptance among sex workers. In some people's minds, this can have a stigmatizing effect, which is why careful integration of the female condom in overall condom programming is so crucial. In the Caribbean, UNFPA has worked closely with NGOs such as the International Planned Parenthood Federation (IPPF) to promote female condoms to the general public. “We didn't want to stigmatize the female condom by focusing only on sex workers,” says Mr. Nadal. “We realized that we need to build demand among the general population, so we urge IPPF affiliates to offer the female condom to women and couples, regular couples, so that they feel encouraged to use it.”

Nigeria is another example of where the female condom is being merged into existing condom programming. UNFPA played a role in integrating the female condom into the work of the Society for Family Health, the local PSI affiliate that is the largest reproductive health NGO in the country and a leader in promoting male condoms. The Society for Family Health markets two of its own brands of condoms through more than 200,000 outlets nationwide. “It was essentially UNFPA's intervention that got the Society for Family Health into female condoms,” says Chris Oyeyipo, UNFPA's assistant representative in Nigeria.

(continued on page 42)







Samples of attractive branding of the female condom



Introducing the female condom in Nigeria presented the opportunity to assemble a coordinated response to all condom programming in the country.

“At the same time, the public sector gained a lot from the Society’s experiences in the distribution of male condoms.”

In fact, it was an initiative to introduce the female condom on a large scale in Nigeria that presented the opportunity to assemble a coordinated response to all condom programming in the country. The driving forces of this response are a National Condom Stakeholders’ Group and a National Condom Technical Support Group. UNFPA, with help from SUPPORT, was instrumental in establishing both and in providing technical support to develop the tools, curricula and manuals that are used for training in condom programming, especially for the female condom.

Making female condoms more affordable

UNFPA, as the lead UN agency for male and female condom programming, also acts as a procurement agent for supplying condoms to governments. Or, in emergencies, UNFPA provides countries with stop-gap shipments of condoms to avoid shortfall in their supplies. In addition, in some countries, such as **Nigeria**, UNFPA is the sole provider of all condoms, male and female, to the public sector. And since UNFPA launched its Female Condom Initiative in 2005, it has acted as a donor of female condoms in a number of cases to help jumpstart the process of female condom programming.

One global organization that has been advocating for greater access and affordability of the female condom is the World YWCA. Working in partnership with other organizations, including UNFPA, the World YWCA has used significant global events to promote advocacy messages on the female condom. For example, on 1 December 2005 – World AIDS Day – the World YWCA issued an urgent appeal to national health ministries, foreign aid agencies and international NGOs to collectively commit to purchasing a minimum of 180 million female

condoms in order to bring down high production costs and increase affordability for women and girls.

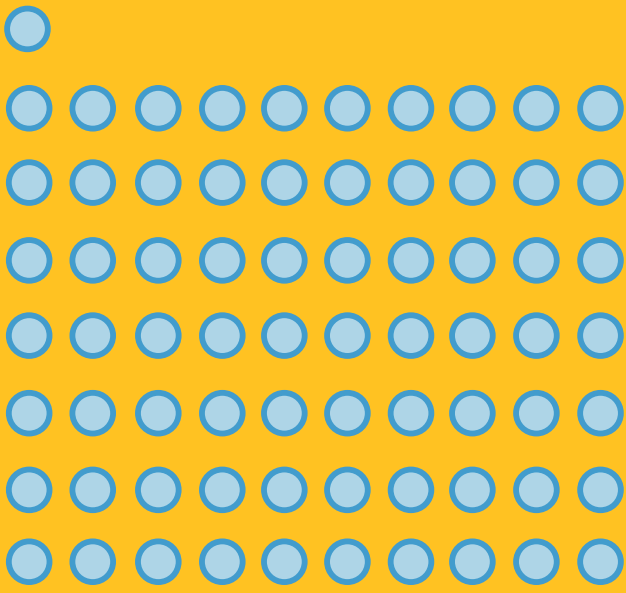
The response was disappointing. In 2009, national governments and international donors had made only 50 million female condoms available for worldwide distribution, according to UNFPA. Moreover, 71 male condoms were purchased for every one female condom by the donor community. Addressing this gross disparity and bringing down the cost of the female condom has been a major focus of World YWCA advocacy and of the work of UNFPA. According to Katy Pepper of SUPPORT, since donors do fund larger quantities of female condoms, the pay-off in cost savings over the long term is obvious. “If you give people a choice of both male and female condoms, more sex acts will be protected,” says Ms. Pepper. “If you increase the number of sex acts that are protected, then you’re actually saving huge amounts of money in terms of HIV and AIDS treatment. In the end, it’s highly cost-effective to provide as many female condoms as male condoms.”

Approximately 80 per cent of condoms in the English- and Dutch-speaking Caribbean are available through public sector outlets such as hospitals, clinics and government dispensaries. For the most part, generic male condoms are supplied by the public sector either free of charge or at a highly subsidized price. Male condoms that are available through the private sector are branded and sold at market prices, although public sector male condoms are less expensive than imported brands. On the other hand, female condoms, which are available in much smaller quantities, remain quite expensive – beyond the reach of many potential users. To help bring the price down, UNFPA encourages governments to procure large quantities of female condoms or to make long-term needs assessments, since larger volumes result in lower prices through economies of scale.

“If you give people a choice of both male and female condoms, more sex acts will be protected,”



In 2009, 71 male condoms were purchased...



for every 1 female condom.

IPPF has long been a promoter of condom use in the region. But until recently, the number of female condoms IPPF distributed was negligible because they were prohibitively expensive for clients – as much as \$1 or more in some countries. However, thanks to donations of female condoms from UNFPA, Planned Parenthood has been promoting female condoms and offering them to couples free of charge.

In Nigeria, the federal government mandates that all contraceptive products, even those available at government hospitals, as well as shops, pharmacies and kiosks, involve a nominal cost to the user. Condoms in Nigeria are available through two main supply lines: Social marketers provide about 70 per cent of the total with funding from bilateral donors; the public sector supplies the remainder and receives all of the condoms it distributes from UNFPA. The public sector then supplies a number of NGOs with sample quantities of female condoms at no charge.

The fact that UNFPA supplies condoms to the public sector indirectly benefits social marketing of condoms as well, because it means that more condoms are available to users through various government outlets.

“We procure male and female condoms,” explains UNFPA’s Chris Oyeyipo, “and then we give them to the government at no cost. But the government in Nigeria has a policy of partial cost recovery, or about 80 per cent subsidy.” This means that government-subsidized male condoms are essentially affordable for all users (less than 1 US cent), whereas female condoms, which currently cost about 15 US cents, are out of reach for many potential users.

Because NGOs received their initial stocks from the government for free, they make a small profit on sales. They can then use the proceeds to buy more condoms from government stocks. This system helps to ensure an efficient distribution of female condoms, making them available where demand is greatest. As a result, distribution in this area has increased significantly, thus complementing government efforts by reaching hard-to-reach communities.

The government in Nigeria has a policy of partial cost recovery, or about 80 per cent subsidy.

⁹ Mr. Nadal is currently the UNFPA representative in Bolivia (Plurinational State of).



PROMOTING REPRODUCTIVE HEALTH COMMODITY SECURITY

UNFPA has been working to ensure steady supplies of condoms and other reproductive health commodities since 1999. In 2006, it created a Global Programme to Enhance Reproductive Health Commodity Security that provides a structure for establishing predictable, planned, sustainable, country-driven systems for securing and increasing access to essential reproductive health supplies. Focused at the country level, the programme creates a process that galvanizes, institutionalizes and coordinates national efforts. In addition, in many countries, UNFPA has catalyzed the creation of public sector entities that are responsible for condom programming.





In **Zimbabwe**, for example, UNFPA was a driving force in establishing a national-level Technical Support Group for Condom Programming. UNFPA is also a member of Zimbabwe's Reproductive Health Commodity Security Support Group, which is responsible for ensuring access to reproductive health commodities, including condoms, all over the country, from cities to rural villages.

Zimbabwe has 351 salaried, full-time, community-based distributors who dispense condoms throughout the country using public transport, bicycles or on foot. In addition, as early as 1993, UNFPA introduced the position of depot holders, volunteers recruited by the Zimbabwe National Family Planning Council, to provide community-based distributors and their clients with condoms. Zimbabwe's 691 depot holders, who work from their homes, are trained to provide information on HIV prevention and to refer people to HIV related services, such as voluntary counselling and testing and prevention of mother-to-child transmission of HIV.

Managing the logistics of condom supply and distribution

An important component of an effective reproductive health commodity security system is the management of logistics. In the **Caribbean**, the logistics of such services have been weak due to a number of factors: the geographic remoteness of many Caribbean islands, poor infrastructure and 'brain drain' of qualified professionals. Strengthening capacities for logistics management for reproductive health commodities has therefore been a priority of UNFPA's work in the region.

UNFPA's Reproductive Health Commodity Security (RHCS) programme in the Caribbean is aimed at a wide variety of partners, from ministries of health to NGOs such as IPPF. The process began with a needs assessment that included an analysis of capacity gaps. UNFPA then provided funding and technical support to capacity-building by sponsoring national-level workshops in areas such as forecasting commodity needs, logistics management, social marketing, market segmentation, comprehensive condom programming (including the female condom) and behaviour change communication.



Coordination mechanisms, driven by Reproductive Health Commodity Security Committees, as recommended in the Global Programme, are now in operation in Belize, Guyana, and Trinidad and Tobago. In these countries, Reproductive Health Commodity Security Committees – made up of representatives from ministries of health, International Planned Parenthood affiliates, other NGOs, Central Medical Stores (supply centres for medical commodities) and national AIDS programmes – seek to address issues related to the supply of all reproductive health commodities, including condoms. With continued advocacy from UNFPA, other countries in the region are in the process of adopting this system as well. As for the smaller islands of the Eastern Caribbean, they have one central procurement facility, located in St. Lucia, for all of their medical commodities. In the near future, it is likely that there will be one Reproductive Health Commodity Security Committee for the nine Eastern Caribbean States.

Even in some small countries, condom distribution to every community can be a challenge. In **Malawi**, where female condoms are fast gaining in popularity,

they have not yet been integrated into the logistics management/reproductive health commodity security system. This means that in addition to providing all of the female condoms in the country over the past three years, UNFPA has also hired the delivery vehicles that transport the condoms to end users. “For now, we have to work on the basis that everybody places their order every day and we try to get the supplies to them,” says Sandra Mapemba, national condom coordinator in Malawi. “But we are working with the government to improve this through a more forecasted, central distribution pattern.”

Even in some small countries, condom distribution to every community can be a challenge.



The logistics of condom supply and distribution is complex, especially in countries and regions with large populations, difficult terrain and poor infrastructure. Experts estimate that universal condom coverage means access to at least 100 condoms per sexually active adult per year. Delivery, quality control, storage and distribution must all be carried out to a high standard of consistency and reliability.

In **Nigeria**, Damola Ogunbowale is general manager of the sales and distribution division of the Society for Family Health, the largest social marketing provider of condoms in the country. He received training in contraceptive logistics from UNFPA and is responsible for distributing about 70 per cent of the condoms

used in Nigeria's 36 states. "UNFPA is the pivot for the development of our National Condom Strategy," says Mr. Ogunbowale. "They provide capacity building on contraceptive logistics." UNFPA also strengthens the public sector capacity to deliver contraceptives, thus complementing social marketing activities.

Guaranteeing quality control

Quality control is another essential component of reproductive health commodity security. Inconsistencies in product quality, packaging and storage can result in condom breakage. If the quality of condoms is not consistent, people's trust in them can be undermined. In the English and Dutch-Speaking Caribbean, which imports condoms from all over the world, quality control has been a challenge in the past, with some governments carrying out only superficial inspections of the commodities. That is why UNFPA has made quality control one of the main focal areas of its work with governments in the region. In order to institutionalize quality control, UNFPA has been lobbying for male condoms to be officially classified as a commodity that requires stricter quality assurance.

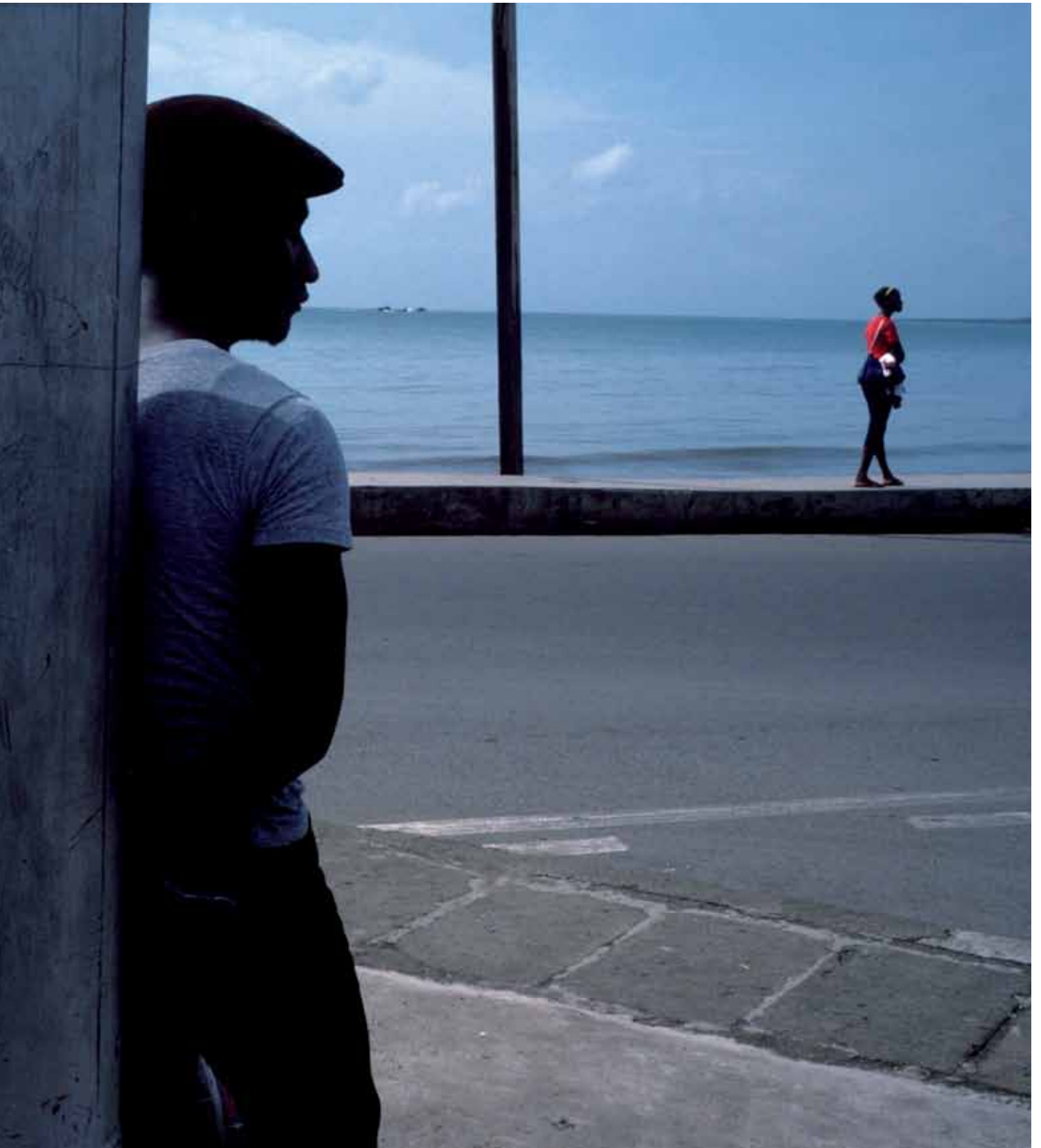


STRENGTHENING GOVERNMENT CAPACITY

In all of its work in RHCS, UNFPA's primary goal is to build the capacities of governments and other stakeholders to carry out successful programming. "UNFPA's main contribution is to provide technical assistance and training for the staff of ministries of health, national AIDS programmes and NGOs," says Jaime Nadal, then UNFPA's deputy representative in the English- and Dutch-speaking Caribbean. "We make sure that contraceptive technology, logistics management, social marketing, counselling, etc., are mainstreamed – integrated into the work of these institutions. We are a development agency with technical expertise that we make available to our partners."

A critical component of UNFPA's capacity-building efforts is the 10-Step Strategic Approach to scaling up comprehensive condom programming (see pages 59-60), which is used by governments and other stakeholders around the world. The tool provides everyone involved with a step-by-step process for ensuring that condom programming is mainstreamed into every type of HIV and reproductive health intervention.





ESTABLISHING A STRONG COORDINATING STRUCTURE, INVOLVING ALL STAKEHOLDERS

Nigeria has sub-Saharan Africa's largest population (152 million), more than 250 ethnic groups and more than 500 languages, a land area of nearly a million square kilometres, and a diverse collection of 36 states in a federalized system. The HIV infection rate among people aged 15-49 is 3.1 per cent, and around 2.6 million Nigerians are infected with the virus.¹⁰

In the past, according to Chris Oyeyipo, UNFPA's assistant representative in Nigeria, the country's condom programming lacked cohesion and consistency, with government and the private sector working in isolation from each other. But in 2006, UNFPA brought together a range of stakeholders at the national level – government, NGOs, civil society, the private sector, social marketing, the military and the paramilitary – to create the Condom Coordination Group. In 2007, this group of stakeholders drew up a national, integrated, five-year condom strategy that includes both male and female condoms. The strategy development process was spearheaded, convened, funded and supported technically by UNFPA, with additional technical assistance from SUPPORT.

"The contribution of UNFPA has been wonderful," says Busola Salako, director of training at the Federal Ministry of Health and the focal point for female condom programming. "Even though we in the government are in the driver's seat, without the collaboration of UNFPA we wouldn't have



been able to achieve much in terms of condom programming.”

“The public sector is driving the initiative,” says Mr. Oyeyipo. “But we also brought in people from social marketing, from the private sector, and from NGOs. Everybody is involved, so we can leverage all their diverse expertise and together plan a coordinated response to condom programming in Nigeria. That’s the most important thing: a coordinated response.”

“UNFPA has backed up the government not only with financial support but with technical support as well,” says Ms. Salako of the Ministry of Health. “We’ve developed our national strategic framework in a way that everybody involved in condom programming can buy into. That is solely thanks to UNFPA.”

BUILDING CAPACITY FROM WITHIN GOVERNMENT INSTITUTIONS

In some countries, UNFPA has funded condom programme coordinators to strengthen capabilities within government institutions. In **Malawi**, for example, UNFPA supports the position of national condom coordinator within the Ministry of Health. Sandra Mapemba, who holds this position, is also condom coordinator for UNFPA, but her role at the Ministry enables her to build the capacities of other government staff in condom programming. “We’re building capacity within the Ministry of Health, in the HIV/AIDS Department and at the National AIDS Commission,” she says, “and we’re working with other ministries

like the Ministry of Women and Child Development and the Ministry of Youth. All of these ministries are learning about condom programming.”

UNFPA is also providing support for a national condom programme coordinator in Zimbabwe’s Ministry of Health as well as a condom programme officer at the Zimbabwe National Family Planning Council, who implements condom programming from the national to the village level. Both of these UNFPA-supported staff serve to link comprehensive condom programming to HIV programmes and services.

A GOVERNMENT INVESTS IN CONDOMS TO BUILD ITS OWN CAPACITY

Most developing countries receive their supplies of condoms through bilateral or multilateral donors. One notable exception is **Mozambique**, whose government values the capacity-building support of UNFPA so highly that it made an unprecedented commitment to provide its own funding for condoms in order to work in closer partnership with UNFPA, which serves as the secretariat for Mozambique’s Reproductive Health Commodity Security Task Force.

In May 2007, Mozambique’s National AIDS Council entered into an agreement with UNFPA requesting technical support in condom programming. In exchange, the National AIDS Council pledged to procure, with its own funds, 49 million male condoms for 2008, 63 million male condoms 2009 and 5 million female condoms

“Everybody is involved, so we can leverage their diverse expertise and together plan a coordinated response to condom programming.”

“Even other development partners are more willing to support them when they see that the government is making this huge effort.”

for 2008-2010, with UNFPA acting as procurement agent. As a result of the government’s taking direct responsibility for funding condom procurement, rather than waiting for supplies to be provided by donors, nearly 12 million condoms arrived in March 2009 and the remainder were scheduled to be delivered in November 2009.

Such a commitment implies greater direct responsibilities for implementation on the government’s part and more joint monitoring of progress by the government and UNFPA. According to Maria da Luz Vaz of UNFPA Mozambique, the fact that UNFPA was chosen as the partner in this arrangement is a testament to the trust the agency inspires. “The government recognizes that UNFPA has the expertise, the mandate, the honesty and the will to provide the support they need,” she says. “This means that we are not only a funding agency; they recognize that we are a source of technical support as well. This puts us in a position where we can really have a voice in mainstreaming a lot of issues that have been neglected.” Such issues include integrating condom programming for young people in

schools and communities and reaching out to marginalized groups, such as sex workers, prisoners, homeless adolescents and villagers in remote areas.

Just as important as capacity-building is the direct responsibility that the National AIDS Council will exercise for condom programming as a result of this agreement. “The government now has ownership of their condom programming,” says Ms. Vaz. “They’re taking care of it. And now, even other development partners are more willing to support them when they see that the government is making this huge effort.”

As a member of the National AIDS Council Working Group on condom programming, Ms. Vaz has seen a noticeable increase in commitment from other members of the group, renewed enthusiasm and an understanding of the need to integrate condom supply with HIV prevention and condom demand-creation in ways that include all sectors and stakeholders. “It’s amazing the way these people are working together,” she says.

¹⁰ *Joint United Nations Programme on HIV/AIDS, 2008 Report on the Global AIDS Epidemic, UNAIDS, Geneva, 2008.*



THE 10-STEP STRATEGIC APPROACH

Strategic condom programming will vary from country to country, depending on many factors, from the epidemiology of sexually transmitted infections and the country's health infrastructure to the cultural context and budgetary issues. However, the process of designing and implementing a strategy has many common features, which are described on the following pages:¹¹

¹¹ The full text of the 10-Step Strategic Approach to scaling up comprehensive condom programming is available at: www.unfpa.org/hiv/programming.htm

STEP 1

ESTABLISH A NATIONAL CONDOM SUPPORT TEAM

Assemble a team - including representatives from government, civil society, the donor community and the private sector - to provide guidance and support in developing and monitoring a national condom strategy and operational plan.

STEP 2

UNDERTAKE A SITUATION ANALYSIS

Undertake a desk review of information and field research, to assess the current HIV prevention and sexual and reproductive health situations, as well as the status of national condom programming efforts. Convene a stakeholders meeting to share findings and build consensus on scaling up condom programming efforts.

STEP 10

MONITOR PROGRAMME IMPLEMENTATION, CONDUCT RESEARCH AND EVALUATE OUTCOMES

Incorporate the comprehensive condom programming M & E framework into the national M & E framework; review and update operational plan indicators; conduct research to support programme implementation; establish baselines; monitor implementation; and conduct evaluations.

STEP 9

STRENGTHEN ADVOCACY AND ENGAGE THE MEDIA

Initiate policy analysis and dialogue; identify condom 'champions' and reinforce their skills; build coalitions and partnerships; and coordinate media outreach and capacity-building.

STEP 8

CREATE AND SUSTAIN DEMAND FOR CONDOMS

Conduct research on male and female condom use and factors that influence use; develop a communication strategy for stimulating and sustaining demand; employ nontraditional outlets for promoting and distributing condoms; stimulate social mobilization to ensure a supportive environment for condoms.

THE 10-STEP STRATEGIC APPROACH TO COMPREHENSIVE CONDOM PROGRAMMING

STEP 3

DEVELOP A NATIONAL STRATEGY FOR MALE AND FEMALE CONDOMS

Develop an integrated condom strategy with all stakeholders and partners that encompasses the following areas: leadership and coordination; demand, access and utilization; supply and commodity security; and overall support.

STEP 4

DEVELOP A MULTI-YEAR OPERATIONAL PLAN AND BUDGET

For each component of the national condom strategy, create an operational plan that includes: activities to be undertaken; division of labour for each partner; time frame; cost; and process indicators. Ensure the buy-in of key stakeholders by including them in key decisions.



STEP 5

LINK THE MULTI-YEAR OPERATIONAL PLAN WITH THE NATIONAL COMMODITY SECURITY PLAN

Link the operational plan, where possible, to existing logistics systems including systems for forecasting, procurement, distribution and warehousing of essential drugs and reproductive health and HIV-related commodities.

STEP 7

STRENGTHEN HUMAN RESOURCES AND INSTITUTIONAL CAPACITY

Identify the strengths and gaps in human resource and institutional capacity and determine how such gaps can be filled; develop, obtain or adapt existing training materials; train trainers, drawing from the public and private sectors, civil society and social marketers.

STEP 6

MOBILIZE FINANCIAL RESOURCES

Identify available, committed and potential resources for implementing the operational plan; determine funding gaps; advocate for and secure the necessary funds; and develop a reporting system to provide routine feedback to donors.

MOVING FORWARD

Scaling up to achieve universal access to male and female condoms is essential; governments and donors must make the necessary investments now.

Thanks to the collaborative efforts of many partners, the groundwork is being laid to provide male and female condoms to all couples who need them, and to educate people about the importance of their use. Within the next few years data will become available that will demonstrate the extent to which today's Comprehensive Condom Programming is succeeding in lowering the incidence of HIV and sexually transmitted infections and unintended pregnancies. All signs indicate that considerable progress is being made.

Yet more remains to be done to strengthen HIV prevention efforts and to develop the capacity of governments to maintain effective condom programming. The cost of planning, implementing and managing condom programmes in resource-poor countries is approximately four times the cost of the commodities themselves. And costs are always higher during the start-up phase. Over time, as condom programmes mature and become better integrated with other sexual and reproductive health and HIV prevention interventions, the programming and management costs will decline.

Scaling up to achieve universal access to male and female condoms is essential; governments and donors must make the necessary investments now. But procurement and supply of good quality condoms are only part of a complex web of activities. Without committing investments to strengthen local capacities for leadership, demand-creation, distribution and management support, those good quality condoms will simply gather dust on warehouse shelves until their expiration dates have passed. If this is allowed to happen, the development community will have missed a vital opportunity to fully exploit one of the most powerful and flexible tools for HIV prevention.

**THE COST OF PLANNING,
IMPLEMENTING AND MANAGING
CONDOM PROGRAMMES IN
RESOURCE-POOR COUNTRIES IS
APPROXIMATELY FOUR TIMES
THE COST OF THE COMMODITIES
THEMSELVES.**



A heart shape is formed by a string of warm white lights against a dark background. The lights are arranged in a continuous line that curves to form the top and sides of the heart, with a slight gap at the bottom point. The lights are out of focus, creating a soft, glowing effect.

MAKING HIV PREVENTION

A UNIVERSAL REALITY



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