

Ethiopia National Condom Strategy 2019 – 2023

Federal HIV/AIDS Prevention & Control Office

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MINISTRY OF HEALTH-ETHIOPIA



Table of Contents

Acknowledgments	4
Acronyms	5
Forward	6
1. Introduction	7
2. Situational Analysis	8
3. The National Condom Strategy	13
3.1. Overall Goal	13
3.2. Guiding Principles	13
3.3. Strategies	14
Strategy 1:	14
Enhance supportive environment for the implementation of coordinated and sustainable condom programming	14
Strategy 2:	14
Ensure the availability and accessibility of quality condoms in affordable and sustainable manner	14
Strategy 3:	15
Increase demand and enhance correct and consistent utilization of condoms	15
Strategy 4:	15
Generate strategic information and ensure an integrated, effective monitoring and evaluation system for condom programming	15
3.4. Roles and Responsibilities	15

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Acronyms

AAIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ARC	AIDS Resource Center
BCC	Behavior Change Communication
CSA	Central Statistics Agency
CSW	Commercial Sex Worker
NCTWG	National Condom Technical Working Group
DFID	Department for International Development
EPHA	Ethiopian Public Health Association
EPHI	Ethiopian Public Health Institute
FBO	Faith Based Organization
FHAPCO	Federal HIV/AIDS Prevention & Control Office
FDA	Food and Drug Authority
FMOH	Federal Ministry of Health
FP	Family Planning
HCT	HIV Counseling & Testing
HIV	Human Immunodeficiency Virus
JSI	John Snow Inc.
KAP	Knowledge, Attitude and Practice
LMIS	Logistics Management Information System
MARPs	Most at Risk Populations
MOH	Ministry of Health
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
EPSA	Ethiopian Pharmaceutical Supplies Agency
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
SBCC	Social and Behavior Change Communication
SPM II	Strategic Plan II for Intensifying Multi-sectoral HIV & AIDS Response
STI	Sexually Transmitted Infections
UNAIDS	United Nations Program on HIV AIDS
UNFPA	United Nations Population Fund
USAID	United States Aid for International Development
WHO	World Health Organization

Forward

The government of Ethiopia has been responding to the needs for social services and has displayed serious commitment in addressing the HIV/AIDS epidemic and providing sexual and reproductive health services. This commitment turns into action through the provision of quality services and putting in place appropriate policies and strategies. However, despite the efforts made and the encouraging results gained, HIV/AIDS and sexual and reproductive health (SRH) continue to be major public health concerns in our country.

Condom programming has played a pivotal role for the success of HIV/AIDS prevention and family planning services in the country. However, the current situation of condom programming reveals gaps in the areas of programme coordination, supply chain management and access to quality condoms, highlighting the need for a comprehensive national condom strategy.

A supportive environment with the right policies, strategies, regulations and guidelines is critical for effective implementation of programmes. In line with this principle, and based on evidence of current HIV/AIDS and SRH trends in the country, this condom strategy was developed. With the leadership of FHAPCO and continued technical support from the NaHPAG, consultants reviewed relevant documents, produced situational analysis and pinpointed gaps and challenges to be addressed. To ensure high levels of participation, all partners working on condom programming in Ethiopia were engaged in the process. The condom strategy will be implemented from 2019 to 2025 and is designed to complement the 2015-2020 Strategic Plan (Investment Case approach) and the 2021-2025 Strategic Plan.

In conclusion, Ethiopia's condom strategy addresses the gaps and challenges encountered in order to ensure access to quality condoms. It is my strong belief that our partners will continue to play a vital role in providing financial and technical support in the implementation of the strategy. I hope the condom strategy will complement other strategies and will make a profound contribution in reversing the HIV epidemic and addressing sexual and reproductive health issues in the country.

Dr. Tsigereda Kifle

Director General, FHAPCO

1. Introduction

Condoms, both male and female, are the most efficient and easily available method to reduce sexually transmitted infections (STIs), including HIV, and prevent unwanted pregnancy. Strong evidence from laboratory and clinical studies show that condoms effectively reduce the risk of HIV transmission (UNFPA, Comprehensive Condom Programming, 2010). Likewise, with correct and consistent use, condoms offer protection against pregnancy in about 98% of cases (WHO, Fact Sheets, 2015).

The current family planning (FP) trends show that knowledge of contraceptive methods is nearly universal in Ethiopia. However, the use of condoms as contraceptive method is much lower and stagnates at 0.3% among all women (Ethiopian Demographic and Health Survey (EDHS) 2016).

In the Ethiopian context, transmission of HIV happens primarily through unprotected sexual intercourse. Hence, changing behavior to promote safer sexual practices, including condom use, is fundamental in controlling the epidemic. Condoms lay at the core of HIV prevention strategy.

Although the use of female condoms is a suitable and empowering option for women seeking protection against STIs, including HIV, and unwanted pregnancy, its acceptance and availability remain at an unacceptable low level in Ethiopia. This low acceptance and limited availability of female condoms deprives women from making their own decisions about protecting their health.

Moreover, due to gender disparity in both the HIV epidemic and in reproductive health rights, the female condom is an important supplement to the male condom. Among the documented advantages of the female condom, it increases sexual pleasure for the couple, can be inserted in advance, doesn't require immediate removal and can be used during menstruation. Advocating for the promotion and use of female condoms will ensure accessibility for women who need it.

Despite the inconsistency in the numbers of condoms distributed and underperformance in implementing condom programmes in the country, condoms have significantly contributed to the HIV prevention and FP programmes. In recent years of the SPM II, there was considerable improvement in distributing condoms to high-risk populations. However, condom programming, as outlined in the Investment Case, has shortcomings with regard to coordination, coverage, evidence generation and demand creation.

In response, the FMOH and FHAPCO initiated the process of developing the national condom strategy to ensure equity and accessibility of quality condoms to all people who need them. It sets out to establish equitable, efficient, sustainable and effective ways for the distribution of condoms. The strategy will provide direction in addressing major gaps and challenges regarding condom programming in Ethiopia.

2. Situational Analysis

2.1. HIV/AIDS Situation

Worldwide, the HIV/AIDS pandemic has resulted in the death of more than 39 million people while more than 36.9 million are estimated to be living with the virus (PLHIV). Among these, more than 25 million live in sub-Saharan African countries. Globally, about 75% of PLHIV live in not more than fifteen countries, including Ethiopia (UNAIDS 2017 Report).

New HIV infections and AIDS-related deaths have declined sharply in the past decade. The most recent EDHS of 2016 reported a national adult HIV prevalence of 0.9% (ranging from 0.7% to 1.1%).

HIV prevalence in Ethiopia significantly varies across geographic areas, population groups, and age and sex categories. HIV prevalence is higher in Gambella (4.8%), Addis Ababa (3.4%), Dire Dawa (2.5%) and Harari (2.4%). The spread is relatively lower in Oromia (0.7%), SNN-PR (0.4%) and Somali region (0.1%).

The average HIV prevalence rate in urban areas is 2.9%, which is seven times higher than in rural areas with a prevalence of 0.4% (2016, EDHS).

HIV transmission varies across different key and priority population groups. The highest HIV prevalence is recorded among female sex workers (23%), followed by truckers (4.6%), according to the EPHI 2014. There are geographic variations in HIV prevalence among key population groups, ranging from 14% in Hawassa town to 32% in Mekele town (EPHI 2014).

Studies reveal that HIV prevalence is very high among some priority population groups. These Key and priority population groups include prisoners (4.2%), widowed persons (10.9%) and partners of PLHIV (EDHS 2016). Members of these groups are at higher risk of infection and are a major driving force for the spread of HIV transmission in the country. In addition, 59% of PLHIV are currently married and two out of every three married or cohabiting couples where either partner is HIV positive are serodiscordant. Thus, serodiscordant couples could be a major source of new infections in Ethiopia but they have not been properly targeted through existing prevention programmes. Research among heterosexual discordant couples shows that correct and consistent condom use significantly reduces the risk of HIV transmission from men to women and vice versa (WHO, UNAIDS and UNFPA, 2004).

2.2. Family Planning Situation

In Ethiopia, knowledge of contraceptive methods is almost universal, with 99% of married women and men aged 15-49 years knowing at least one method of contraception. Among women aged 15-49 years, more women (66.2%) know the male condom as a contraceptive method than the female condom (21.7%). The use of contraceptive methods is low among all women and particularly among those aged 15-19 years. Current contraceptive prevalence rate (CPR) is 36% for all women and 35% for married women. Among modern family planning methods, the majority of women use injectables (23%), followed by implants (8%). The use of condoms as a contraceptive method among all women aged 15-49 stands at a significantly low level ranging between 0.3% and 0.8% in urban areas and 0.2% in rural areas (CSA, 2014).

Four in every ten currently married women (36%) use any method of contraception. Among these, less than one percent were using male condoms as a modern contraceptive method. Condom use as contraceptive is higher in Addis Ababa (1.8%) and Diredawa (1.6%) than in most regions (below 1% in Tigray, Afar, Oromia, Somali, and Benishangul-Gumuz).

Available evidence shows that condom use at last sex is highest among casual non-marital partners and is virtually non-existent among married and cohabiting couples, who account for 90% of most recent sexual contacts. Overall, 51% of men and 19% of women reported using a condom the last time they had sex with a non-marital partner, representing a notable three-fold difference among men and women. Of these, approximately four in five reported using condoms consistently over the last month. (CSA, 2016)

2.3. National Condom Response

Ethiopia has followed up on its international commitments by adopting and implementing a series of policies and strategies aimed at creating a conducive environment for all Ethiopians to have access to basic social and health services. Appropriate policies and strategies have been developed in response to the HIV/AIDS epidemic and to sexual and reproductive health issues. The national health policy, the population policy and the HIV/AIDS policy are major documents developed to create a supportive environment for effective implementation of the HIV/AIDS and family planning (FP) programmes.

In fact, condoms are a major component of these policies. As a result, condoms have been distributed as contraceptive health commodities throughout the health system at all levels, from hospitals to health posts in both urban and rural settings.

In line with this approach, different sector ministries and agencies have been engaged in the implementation of the condom programme.

The Ministry of Health (MoH) is responsible for the leadership of the overall health programme in the country. It recently released guidelines for FP services in Ethiopia' to guide stakeholders to expand and ensure quality FP services. The guidelines include new outlets for FP services (including condoms), in addition to the existing facility-based outlets and outreach services.

The FHAPCO is responsible for the coordination of the HIV/AIDS responses and set condoms as one of the major pillars of the HIV prevention strategies in the National HIV Prevention Roadmap 2018. The national and regional HIV/AIDS councils and offices are mandated to lead the implementation of HIV/AIDS strategies and programme interventions through coordination, regular supportive supervision, and joint review meetings. Other coordination mechanisms include the National Partnership and Donors' Forum, the NaHPAG, and the Condom Technical Working Group led by FHAPCO. In addition, the Investment Case framework placed condom programming as the cornerstone for HIV prevention in Ethiopia, providing guidance for forecasting national need of condoms and setting detailed targets at national and regional level.

The Food and Drug Authority (FDA) is responsible for quality control and in-country quality testing of health and medical supplies, including condoms. FDA provides the registration and licensing for condom importers in the country.

Currently, all importers are required to procure condoms from four registered condom manufacturers. The major importers of condoms into the country are USAID, UNFPA, EPSA, DKT PSI-Ethiopia and UNFPA are responsible for the distribution of free condoms through NGOs and community-based organizations. Socially marketed condoms (with subsidized prices) are mainly distributed through DKT-Ethiopia, which has been operating as a social marketing agency in Ethiopia since 1991.

The socially marketed brands are highly accessible through multiple commercial outlets like pharmacies, drug stores, kiosks, hotels and nightclubs, and through peer educators.

Social marketing promotions for specific brands and generic communication are the major tools used for demand creation of condoms. Moreover, various advocacy efforts at the highest level in Parliament are underway to increase support for HIV and FP programmes at community level.

2.4. Major Gaps and Challenges

Although the condom programme has been one of the most important interventions for the success of both HIV prevention and FP programmes in the country, its implementation is dependent on socially marketed and free condoms, with limited attention given to the promotion and distribution of commercially marketed condoms for those who are willing and able to pay. This may create a major implementation challenge to the sustainability of the programme, given the current trend of global reduction of resources for HIV/AIDS programmes. The following section analyzes the gaps and challenges related to condom programming in Ethiopia.

Coordination

Though condoms are at the centre of the national HIV prevention programme, the absence of a national comprehensive condom strategy to ensure efficient utilization of resources is a major gap. There is a weak coordination mechanism to bring together all the actors engaged in condom programming. As a result, condoms for family planning purposes are separately managed from condoms for the HIV programme in terms of quantification, procurement, warehousing, distribution and tracking.

Ensuring Sustainability

Even though condom licensing procedures are in place, some implementing organizations have complained that the licensing process is time consuming due to long screening and testing procedures. They also observed that the small number of licensed manufacturers at national level limits the availability of a wide range of brands. This can constrain and delay the procurement process and consequently disrupt the continuous supply of condoms, which in turn affects the sustainability of behavior change related to condom use.

Above all, different partners use different condom quantification modalities and procure for their specific purposes. Quantifications are done based on demographic data and historical sales trends (in the case of social marketing) but lack of information among the sexually active population makes it difficult to make a complete quantification. There is no responsible body to coordinate and guide national condom need quantification, estimation, purchase and distribution, activities that

are carried out by different actors through free, social marketing and commercial channels. Lack of coordination could result in inaccurate estimates of condom needs and affect the sustainable distribution of condoms.

Distribution

Integrating the efforts of the different actors involved in the procurement and distribution of condoms is another crucial challenge. Two major gaps have been identified in the distribution of condoms. The first is the absence of efficient utilization of the existing distribution mechanisms and the second is limited coordination of warehousing infrastructures.

While Ethiopia's successful social marketing programme accounts for a fair proportion of all condoms distributed, the private commercial sector has remained virtually non-existent. The national market for condoms in the fiscal year 2010/2011 was split between social market (58%), free distribution (41%) and private sector sales (1%).

Trends observed in recent years show that condom distribution has been inconsistent and underperforming. The low achievement could be attributed to overambitious targets and ineffective tracking mechanisms, resulting in targets that exceed the actual need. Uncoordinated distribution has led to instances when condoms run out of stock in some places while excess condoms are available elsewhere. In addition, the condom programme lacks an effective and efficient mechanism for targeted distribution of free, socially marketed and commercial condoms, based on the principle of the total market approach.

Communication

Promoting proper and consistent condom use is one of the most commonly advocated preventive behavioral interventions for female sex workers (FSW) in Ethiopia. Encouraging results have been observed among FSW, with over 99% reporting condom use at last sex with paying clients and over 80% reporting consistent condom use over the last month (TransACTION 2011; Population Council 2009). However, according to the same reports, between 15% to 25% of FSWs reported having boyfriends or regular sexual partners. Consistent condom use with such partners was found to be substantially lower, ranging from 40% to 60%. This is a major gap in addressing HIV transmission where unsafe sexual relationships are common.

Also lacking is a systematic and well-designed national condom communication guidelines, responsive to the current context and challenges, to guide demand generation and increase condom use. Most, if not all, HIV prevention and FP programmes focus mainly on male condoms. Therefore, promotion and advocacy of female condoms as part of the national HIV/AIDS response and FP options need to be considered.

Behavior change communication messaging needs to be evidence-based and tailored to specific targets according to their psychographic segmentation. In terms of quality of messages, choice of appropriate media, and selection of target population, the existing communication efforts to generate condom demand are inadequate, poorly standardized, and highly generalized.

Data Generation and Tracking mechanisms

Data and evidence are lacking to inform condom distribution modalities and outlets in order to improve accessibility and determine which target groups should receive free condoms. There is limited clarity on the intended recipients of free or socially marketed condoms.

Accessibility levels are still sub-optimal in reaching all target groups that need condoms. Factors that affect users' access to condoms include cost and availability at suitable places and times.

In addition, several national and small-scale assessments have shown that correct and consistent use of condoms among high-risk groups is low. For instance, condom use is low and inconsistent among regular partners of FSWs, and among regular, non-paying partners of youth, truck drivers and daily labourers.

Tracking condom distribution and inclusion of all condoms distributed in the national Logistic Management Information System (LMIS) and other tracking mechanisms is poor. For instance, tracking distribution of free condoms for HIV is difficult because they are not included in the LMIS. The lack of a coordinated mechanism to generate strategic information to support evidence-based decision-making has hampered rigorous and informed planning for the condom programme.

Currently, implementing agencies report distribution data at the regional level to health bureaux and HAPCOs, which in turn report it upward to FHAPCO. A clear and accountable framework of reporting by implementing partners about condom distribution and use is needed.

Lack of targeted condom programming for Key and priority Populations

Given that key and priority populations are the main drivers of the HIV epidemic in Ethiopia, condom programming needs to place these populations at the center of interventions. Despite the successes achieved in HIV prevention and control, targeted condom programming for key and priority populations requires improvement.

Lack of a Strategy for Access to Lubricant

The use of water-based lubricants is important to maximize the pleasurable of sexual act while consistently and correctly using condoms. Literatures revealed that the use of lubricant with condom among FSWs provided a number of advantages including improve lubrication, moistening and comfort during intercourse (REF).

A study from Sex workers in brothels in the American state of Nevada reported that there was a high rate of additional lubricant used with condoms among FSW. . According to the same report, 89% of FSW were used additional water-based lubricant with condoms. These women most frequently apply additional lubricant to the outside of the condom or the surfaces of the vagina (REF).

Limited Demand creation for Female condoms

Female condom programme experience shows improvements in utilization of female condoms among FSW but there is still a need to strengthen distribution and demand creation activities at scale. A programme level insight study conducted by the MULU /MARPs project among FSW showed relatively low acceptance of female condoms. The low acceptance might not largely be inherent in the product but appears to be linked to low levels of skills on how to use it properly. It might also be due to poor positioning of the female condom, creating the impression they are difficult to use, less important or even irrelevant as long as male condoms are available.

3. The National Condom Strategy

3.1. Overall Goal

The goal of the national condom strategy is to ensure sustainable and equitable access to quality condoms.

3.2. Guiding Principles

Total Market Approach: Harmonization of the provision of free, social marketing and commercial condoms will ensure that subsidized and free condoms reach those who cannot afford them. This strategy will embrace all actors and sectors to contribute to forecasting, promotion and distribution of condoms, according to their comparative advantages.

Total market approach is defined as a process to “assess the characteristics of existing and likely future markets, and to define the comparative advantage of commercial, social marketing, non-governmental organization, and public sector actors in terms of competence and value for money in delivering a range of products or services to different market segments, including the poorest. It can enable closer and more structured linkages with commercial, public and non-governmental organizational sectors and aid the gradual shifting of consumers with sufficient purchasing power out of the public sector.” (Chapman, Collumbien & Karlyn, 2006).

Evidence based – The generation of strategic information is vital for condom programming and for identifying appropriate standards and specification of condoms, forecasting, distribution, demand creation and utilization

Equity to access for: All men and women from all segments of the population in both urban and rural areas should have easy and timely access to male and female condoms when they need them, without restriction or exclusion.

Partnership - Integration of condom programmes within relevant programmes and coordination of the programmes through engagement of all stakeholders.

Gender sensitivity – Recognize the social, cultural, and economic contexts that affect use of condoms among women.

Sustainability – Ensure access to quality condoms in an equitable manner, with total market approach without disruption.

Quality: The quality of condoms is the critical element of condom programmes. To guide consumers on condom quality, the WHO Department of Reproductive Health and Research (WHO/RHR), UNFPA and other partner agencies working with the International Organization for Standards/ Technical Committee 157 (ISO/TC 157) have set the following specification and standards:

- Appropriate length, width and strength of the condom in relation to effectiveness, comfort and size.
- Establishment of requirements for stability data (both real-time and accelerated) to support shelf life claims and stated expiry dates.

- Adequate protection against harsh environmental conditions due to inadequate systems of storage and distribution.
- Appropriate packaging, labeling and information on how to use condoms.
- Appropriate design options to meet users' needs.

3.3. Strategies

Strategy 1: Enhance a supportive environment and leadership for the implementation of coordinated and sustainable condom programming.

Interventions:

- Lead the implementation of the national condom strategy.
- Establish condom programme coordination and partnership platform at national and regional level.
- Strengthen and ensure the sustainability of available financing for the procurement and distribution of free, socially marketed and commercial condoms.
- Improve the regulations and procedures for importation and distribution of condoms.

Strategy 2: Ensure the availability and accessibility of quality condoms in a sustainable manner.

- Enhance quantification and procurement mechanisms for overall national condom need.
- Strengthen the logistics system for condom distribution.
- Expand and diversify condom distribution outlets and modalities targeted to free, socially marketed and commercial condoms.
- Strengthen targeted provision of condoms to key and priority populations and other vulnerable groups.
- Improve quality assurance mechanisms for the importation and distribution of condoms.
- Strengthen efficient distribution system for condoms.
- Promote in-country production of quality condoms.

Strategy 3: Increase demand and enhance correct and consistent utilization of condoms among different segments of the population.

Interventions:

- Develop a targeted condom demand generation strategy.
- Promote total market approach for condoms.
- Develop national guidelines to standardize condom-related SBCC and media promotion.
- Ensure an informed and sustained demand for condoms.

- Build the capacity of condom promoters and providers, through job aids and other tools, to effectively impart skills for correct and consistent condom use.
- Promote correct and consistent condom use among key and priority populations.
- Promote and advocate the use of female condoms.
- Ensure availability and accessibility of female condoms.

Strategy 4: Generate strategic information and ensure an integrated, effective monitoring and evaluation system for condom programming.

Interventions:

- Generate strategic information for quantification and forecasting of condoms and universe of need of condoms in the country.
- Conduct operational research on condom use among different population groups including at risk and vulnerable groups.
- Strengthen the current LMIS and establish a mechanism for capturing overall condom distribution at national level.
- Strengthen the MRIS to capture all condoms distributed at community level.
- Enhance the monitoring and evaluation of the condom programming.

3.4 Roles and Responsibilities

Efficient engagement of the different actors involved in the programme is pivotal to attain effective condom programming. Both public and private sectors, including development partners, have a vital role to play in the successful implementation of the programme. The major roles and responsibilities of key actors are described below.

Federal Ministry of Health

FMOH will take the overall leadership of condom programming. FMOH is mandated to ensure provision and accessibility of comprehensive reproductive health services throughout the country. FMOH provides policy direction regarding condom programming, since condoms are one of HIV/STI and unwanted pregnancies prevention health commodities. The main roles of FMOH include:

- Lead the review of guidelines and procedures to create a supportive environment for effective implementation of the condom strategy, as needed.
- Give policy direction for effective and sustainable condom procurement and distribution mechanisms by stakeholders who supply free, socially subsidized and commercially sold condoms.
- Oversight the overall condom programming in the country.
- Oversight and facilitate domestic and international resource mobilization for sustainable condom supply.

- Establish monitoring and evaluation mechanism for the condom program and integrate all condom programs into the national LMIS
- Define a mechanism for condom market segmentation and equitable distribution.
- Encourage investment in local condom manufacturing.
- Ensure adequate capacity and staffing for condom programming.

Regional Health Bureau

- Create a supportive environment for effective implementation of the condom strategy, as needed in the region.
- Liaise between PFSA, MOH and health facilities to ensure the availability of guidelines, procedures and sustainable condom supply at service delivery points.
- Support the national condom quantification by providing facility level data.
- Establish a coordination mechanism at regional level
- Support supply chain management capacity at different levels.
- Implement monitoring and evaluation of condom program as the per the national LMIS.
- Ensure proper storage of condoms at facility level.

Federal and Regional HIV/AIDS Prevention and Control Office

FHAPCO is a mandated government entity for the coordination of the overall HIV/AIDS response in the country. The office will have the following roles:

- Coordinate the translation and implementation of the condom strategy.
- Lead the National Condom Technical Working Group (CTWG).
- Coordinate the quantification, demand forecasting and universe of need for condoms.
- Coordinate all international and local development partners for effective resource mobilization for the implementation of the condom programme.
- Coordinate development and production of condom policy documents (strategies, guidelines, operational plans and standard operating procedures).
- Ensure the implementation of total market approach.
- Standardize the design and production of condom SBCC.
- Develop a mechanism for tracking condom logistics and funding data in the MRIS.
- Ensure adequate capacity and staffing for condom programming.
- Build the capacity of stakeholders working on condom programming.
- Support the mechanism for pooled procurement of condoms for the public sector with harmonized procedures.

- Collect, summarize and consolidate data on condoms from partners and regions.
- Revise MRIS and M&E system to capture all HIV-related condoms distributed through different outlets.
- Strengthen the M&E system to monitor and evaluate condom distribution and utilization.
- Facilitate product diversification through the availability of different condoms.
- Ensure consistent and standardized media condom promotion.
- Conduct mapping and assessment to generate evidence for the segmentation of the population into total marketing categories.
- Facilitate investment attractions for the possible establishment of condom manufacturing plants in the country.
- Use PLHA associations and networks for demand creation and distribution among the PLHA community.

EPSA

- Lead universe of need calculation and demand forecasting.
- Conduct quantification of condoms and develop quantification document with annual supply plan.
- Lead the procurement, warehousing and condom distribution.
- Procure free public use condoms based on the annual forecast and supply plan at affordable prices.
- Ensure procurement of quality condoms with adequate shelf life from reliable suppliers.
- Ensure proper storage, distribution, availability and accessibility of quality condoms at facility level in a sustainable manner.
- Carry out inventory management activity by ensuring information is captured in the national health LMIS in a harmonized way.
- Collect, validate, analyse, and utilize information captured in LMIS to ensure uninterrupted supply of quality condoms and minimize the occurrence of expired condoms.

FDA

- Ensure a favourable environment for product diversification (e.g. implement fast-track registration process; timely revision of the list of condom suppliers).
- Review existing standards for licensing, registration and clearance to facilitate the involvement of all condom supply sectors.
- Develop standardized Q&A tools that can be used by all sectors of condom importers.
- Ensure the quality of condoms imported to fulfill the needs, including HIV/STI prevention and family planning services.

- Conduct follow-up inspection to ensure proper handling and storage.
- Perform post-market surveillance to crosscheck the quality of condoms.
- Develop/revise policy to encourage private sector involvement in condom marketing.

EPHI

- Generate evidence on condom availability, accessibility and use necessary for quantification and targeted interventions. and disseminate the results.
- Work closely with FHAPCO to generate evidence for the segmentation of the population into total marketing categories.

Development Partners and CSOs

- Participate in the National Condom Technical Working Group to technically support the implementation of condom programming.
- Play a key role in the mobilization of funds for condom programming.
- Take part in condom procurement and importation.
- Conduct demand creation activities on condom use..
- Assist in the promotion, availability and accessibility of condoms.
- Provide support in condom programme review and evaluation.
- Assist the condom distribution system to ensure data sharing and tracking condom at national, regional and district levels.
- Ensure the capacity building of local agents to strengthen the institutional system for national condom programming.
- Assist in rapid assessment activities that will provide information to solve bottlenecks in the supply chain, warehousing and proper utilization.
- Avail resources to carry out research on condom use, willingness to pay, condom preferences and coverage (perceived availability and accessibility) by income and risk segments.
- Collaborate and strategically take roles in distributing any of the three options for condoms - free, socially marketed and commercial outlets - in consultation with the coordinating public sectors.
- Timely share good practices for replication and scale up.

Private sectors (Importers and retailers)

- Take part in condom procurement and importation.
- Engage in promotion, availability and accessibility of condoms.
- Participate in the National Condom Technical Working Group to technically support the implementation of the condom programming

Media

Proactive engagement on consistent condom promotion and demand creation for HIV prevention and family planning as a corporate social responsibility.

Contributors

MoH

FHAPCO

NEP+

USAID

CDC

UNAIDS

UNFPA

WHO

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FDA

EPSA

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Regional HAPCOs

Regional Health Bureaus

AHF –Ethiopia

