"The female condom: lessons learned and opportunities for expansion"

Chastain Mann
Marina Tiroyan
Denise van Dijk
The Woman’s Condom: Lessons learned from Malawi and considerations for female condoms in West Africa

Chastain Mann
Mann Global Health
22 March 2018
Whisper Woman’s Condom Pilot
2014-2017
Malawi

HIV prevalence (15-64) - 10.6%
Higher among women (12.8%)
compared to males (8.2%)

Modern Contraceptive Prevalence Rate 58%
Most popular methods are
injectables (30%)
implants (12%)
female sterilization (11%)

Female condoms are well known, but current use is very low (<1%)

Sources: MDHS 2015-16
Why is female condom use so low?

- Gaps in coordination, supply, and distribution
- Funding challenges, including limited resources for demand creation
- Resistance to female condoms on socio-cultural or religious grounds, as condoms are often associated with promiscuity
**Woman’s Condom**

**Condom Pouch**
Thin, polyurethane film. Provides good sensation and comfort during sex.

**Insertion Capsule**
Dissolving capsule made of polyvinyl alcohol. Eases handling and insertion. Ingredients leave the woman’s body with her natural vaginal secretions after use.

**Foam Shapes**
Small, thin sections of foam. Cling lightly to vaginal walls to ensure stability of condom during sex.

**Outer Ring**
Soft, polyurethane ring. Hugs the body, provides comfortable, flexible coverage of external genitals.
Archetypes: Consumers

Cynthia (20)  Ben (24)
Archetypes: Providers

Gladys, Pharmacy Owner

Dr. Banda, Clinic Owner
Whisper Distribution & Outreach

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Units Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lilongwe</td>
<td>5076</td>
</tr>
<tr>
<td>Blantyre</td>
<td>1608</td>
</tr>
<tr>
<td>Mzuzu</td>
<td>2224</td>
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</tbody>
</table>
Whisper Post-Market Research

February 2017
Study Objectives & Methodology

- Gain a deeper understanding of the:
  - Retailer experience with Whisper Woman’s Condom
  - Consumer experience with Whisper Woman’s Condom
  - Market factors that act as barriers to product uptake for Retailers and Consumers

<table>
<thead>
<tr>
<th>Study Type</th>
<th>Descriptive Market Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Method &amp; Tools</td>
<td>One-on-one in-depth interviews with Consumers and Retailers using a structured, tablet-based questionnaire.</td>
</tr>
<tr>
<td>Study Locations</td>
<td>Urban areas where <em>Whisper Woman’s Condom</em> is distributed: Lilongwe, Blantyre, Mzuzu</td>
</tr>
</tbody>
</table>
| Participants                    | • Retailers (n=40)  
                                    • Consumers (n=41) |
Consumer Results: Demographics & Access

• Average age: 27 years old
• Over half were university educated
• 41% were married or in a steady relationship
• Only 44% knew of a place to purchase Whisper, and only 29% ever had
• Most purchases occurred in a pharmacy, and were because consumers wanted to try something new; next most popular reason was the product design
• The top barriers to purchasing Whisper were shyness, fear, and embarrassment (39%), followed by the price (32% - average cited cost of 284MWK/0.39USD)
Consumer Results: Satisfaction & Use

Overall, how satisfied were you with your experience using Whisper?
Satisfied (88%)
Neutral (6%)
Dissatisfied (6%)

In your opinion, what was/were the best feature(s) of Whisper?
Soft and thin material (69%)
Lubricant Sachet (44%)
Easy to Insert (31%)
Stable during sex (31%)

What are some barriers that consumers might face in using Whisper for the first time?
Lack of knowledge of how to use the product (20%)
Fear of specific product features (foam shapes, insertion capsule) (10%)
Time-consuming insertion process (12%)

How likely are you to recommend Whisper to a friend?
Very likely (64%)
Somewhat likely (29%)
Neutral (5%)
Somewhat unlikely (2%)
Retailer Results: Access

Price Selling Whisper (per condom)

<table>
<thead>
<tr>
<th>Price</th>
<th>MWK</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td>0.21</td>
<td></td>
</tr>
<tr>
<td>263</td>
<td>0.36</td>
<td>(Avg)</td>
</tr>
<tr>
<td>350</td>
<td>0.48</td>
<td></td>
</tr>
</tbody>
</table>

Are you currently stocking or have you previously stocked Whisper?
• Currently Stocking (63%)
• Previously Stocked (12%)
• Never Stocked (24%)

If not currently stocking, why not?
• No client demand/wants to see demand before purchase (39%)
• Out of stock/sold out (28%)
• Discouraged by previous experience stocking female condoms (22%)
• Lack of information about the product (17%)
• Interested in other condom brands (11%)
Retailer Results: Sales Experience

Has your experience stocking/selling Whisper been a positive one?
Yes (78%)
No (22%)

If yes, what do you LIKE about selling Whisper?
  It gives women more options (93%)
  It protects women against pregnancy and STIs (66%)
  I believe in family planning (41%)
  It has an attractive profit margin (34%)

If no, what do you DISLIKE about selling Whisper?
  Demand for product is low (88%)
  No return clients (38%)
  Too expensive for clients at my facility (13%)
Key Findings

Consumers:

• Low awareness
• Willingness to pay
• Previous users of female condoms were more willing to purchase the new version
• High levels of satisfaction among users
• High level of stigma among Consumers associated with purchasing female condoms
• Male Consumers were willing to purchase Whisper

Retailers

• Challenging to convince Retailers to purchase the product for the first time. Want guarantee of client demand.
• Pricing Flexibility
• Need to coach Retailers on how to create a welcoming environment for Consumers, especially for females given the high level of stigma.
### Opportunities

- Continue to highlight attractive features of the product and address concerns/misconceptions to drive trial
- Consider additional venues to reach target audience (institutions, bars, salons, universities)
- Step up demand creation activities, particularly in locations around retail outlets; engage men in outreach
- Support providers in counseling their clients on **Whisper**
- Work with Retailers to move away from the mentality that one female condom brand is enough
- Monitor price/ability to pay

### Challenges

- Slow-moving to consumers due to several factors:
  - Stigma
  - Previous negative experience with female condoms
  - Embarrassment/shyness about the product
  - Size of packaging and confusion about what is in the package
- Translating interest in the product/initial trial into sustained use
- Understanding male willingness to purchase/use **Whisper** and shifting stigma around female purchase of condoms
Thank you!
Willingness to pay for female condoms: is there a potential in the commercial market?

Marina Tiroyan
i+solutions, the Netherlands
27 October 2017
Female condoms: current situation in low- and middle income countries

- Available in public and/or private non-profit sectors
  - Provided free of charge or subsidized

- Decline in donor funding

- Limited access
  - High prices
  - Poor uptake
  - Low demand
Willingness to pay studies

Botswana - upper-middle income

*Market research on access and utilization of male and female condoms in Botswana*

Kenya - lower-middle income

*Willingness to pay for male and female condoms among urban Kenyans*

Mozambique - low income

*Willingness to pay for female condoms in Mozambique*
Objectives

To obtain better understanding on:

- Consumers ability and willingness to pay for female condoms and ideal price points;
- Providers’ perspective on consumers’ willingness to pay for condoms;
- Factors (barriers and enablers) that influence willingness to pay.
Methodology

- Questionnaires - willingness to pay
  - consumers
  - providers
- KII interviews

<table>
<thead>
<tr>
<th>Country</th>
<th>Location</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>Gaborone and Ngamiland provinces</td>
<td>Consumers (n=62)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providers (n=14)</td>
</tr>
<tr>
<td>Kenya</td>
<td>Nairobi</td>
<td>Consumers (n=127)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providers (n=10)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Maputo and Inhambane provinces</td>
<td>Consumers* (n=113)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providers (n=13)</td>
</tr>
</tbody>
</table>
## Consumers: demographic profile

<table>
<thead>
<tr>
<th>Country</th>
<th>Gender</th>
<th>Age</th>
<th>Education</th>
<th>Married/ in stable relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>female - 54%</td>
<td>18-24 years - 16%</td>
<td>University - 45%</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>male - 46%</td>
<td>&gt; 25 years - 84%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>female - 54%</td>
<td>18-24 years - 46%</td>
<td>University - 67%</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>male - 46%</td>
<td>&gt; 25 years - 54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>female - 80%</td>
<td>18-24 years - 43%</td>
<td>Secondary - 55%</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>male - 20%</td>
<td>&gt; 25 years - 57%</td>
<td></td>
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</tbody>
</table>

- Attendees of health facilities
- Youth population in universities, local NGO network
- Programs beneficiaries
Consumers: condom use and willingness to pay

- Botswana (n=62): 21% condom use, 16% WTP
- Kenya (n=127): 20% condom use, 27% WTP
- Mozambique (n=113): 100% condom use, 83% WTP

Legend: Green bar = Condom use, Blue bar = WTP
Consumers: willingness to pay

For a 5% increase, the willingness to pay is as follows:
- Botswana: 3%
- Kenya: 23%
- Mozambique: 71%

For a 10% increase, the willingness to pay is as follows:
- Botswana: 3%
- Kenya: 22%
- Mozambique: 70%
Consumers: the highest price

Botswana - US$ 0.55/unit
Kenya - US$ 1.42/unit
Mozambique - US$ 0.83/unit
Consumers: enablers for WTP

- Prevent HIV/STIs: 97%
- Prevent pregnancy: 81%
- Difficulty to obtain from public sector: 97%
- Branding: 46%
- Experiment: 92%

Botswana, Kenya, Mozambique
Consumers: barriers for WTP

Bar chart showing the percentage of consumers facing barriers for willingness to pay (WTP) in Botswana, Kenya, and Mozambique. The barriers include:

- Access to family planning (FC) method
- Another family planning (FP) method
- Trust in a partner
- Partner’s unwillingness
- High price
- Embarrassed or shy

The chart indicates the percentage of consumers facing each barrier.
Providers: enablers for WTP

- Prevent HIV/STIs: 89% (Botswana), 89% (Kenya), 100% (Mozambique)
- Prevent pregnancy: 78% (Botswana), 78% (Kenya), 75% (Mozambique)
- Difficulty to obtain from public sector: 22% (Botswana), 22% (Kenya)
- Branding: 11% (Botswana), 11% (Kenya), 17% (Mozambique)
- Experiment: 67% (Botswana), 11% (Kenya), 11% (Mozambique)
Providers: barriers for WTP

- **Access to FC:** 83%
- **Another FP method:** 50%
- **Partner’s unwillingness:** 50%
- **High price:** 89%
- **Embarrassed/shy:** 50%

**Providers: barriers for WTP**

- **Botswana**
- **Kenya**
- **Mozambique**
Key findings

- **Main enablers for WTP**
  - to prevent pregnancy
  - to prevent HIV/STIs

- **Main barriers**
  - Poor access
  - High price
  - Partner influence

- **The highest price is equal or below the current market price**
Conclusion

- Potential for private commercial sector
- Public sector policy
- Determine pricing policy, test pricing strategies
- Improve supply chain management
- Increase service delivery/distribution points
- Improve visibility on demand and consumption from all sectors
- Focus on youth and advocacy
- Further research covering rural and remote areas
Acknowledgment

• Universal Access to Female Condoms Programme
• Dutch Ministry of Foreign Affairs
• Share-Net International
• Pathfinder International, Mozambique
• Ministry of Health, Kenya
• Muthaa Community Development Foundation, Kenya
• Ministry of Health and Wellness, Botswana
• UNFPA country office, Botswana
THANK YOU
The FC2 female condom: guaranteed access as the key to success in public sector

Denise van Dijk
President, Female Health Company
22 March 2018
FC2 Global Female Condom Market (Public Sector)

- Fluctuates annually between 20-70 million units globally, average of 50 million units
- This year lowest procurement of female condoms in a decade, less than 30 million
- Demand creation and sustainability are severely jeopardised by major decrease in supply
- FC is the first thing to go as it is seen as:
  - Not in demand
  - Not accepted
  - Too expensive
Debunking the excuses

• FC2 is Accepted!
  • 2017: UNFPA Uruguay research 77% of average women rated the FC2 as good or very good and 81% would continue using it in the future.

• FC2 is in Demand!
  • 2017: The national female condom evaluation in SA funded by Pepfar and conducted over 2 years, shows that 99% of all FC2 carried by clinics gets distributed.

• FC2 provides Return on Investment!
  • In Kenya every $1,- in procurement provides an ROI of $1,94 in Nigeria this is $3,20.
Guaranteed Access model

- Map out distribution outlets for FC2 based on the procurement quantity
- Develop IEC materials in local languages
- Enlist local master trainers
- Develop target group specific trainings
- Only train people who are part of the community in which access to FC2 is in place linking demand creation with guaranteed access.
Example: FC2 in South Africa

- Present in SA since the introduction of FC1 in 1998
- FC2 became available in 2010
- Since 2012 also other female condom brands
- Current tender volume 52 million FCs over 3 years
- 27 million FCs distributed in 2015-2016 alone
- FHC provided training since introduction of FC2 to all distribution outlets

*Key is to link training to guaranteed access*
Results:

• FC2 which was accompanied by training had a distribution rate of 99%
  • As compared to 2 other female condom types with distribution rates of 34% and 7% and who did not provide training

• The level of unprotected sex (no MC or FC use) declined from 43.3% at baseline to 8.4% at 12 months.

• 80% of women felt that FC use placed the woman in charge

• At their one month interview, 58% of men said that the FC was ‘better or much better’ than the MC, and at 12 months this rose to 74%.
Demand creation and Guaranteed access (supply) need to be linked in order to create an impact for the FC2 female condom. In turn, the female condom will then be accepted, in demand, and provide a financial return on investment!
Questions