SUPPLY INITIATIVE
Meeting the Need for Reproductive Health Supplies
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Access to Condoms and Contraceptives – Vital For the Prevention of HIV

Nearly forty million people worldwide are now living with HIV/AIDS, and of these, 5 million were newly infected in 2003.[1] The continued spread of the HIV/AIDS pandemic has ignited a strong response from the international community, but these efforts must not ignore the presently unmet need for condoms and for programmes informing people about how condoms can save their lives.

One of the Millennium Declaration's targets is to "halt and begin to reverse the spread of HIV/AIDS by 2015." Unless significant steps are taken now to ensure availability of condoms, this milestone will be unreachable.

Why Condoms?

The vast majority of HIV infections are sexually transmitted, and therefore preventable, if people have access to an adequate supply of condoms and use them correctly and consistently. They are currently the only product that can protect against sexually transmitted HIV.

The Role of Condoms and Contraceptive Supplies in Preventing HIV in Women and Children

Women are disproportionately infected by HIV/AIDS. In sub-Saharan Africa, nearly 60 percent of people living with HIV/AIDS are women. [2] This is, largely, because women and girls in many societies are not in a position to negotiate safe sex or abstain from sex, and many are often the victims of sexual coercion or violence.

The efforts of programme staff, working to change these sorts of social and cultural barriers to HIV prevention, are seriously undermined if they cannot consistently provide condoms to clients.

> *"In Cambodia…it seemed so senseless to spend a huge amount of money and effort on encouraging behaviour change and then discover that people who wanted to protect themselves couldn't get their hands on condoms."*
> **– Project Manager, Phnom Penh.**

This includes female condoms, which offer the benefit of enhanced female control over the use of protection. Although they are more expensive than male condoms, subsidised prices in a Zimbabwean programme have resulted in protection from HIV for women involved.[3]

In addition, family planning services, backed up by dependable supplies of condoms and other contraceptives, are a crucial step in reducing the number of HIV infections transmitted between infected pregnant women and their infants – a number that reached 800,000 in 2002.[4] Preventing both HIV infection in women and unintended pregnancies in HIV-positive women are essential in halting mother-to-child transmission of the infection, and to reaching the United Nations' goal of reducing the number of infants infected with HIV by half by 2010. These two steps alone, when achieved through the provision of family planning services, information and counselling, can reduce the number of infants infected with HIV by 35 to 45 percent.[5]

> *In May 2004 a group of nearly 60 representatives of governments and international NGOs at Glion, Switzerland called for "Governments, parliamentarians, UN agencies, donors, civil society, including NGOs and community-based organisations, to:*
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> *Strengthen commitment to achieving universal access to reproductive health services, including family planning, and recognize and support the contribution of these services to HIV/AIDS prevention efforts.*
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> *Operationalise the linkage between family planning and PMTCT... (through training, ensuring the supply of ARVs, contraceptives, HIV testing kits, pregnancy testing kits, male and female condoms).*
>
> *Rectify the severe funding shortfall for the provision of RH supplies, including contraceptives and condoms, and invest in the logistics systems in countries to improve their ability to procure, forecast and deliver those supplies."*

The Condom Gap

UNFPA now estimates that developing countries need around 10 billion condoms per year, and may need more than 18 billion by 2015.[6]

The increased need takes into account the spread of the pandemic and the success of HIV prevention and family planning education programmes in stimulating demand. It also reflects the overall increase in population, especially those aged between 15-24.

> *"I am the president of the Society for Women against AIDS in Mauritania. We have a large problem concerning the shortage of contraceptives, especially condoms. The young people visit us daily, asking for condoms… We receive [only] 20 packets, each containing 100 condoms per year, from the national AIDS programme."*

In sub-Saharan Africa, where HIV prevalence rates can be as high as nearly 40 percent of the population,[7] donors provide, on average, just 4.6 condoms per man per year.[8] Yet condoms cost donors only U.S. $.03 each.[9]

"No-one should die for want of a 3 cent condom."
– Peter Piot, Director of Joint UN Programme on HIV/AIDS

The Funding Gap

In 2000 donors (excluding the World Bank) only provided 947 million condoms to developing world, one-eighth of what was needed.[10] In 2002 that rose to 3.6 billion, or one-third of estimated condom need. However this increase was only due to one-time contributions from Canada, the Netherlands and the United Kingdom and the inclusion of World Bank funding for condoms in the data collection.[11]

Comparison of Estimated Need and Donated Condoms for HIV Prevention[12]

Year	Estimated condom need (in millions of condoms)	Estimated condom need (in millions of US$)	Donor funding for condoms (in millions of condoms)	Donor funding for condoms (in millions of US$)	Donor support of condoms as percent of need
2000	8,000	239	947	45.9	19%
2002	9,900	297	3,575	94.9	32%
2015	18,600	557	Not applicable	Not applicable	Not applicable

The spread of HIV/AIDS is now a serious threat to the overall development of many poor countries. By 2005 in Kenya, the expenditure on HIV/AIDS is projected to consume 50 percent of the national health budget; in Zimbabwe that estimate is 60 percent.[14] Countries with the highest prevalence of HIV/AIDS are often the poorest and have the weakest infrastructures. They will also have to shoulder the greatest increase in condom demand over the next decade.

If donor governments give the same percent of requirements in 2015 as they did in 2002, it would leave developing countries to fund $379 million per year to bridge the 12.6 billion condom 'gap.'

Other Barriers to Condom Access

Existing family planning programmes have to deal with a variety of systemic problems as they deliver condoms and other reproductive health products to people. These include: inadequate information systems, leading to poor forecasting; poorly trained personnel throughout the supply chain; inefficient customs procedures with unnecessary delays and charges; improper storage facilities and practices that cause product expiry and wastage; weak transportation systems and diversion of products for sale or theft.

In regards to the HIV/AIDS crisis, the Supply Initiative offers the following recommendations:

1. An immediate increase in 2004/05 funding for condom supplies is required from donors to meet the global estimated need for both pregnancy prevention and for the prevention of HIV and sexually transmitted infections.
   UNAIDS recommends that one half to two thirds of the total spending on AIDS be shouldered by the international community.[15],[16] Even if donors took on just 50 percent of the condom need, total donor contributions for condoms would need to nearly double to reach $177 million in 2004.
2. Donor and recipient governments must make a special effort to track spending on condoms (as well as broader reproductive health supplies) in order to predict shortfalls, avoid clinic stock-outs and move supplies beyond and out of crisis.
3. Recipient countries must allocate specific budget lines in national health budgets for the purchase of condoms as well as for other reproductive health supplies.
4. Poverty reduction mechanisms, such as Poverty Reduction Strategy Papers, Millennium Development Goals, European Union Country Strategy Papers and HIV Plan of Action, must put into place a means to assess the status of condom supplies and ensure the adequate provision of these and other reproductive health supplies.
5. Available funding mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President's Emergency Plan for AIDS Relief and World Bank financing, should be tapped to their full potential for increased condom provision.
6. Weaknesses and lack of co-ordination and capacity in existing condom and contraceptive supply systems should be addressed as a matter of urgency by national governments and the international donor community.
7. Where appropriate, additional funding for HIV related supplies should take advantage of well established systems where these exist and contribute to strengthening and improving those which are currently underperforming.

1 Joint United Nations Programme on HIV/AIDS (UNAIDS). 2004. *2004 Report on the Global AIDS Epidemic. Geneva: UNAIDS.*
2 Ibid.
3 Kerrigan, D. et al. 2000. *The Female Condom: Dynamics of Use in Urban Zimbabwe.* New York: Horizons/Population Council.
4 U.S. Centers for Disease Control and Prevention, Global AIDS Program, PMTCT Program, 2004.
5 Sweat, M. 2004."Linkages Between Family Planning and HIV PMTCT Programs: Opportunities and Challenges." Presented at WHO and UNFPA Consultation on Family Planning and HIV Integration, 3 May.
6 United Nations Population Fund (UNFPA). 2002. *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention*, 2000-2015. New York: UNFPA.
7 UNAIDS. 2003. *AIDS Epidemic Update 2003.* Geneva: UNAIDS.
8 Shelton, James D. and Beverly Johnston. 2001. "The Condom Gap in Africa." *British Medical Journal* 323 (139).
9 UNFPA. 2002. *Condom Programming for HIV Prevention.* New York: UNFPA.
10 UNFPA. 2004. Database on Donor Support for Contraceptives and Logistics Management. New York: UNFPA.
11 Chaya, Nada et al. 2004 edition. *Condoms Count: Meeting the Need in the Era of HIV/AIDS.* Washington, DC: Population Action International.
12 Ibid.; UNFPA. 2004. *Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2002.* New York: UNFPA.
13 This figure does not include contributions from the World Bank, which are not available for years prior to 2002.
14 Stover, J. and Bollinger, L. 1998. *The Economic Impact of AIDS.* Washington, DC: Futures Group.
15 Schwartlander, B et al. 2001. "Resource Needs for HIV/AIDS." *Scienceexpress Policy Forum.* Available from www.scienceexpress.org/21June2001/Page1/10.1126/science.10628786; Internet; accessed 1 May 2002.
16 UNAIDS. 2002, *HIV/AIDS Financing Gap:* February 2002. Available from www.unaids.org/EN/other/functionalities/Search.asp; Internet; accessed 17 June 2004.

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