MALI

A TOTAL MARKET APPROACH

FOR MALE CONDOMS
Missions: UNFPA and PSI

UNFPA, THE UNITED NATIONS POPULATION FUND, delivers a world where every pregnancy is wanted, every birth is safe, and every young person’s potential is fulfilled.

PSI, POPULATION SERVICES INTERNATIONAL, makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services.

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Male condoms offer dual protection against HIV and other sexually transmitted infections (STIs), as well as unplanned pregnancy. All of these factors are important to our two agencies—UNFPA, the United Nations Population Fund, and PSI, Population Services International—and are critical for delivering the health impact we both strive to achieve.

This case study is part of a series that UNFPA and PSI have produced over the course of a year. The series takes a critical look at the communities in which we operate and helps us understand how both agencies can improve our support in those communities and our engagement with other stakeholders, to grow and strengthen the total market for condoms.

We focused our efforts on six African countries—Botswana, Lesotho, Mali, South Africa, Swaziland, and Uganda—that have large condom social marketing programs, are affected by the HIV epidemic, and have high maternal morbidity and mortality relative to their economic development. This series of case studies is intended to inform appropriate evidence-based decisions that increase condom use equitably and sustainably through actions undertaken in all supply sectors.

Employing such a total market approach (TMA) means that all three sectors—public, social marketing, and commercial—work together to deliver health choices for all population segments.

We will work together and with other partners to increase condom use and grow the market to serve those most in need.

Sincerely,
BRUCE CAMPBELL
Director, Technical Division, UNFPA

KIM LONGFIELD
Director, Research and Metrics, PSI
Executive Summary

In Mali, the use and availability of male condoms is essential to preventing unplanned pregnancy and the spread of diseases such as HIV. Male condoms are an important part of Mali’s national strategy for HIV prevention, and the dual protection offered by condoms is a key component of reproductive health programs, especially for youth who may not ordinarily seek medical advice or other contraceptive methods before becoming sexually active.

In Mali’s current market for male condoms, the number of condoms needed to protect all sexual acts from HIV infection and unplanned pregnancy (universe of need) is much higher than the actual number of condoms on the market (volume). Demand for condoms remains very low, which helps explain why volumes are also low. In 2006, only 8.9% of males and 1.9% of females reported using a condom the last time they had sex, and individuals in the wealthiest quintile are more likely to use condoms than those in poorer quintiles. While rates of use are higher among youth and individuals with multiple or casual partners than reported in previous years, condom use is still low.

The condom market in Mali consists of three sectors: the public sector, which distributes fully subsidized (free) condoms; the social marketing sector, which sells partially subsidized condoms at low cost; and the commercial sector, which sells condoms for a profit. In 2011, the estimated total market value was $869,426. Approximately 98 percent of condoms on the market were totally or partially subsidized. Concerns about appropriate pricing strategies, “crowding out” the commercial sector, and an inefficient use of public funds, have prompted PSI and UNFPA to adopt a Total Market Approach (TMA) to help manage the condom supply in Mali. TMA requires that the three sectors – public, socially marketed, and private – work together to “grow the condom market” to meet the needs of different segments of the population.

The results of our study yielded several important findings. As it stands, condom subsidy programs in Mali are inefficient, with wealthier classes benefitting from free and socially marketed condoms. Meanwhile, price controls enforced by the government have hampered growth within the commercial sector. Until they are lifted, the market for male condoms will remain stagnant. The socially marketed sector should also raise the price of its condom and promote the entire condom category, not just its own brand. Perhaps most importantly, increasing informed demand and promoting higher rates of condom use among Malians – especially for HIV prevention – is crucial. This study is intended to encourage policymakers, donors and other stakeholders to work strategically and collaboratively to better manage Mali’s condom market.
## Methods

This list of TMA metrics comes from the literature and a set of metrics PSI has committed to measuring across countries.¹

<table>
<thead>
<tr>
<th>METRIC</th>
<th>DEFINITION</th>
<th>CALCULATION</th>
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</table>
| **UNIVERSE OF NEED**| The number of products or services needed to reach universal coverage in the market | **HIV:** Male population 15-64 multiplied by average number of risky sex acts per man per year  
**FP:** Female population 15-49 multiplied by method mix multiplied by CYP conversion factor* |
| **USE**             | The percentage of the population at risk using a product or service, or adopting a behavior | Percentage of males and females reporting condom use at last sex |
| **MARKET VOLUME**   | The number of products or services sold, distributed or provided in a given market | Total number of condoms distributed in the public, social marketing, and commercial sectors |
| **MARKET VALUE**    | The dollar value of the total number of products or services in a given market | Average consumer price multiplied by market volume |
| **NUMBER OF BRANDS**| The number of distinct brands for a product in a given market | Total number of condom brands on the market |
| **MARKET SUBSIDY**  | The value of total subsidies (excludes operating and support costs) | For each brand: the difference between market volume multiplied by unit cost of goods sold (COGS), and market volume multiplied by average consumer price |
| **EQUITY INDEX**    | The degree to which products or services are used or adopted across socio-economic strata | Percentage of condom users that fall within the bottom two wealth quintiles |

* USAID CYP conversion factors provide the units of products needed per one couple year of protection¹
State of the Market

UNIVERSE OF NEED*

CALKULATION: HIV: Male population 15-64 multiplied by average number of risky sex acts per man per year
FP: Female population 15-49 multiplied by method mix multiplied by CYP conversion factor

USE

CALKULATION: Percentage of males and females reporting condom use at last sex

MARKET VOLUME

CALKULATION: Total number of condoms distributed in the public, social marketing and commercial sectors

Sources: UNAIDS Investment Framework Study Group; UN Population Division, 2010 revision; USAID conversion factors; Guttmacher Institute. Adding it up. The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology), 2011.

Sources: DHS 2001, DHS 2006

* DHS 2012 data were not available
**MARKET VALUE**

**CALCULATION:** Average consumer price multiplied by market volume

\[
\text{Average Consumer Price} \times \text{Market Volume} = \text{Market Value}
\]

- **$869,426**
  - **CFA 434 million**

**NUMBER OF BRANDS**

**CALCULATION:** Total number of condom brands on the market

- **at least 22 different brands of condoms on the market**

**SUBSIDY**

**CALCULATION:** For each brand: the difference between market volume multiplied by cost of goods sold (COGS), and market volume multiplied by average consumer price

- **$120,473**
  - **CFA 58 million**
  - Estimated subsidy for public sector and social marketing condoms

**EQUITY**

**CALCULATION:** Percentage of condom users that fall within the bottom two wealth quintiles

- **56.3%**
  - **66.5%**

Sources: PSI/Mali, CSLS, Weissman

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Source: DHS 2006
Introduction

HEALTH CONTEXT
HIV prevalence remains relatively low in Mali: an estimated 1.3% of adults between 15 and 49 years old are infected. This represents a small decrease from 2001, when prevalence was estimated at 1.7%, and is less than half of the level of prevalence in 1999.

Despite these improvements, HIV prevalence remains high among key populations at risk. Among female sex workers, the level of infection increased 7% between 2000 and 2006. Prevalence among street vendors (5.9%), truck drivers (2.6%), domestic servants (2.2%), and ticket touts (2.2%) is much higher than the national average. Studies among Malian youth also suggest that there has been a shift away from traditional views on premarital sex and that casual sexual relationships are becoming more common. And while the age for females’ first sexual encounter appears to be increasing, sexual debut for males is occurring earlier.

Public health officials around the globe have long recognized that widespread access to male condoms is crucial for preventing new HIV infections, particularly among those who engage in risky sexual behaviors. In addition to providing protection against HIV infection, condoms play a critical role in preventing unplanned pregnancy. While information on dual protection is not currently collected in national surveys, we know that nearly one-third of Malian women reported an unmet need for family planning in 2006. Condoms may be an especially important contraceptive option for youth who are unlikely to seek medical advice or other methods before becoming sexually active.
Mali: HIV Situation

HIV PREVALENCE IS LOW, APPROXIMATELY 1%\textsuperscript{13}

RATES ARE HIGHER IN URBAN AREAS\textsuperscript{13}

Urban areas: \(2\%\) compared to Rural areas: \(1\%\) Bamako: \(2\%\)

RATES ARE HIGHER IN KEY POPULATIONS\textsuperscript{15}

Female sex workers: \(35\%\) Street vendors: \(6\%\) Truck drivers: \(3\%\) Young people aged 15-24: \(2\%\)

THERE IS EVIDENCE THAT RISKY SEXUAL BEHAVIOR IS INCREASING, ESPECIALLY AMONG YOUTH\textsuperscript{16,17}

Age at first sex decreasing

Multiple and casual partnerships are increasing

NEED FOR CONSISTENT SUPPLY OF HIGH QUALITY CONDOMS
Since 1993, modern contraceptive methods have been integrated into Mali’s essential drug system. Public sector condoms are available mainly at public hospitals, health centers and family planning clinics. Few Malians know where to find condoms despite their availability in these venues. There is currently no targeting, marketing, or promotion for free condoms, which are packaged in unbranded foil. UNFPA and the United States Agency for International Development (USAID) are the largest donors of public sector condoms in Mali, although KfW Development Bank has also donated condoms for free distribution in recent years.

The Haut Conseil National de Lutte Contre le SIDA (HCNLS), a national organization with representation from the public and private sectors, focuses on condoms for HIV prevention. The Direction de la Pharmacie et du Médicament (DPM), a branch of the Ministry of Health, coordinates condom procurement and distribution for both family planning and HIV prevention. Pharmacie Populaire du Mali (PPM) the national pharmacy of the Ministry of Health (MOH), distributes free condoms and other health commodities through its 13 stores around the country. PPM also delivers condoms regularly to national and regional hospitals. At the district level, Centres de Santé de Références (CSREF) place orders for condoms with PPM. Community health centers, Centres de Santé Communicataire (CSCOM), pick up condoms from CSREF as needed. Finally, community health workers can pick up condoms from PPM distribution depots around the country.

MALI ECONOMIC INDICATORS

- Development category: developing
- Income level: low income
- GDP: 10.31 billion (USD)
- Population: 14.85 million
SOCIAL MARKETING SECTOR

PSI is the only social marketing organization with a presence in Mali. Since 2004, PSI/Mali has sold Protector Plus condoms, the dominant brand on the market. Protector Plus condoms can be found in pharmacies, shops, private hospitals and health centers, bars and taverns, petrol stations, and other locations. Many Protector Plus condoms are also sold by informal vendors on the street, usually with a variety of other goods.

Protector Plus is considered low cost, and is widely recognized. Currently, marketing for Protector Plus is focused on filling the “caring” need state, a reliable choice for couples who care about each other, and the brand is mainly popular with older users. PSI will be conducting a rebranding effort to ensure that the Protector Plus condom resonates more with a younger population.
The commercial sector accounts for fewer than 2% of the total market.

Commercial brands are available in pharmacies and specialty shops.

Even though 22 brands have been identified on the market, fewer than 10 brands have a long-term presence on the market.

The commercial sector is highly regulated.

**COMMERCIAL SECTOR**

While at least 21 commercial brands can be found in Mali, they account for a very small share of the market, and only a few brands (Innotex, Casanova, Kama X) have a reliable long-term presence. Since most distribution is through informal channels and imports are often unreported for tax reasons, the specific share of the market for commercial brands is unknown.

Commercial brands are mostly available in pharmacies and specialty shops at higher prices than subsidized condoms. This results in the perception that commercial brands are higher-quality products targeting a small, wealthier segment of the population. Because the Ministry of Health controls condom prices, profit margins for commercial brands are limited and prevent commercial sector expansion.

**MARKET MAP (2011)**

**PUBLIC SECTOR 11%**

- **BRAND NAME:** Unbranded
- **PRICE PER CONDOM:** Free*
- **POSITIONING:** Currently no positioning/marketing
- **TARGET AUDIENCE:** The poor, key populations at risk
- **PLACES AVAILABLE:** Public hospitals, health centers

* a small number of public sector condoms are sold at community health centers for CFA 25 ($0.05)

**SOCIAL MARKETING 87%**

- **BRAND NAME:** Protector Plus
- **PRICE PER CONDOM:** CFA 25 ($0.05 USD)
- **POSITIONING:** Positioned for couples who care about one another: “protect the one you love”
- **TARGET AUDIENCE:** Couples, low income
- **PLACES AVAILABLE:** Shops, pharmacies, bars and taverns, petrol stations

**COMMERCIAL SECTOR < 2%**

- **BRAND NAMES:** Durex, Manix, Kama X, Innotex, Casanova
- **PRICE PER CONDOM:** CFA 100 to 1000 ($0.19 to $1.94)
- **POSITIONING:** Enhance the sexual experience
- **TARGET AUDIENCE:** Wealthy condom users, youth
- **PLACES AVAILABLE:** Pharmacies and specialty shops
Results

UNIVERSE OF NEED*

In 2012, approximately 36 million condoms were needed to cover all risky sex acts for HIV in Mali. The year before, 34.9 million were needed, which is up from the 29.7 million condoms needed five years prior. Universe of need for family planning has increased gradually, from 12.2 million condoms in 2006 to 14.3 million condoms in 2011. As the Malian population increases, we anticipate that the need for condoms will continue to increase.

While total distribution now nearly meets the universe of need for family planning, it does not yet meet the need for HIV prevention. The gap, however, between need and distribution is improving. In 2011, total distribution met approximately 40% of the need for HIV prevention compared to 23% in 2006.*

In Mali’s current market, the number of condoms needed to protect all sexual acts from HIV and unplanned pregnancy is much higher than the actual number of condoms on the market.

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*Total universe of need for condoms could be as low as the number needed for HIV prevention or as high as the sum of the universe of need for HIV prevention and family planning. Most likely, total need falls somewhere between these two figures. A lack of data on dual protection prevents our ability to estimate the total number of condoms needed per year for both HIV prevention and family planning.

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Sources: UNAIDS Investment Framework Study Group; UN Population Division, 2010 revision; USAID conversion factors; Guttmacher Institute. Adding it up: The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology), 2012.5
The percentage of males and females using condoms in Mali is extremely low and changed little from 2001 to 2006. While rates of use among unmarried youth are higher, and have increased over time, they are still too low to adequately protect young people from both HIV and unplanned pregnancy. For males who reported having two or more partners in the last year or who reported that their last partner was a casual partner, condom use at last sex decreased slightly, from 15.6% in 2001 to 12.1% in 2006.6,7

*Less than 1 percent of female respondents reported having multiple partners or a casual partner in the last 12 months.
**DHS 2012 data were unavailable.

### PERCENTAGE OF RESPONDENTS WHO REPORTED USING A CONDOM AT LAST SEX

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>DHS 2001</td>
<td>2001</td>
<td>8.7%</td>
<td>1.6%</td>
<td>14.2%</td>
<td>1.9%</td>
</tr>
<tr>
<td>DHS 2006</td>
<td>2006</td>
<td>28.6%</td>
<td>8.9%</td>
<td>35.9%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Sources: DHS 2001, DHS 2006
Mali’s condom market is heavily dominated by the social marketing sector. Market share for Protector Plus was between 80% and 87% from 2006 to 2011, with the exception of 2010 when an influx of donor funding resulted in a temporary swell in free condoms. From 2006 to 2007, sales of socially marketed condoms almost doubled. Social marketing sales diminished in 2008 and 2009, and rose again in 2010 and 2011. In 2011, distribution of Protector Plus was 12.4 million.

Overall, public sector distribution increased from 800,000 condoms in 2006 to 1.5 million in 2011. However, the increase was not gradual. Free condom distribution dipped from 1.3 million condoms in 2007 to 900,000 condoms in 2008, and more than doubled between 2009 and 2010, from 1.6 million to 3.5 million condoms respectively.

Commercial sector sales data are unavailable for most years. We estimate that commercial market share is between 1.5% and 3% in all years.

Across the five study years, total market volume more than doubled, reaching 14.2 million in 2011 (assuming 2% commercial market share).
The value of the total market for condoms has more than doubled since 2006.

**Market Value**

Since 2004, the price of Protector Plus has remained at 100 CFA for a pack of four condoms, despite increases in inflation. Because of this consistency in price, trends in market value follow those for market volume. When there is an increase in social marketing distribution, the market value increases. Total market value more than doubled between 2006 and 2011. Prices for commercial sector brands vary widely, from 100 CFA to 1,000 CFA, with a median price of 200 CFA ($0.42). Assuming a 2% market share for the commercial sector, total market value for 2011 was estimated to be $869,426.

\[
\text{Market Value} = \left( \frac{\text{Average Consumer Price}}{\text{Market Volume}} \right) \times \text{Market Volume}
\]

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PUBLIC SECTOR</th>
<th>PROTECTOR PLUS</th>
<th>COMMERCIAL BRANDS</th>
<th>INFLATION***</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2007</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>-</td>
<td>1.4%</td>
</tr>
<tr>
<td>2008</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>-</td>
<td>9.2%</td>
</tr>
<tr>
<td>2009</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>-</td>
<td>2.2%</td>
</tr>
<tr>
<td>2010</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>-</td>
<td>1.1%</td>
</tr>
<tr>
<td>2011</td>
<td>0*</td>
<td>CFA 25 $0.05</td>
<td>CFA 100–1,000 (median: CFA 200) $0.19–$1.94 (median: $0.42)</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Source: PSI Mali 2011 Retail Audit

* A small number of public sector condoms are sold by community health centers for CFA 25 ($0.05).
**SUBSIDY**

The average unit cost of goods sold (COGS) for Protector Plus was approximately $0.06. The average COGS for fully subsidized condoms was $0.03 per condom. The difference between the public sector COGS and social marketing COGS is due to the additional marketing costs associated with social marketing brands. Multiplying these values by the volumes of socially marketed and public sector condoms yields a total market subsidy of $120,473. This figure takes into account only the cost of the product, packaging, and shipping. Operating and support costs, as well as marketing costs, are not included in the COGS calculation, which means that the value of subsidies would actually be much higher. Trend data are not available but we assume that COGS has increased since 2006.

\[
\text{MARKET VOLUME} \times \text{AVERAGE COGS} - \text{MARKET VOLUME} \times \text{AVERAGE CONSUMER PRICE} = \text{SUBSIDY}
\]

**NUMBER OF BRANDS**

At least 22 different brands of condoms were available on the market in 2011, including Protector Plus.\textsuperscript{14,15} However, we estimate that fewer than ten of those brands have had a long-term market presence.\textsuperscript{12,19} Trend data on the number of brands are not available.
Condom use is concentrated disproportionately within the wealthiest quintile. In 2006, two-thirds of male condom users and more than half of female condom users were in the wealthiest quintile. Fewer than 20% of all condom users fell within the bottom two quintiles.

Sources: DHS 2001, DHS 2006
Although Mali has made progress toward meeting the country’s condom needs, there is a long way to go before the market is viable. The current market for male condoms suffers from low demand and little market growth. Condom use is infrequent even during risky sex, which suggests the need for more generic condom promotion and behavior change communication, especially targeted at those with multiple or casual partners. While market volume increased over time, too few people are using condoms. This case study was completed prior to the release of the Demographic and Health Survey (DHS) 2012. As a result, the analysis was limited by a lack of available recent survey data on condom use.

Inconsistencies in public sector distribution may be harmful for the total market. In 2010, the market was temporarily flooded with free condoms, which decreased the market share of the social marketing sector. Anecdotal reports of free condoms being sold on the market also suggest that too many public sector condoms are on the market, and that there is insufficient targeting.

The high market share of the social marketing sector suggests a willingness to pay for condoms and is a good indicator of potential market sustainability. However, a great deal of the market is still subsidized and there are inefficiencies in the use of donor subsidies, with wealthier classes benefitting from free and socially marketed condoms. Prices for socially marketed condoms have remained constant while the cost of goods has likely increased to keep up with inflation. This suggests that in 2011, the market was more heavily subsidized than in 2006.
While there are a number of commercial brands on the market, they have had a negligible share and the brands have been inconsistent over time. The dominance of socially marketed and public sector condoms on the market paired with government restrictions on pricing for pharmaceutical products, means that the value of the market has not increased and the commercial sector has failed to grow even though overall total market volume has increased over time.

In addition to these dynamics, there are other factors that influence the condom market in Mali. Political conflict is a major obstacle to a reliable condom supply; times of conflict are often followed by stock outs and inconsistencies in donor subsidies. Disrupted distribution can lead to expired products in the pipeline and stock imbalances, which contribute to waste and market inefficiency. In addition, reliable reporting systems for public sector condoms are lacking, which makes coordination with the socially marketed sector difficult. It also makes forecasting the volumes of free condoms needed impossible.

Government pricing controls must be lifted to encourage growth within the commercial sector and ensure a more sustainable market.
Recommendations

Our research yielded the following recommendations for policymakers, donors and other stakeholders. Recommendations come from a TMA perspective and are intended to support the three sectors - public, socially marketed, and private - to work together to grow and sustain Mali’s condom market.

**INCREASING DEMAND**
Most Malians, even those with casual or multiple partners, do not use condoms. Additional condom promotion and behavior change communication is critical, with an emphasis on generic communications that promote the condom category, not just specific brands.

**PRICING**
To improve sustainability and encourage competition from the commercial sector, a price increase for socially marketed condoms is required. In addition, the three condom sectors should work with the government to lift price controls on condoms and allow the commercial sector to expand. Commercial sector growth is essential for building a more sustainable and equitable market.

**TARGETING**
Distribution of free and socially marketed condoms should be targeted at those most in need and with an inability to pay. Currently, condom use in Mali remains concentrated in the wealthiest quintile. More effective targeting will result in more equitable use. Additional research is needed to create behavior change communications that target youth and key populations at risk.

**REPORTING**
Improved reporting systems should be developed for more accurate monitoring of the market, which will help forecast needs as well as identify gaps in supply. Consistent reporting will facilitate efficient and effective decisions with regard to the market. For example, information on dual protection should be collected in national surveys. This information would allow more accurate estimates for the universe of need for condoms. Reliable reporting systems for public sector condoms should also be implemented to foster better coordination with the socially marketed sector and help forecast the number of free condoms needed on the market.
Acronym Key

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CFA/XOF</td>
<td>West African CFA franc (currency of Mali)</td>
</tr>
<tr>
<td>COGS</td>
<td>Cost of goods sold</td>
</tr>
<tr>
<td>CSCOM</td>
<td>Centres de Santé Communicataire</td>
</tr>
<tr>
<td>CSLS</td>
<td>Cellule Sectorielle de Lutte Contre le SIDA</td>
</tr>
<tr>
<td>CSREF</td>
<td>Centres de Santé de Références</td>
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<tr>
<td>DPM</td>
<td>Direction de la Pharmacie et du Médicament</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EDSM</td>
<td>Enquête Démographique et de Santé du Mali</td>
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<td>HCNLS</td>
<td>Haut Conseil National de Lutte Contre le SIDA</td>
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<td>Kreditanstalt für Wiederaufbau</td>
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<td>Ministry of Health</td>
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<td>Pharmacie Populaire du Mali</td>
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<td>Population Services International</td>
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<td>TMA</td>
<td>Total Market Approach</td>
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<td>United Nations Population Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USD</td>
<td>United States Dollars</td>
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