



Republic of Ghana



# National Condom and Lubricant Strategy 2016–2020

# National Condom and Lubricant Strategy, 2016 – 2020



**GHANA AIDS COMMISSION**  
Under the Office of the President



**USAID**  
FROM THE AMERICAN PEOPLE



**PEPFAR**  
U.S. President's Emergency Plan AIDS Relief

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## Acronyms

<b>ADRA</b>	Adventist Development and Relief Agency
<b>AED</b>	Academy for Education Development
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ALCO</b>	Abidjan-Lagos Corridor Organisation
<b>ASM</b>	Alert School Model
<b>BCC</b>	Behaviour Change Communication
<b>CBD</b>	Community-Based Distribution
<b>CCP</b>	Comprehensive Condom Programming
<b>CHAG</b>	Christian Health Association of Ghana
<b>CMS</b>	Central Medical Stores
<b>CSO</b>	Civil Society Organisation
<b>CSW</b>	Commercial Sex Worker
<b>CVO</b>	Civil Volunteers' Organisation
<b>DFID</b>	Department for International Development, United Kingdom
<b>DHIMS</b>	District Health Information Management System
<b>DHMT</b>	District Health Management Team
<b>ECOWAS</b>	Economic Community of West African States
<b>EXP SM</b>	Experiential Social Marketing
<b>FBO</b>	Faith-Based Organisation
<b>FC</b>	Female Condom
<b>FDA</b>	Food and Drug Authority
<b>FHD</b>	Family Health Division
<b>FP</b>	Family Planning
<b>FSW</b>	Female Sex Worker
<b>GAC</b>	Ghana AIDS Commission
<b>GCNH</b>	Ghana Coalition of NGOs in Health
<b>GDHS</b>	Ghana Demographic and Health Survey
<b>GEML</b>	Ghana Essential Medicines List
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GHS</b>	Ghana Health Service
<b>GIZ</b>	German Development Cooperation
<b>GOG</b>	Government of Ghana
<b>GRMA</b>	Ghana Registered Midwives Association
<b>GSA</b>	Ghana Standards Authority
<b>GSMF</b>	Ghana Social Marketing Foundation
<b>HCT</b>	HIV Counselling and Testing
<b>HIV</b>	Human Immunodeficiency Virus
<b>HKN</b>	Health Keepers Network
<b>IBBSS</b>	Integrated Bio-Behavioural Surveillance Survey
<b>ICC/CS</b>	Inter-Agency Coordinating Committee for Contraceptive Security
<b>IPPF</b>	International Planned Parenthood Federation
<b>ISO</b>	International Organisation for Standardisation
<b>KP</b>	Key Population
<b>LMIS</b>	Logistics Management Information System

<b>MARP</b>	Most at Risk Population
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MOH</b>	Ministry of Health
<b>MSIG</b>	Marie Stopes International Ghana
<b>MSM</b>	Men who have Sex with Men
<b>NACP</b>	National AIDS and STI Control Program
<b>NCLS</b>	National Condom and Lubricant Strategy
<b>NDPC</b>	National Development Planning Commission
<b>NGO</b>	Non- Governmental Organisation
<b>NMSF</b>	National Multi-sectoral Strategic Framework
<b>NPC</b>	National Population Council
<b>NSF</b>	National Strategic Framework
<b>NSP</b>	National HIV&AIDS Strategic Plan
<b>NTO</b>	Non-Traditional Outlets
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PPAG</b>	Planned Parenthood Association of Ghana
<b>PSM</b>	Procurement and Supply Management
<b>PWID</b>	People Who Inject Drugs
<b>QA</b>	Quality Assurance
<b>RH</b>	Reproductive Health
<b>RHCS</b>	Reproductive Health Commodity Security
<b>RHMT</b>	Regional Health Management Team
<b>RMS</b>	Regional Medical Stores
<b>SHARPER</b>	Strengthening HIV and AIDS Response Partnership with Evidence Based Results
<b>SMO</b>	Social Marketing Organisation
<b>SMS</b>	Short Message Service
<b>SOMARC</b>	Social Marketing for Change
<b>SRH</b>	Sexual and Reproductive Health
<b>SSDM</b>	Stores, Supplies and Drugs Management
<b>STIs</b>	Sexually Transmitted Infections
<b>SWAA</b>	Society for Women and AIDS in Africa
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, and Threats
<b>TMA</b>	Total Market Approach
<b>TV</b>	Television
<b>TWG</b>	Technical Working Group
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>WAHO</b>	West Africa Health Organisation
<b>WAPCAS</b>	West Africa Project to Combat AIDS & STI
<b>WRA</b>	Women of Reproductive Age



Ghana has been a signatory to many global treaties and conventions. In the year 2000, Ghana signed onto the Millennium Development Goals which sought to eradicate extreme poverty and hunger, achieve universal primary education and gender equality and empowerment of women. By ratifying the above convention, Ghana committed to ensuring that maternal health is improved, child mortality is reduced and HIV and AIDS combated. These commitments are further re-enforced by their inclusion in the Sustainable Development Goals.

Indeed, several national policies, plans and strategies seek to operationalise these commitments in the country to facilitate achievement of these global goals. Experts have drawn the attention of policy and decision-makers to the strong inter linkage between family planning (including condom use) and development. This knowledge has however not been translated into effective programming to expand the use of family planning including condom use. Thus, while there is almost universal knowledge of Family Planning in Ghana, the uptake is relatively low compared with knowledge, leading to high unmet need particularly with regard to the use of condoms.

The low use of both male and female condoms in Ghana, notwithstanding the dual purposes they serve in contraception and prevention of sexually transmitted infections, has mainly been attributed to challenges with regard to the availability and accessibility of condoms as well as misconceptions surrounding its use. The use of the female condom is even lower with inadequate knowledge on where it can be accessed and how it is used.

In response to the above issues and more, the Government of Ghana through the Ministry of Health (MOH), developed the National Condom and Lubricant Strategy (NCLS 2016–2020) with the goal to improve access and use of quality condoms and lubricants in the country. The NCLS represents Ghana's commitment to comprehensive condom programming with the purpose of ensuring that all sexually active populations can be motivated to choose and use condoms and lubricants when they need to and have access to good quality condoms.



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## Acknowledgements

The goal of a national condom programming strategy is to ensure that there are condoms available for all sexually active populations to use when they need to and that they have sufficient access to condoms that meet the required quality standards whenever necessary. Ghana's comprehensive condom and lubricant programming will support efforts to reduce new HIV and STI infections, increase access to condoms (male and female) and lubricants and foster a supportive social and political environment for HIV prevention, especially among Key Populations.

The National Condom and Lubricant Strategy (NCLS, 2016–2020) recognizes that condom programming requires more than just financing for commodities. Equally important are demand generation and behaviour change communications activities, capacity building, research, monitoring and evaluation. Attention must also be paid to critical supply chain components such as: intensified female condom roll-out, appropriate warehousing and transportation, logistics staff development, waste management and a strong Logistics Management Information System. Therefore, the Strategy looks at ways of achieving cost efficiencies and redistributing costs to organisations and individuals who have the capacity and knowledge to contribute to successful Comprehensive Condom Programming (CCP).

The objectives of the strategy are to:

- Introduce and implement national policies and institutional guidelines that provide leadership and coordination to expand condom and lubricant access and use
- Increase the demand for condoms and lubricants
- Guarantee the timely and continuous supply of condoms and lubricants
- Establish a national network that supports the effective and efficient implementation of the strategy.

It is expected that the implementation of this strategy would lead to an increase in access to and use of condoms and lubricants in Ghana and ultimately contribute to the reduction of unplanned pregnancies and the incidence of HIV and other STIs. It is hoped that the information in this document would be beneficial to everyone associated with planning, management and decision making associated with family planning and HIV/AIDS programming in Ghana.

This document has been developed with contribution from many individuals and stakeholder organisations. Under the joint leadership of the National Population Council (NPC) and the Ghana AIDS Commission (GAC), oversight responsibility was provided by a fourteen member Technical Working Committee (TWG) representing the interests of all stakeholders.

The TWG also appointed some key members to drive the development process forward. These people contributed immensely to the conceptualisation, development and completion of the document and they include:

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## Executive Summary

The use and availability of condoms and lubricants is essential to preventing unplanned pregnancy and the spread of Sexually Transmitted Infections (STIs) such as HIV. Male and female condoms are an important part of Ghana's national strategy for HIV prevention and the dual protection offered by condoms makes it a key component of reproductive health programmes. The goal of the National Condom and Lubricant Strategy (NCLS) 2016-2020 is to ensure that there are condoms available for all sexually active populations to use when they need to and that they have sufficient access to condoms that meet the required quality standards whenever necessary. The Strategy will support the decrease of HIV and sexually transmitted infections, increase access to condoms (male and female) and lubricants, prevent unplanned pregnancies as well as foster a supportive social and political environment for HIV prevention, especially among Key Populations.

This Strategy was informed by a Situational Analysis Report on condom and lubricant programming framework in Ghana. The report focused on leadership and coordination; demand, access and utilization; supply and commodity security; and support for condom programming. It highlights the relevant factors responsible for the observed trends in the use of male and female condoms and lubricants through a desk review of existing data and national policies and guidelines as well as interviews with key stakeholders. Furthermore, it provides an analysis of the internal and external factors affecting condom and lubricant programming in Ghana and offers strategic approaches to address this.

The NCLS builds on the National Strategic Plan for HIV and AIDS, 2011–2015, the National MARP Strategic Framework, 2011–2015 and the Ghana National Reproductive Health Commodity Security (RHCS) Strategy, 2011–2016 as well as relevant global health initiatives. It aims at strengthening partnership amongst the public, social marketing, and commercial sectors and also provides strategies for these sectors to work together to increase the condom and lubricant market.

The Strategy also recognises that condom programming requires more than just financing for commodities: there must also be funding for promotion, Behaviour Change Communication (BCC) activities, operational costs, capacity building and research, monitoring and evaluation. Funding must also take into account critical supply chain components such as intensified female condom rollout, appropriate warehousing and transportation, logistics staff development, waste management and a strong logistics management information system. Therefore, the Strategy looks at ways of achieving cost efficiencies and redistributing costs to organizations and individuals who have the capacity and knowledge to contribute to successful comprehensive condom programming (CCP).

Five key overarching strategic objectives emanate from the comprehensive review of the condom and lubricant situation in Ghana. These are to:

- Create a leadership, coordination, and policy environment that supports and ensures availability of condoms and lubricants to the population

- Increase the overall use of condoms and lubricants based on improved knowledge and awareness among the population and support use through effective distribution channels
- Improve national-level planning and management of resources to ensure availability of safe and effective condoms and lubricants to all sections of the population on the basis of equitable distribution criteria
- Develop evidence-based programs with a total market approach involving both male and female condom and lubricant promotion and distribution, segmented between free, subsidized and commercial condoms for maximum coverage and efficiency
- Conduct research and evaluations on a regular basis to collect, analyze, and present information in a format that allows for comprehensive understanding of the situation and effective management of programs through data-driven decision making.

Over the course of its implementation, the strategy is expected to increase the overall uptake and use of condoms and lubricants in Ghana which will lead to a reduction in the transmission of HIV and an increased acceptance of an important family planning product.

Specifically the NCLS aims to achieve the following outcomes:

- A Comprehensive Condom Programming Strategy with a Total Market Approach
- Strong national partnerships, including private sector participation for effective condom programming
- National policies and institutional guidelines that provide leadership and coordination to expand condom and lubricant access and use
- Strong national systems that guarantee the timely and continuous supply of condoms and lubricants leading to increased availability and use of condoms and lubricants
- Improved data availability to support evidence-based decision making and programming for condoms and lubricants.

## Introduction

The aim of a national condom programming strategy is to ensure that there are condoms available for all sexually active populations to use when they need to and that they have sufficient access to condoms that meet the required quality standards whenever necessary. Ghana's comprehensive condom and lubricant programming will support the decrease of the human immunodeficiency virus (HIV) and sexually transmitted infections (STIs), increase access to condoms (male and female) and lubricants and foster a supportive social and political environment for HIV prevention, especially among Key Populations (KPs).

This document summarises the findings of a situational analysis based on the various components of a comprehensive condom and lubricant programming framework. It highlights the relevant factors responsible for the observed trends in the use of male and female condoms and lubricants through a desk review of existing data and national policies and guidelines as well as interviews with key stakeholders. Furthermore, the document provides an analysis of the internal and external factors affecting condom and lubricant programming in Ghana. It aims at strengthening partnerships among the public, social marketing, private and commercial sectors and also provides strategies for growth and sustainability of the condom and lubricant market.

The Strategy complements ongoing and planned interventions to reduce HIV and STIs infections and prevent unplanned pregnancies. It is also in support of the goals and objectives outlined in three national strategic frameworks: the National Strategic Plan for HIV and AIDS, (2011–2015), the National MARP Strategic Framework, (2011–2015) and the Ghana National Reproductive Health Commodity Security Strategy, 2011–2016.

### 1.1 Strategy Development

The development of the National Condom and Lubricant Strategy was initiated by the Ministry of Health (MOH) with funding support from the United States Agency for International Development (USAID) and the United Nations Population Fund (UNFPA). The development process was led by a Technical Working Group (TWG) under the joint leadership of the National Population Council (NPC) and the Ghana AIDS Commission (GAC). The membership of the TWG was diverse and represented the interests of all stakeholders in the group in relation to condom and lubricant programming. USAID and UNFPA jointly funded the procurement of a team of consultants to develop the Strategy. The team comprised two international consultants from the USAID | DELIVER PROJECT, an independent national consultant and a senior staff of the USAID|DELIVER PROJECT country office. The team brought significant knowledge and expertise in strategy development and Total Market Approach (TMA) methodologies to national condom programming. The team also provided international experience in condom programming and a wealth of information on the country context as well as a depth of knowledge and experience in public health programming.

- A desk review of key national documents related to Comprehensive Condom Programming (CCP) was undertaken. Comprehensive Condom Programming considers the various components that go into such an effort which includes leadership, coordination, demand, supply and support. All of these components must be taken into account if a programme to promote male and female condoms is to achieve maximum effectiveness (UNFPA 2010). More than 30 documents were reviewed including six existing national condom strategies from Rwanda, Kenya, Botswana, Malawi, South Africa and Jamaica.
- Meetings with more than 30 organisations and over 70 key informant interviews were held to gain insights into the current condom and lubricant programming situation in the country. A key informant questionnaire was developed to structure the interviews and data collection. These face-to-face interviews were undertaken with key actors at national and district levels and during visits to facilities and locations where condoms and lubricants are dispensed or sold.
- A dipstick survey of condoms and lubricants on the market was used to assess the variety and prices of brands currently available.
- A stakeholder meeting was held in Accra on June 13, 2014, to validate the initial Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (Appendix A) that took into account all components of CCP and their interrelationships. This was followed by a prioritisation exercise to draw up key recommendations.

## Situation Analysis

Condom use in Ghana is still low, despite the dual purpose that condoms play in contraception and prevention of STIs, including HIV and Acquired Immune Deficiency Syndrome (AIDS). It is envisaged that the CCP strategy would address this situation. The following summarises data gathered from the desk review and is complemented by information gathered from stakeholder interviews during the strategy development process.

There is strong advocacy for promoting condoms which is evident from the numerous policies, frameworks and relevant TWGs available in-country. In addition, recent developments supporting the growth of the condom market include exemptions from import duties and the inclusion of condoms on the Ghana Essential Medicines List (GEML). Unfortunately, some policies and laws work at cross-purposes thereby undermining the effectiveness of condom programming. For example, despite the exemptions provided, import fees for condoms cost approximately two percent of the total shipment costs. Another example of this is the conflict between the Food and Drug Authority (FDA) and the Ghana Standards Authority (GSA) as to which organisation is responsible for condom specification and testing as a result of an overlap in legislation for the two bodies. This has led to different interpretations of the law by both institutions and has resulted in unclear roles and responsibilities for condom specification, testing and other quality assurance measures.

Concerns have also been raised about the process, duration and costs for the registration of condoms especially by private sector actors. Regarding condom accessibility, teacher attitudes and behaviour limit young people's access to contraceptives and condoms in schools, which in turn, restrict the implementation of the Family Planning (FP) programme in primary and secondary schools. Laws regarding the age at marriage (16 years), age of consenting sex (18 years) and the issue of informed parental consent are also contradictory.

Procurement systems for condoms have traditionally been donor dependent or through UNFPA as a third party agency of the Government of Ghana (GOG). In recent times, GOG began playing a more direct and active role in condom procurement and efforts have been made to enhance the effectiveness of public sector procurement systems and processes. This progress suffered a setback when lapses in the systems led to the procurement of defective male condoms, significantly affecting consumer confidence and acceptability of the public sector brand of condoms.

Key condom donors in Ghana currently include USAID, Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNFPA and the West Africa Health Organisation (WAHO). Although most of the donated condoms are to the public sector, USAID also provides condoms for social marketing.



## 2.1 Condom Distribution by Sector

### 2.1.1 Public Sector

Under GFATM Round 8 in 2011, over 14.7 million male and female condoms were distributed to KPs (compared to only 3.7 million in 2010) and for the general population, over 40 million male and female condoms were distributed (compared to 27.4 million in 2010). Most donated condoms are channelled through the Central Medical Stores (CMS). The MOH distributes a non-branded (No Logo) condom as well as its own 'Be Safe' brand to public health facilities of the Ghana Health Service (GHS), Non-Governmental Organisations (NGOs), Civil Society Organisations (CSOs) and interested workplaces. These condoms are then retailed at subsidised prices to sub recipients, peer educators, Non-Traditional Outlets (NTOs) or directly to clients or end users. GHS issues condoms to service delivery points through their Regional Medical Stores (RMSs) for the end user's access. Unfortunately, these condoms are not always available in the public health facilities. Many NGOs and CSOs interviewed mentioned difficulties with accessing condoms from the MOH/GHS consistently.

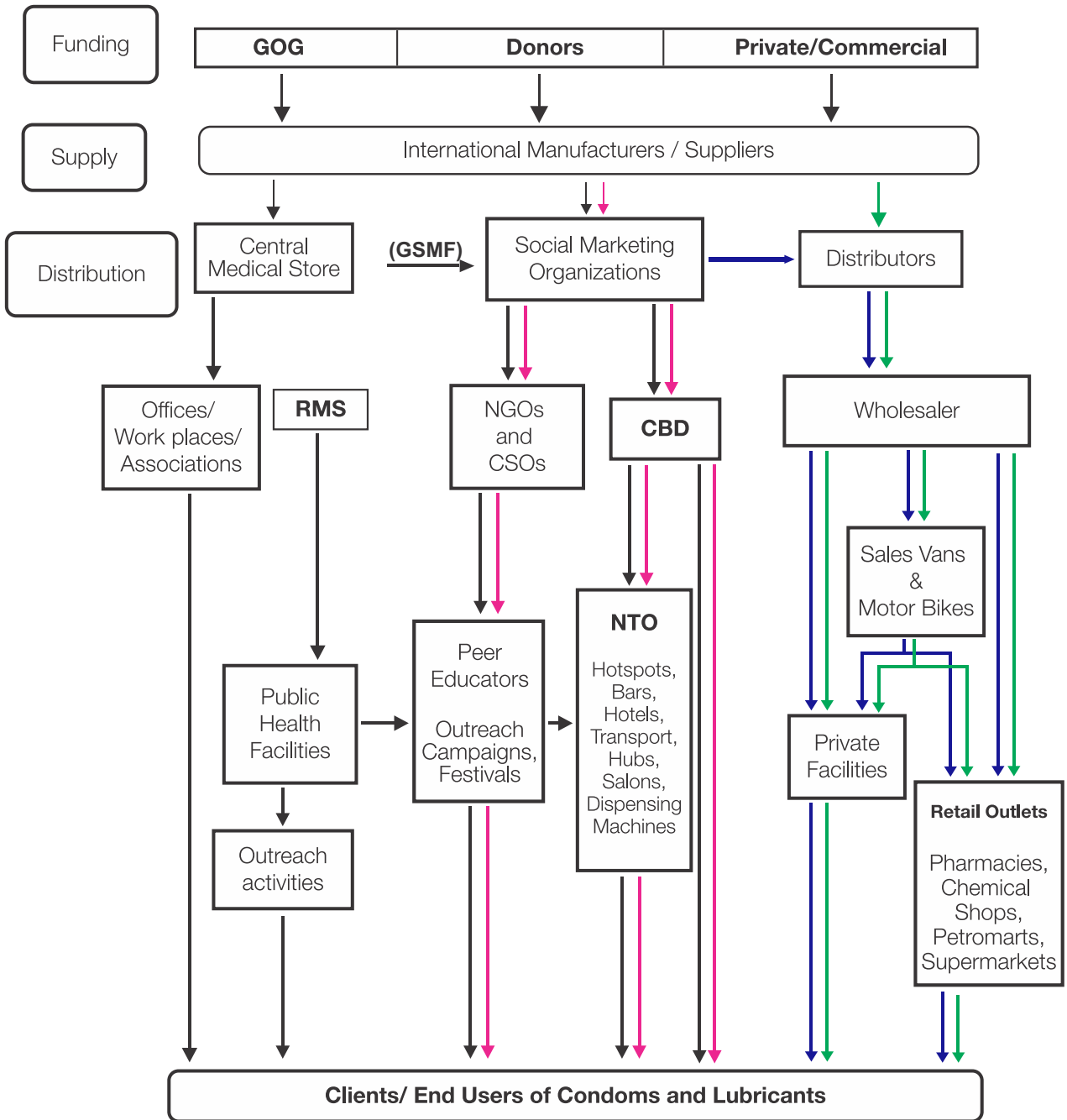
Pricing differentials potentially disrupt effective condom distribution. Public sector condoms have multiple distribution channels and because of their affordable price, they inadvertently stifle competition from private and commercial sectors, for instance, condoms distributed by GAC, Family Health Division (FHD) and National AIDS and STI Control Program (NACP) are considered affordable with a percentage of earnings from their sales re-channelled to public sector facilities. There is also evidence of leakage of public sector condoms to the commercial sector with associated higher than recommended prices charged. This highlights the fact that subsidised condoms need to be well targeted to maximise and ensure the integrity of donor investments. Although free distribution of condoms is not encouraged and public sector condoms are sold (albeit at an affordable price), a few programmes still provide condoms for free - for example the Abidjan-Lagos Corridor Organisation (ALCO). This can have the unintended consequence of undermining other organisations and projects that sell subsidised condoms in the same communities.

Figure 1 illustrates condom distribution channels in the country. As shown, public sector condoms are not only distributed through health facilities but are also purchased by NGOs, CSOs and social marketing organisations (SMOs), who in turn, may retail at subsidised prices to sub recipients, peer educators, Non-Traditional Outlets (NTOs) or directly to clients or end users.

#### Storage, Distribution, Inventory Management and Transport

Distribution by direct delivery within the public sector is limited. Comparatively, the public sector's supply chain is uncompetitive in that, most private vendors deliver directly to facilities. The CMS distributes downstream to regional medical stores from where GFATM principal recipients access the condoms for distribution to their sub-recipients and NGO networks (Appendix B). USAID-funded condoms and lubricants are currently warehoused and distributed through DKT International and HealthKeepers Network. Urgent improvements in condom warehousing, inventory control systems and stores management procedures are necessary at

**Figure 1. Ghana Condom and Water-Based Lubricant Pipeline, All Sectors**



central and regional levels. Distribution decisions are made by various supply chain entities in various locations depending on the commodity or programme.

### Logistics Management Information System

GHS facilities administer a logistics management information system for the public sector to capture consumption and transactions of essential health commodities. With regards to condoms, lower-level facilities use a paper-based system of requisition and consumption reports. Currently, with the introduction of the District Health Information Management System (DHIMS 2), some logistics information is reported electronically from the district level upward. Unfortunately, since 2012, the public health system has never had a full supply of condoms. As a result, requisitions have not been met and resupply has been based on availability. The desk review conducted to develop this Strategy discovered that most condoms for HIV programming are distributed outside this system.

Modern automated information systems for data management are limited, data collection and sharing are poor, data visibility for managers is often lacking, national-level logistics data are unavailable and data reporting is inhibited by organisational boundaries, poor systems and lack of incentives for reporting (especially for private sector purchases). Reporting mechanisms vary widely depending on the commodity or program. The CMS and implementing programs do not monitor or routinely receive information on procurements and shipment tracking.

### 2.1.2 Private Not-for Profit Sector

NGOs and CSOs are key conduits for targeting condom distribution in areas where HIV prevalence is highest (Akwara et al, 2005) and are crucial in condom distribution and behaviour change communication (BCC) activities among KPs (GAC, 2013). With regard to KP service delivery, referrals for counselling and reproductive health services are made from the community to health facilities, HIV counselling and testing centres, drop-in centres, helplines and social media sites.

Young persons have also been targeted for several interventions by NGOs and CSOs. From 2007 to 2010, a joint United Nations Children's Fund (UNICEF) and UNFPA Programme implemented a range of HIV and AIDS prevention interventions among young people. One component, condom distribution, was implemented for out-of-school youth only (i.e. apprentices of artisans, youth with disabilities and teen mothers). A total of 469,808 condoms were distributed to out-of-school youth through peer educators and non-traditional distributors under that Programme (UNICEF, 2011) while in another intervention in 2011, FHI 360 distributed 655,786 condoms to tertiary students (GAC, 2012).

### 2.1.3 Private For-Profit/Commercial Sector

The commercial sector is vibrant but fragmented with more than 161 condom brands registered by the FDA since 2006. However, the FDA indicates that only 68 of these brands have viable registration, many of which are simply different variants (such as scented or dotted) of any one brand. Unregistered brands exist and several “suitcase traders” take advantage of Ghana’s porous borders to sell contraband condoms. It is likely that these condoms are not stored properly and/or do not meet International Organisation for Standardisation (ISO) 4074 quality standards.

In this sector, condoms are mainly found in pharmacies and licensed chemical seller shops. The Pharmacy Council has registered 2,447 pharmacies and 10,607 chemical shops across the country. These two sources are especially important channels when it comes to ensuring proximity and convenience to users. Chemical shops are particularly promising as condom outlets because of their broad distribution in urban and peri-urban communities. They are also open for long hours and are not averse to selling condoms in singles. The pricing of condoms can vary significantly from shop to shop as there is little standardisation when it comes to profit margins. Unfortunately, condoms are currently rarely available in NTOs such as bars, drinking spots and condom vending machines (in 2011, GAC purchased 400 condom vending machines, majority of which were installed by 2013). These channels should be further exploited in future.

The total condom market and relative market share of the public, private and social marketing sectors is currently undocumented. Assumptions are that the commercial sector has benefited from social marketing to increase awareness and acceptance of the use of condoms (the “halo effect”). However, the data is insufficient to assess the size and composition of the total and sectored condom market. In spite of this, the private sector is important in nationwide condom delivery and will continue to aid in meeting the increasing demands of the population, particularly of adolescents.

### 2.1.4 Social Marketing Sector

Two social marketing entities are currently distributing condoms in the country; the Ghana Social Marketing Foundation (GSMF) and DKT International. GSMF has four brands of condoms positioned for different market segments: Champion, Aganzi, SICO and Bazuka. GSMF also distributes ‘Be Safe’, ‘No Logo’ condoms as well as SICO lubricants and formerly sold female condoms (FCs). All distribution is undertaken with internally generated funds.

DKT International responds to HIV and AIDS prevention as well as FP by driving demand via brand building with mass media and non-traditional communication.

DKT International distributes two condom brands - Kiss and Fiesta. It relies on a wholesale and distribution network to sell condoms that reach the end user through sales vehicles retailing to pharmacies, chemical shops, private health facilities and other organisations. DKT International now also distributes Protector, the USAID-funded condom brand. This brand was originally

distributed by another SMO, namely Experiential Social Marketing (EXP SM), with support from USAID which ended in 2013 with DKT International taking over EXP's social marketed products under a new USAID grant. The Protector brand is provided to DKT International at no cost by USAID and sold through the pharmaceutical distributor, Vicdoris. The prolonged transition period from EXP SM to DKT International may have resulted in the Protector brand losing considerable market share.

The final EXP SM Report in 2013 provided a useful glimpse of the different condom brands on the market. It found that the main reason a retailer would stock a specific condom brand was that “consumers ask for it by name.” According to the data, less than half (42 percent) of Durex consumers will try an alternative brand when Durex is out of stock in the store. This information suggests that Ghanaian consumers exhibit strong brand loyalty when it comes to condoms. It also shows that in terms of volume, the top four condom brands by percentage of volume distributed are Protector (16.5 percent), Durex (14.8 percent), Rough Rider (9.3 percent) and Champion (9.2 percent).

## 2.2 Condoms and Lubricants in the Context of Dual Programming

Low condom use is one of the five main barriers to stemming the spread of HIV (GAC, 2012). Several interventions target identified populations with condom-focused activities through workplace programmes and integrated HIV and Sexual and Reproductive Health (SRH) activities.

Most new HIV infections are found in the low-risk general population (30.2 percent, GDHS, 2008) followed by regular partners of KPs (23 percent). Low condom use by this “bridging population” can potentially accelerate the spread of HIV to the general population (GAC, 2012). The Ghana Demographic and Health Surveys (GDHS 2003 and 2008) indicate that 60 percent of HIV-positive individuals are in sero-discordant relationships and inconsistently use condoms. The Government's goal is to reach 80 percent of all identified KPs by 2015 with a comprehensive and evidence-based package of HIV prevention, protection, treatment, care, and support services. According to the Mid-Term Report of the NSP, 2011–2015, the number of female sex workers (FSWs) reached, increased from 49 percent in 2011 to 73.6 percent in 2012 as reported by three partners: West Africa Project To Combat AIDS & STI (WAPCAS), FHI 360 [Strengthening HIV and AIDS Response Partnership with Evidence-based Results (SHARPER) Project] and Adventist Development and Relief Agency (ADRA). In other KP groups (for example non-paying clients of FSWs), GAC data indicates an increase in the first half of 2013 from the previous two years. Conversely, for Men who have Sex with Men (MSM), outreach decreased in the same period, perhaps due to difficulty in reaching them.

The GFATM Round 8 supports comprehensive prevention activities, including condom distribution activities in 42 institutions (universities, polytechnics, technical/ vocational schools). Additionally, the Government aims to integrate HIV programming including condom distribution into the broader MOH SRH programming. HIV Prevention programmes offered in

some private sector workplaces include a condom distribution and Voluntary Counselling and Testing (VCT) component.

However, dwindling external support for VCT has negatively affected the number of condoms distributed through workplace programmes.

## 2.2.1 Male Condoms

### 2.2.1.1 Knowledge and Behaviour Relating to Use

The current data on condom use is obtained from the 2008 GDHS for the general population and the 2011 Integrated Bio-Behavioural Surveillance Survey (IBBSS) for KPs.

#### General population

Male condoms are the third most popular FP method used by 10 percent of women of reproductive age (GDHS 2008, USAID 2010). Condoms constitute between 7–15 percent of the contraceptive method mix for all quintiles. The 2011 Multiple Indicator Cluster Survey (MICS) found that 2.6 percent of currently married women use male condoms for contraception while far less than one percent (0.1%) use female condoms. Despite high awareness, few programmes promote the dual use of condoms.

Condom use among the general population stagnated between 2003 and 2008 (GDHS, 2008). The proportion of males who used a condom at the last high-risk sexual intercourse has not changed (45 percent in both 2003 and 2008). In the 2008 GDHS, 25 percent of females and 45 percent of males reported using condoms during high risk sexual behaviour. Furthermore, two percent of women and 17 percent of men who had sex in the past 12 months had two or more partners during this time. Of those who had multiple partners, 26 percent of men used a condom during their last sexual intercourse. This low uptake of condoms is attributed to challenges in accessibility and misconceptions about condoms according to the NSP, 2011–2015.

In 2008, condom use in higher risk sex was highest among the 25–29 year age group at 31.3 percent for females and 49.3 percent for males, followed by the 20–24 year age group with males and females at 48.9 and 31.1 percent respectively. The lowest patronage is among the 40–49 year age group at 6.3 percent for females and 27.1 percent for males (GAC, 2012). Those with regular partners (19.2 percent) or paid partners (19.7 percent) were fewer than those with casual partners (40.1 percent). Demographic and socioeconomic variations show that condom use with casual partners increase correspondingly with increasing wealth, urbanisation and education.

#### Youth

More than 50 percent of people aged 18–39 years agree that children 12–14 years should be given condom education to avoid contracting HIV and AIDS (GDHS, 2008). Unmet need for contraception by age is highest in the 15–19 year age group and is 50 percent higher than for any other age group. The joint UNICEF and UNFPA ALERT Programme implemented HIV and

AIDS prevention education among school children (ages 10 to 14) by using the Alert School Model (ASM) in five regions. The model included HIV and AIDS knowledge as well as abstinence and delay of sex (UNICEF, 2011). Generally, the ASM has improved students' knowledge, attitudes, behaviours and HIV and AIDS risk practices. However, teacher attitudes limit young people's access to contraceptives and condoms in schools. Legislation on consensual sex concerning adolescents under 16 years of age and the issue of informed parental consent are also conflicting.

### **Key Populations**

The recent mapping exercise estimates 52,000 FSWs in Ghana. About 79 percent reported using condoms consistently with paying clients and 40 percent with non-paying partners such as boyfriends, regular partners and husbands (GAC, 2012).

Sixty percent of MSM reported using a condom the last time they had a sexual encounter with a male partner (GAC, 2012). The recent mapping exercise estimates 30,000 MSM in Ghana. However, some MSM cannot be reached through conventional methods, which affirms that the actual MSM population is probably higher. The 2011 Ghana Men's Study found that 17.5 percent of MSM are living with HIV. Most identified MSM have been reached with HIV prevention programmes in the past year.

Other KPs targeted under the National MARP Framework include People who Inject Drugs (PWID) and prisoners (GAC, 2011 & 2012). A recent IBBSS among prisoners showed male prevalence as 1.5 percent and females as 11.8 percent. Although funded HIV education activities are available, condoms are not distributed during the instruction.

#### **2.2.1.2 Male Condom Availability**

Development partners including USAID, GFATM, UNFPA and WAHO provide most of the funding for procurement of condoms which are mainly donated to the public sector. The GOG utilises three main channels to reach users: public health sector, private not-for-profit sector (NGOs and CSOs) and the private for-profit or commercial sector. USAID is the main social market funder.

Recent national developments may affect condom availability and use. Traditionally condoms were procured as a component of general contraceptives. However, additional resources have been committed from the GFATM for condom procurement and although this is improving availability, variations in forecasting methodologies and deficient lower-level data have resulted in over estimation for condoms. Other challenges include coordination across the various programmes sometimes causing interruptions in supply or resulting in over procurement. Quality and supply problems also arise as a result of limited in-country storage space and poor warehousing practices for procured condoms. However the most critical challenge is securing adequate funding to fully supply all the stakeholders.

### 2.2.1.3 Media Advertisement of Condoms

Until recently, condom promotion through media advertisement was limited. The FHD promotes contraceptives including condoms all year round. Condom brands such as Durex and Fiesta are advertised during prime time on multi-media channels. Research by DKT International shows that television is the most effective media for creating awareness and brand loyalty thus, it has developed a youth umbrella campaign brand (No Yawa, which is an SRH platform, with the aim of providing accurate non-judgmental SRH information) with its partners; Marie Stopes International Ghana (MSIG) and the Grameen Foundation.

## 2.2.2 Female Condoms

### 2.2.2.1 Knowledge and Behaviour Relating to Use

There is limited public awareness of FC, particularly its use. Population Council Reports—2006, 2008, and 2010—provide the most comprehensive available information and describe the effects on FC availability following the Society for Women and AIDS in Africa (SWAA) female condom launch in 2000, which was supported by the Ghana Female Condom Planning Committee. The organisers did not exclude specific groups nor exclusively target CSWs to avoid stigmatising the FC as an exclusively female CSW-targeted product. They subsequently trained direct distributors including men, students, housewives and religious leaders in the use of FC. WAPCAS simultaneously provided specific training targeted at FSWs.

The original FC launch was successful unlike the 2013 re-launch by the GHS and partners. By 2003, 83 percent of women who were 15–49 years reported hearing of FC was on par with knowledge of other contraceptives although FC uptake was low. Less than one percent of married women (15–49 years) reported ever using (0.8%) and currently using (0.1%) female condoms (GDHS, 2003). Five years later, use of FC dropped to almost zero percent; only 0.3 percent of married women (35–39 years) were users (GDHS, 2008). According to the 2011 MICS, all age groups reported zero percent ever use of FC with the exception of women aged 45–49 who recorded 0.1 percent.

### 2.2.2.2 Female Condom Availability

In terms of supply, the Naik and Brady and the Population Council Reports both published in 2008, highlighted the following key challenges:

- Limited capacity/infrastructure for logistics management leading to stock outs and over supply
- Lack of transportation to and from various depots throughout the country
- Distribution focused on cities with limited and inconsistent supply in rural areas.

FCs are mainly available in health facilities and urban areas and generally, not found in the commercial sector. Public sector facilities retail at 10 pesewas for three pieces although prices vary by location. The bulk packaging of 1,000 pieces per pack makes it difficult for programme



managers to distribute in a rational manner to sites with small turnover.

GHS registered the FC2, a more popular and improved brand in 2008 with funding for subsequent procurements of the brand provided by various partners. Distributing agencies included the GSMF (via pharmacies and chemical shops), Planned Parenthood Association of Ghana (PPAG) (via its own clinics, community-based distributors and NGO partners), Ghana Registered Midwives Association (GRMA) and GHS (which sold to WAPCAS and ADRA for programmes targeting FSWs). According to the Inter-Agency Coordinating Committee on Contraceptive Security (ICCS/CS) Report of December 18, 2013, the CMS had approximately one million female condoms with an expiry date of April 2016. On the basis of the average monthly consumption at the time (6,000 pieces), the stock on hand would have lasted approximately 15 years (14.8 years or 178 months). This situation spurred plans to transfer 700,000 female condoms to USAID-supported programmes in other countries. This apparent surplus highlights serious challenges in adhering to forecasting, supply planning, procurement processes, information-sharing and demand creation in addition to the persistent low uptake of the commodity.

Ghanaians access FCs from health facilities or through CSOs, and it is priced the same as the male condom (three pieces for 10 pesewas) such that the pricing disparities faced by male condom distributors are less evident here. However, until recently, FCs were sold at a higher cost than male condoms and the price reductions are some of the public sector interventions that were undertaken to minimise barriers to uptake. It is noteworthy that SWAA, the most notable player in FC programming in Ghana, received funding in 2014 for ongoing operational costs from the FC Company (the manufacturer of the FC2). This shows an ongoing commitment to support the development of a viable FC market in Ghana and enabled SWAA to distribute nearly 400,000 pieces in 2014. Currently, FCs are almost non-existent in commercial outlets, unlike the ubiquitous male condoms.

### 2.2.3 Water-Based lubricants

#### 2.2.3.1 Knowledge and Behaviour Relating to Use

Data on lubricant use and knowledge among the general population is limited. Despite the limited knowledge, lubricants have been available in the private sector for a long time but price has been a barrier to all populations. The Ghana MARP Strategic Framework, 2011–2015 aims to reach 80 percent of identified KPs by 2015 with a comprehensive service package. The package has condoms and water-based lubricants under the prevention component. The GAC 2012 Study reports that 42 percent of FSWs had used lubricants at least once in the last month, but unfortunately, the lubricants were oil-based. MSM and FSWs often inappropriately use petroleum- and oil-based lubricants as sexual lubricants because they lack basic information about the associated risks (i.e. their degradative effect on latex). In 2005, the Academy for Educational Development provided technical assistance through the SHARPER project to promote safer sexual behaviours including the use of water-based lubricants by MSM in Accra, Tema and Kumasi (GAC, 2012).

### 2.2.2.3 Water-Based Lubricant Availability

The delivery and promotion of lubricants are generally through peer groups supported by NGOs and CSOs that target KP-friendly venues in urban hotspots. Under the USAID bilateral contract with EXP SM, lubricants were to be promoted and supplied with condoms via NTOs. It is not clear the extent to which that was accomplished. According to the Mid-Term Evaluation Report of the National Strategic Plan for HIV and AIDS (2011–2015), distributed lubricants increased by 13 percent between 2011 and 2012. The USAID-funded Social Marketing Programme provides lubricants targeted at KPs (FSWs and MSM). Single use packs are available from DKT International to KPs only, through NGO and CSO channels. USAID also funds Health Keepers Network (HKN) in community-based distribution in five regions. HKN distributed over 15,000 sachets by June 2014 to the general population. In contrast, lubricants are neither procured nor distributed in the public sector system. Ghana lacks a lubricant strategy and is over-reliant on USAID for supply. A national planning exercise on quantification, procurement and the most efficient way to increase distribution is needed; this may include a TMA that involves the social marketing and private sectors.

Currently, water-based lubricants are targeted mainly at subpopulations with high-risk behaviours such as MSM and FSWs to maximise the public health impact because these two groups have responded most favourably to and have demonstrated a clear need for lubricants. However, this may further spread the idea that lubrication is unnecessary for people outside these groups. Additionally, if lubricants are promoted mainly as products for FSWs and MSM, counterproductive stigmatisation of the product may occur.

Building demand for and marketing of lubricants needs more focused attention in future projects. Consumer awareness of the role of lubricants is low; this is obvious in the scarcity of commercial lubricants on the market which are sold only in bulky and inconvenient tubes at high prices.

### 2.2.4 Pricing of Condoms and Lubricants

A dipstick survey was conducted to better understand the range of condom and lubricant brands, pricing and consumer preferences (based on the opinion of shopkeepers).

The survey found that the highest selling lubricant was 'Play', a water-based lubricant manufactured by Durex, which (according to pharmacists) is mostly patronised by more affluent customers because of the high price (GH¢ 15–30 per 50ml tube). This means that the product is largely unavailable to many people who use either saliva, commercial multipurpose lubricants or Vaseline to aid lubrication, even though most multipurpose lubricants are not water based and could potentially compromise the physical integrity of the condoms.

Many customers, particularly the youth, seek condoms with different product attributes, for example, scents, flavours, textures and numbing agents. Generally, prices range from GH¢ 0.80 to GH¢ 1.30 (Table 1). Premium condoms, such as Rough Rider and Durex, were stocked in more

affluent neighbourhoods. A few generic condoms were found priced around GH¢ 0.40, and are apparently in low demand primarily because of the lack of marketing and mistrust caused by a recent FDA recall and media reports concerning quality assurance shortfalls. Unfortunately, there is limited data on analysis of the private sector market when it comes to price points, willingness and ability to pay and market segmentation. Table 1 summarises the findings (male condoms) from 17 pharmacies and licensed chemical sellers in mixed socioeconomic neighbourhoods in and around Accra.

**Table 1. Average Costs of Male Condoms in Pharmacies and Chemist Shops**

Male Condom Brand	Average Consumer Cost in GHC per Condom	Market
Fiesta	0.80	Commercial (DKT)
Kiss	0.70	Commercial (DKT)
Protector Gold	0.70	Social marketing (DKT)
Durex	1.80	Commercial
Rough Rider	1.30	Commercial
Be Safe	0.40 (for pack of 3)	Public
No logo	0.40 (for pack of 3)	Public
Champion	0.5	Social marketing (GSMF)
Bazuka	0.6	Social marketing (GSMF)
Aganzi	1.5	Social marketing (GSMF)
SICO	1.5	Social marketing (GSMF)

## 2.2.5 Partnerships and Coordination

The public sector under the GOG coordinates the national HIV and AIDS response, as well as population and reproductive health issues through the GAC and the NPC, with the GHS as a key implementing and technical arm. The NGO sector (non-governmental, civil society and faith-based organisations) are significant players when it comes to BCC intervention activities among KPs and other vulnerable groups, non-paying partners of FSWs, youth (in and out of school), employees and prisoners in Ghana. Condom sales and distribution often accompany these interventions as noted in the GAC 2013 Midterm Evaluation Report. Working with successive partners, the USAID has provided support through social marketing to increase access. Two social marketing entities are currently operating in Ghana, the GSMF and DKT International with condom brands positioned for different market segments. The commercial sector is vibrant but fragmented with several players. This sector is an especially important channel when it comes to ensuring access to condoms closer to where users live and at their convenience. As indicated earlier, condoms are hardly available in NTOs such as hotels, drinking spots, salons and through dispensing machines. Some other private sector organisations' activities directly affect condom programming and should be included in future condom programming activities. These include GRMA, Ghana Registered Nurses Association, Society of Private Medical and Dental Practitioners, Pharmaceutical Society of Ghana, Community Practice

Pharmacists Association, Ghana Medical Association and Licensed Chemical Sellers Association. Advocacy efforts across and within the various sectors unfortunately tend to be fragmented while the current level of coordination is weak.

The following represents the most active of these agencies and institutions:

#### [Ghana AIDS Commission](#)

GAC was set up by Act 613 of Parliament in 2002. It is a supra-ministerial body mandated to develop HIV and AIDS policies and lead national response. GAC develops the policies and strategies that drive the fight against HIV and AIDS in Ghana. The Commission guides and coordinates donors, NGOs, FBOs and CSOs involved in the national response against HIV and AIDS. One of the important GAC platforms for inter-sectoral dialogue and partnership on KPs is the National MARPs Technical Working Group.

#### [National Development Planning Commission](#)

NDPC was set up by Act 479 of Parliament in 1994 to ensure the effective implementation of approved national development plans and strategies, coordinate economic and social activities countrywide and work with sector ministries to integrate HIV into annual programs and budgets.

#### [National Population Council](#)

NPC was set up by Act 485 of Parliament in 1994 as the highest statutory body to advise the Government on population and related issues and to ensure proper coordination and implementation of all population policies and programs including that of reproductive health. In 1994, a revised Population Policy was formulated. The policy included emerging issues such as the environment, the aged, persons living with disabilities and STIs including HIV and AIDS.

#### [Ghana Health Service](#)

GHS houses the two key implementing arms for condom use and promotion through HIV and AIDS prevention activities, family planning services and integration of HIV prevention interventions in reproductive and sexual health. These two agencies are the NACP and FHD. The latter houses the Health Promotion Department as well.

#### [Ghana Coalition of NGOs in Health](#)

Ghana Coalition of NGOs in Health (GCNH) fosters networking and information sharing among community-based organizations (CBOs) and NGOs in the health sector in Ghana and among international partners. It also provides a forum to carry out evidence-based advocacy and campaigns for health.

In condom and lubricant programming, the key multilateral and bilateral development partners include the following:

#### [United States Agency for International Development](#)

Funding for condom programming is sourced from both USAID's Population Fund and the President's Emergency Plan for AIDS Relief (PEPFAR). Activities under PEPFAR are focused on

key populations and on technical assistance related to outreach, counselling and testing and quality assurance. Recent budget reductions have led to a decrease in financing of clinical quality assurance activities. The 2013 budget amounted to US\$10 million, although there was a projected 25 percent reduction for 2014. PEPFAR is in the process of developing a sustainability plan that will be available at the end of 2014.

#### [Joint United Nations Programme for HIV/AIDS](#)

UNAIDS supports HIV and AIDS prevention activities across a wide range of areas including preventing mother-to-child transmission, stigma reduction in the general population, youth, governance and accountability activities. The 2013 total budget was approximately US\$4.5 million.

#### [German Development Cooperation](#)

The German Development Cooperation (GIZ) is committed to HIV prevention with a focus on KPs, HIV mainstreaming in all programmes, and building public–private partnerships with a focus on HIV, tuberculosis, and employee well-being programmes. GIZ on behalf of the German Ministry for Economic Cooperation and Development and its private partners made a financial commitment of approximately US\$2 million in 2013.

#### [United Nations Population Fund](#)

UNFPA provides technical expertise and funding for condom programming. This includes in-kind donations of both male and female condoms, most recently the procurement of 13,500,000 male condoms valued at approximately US\$300,000 as well as providing technical support to the MOH and its agencies.

#### [West Africa Health Organisation](#)

WAHO serves all 15 member states of the Economic Community of West African States (ECOWAS) by promoting regional health integration. As part of the financial cooperation between the German Government and the ECOWAS and under the regional programme for reproductive health and HIV prevention, there is a regional financing mechanism for reproductive health commodities (mainly male condoms, implants, and injectables). In 2013, the GOG received funding from WAHO under this programme and has used part of the funding to procure contraceptives that include condoms (No Logo and Bazuka).

#### [Inter-Agency Coordinating Committee on Contraceptive Security](#)

The ICC/CS is tasked with bringing together stakeholders and organizations to coordinate the national condom requirements, among other contraceptives. Through the ICC/CS, an annual national (excluding the commercial sector) quantification exercise of contraceptives, including condoms, is undertaken and reviewed biannually with key stakeholders.



### 3.1 Goal

The goal of the National Condom and Lubricant Strategy, 2016–2020 is to ensure that there are condoms available for all sexually active populations to use when they need to and that they have sufficient access to condoms that meet the required quality standards.

### 3.2 Objectives

The objectives of the strategy are to:

1. Improve the environment for condom and lubricant programming
2. Increase the demand for condoms and lubricants
3. Guarantee the timely and continuous supply of condoms and lubricants
4. Ensure sustainable funding for comprehensive condom programming
5. Establish a national mechanism for comprehensive condom programming.

### 3.3 Expected Outcomes

Implementation of this strategy is expected to lead to an increase in the access to and use of condoms and lubricants in Ghana. This will contribute to the reduction of unplanned pregnancies and the incidence of HIV and other STIs.

The following specific outcomes are expected:

1. Improved environment for condom programming
2. Increased utilization of condoms and lubricants
3. Improved availability and supply of condoms
4. Sustained funding for CCP
5. A functional national mechanism for comprehensive condom programming.

In keeping with the globally accepted CCP framework, the Strategy as well as SWOT analysis (Appendix A) is structured under five thematic areas:

1. Leadership, coordination, and partnerships
2. Demand, access, and utilization
3. Supply and commodity security
4. Programming and support services
5. Financing.

The strategic approaches presented in the document were drawn up from information provided on internal and external factors in each of these areas under the SWOT analysis.

## 3.4 Thematic Areas

### 3.4.1 Leadership, Coordination and Partnerships

In Ghana, a number of public organisations and structures provide leadership and coordination in condom and lubricant programming. In addition, various policies and plans have been developed to impact the condom programming landscape. However, implementation of these policies, guidelines and plans is sometimes fraught with challenges based on individual organisational interpretation. This often results in discordance in roles and responsibilities, ultimately leading to delays in access to commodities.

In the context of a rapidly growing population and government's determination to reposition family planning as an essential ingredient in its development efforts, coupled with an expected increase in the demand for contraceptives, effective leadership and coordination is key to ensure these expectations are met.

Table 2 lists expected outputs and methods in the area of leadership and coordination.

<b>Expected Output</b>	<b>Strategic Activities</b>
Strong policies, focused strategies, and clearly written processes that provide an enabling environment in which to operate a comprehensive condom programme	<ul style="list-style-type: none"> <li>• Review existing policies to facilitate effective condom programming.</li> <li>• Review the tax regime for both male and female condoms</li> </ul>
Harmonised roles and responsibilities for the various key actors	<ul style="list-style-type: none"> <li>• Advocate the rationalisation of the roles and responsibilities of condom quality assurance protocol between the FDA and GSA.</li> <li>• Strengthen the national procurement process.</li> <li>• Create a Condom and Lubricant Sub-Committee under the ICC/CS.</li> </ul>



### 3.4.2 Demand, Access and Utilisation

Creating demand for condoms is vital to increasing and sustaining condom use. However, there are no sustained nation-wide generic condom mass media campaigns. Occasionally, there are successful promotional activities characterised by mass media campaigns and demand creation activities, but sustaining these efforts has been relatively weak. The current contribution of the social marketing condom brands to the overall condom distribution in Ghana is still low. No active SMO is promoting or distributing FCs.

An important resource and agent of change that has been overlooked in the development of BCC activities are traditional leaders who seem to impact greatly the behaviour of the people in their communities. Social mobilisation, which empowers individuals and communities to increase demand for condoms is highly fragmented. In many instances across programmes, the lack of operational oversight, supervision, and incentives for CSOs has led to low motivation for individuals and ultimately resulted in high staff turnover.

Demand for FC and lubricants are low. The FC in particular lacks strong brand identity and positioning with very little knowledge or availability of the commodity in the private and commercial sectors. It is seen primarily as an HIV prevention method by some sections of the population, resulting in a lack of interest from traditional condom programmers in the family planning sector and with minimal attempts made to garner male use or interest. Very little choice is offered in terms of different packaging and product attributes, coupled with the availability of only one brand. Disaggregation of data is needed to better understand the profile of FC users and to get their perspectives and insights on the FC.

Evidence also shows that investments in promotion (such as mass media and other BCC activities encouraging the use of female condoms) are profitable. However tools for demonstration and promotion, such as pelvic models, are not widely available and accessible to all sectors to enhance promotional activities.

Consumer insight or segmentation analysis is currently unavailable for lubricants. As a result, target marketing and distribution of lubricants to meet specific group needs are inadequate. Consumer awareness of the importance of lubricants is low. Although several brands exist on the private market for the general population, they are rather expensive and bulky in size. Currently, only one brand is being promoted under social marketing and with no leveraging of public sector participation, making affordably priced varieties generally inaccessible to the general public.

A Total Market Approach (TMA) to condoms and lubricant programming in Ghana (currently non-existent) is extremely vital for increasing the market. This will expand condom and lubricant access and availability for the poorest and highest-risk groups while simultaneously increasing demand and use across the public, private, NGO, and social marketing sectors.

Table 3 lists expected outputs and activities in the area of demand and Table 4 describes expected outputs and activities for achieving a total market approach.

<b>Table 3. Demand, Access, and Utilisation</b>	
<b>Expected Output</b>	<b>Strategic Activities</b>
<b>Condoms (Male &amp; Female) and Lubricants</b>	
Mature and expanded condom and lubricant market with condom access and availability for the poorest and highest-risk groups assured while simultaneously increasing condom demand and use across the public, private, NGO, and social marketing sectors.	<ul style="list-style-type: none"> <li>• Improve market environment for condoms and lubricants.</li> <li>• Provide a generic condom promotion campaign led by the public sector.</li> <li>• Include infrastructure improvements in proposal to GFATM for the next round of funding.</li> <li>• Develop strong partnerships between public and private sectors to improve access to condoms in rural and hard-to-reach areas.</li> <li>• Conduct market research to segment and understand consumer needs and wants for targeted condom design, promotion and supply</li> <li>• Ensure that quality standards are upheld</li> </ul>
Vibrant social marketing programming for condoms and lubricants developed.	<ul style="list-style-type: none"> <li>• Expand condom availability beyond the traditional channels (health facilities) to non-traditional outlets.</li> <li>• Develop an integrated BCC strategy (for male and female condoms).</li> <li>• Segment market and develop profiles of users and non-users to appropriately target subsidies and products.</li> </ul>
Condom use improved, particularly among KPs and non-paying partners of female sex workers.	<ul style="list-style-type: none"> <li>• Provide male-focused interventions targeting non-paying partners of FSWs</li> <li>• Refer to BCC strategy to provide focused interventions for FCs and lubricants</li> </ul>
<b>Female Condoms</b>	
The FC are well-branded and positioned as a viable device for dual protection.	<ul style="list-style-type: none"> <li>• Develop a social marketing plan for the FC with private sector involvement.</li> <li>• Resolve weaknesses in supply chain of FCs.</li> <li>• Encourage private production of FCs.</li> <li>• Establish a committee to develop, implement, and monitor an FC strategic plan.</li> <li>• Expand FC provision beyond public sector health facilities and urban areas to expand reach.</li> <li>• Disaggregate FC management from that of male condoms (MCs).</li> </ul>

Expected Output	Strategic Activities
<b>Lubricants</b>	
Lubricants are well branded and positioned as viable products in condom programming.	<ul style="list-style-type: none"> <li>• Define clear roles and responsibilities in lubricant programming for the public sector.</li> <li>• Begin debate on whether targeting should be to key populations or general public.</li> <li>• Encourage SMOs to market mid-priced lubricants particularly in sachets.</li> <li>• Encourage more partners to fund lubricants.</li> </ul>

**Table 4 : Total Market Approach**

Expected Output	Strategic Activities
Total market approach for condom programming adopted.	<ul style="list-style-type: none"> <li>• Develop strong private-public partnerships to maximize and leverage resources.</li> <li>• Encourage SMOs to engage in promotion of both subsidised and full cost-recovery condom brands.</li> </ul>
	<ul style="list-style-type: none"> <li>• Learn from best practices in TMA from other middle income countries and apply strategies.</li> </ul>
	<ul style="list-style-type: none"> <li>• Led by the public sector, provide a forum for stakeholders to better understand the condom market.</li> </ul>

### 3.4.3 Supply and Commodity Security

The supply of condoms through the various channels to the final end user is constrained by systemic, structural, and distribution inefficiencies. For example, distribution channels, especially through non-traditional outlets and vending machines, are underutilised; warehousing along the supply chain is inadequate and storage conditions are suboptimal since they were not designed to support the storage of bulk items (such as condoms). Furthermore, Female condom distribution is limited mainly to urban-based public health facilities constraining access to FC by community-based providers Packaging of FCs is in cartons that contain plastic bags of 1,000 pieces each also makes it problematic particularly when it comes to redistribution in smaller quantities.

Communication and approval structures are not well aligned for optimal supply chain management, which leads to inefficiencies in supply chain functions. In addition, warehouse management systems are also lacking in resources. Manual data/access databases are usually utilised for inventory management rather than use of standardised electronic systems. Where they exist, they are not uniform across board and thereby negatively affect the accuracy of databases for procurement, planning, and monitoring. The practice of the “pull” delivery system has been limited in reducing provider workload or meeting client needs in a timely fashion. Currently GAC combines data on male and female condoms distributed.

Table 5 lists expected outputs and methods in the area of supply.

Table 5. Supply and Commodity Security	
Expected Output	Strategic Activities
<b>Condoms (Male &amp;Female) and Lubricants</b>	
Strengthened condom and lubricant supply chain system that enables smooth distribution and flow from the central level to the end user	<ul style="list-style-type: none"> <li>• Review condom pricing policy.</li> <li>• Identify and resolve critical supply chain management inefficiencies and bottlenecks.</li> <li>• Strengthen warehouse infrastructure and management systems</li> <li>• Strengthen logistics management information systems.</li> </ul>
Robust methodologies for condom and lubricant forecasting developed and implemented	<ul style="list-style-type: none"> <li>• Review and implement distribution policy for condoms.</li> <li>• Include commercial distribution data, as available, in national quantification exercises.</li> </ul>
A well-established distribution and access channel in place for FCs and	<ul style="list-style-type: none"> <li>• Expand distribution channels targeting KPs through NTOs.</li> </ul>

### 3.4.4 Programming and Support Services (Including Monitoring and Evaluation)

Many agencies have varying interests in condom programming and potentially conflicting agenda. This situation obviously gives rise to poor and fragmented coordination efforts. Acceptable baseline against which to measure impact has not received consensus. In addition, the monitoring and evaluation of programmes to track progress is incomplete. There are gaps in information on quantities distributed, condom use in all populations, profiling and targeted interventions. Most especially, estimating the size of key populations is a persistent challenge while documentation and planning in the context of the TMA remains unclear.

Tables 6a and 6b list expected outputs and activities in the areas of Programming and Support Services, as well as monitoring and evaluation.

Table 6a. Programming and Support Services	
Expected Output	Strategic Activities
Enhanced coordination and support services providing a supportive environment for comprehensive condom programming.	<ul style="list-style-type: none"> <li>• Improve leadership and coordination by creating the following:               <ul style="list-style-type: none"> <li>- A condom and lubricant sub-committee under the ICCS/CS that draws representation from public, social marketing, and commercial sectors.</li> <li>- A public-sector spearheaded forum for stakeholders (public and private) to open communication channels with private sector partners</li> </ul> </li> <li>• Institute close involvement and collaboration of key community gatekeepers, traditional leaders, religious leaders, celebrities, and other opinion leaders in condom programming.</li> </ul>
Improved public, private, and social marketing sector involvement in lubricant programming	<ul style="list-style-type: none"> <li>• Develop a multi-year plan with regular annual or semi-annual updates to increase overall condom and lubricant use with a TMA approach.</li> </ul>

Table 6b. Research, Monitoring, and Evaluation	
Expected Output	Strategic Activities
Strengthened monitoring and evaluation system on all aspects of condom programming	<ul style="list-style-type: none"> <li>• Harmonise and improve data collection and reporting on condom programming in RH and HIV prevention</li> <li>• Conduct post market surveillance of condoms to ensure quality standards are upheld.</li> <li>• Conduct study tours to countries where a comprehensive condom programming strategy has been implemented to learn lessons that can be applied in Ghana.</li> <li>• Commission a rigorous evaluation of the condom vending machine pilot project.</li> <li>• Train programme staff to undertake simple community-based surveys to assess levels of condom use.</li> </ul>
Cutting-edge research and studies undertaken to scientifically underpin design, structure, and development of condom programming strategies to ensure evidence-based decision making	<ul style="list-style-type: none"> <li>• Conduct a retail audit to find out the size of the commercial condom market as well as mapping and distribution surveys.</li> <li>• Undertake a willingness-to-pay study</li> <li>• Commission and undertake a scientifically robust size estimation of key populations in Ghana.</li> </ul>

### 3.4.5 Financing

Interruptions and gaps in donor support and continuity of projects have led to lost momentum and results in condom programming in the country. Fluctuations in local NGO funding constrain NGOs' ability to retain quality staff and reach their target groups effectively. Historically, public sector supply of condoms has been provided by donors, however, although this has been consistent, funding for other programming activities such as promotion, demand generation, monitoring, and evaluation have not enjoyed the same consistency of support, thereby compromising the overall effectiveness and continuity of programmes. Funding for FC for instance, has primarily been for the commodity, with limited attention given to the associated programming costs, whilst funding for the procurement of lubricants is currently provided by only one donor.

Table 7 lists expected outputs and activities in the area of financing.

Table 7. Financing	
Expected Output	Strategic Activities
Expanded and sustained funding sources to ensure continuity and comprehensive programming for condoms and lubricants	<ul style="list-style-type: none"> <li>• Explore new opportunities of funding, especially from the private sector for condoms and lubricants.</li> <li>• Mobilise technical and financial resources for the public sector from all sources including GFATM.</li> <li>• Develop a clear reinvestment plan for improving resource mobilisation and allocation for condom and lubricant supply.</li> <li>• Ensure adequate funding for all components of CCP to support demand creation activities for three methods.</li> <li>• Increase funding from GOG for CCP</li> <li>• Seek funding for FC promotion costs, not only for commodity costs.</li> <li>• Identify and earmark resources to strengthen post market (QA) surveillance.</li> </ul>

### 3.4.6 Cross-Cutting Activities

The following activities are cross-cutting under the five thematic areas:

- Create a condom and lubricant subcommittee under the ICCS/CS, drawing representation from public, social marketing, and commercial sectors
- Rationalise the roles and responsibilities of condom quality assurance protocol between the FDA and GSA
- Ensure adequate funding for all CCP to support demand creation activities for three methods, including revised branding, messaging and use of new communication channels such as social media
- Identify and resolve critical supply chain management inefficiencies and bottlenecks
- Authorize the MOH to harmonize data collection and reporting on condom distribution and use for RH and HIV prevention
- Segment the market to appropriately target clients with public, social marketing, and commercial resources, targeting subsidies to low-income consumers and transitioning consumers with ability to pay to the private sector, so that the contributions of each sector meets the needs of the population segments it best serves
- Include commercial distribution data, as available, in the next quantification exercise.

## 3.5 Indicators for National Condom and Lubricant Strategy

### Area 1: Leadership, Coordination and Partnerships:

1. Number of coordination meetings held (IPs Annual reports)\*
2. Number of policies/guidelines developed/reviewed to facilitate condom and lubricant programming (Public Sector)

### Area 2: Demand, Access and Utilisation

1. Proportion of condoms and lubricants distributed through various channels and type (Source: CMS, CEPS, IPs annual reports)
2. Percentage of those who used condom during the last high risk sexual intercourse (Source: GDHS)
3. CPR for condom (GDHS)

**Area 3: Supply and Commodity Security**

1. Percentage availability of condoms and lubricants at service delivery points/ outlets (Source: DHIMS, IPs annual reports)

**Area 4: Programming and Support** (including M&E)

1. Number of coordination meetings held (IPs Annual reports)\*

**Area 5: Financing**

1. Amount of funding available for condom procurement by funding source
2. Amount of funding available for condom programming by funding source



## 4.1 Costing Assumptions

The costing process for the National Condom and Lubricant Strategy (NCLS) was informed by the Strategy itself and guided by the terms of reference. The inputs into the costing were also informed by the Family Planning Costed Implementation Plan (FPCIP), which had some activities that overlap with the Condom and Lubricant Strategy. The FPCIP was developed by reviewing all documents that relate to FP to cost the FP-focused activities. With this background and given that condoms have a dual purpose (prevention of pregnancy, STIs and HIV), all cross cutting or dual purpose activities were costed under the FPCIP. Hence the NCLS focuses on costs for stand-alone HIV activities and HIV/FP activities which were not prioritised interventions under FPCIP.

The process of costing was in accordance with the scope of work and activities in the NCLS and the FPCIP.

The format was derived using the same Microsoft Excel costing tool used in the costing of the FPCIP. The method of costing was activity based, driven by the level of inputs (ingredient approach) and the standard cost of the inputs based on current Government rates and other costs in the industry as at September 2015.

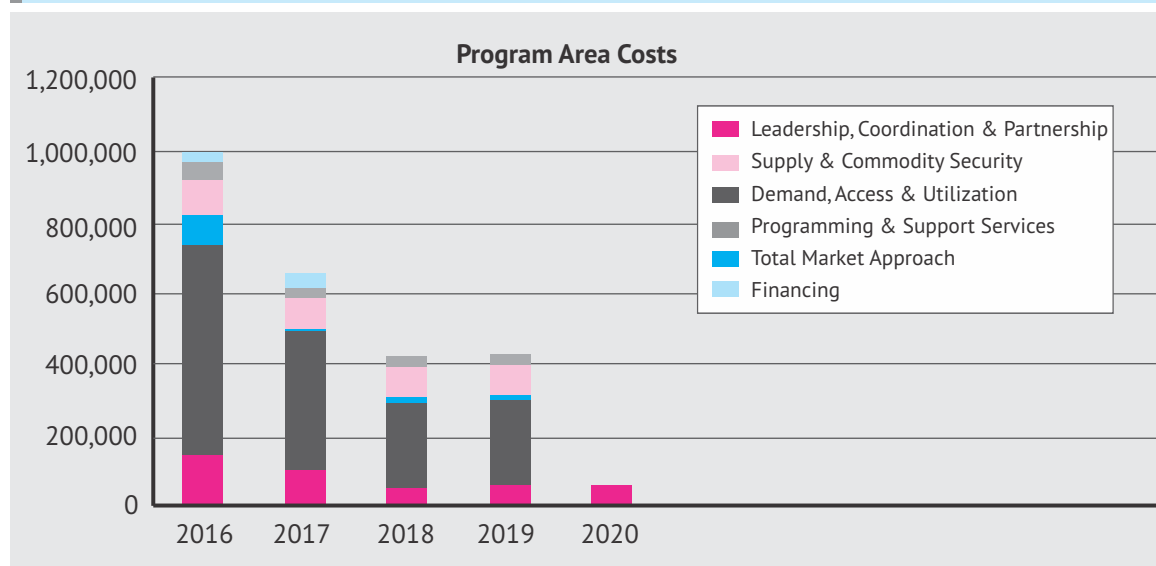
After developing assumptions around the sub activities of the NCLS, it was realised that some of the activities overlap with the FPCIP. The activities in the NCLS were therefore mapped with the activities of the FPCIP to identify the overlapping activities. The cost of the overlapping activities were identified. This informed the input quantities and frequency in the final costing of the NCLS for the overlapping activities.

The Microsoft Excel tool provides details as well as summary cost by thematic areas, with graphs of cost for each year by thematic area. It also calculates summaries by activity for each thematic area. Comments were received from the NCLS TWG to update the costing following which the final costing of the NCLS was circulated for comments before finalization.

## 4.2 Costing Summary

The six thematic areas in the NCLS are leadership, coordination and partnership, demand, access and utilization, total market approach, supply and commodity security, programme and support services and financing.

**Figure 2: Total Cost of NCLS, 2016-2020 by Thematic Area and Year**



The total cost for implementing the NCLS is \$2,956,799 (GHS ₵11,383,678). Approximately 58 percent of the total cost of the strategy will be spent on Demand, Access and Utilization. Additional 14.7 percent (\$443,065) will be spent on Supplies and Commodity Security. The cost of Leadership, Coordination and Partnership is \$435,773 representing 14.7 percent of total cost.

**Table 8: Total Cost of NCLS, 2016–2020 by Thematic Area and Year**

	2016	2017	2018	2019	2020	Total
Leadership, Coordination & Partnership	149,839	105,626	58,625	60,090	61,593	435,773
Demand, Access & Utilisation	578,120	384,431	236,496	242,408	273,503	1,714,958
Total Market Approach	88,100	11,480	11,767	12,061	8,058	131,466
Supply & Commodity Security	96,700	81,180	87,727	85,290	92,168	443,065
Programming & Support Services	51,320	27,265	27,947	28,645	29,361	164,538
Financing	25,440	41,559	-	-	-	66,999
<b>Total</b>	<b>989,519</b>	<b>651,541</b>	<b>422,561</b>	<b>428,495</b>	<b>464,683</b>	<b>2,956,799</b>

**Table 9: Total Cost of Condom and Lubricant Strategy by Activity and Year**

Strategy	Activity	2016	2017	2018	2019	2020	Total Program
		USD	USD	USD	USD	USD	USD
<b>Leadership, Coordination and Partnership</b>	Strong policies, focused strategies and clear written processes to provide an enabling environment in which to operate a comprehensive condom programming and harmonized roles and responsibilities for the various key actors	149,838.90	105,626.25	58,624.88	60,090.50	61,592.76	<b>435,773.28</b>
<b>Demand, Access &amp; Utilization</b>	Very mature and expanded condom and lubricant market with condom access and availability for the poorest and highest-risk groups assured while simultaneously increasing condom demand and use across the public, private, NGO and social marketing sectors.	463,200.00	283,720.00	165,158.25	169,287.21	173,519.39	<b>1,254,884.84</b>
	FC well branded and positioned as viable device for dual protection (HIV and pregnancy)	91,880.00	90,871.38	61,251.44	62,782.72	89,386.77	<b>396,172.30</b>
	Lubricants well branded and positioned as viable product in condom programming	23,040.00	9,840.00	10,086.00	10,338.15	10,596.60	<b>63,900.75</b>
<b>Total Market Approach</b>	Total market approach for condom programming is adopted.	88,100.00	11,480.00	11,767.00	12,061.18	8,057.83	<b>131,466.01</b>
<b>Supply &amp; Commodity Security</b>	Strengthened condom and lubricant supply chain system that enables smooth distribution and flow from the central level right down to the end user	96,700.00	81,180.00	87,727.19	85,289.74	92,168.38	<b>443,065.30</b>
<b>Programming &amp; Support Services (including monitoring &amp; evaluation)</b>	Functional strong coordination and other support services to provide a supportive environment for comprehensive condom programming in the Public and Private sectors	51,320.00	27,265.00	27,946.63	28,645.29	29,361.42	<b>164,538.34</b>
<b>Financing</b>	Expanded and sustained funding sources to ensure continuity and comprehensive programming for condoms and lubricants	25,440.00	41,558.63	-	-	-	<b>66,998.63</b>
	<b>Total</b>	<b>989,518.90</b>	<b>651,541.25</b>	<b>422,561.38</b>	<b>428,494.78</b>	<b>464,683.15</b>	<b>2,956,799.46</b>

## Costs for Thematic Areas

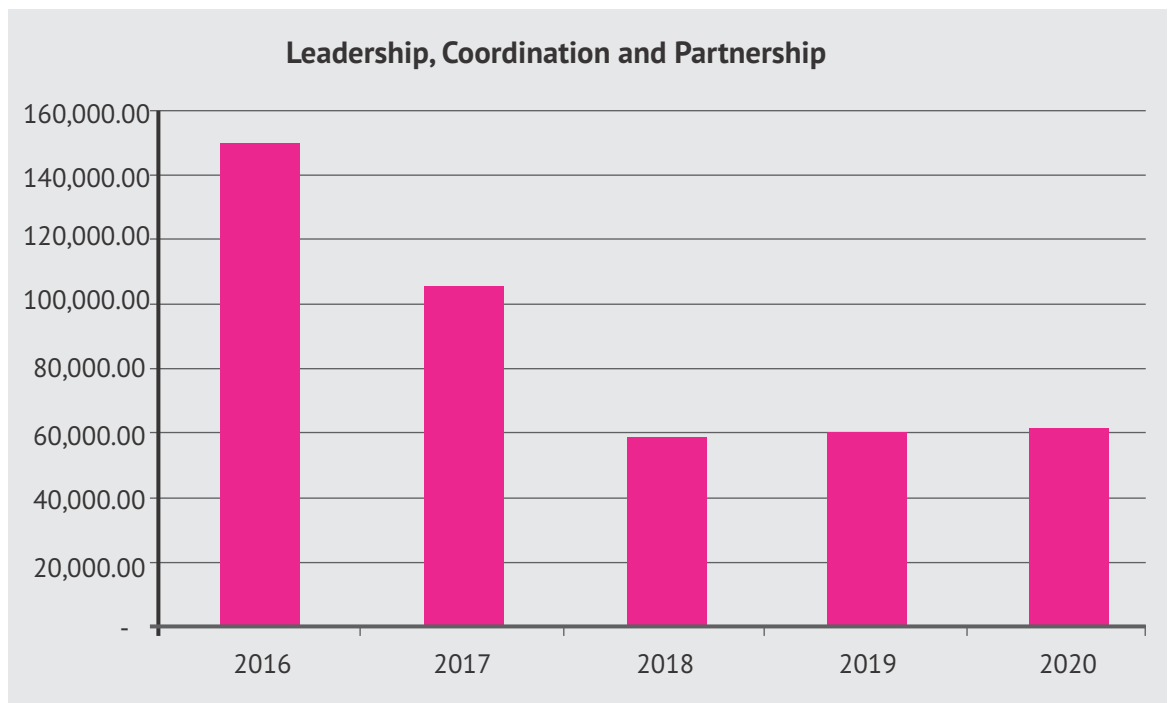
### 5.1 Leadership Coordination and Partnership

#### Strategy

This strategy seeks to develop new policies as well as revise existing ones to facilitate better implementation of condom programming, coordination and harmonization. The total cost of this strategy is \$453,773.

This strategy has six main activities. The activities seek to review policies, develop BCC messages and advocate for rationalization of responsibilities between the FDA and the GSA. It will also strengthen national institutions through the creation of an Inter Coordinating Committee for condoms and lubricants and strengthen the national procurement system. The total cost for this strategy will support the formation of the ICC and its quarterly meetings over the period of the strategy. Teams will also be formed to review policies and develop BCC materials.

**Figure 3.** Cost of Leadership coordination and Partnership Strategy by Year



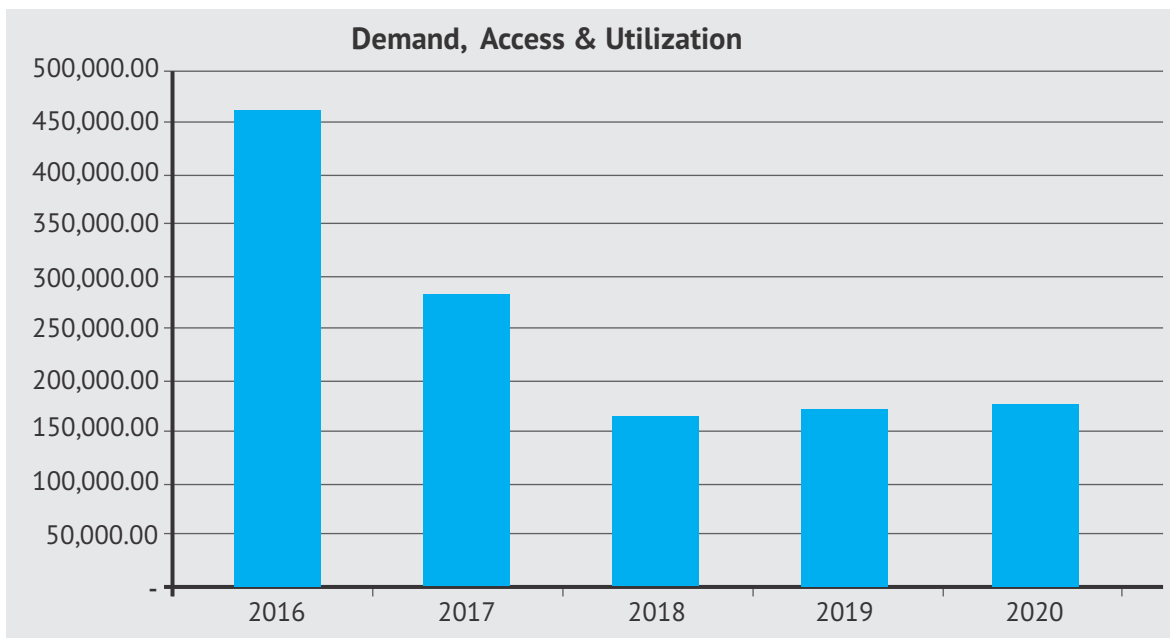
## 5.2 Demand, Access and Utilization

### Strategy

This strategy will ensure increased access and utilization of condoms and lubricants, targeting the poor.

A number of surveys to understand the condom and lubricant market will be conducted using independent firms. The promotion of condoms and lubricants will be done through the use of billboards and the airing of TV and radio messages. Radio messages will be targeted in rural, poor and deprived areas. Teams will be formed to engage stakeholders and partners as well as develop a social marketing plan.

**Figure 4:** Cost of Demand Access and Utilization Strategy by Year



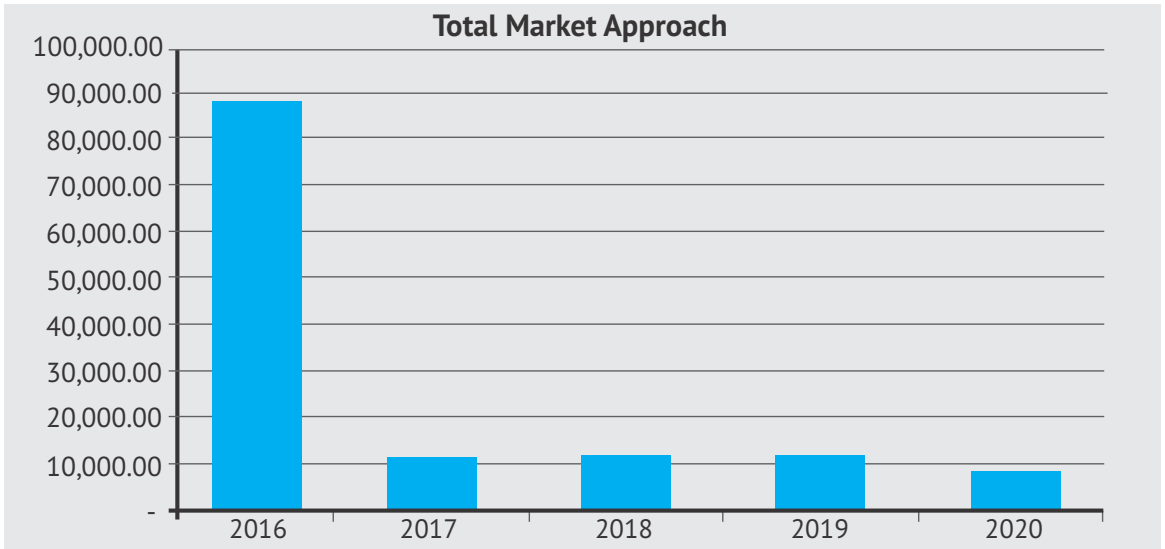
## 5.3 Total Market Approach

### Strategy

A total market approach strategy will be developed as part of the Family Planning Costed Implementation Plan (FP CIP). This strategy will advocate for the adoption of this approach for condoms and lubricants.

Series of stakeholder dissemination meetings and targeted consultations with social marketing organizations will be organized. A study tour to a best practice country will also be funded under this strategy.

**Figure 5: Cost of Total Market Approach Strategy by Year**



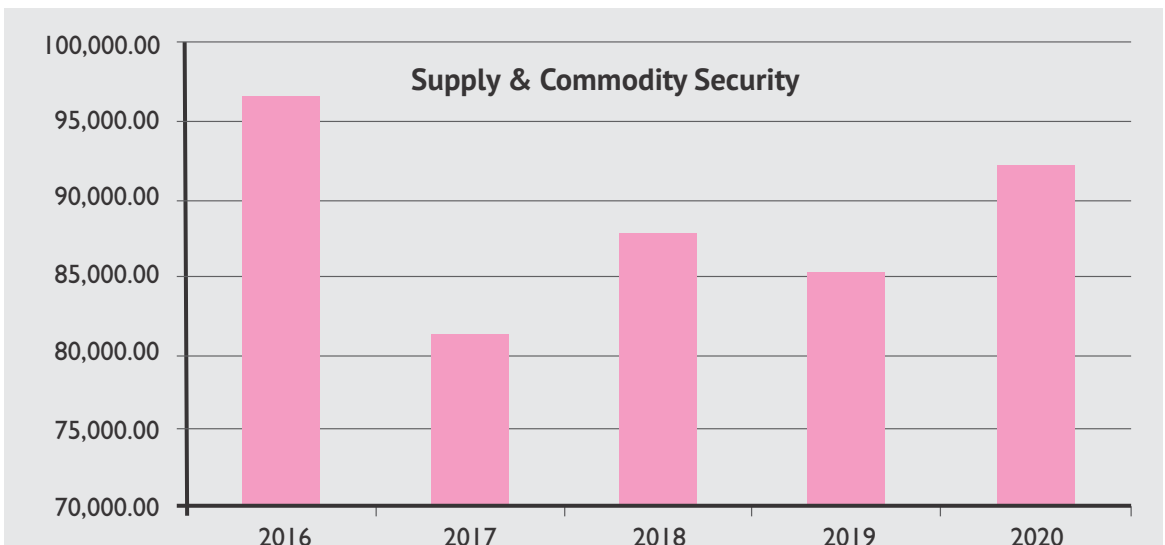
## 5.4 Supply and Commodity Security

### Strategy

The supply and commodity security strategy will support strengthening of the procurement system to improve distribution of commodities, especially condoms and lubricants to the final user.

A task force will be formed to review the condom policy and review the bottlenecks in the supply chain management system especially relating to condoms and lubricants. Their findings will be disseminated and used for targeted advocacy through a number of meetings with policy makers, managers and stakeholders. The costs will also support advocacy on improved packaging, training of vendors, increased supervision and monitoring.

**Figure 6: Cost of Supply & Commodity Security Strategy by Year**



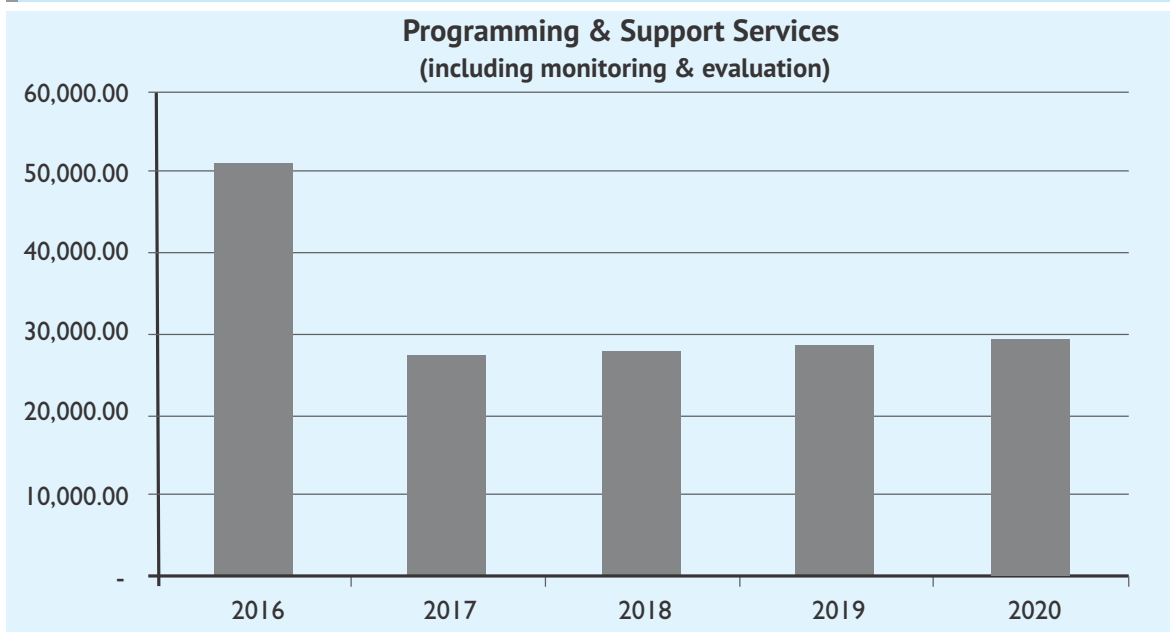
## 5.5 Programming and Support Services

### Strategy

The strategy for programming and support will target the support environment for condoms and lubricants in the public and private sector.

Awareness creation and stakeholder consultation meetings will be organized throughout the period of this strategy. New distribution channels will be explored and vendors will be trained to manage the new distribution channels and conduct community surveys to access the use of condoms and lubricants. An evaluation of the pilot condom vending machine project will also be conducted.

**Figure 7:** Cost of Programming and Support Services Strategy by Year



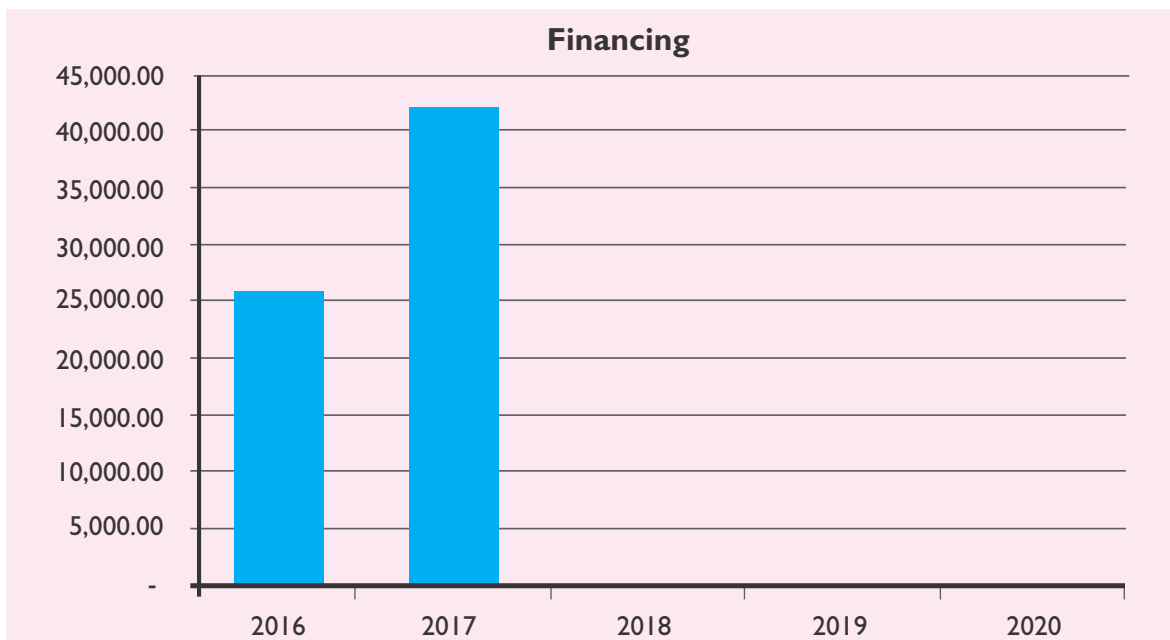
## 5.6 Financing

### Strategy

The main objective of this strategy is to secure and maintain a sustainable financing for condoms and lubricants.

The key elements of the cost is the development of an investment case and organization of meetings with key funding agencies using the investment case to mobilize and sustain funding for condoms and lubricants.

**Figure 8: Cost of Total Financing Strategy by Year**







## Proposed Implementation Activities

- I. Create a leadership, coordination, and policy environment that supports and ensures the availability of condoms and lubricants to the population in Ghana.

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Create a condom and lubricant subcommittee under the ICCS/CS, drawing representation from public, social marketing, and commercial sectors.</li> </ul>	Terms of reference developed Membership selected Committee inaugurated	GAC/NPC/GHS
<ul style="list-style-type: none"> <li>MOH to harmonize data collection and reporting on condom distribution and use for RH and HIV prevention.</li> </ul>	Routine data collection and reporting tools developed	GAC/MOH/and ICC/CS
<ul style="list-style-type: none"> <li>Resolve the current impasse between the two statutory bodies (FDA and GSA).</li> </ul>	Recommendations submitted for parliamentary action as necessary	MOH/ Ministry of Trade and Industry (MOTI)/ Ministry of Tourism (MOT)
<ul style="list-style-type: none"> <li>Review existing policies that impose structural barriers to effective condom programming.</li> </ul>	Revisions made to policies in Ministry of Education, Ghana Tourist Board, Prisons Service, etc., that affect condom programming	MOH/MOE/MOTI/ MOT/Ministry of Interior
<ul style="list-style-type: none"> <li>Ensure adequate funding for all CCP to support demand creation activities for three methods, including revised branding, messaging and use of new communication channels such as social media.</li> </ul>	Fully costed implementation plan developed that includes BCC strategy	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>Create a forum for stakeholders (public and private) to better understand market conditions, distribution and policy, and the regulatory environment in which they operate. The public sector should play a leadership role in this and open communication channels with private sector partners.</li> </ul>	A routine market segmentation and analysis forum established	MOH/NPC/GAC
<ul style="list-style-type: none"> <li>Conduct study tours to countries where a CCP strategy has been implemented to learn lessons that can be applied in Ghana.</li> </ul>	Study tours conducted	MOH/NPC/GAC

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Segment the market to appropriately target clients with public, social marketing, and commercial resources, targeting subsidies to low-income consumers and transitioning consumers with ability to pay to the private sector, so that the contributions of each sector meets the needs of the population segments it best serves.</li> </ul>	<p>Undertake an updated market segmentation analysis to inform targeting of programmes</p>	<p>MOH/NPC/GAC</p>
<ul style="list-style-type: none"> <li>Rationalize the roles and responsibilities of condom quality assurance protocol between the FDA and GSA.</li> </ul>	<p>A workable agreement on organisational roles and working arrangements developed ahead of permanent legal resolution</p>	<p>MOH/ Ministry of Trade and Industry (MOTI)/ Ministry of Tourism (MOT)</p>
<ul style="list-style-type: none"> <li>Resolve critical supply chain management inefficiencies and bottlenecks.</li> </ul>	<p>Implement recommendations from warehousing and distribution optimization studies report</p>	<p>MOH/GAC</p>
<ul style="list-style-type: none"> <li>Include commercial distribution data, as available, in national quantification exercises.</li> </ul>	<p>Comprehensive national- level product requirements established</p>	<p>MOH/GAC/Development Partners</p>

**2.** Develop and implement a sustained national plan to increase the overall use of condoms and lubricants on the basis of improved knowledge and awareness in the population and support use by effective distribution channels.

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Develop a multi-year plan with regular annual or semi-annual updates to increase overall condom and lubricant use with a TMA approach.</li> </ul>	National condom and lubricant implementation plan developed	NPC/GAC/MOH
<ul style="list-style-type: none"> <li>Develop a clear reinvestment plan for improving resource mobilisation and allocation for condom and lubricant supply.</li> </ul>	Clear policy/guidelines on use of condom/lubricant income developed	MOH/GAC
<ul style="list-style-type: none"> <li>Expand distribution channels targeting KPs through NTOs.</li> </ul>	New and targeted programmes developed	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>Conduct a retail audit to determine the size of the commercial condom market.</li> </ul>	Information on the size of the commercial market established	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>Improve market environment for condoms and lubricants by providing market incentives that are based on a detailed scientific study.</li> </ul>	Private sector engagement strategy developed	MOH/MOTI/GAC
<ul style="list-style-type: none"> <li>Harmonise and improve data collection and reporting for programme management</li> </ul>	Standardised reporting formats agreed upon and linked across all sectors and programmes	GAC/MOH

**3.** Improve national-level planning and management of resources to ensure availability of safe and effective condoms and lubricants to all sections of the population on the basis of efficient and optimal criteria.

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Ensure adequate funding for all CCP to support demand creation activities for three methods, including revised branding and messaging, and use of new communication channels such as social media.</li> </ul>	Fully-costed implementation plans and a resource mobilisation plan developed	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>Resolve critical supply chain management inefficiencies and bottlenecks by determining infrastructure logistics management challenges and prioritize warehouse improvement.</li> </ul>	A high-level working group to review the documented bottlenecks and recommended solutions established	MOH/GHS/GAC
<ul style="list-style-type: none"> <li>Institute close involvement and collaboration of key community gatekeepers, traditional leaders, religious leaders, celebrities, and other opinion leaders in condom programming.</li> </ul>	Database of champions available and reports of meetings held	NPC/GAC/NGOs

**4.** Develop evidence-based programmes, with a total market approach involving both male and female condom promotion and distribution, and lubricants, segmented between free, subsidized, and commercial condoms for maximum coverage and efficiency.

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Develop strong partnerships between public and private sectors to maximize and leverage resources to better target resources and expand access to condoms in rural and more-hard-to-reach areas and allow the private sector to meet the needs of urban and peri-urban populations.</li> </ul>	Private sector engagement plan developed	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>The public sector should lead a generic condom promotion campaign</li> </ul>	BCC and broad-based social marketing strategy for condoms and lubricants developed	GAC/NPC/MOH
<ul style="list-style-type: none"> <li>Conduct post market surveillance of condoms to ensure quality standards are upheld.</li> </ul>	Robust QA plan developed and disseminated	FDA/MOH/GAC
<ul style="list-style-type: none"> <li>Conduct targeted distribution to expand condom availability beyond the traditional channels (health facilities) to non-traditional outlets such as bars, night clubs, and hotels.</li> </ul>	Condoms available in non-traditional outlets	GAC/NPC/NGOs

**5.** Use robust research and evaluation data to drive decision making in CCP for effective planning and programme implementation.

Strategy/Activities	Process Indicators	Responsible Institutions and Partners
<ul style="list-style-type: none"> <li>Undertake segmentation analysis with audience profiles and consumer insight analysis to determine who uses what brand of condoms.</li> </ul>	Market segmentation analysis completed	GAC/MOH/NPC
<ul style="list-style-type: none"> <li>Undertake condom retail audits and mapping and distribution surveys as well as undertake a willingness-to-pay study</li> </ul>	Specific/targeted studies conducted	GAC/MOH
<ul style="list-style-type: none"> <li>Commission and undertake a scientifically robust size estimation of key populations in Ghana.</li> </ul>	Specific studies completed	GAC/MOH
<ul style="list-style-type: none"> <li>Commission a rigorous evaluation of the condom vending machine pilot project.</li> </ul>	Evaluation study completed	GAC
<ul style="list-style-type: none"> <li>Identify and earmark resources to strengthen post market QA surveillance.</li> </ul>	Resource mapping exercise completed	GAC/MOH/NPC
<ul style="list-style-type: none"> <li>Organise male-focused interventions targeting non-paying partners of FSWs (not as appendages of existing sex worker interventions).</li> </ul>	Targeted BCC programmes developed	GAC/MOH/NPC
<ul style="list-style-type: none"> <li>Train programme staff to undertake simple community-based surveys to assess levels of condom use.</li> </ul>	Curriculum developed for community-based distribution survey training and piloting	GAC/MOH/NPC

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### Detailed SWOT Analysis

#### Strengths and Weaknesses: Male Condoms

Thematic Areas	Male Condoms	
	Strengths	Weaknesses
<b>Leadership &amp; Coordination</b>	<ul style="list-style-type: none"> <li>GAC is well established and has resources to coordinate HIV activities including condom use.</li> </ul>	<ul style="list-style-type: none"> <li>There is poor coordination among the multitude of agencies with interests in condom programming (potentially conflicting agendas).</li> <li>A comprehensive and strategic plan to develop the condom market in a sustainable manner does not exist.</li> </ul>
<b>Demand &amp; Access</b>	<ul style="list-style-type: none"> <li>A wide variety of proven and innovative BCC strategies are currently employed. Examples include the No Yawa project that uses social media and other BCC activities to target youth, as well as other peer education, edutainment, and mass media campaigns implemented by NGOs and CSOs.</li> <li>Multiple NGOs and CSOs Involved in condom distribution are dedicated to increasing condom use.</li> <li>Wide range condom brands available, at accessible pricing provides ample choice to all income segments.</li> </ul>	<ul style="list-style-type: none"> <li>Clear segmentation data are lacking to better profile condom users and preferences (information disaggregating socioeconomic population quintiles utilising condoms unavailable).</li> <li>Vital total market information does not exist (i.e., percentage of condom market share held by the public, social marketing, and commercial sectors).</li> <li>Stigma, personal and cultural beliefs, and bias hinder target populations from access.</li> <li>Traditional leaders not involved in development of BCC activities.</li> <li>GAC condom vending machine pilot project lacks viable long-term resupply plan and appropriateness of the actual machines need to be reassessed.</li> <li>FDA approval process can be slow and cumbersome with regards to condom advertising.</li> <li>No national BCC policy on condoms or coordinated messaging has been developed. National policies are not aligned to meet BCC needs surrounding condom use, including countering myths and misconceptions about condoms, especially for out-of-school youth.</li> <li>No sustained generic national condom mass media campaigns exist. Also, mass media campaigns and demand creation activities that generally characterize successful social marketing programmes are relatively weak in Ghana. The current contribution of social marketing condom brands to the overall condom distribution in Ghana is low.</li> </ul>

Thematic Areas	Male Condoms	
	Strengths	Weaknesses
		<ul style="list-style-type: none"> <li>• Social mobilisation empowering individuals and communities to increase demand for condoms is fragmented.</li> <li>• The “Be Safe” recall has led to quality concerns and damaged the public perception and confidence in the brand.</li> <li>• Condom access in non-traditional outlets is minimal.</li> <li>• Unwillingness to pay is found among pockets within some of the target groups (even though price is heavily subsidized).</li> <li>• Poor application of a variable pricing strategy undermines the ability of some CBOs to distribute public sector condoms in regions/districts (along with other distortions in the supply chain).</li> <li>• No clear consensus exists on appropriate metrics or solid baseline against which to measure impact. Also there are significant gaps in monitoring &amp; evaluation for programme tracking purposes, such as number of pieces distributed.</li> <li>• Gaps in donor support and continuity of projects have led to lost momentum and results. More specifically, these fluctuations in local NGO funding constrain NGO's ability to retain quality staff and reach their target groups effectively.</li> </ul>
<b>Supply</b>	<ul style="list-style-type: none"> <li>• Condoms are included in the Ghana Essential Medicines List and are exempt from import taxes.</li> <li>• The ICC/CS exists to coordinate national demand forecasting of contraceptives, including condoms.</li> <li>• Data driven forecasting exists for FP use of male condom (but is less robust when it comes to projecting needs for HIV and AIDS prevention).</li> </ul>	<ul style="list-style-type: none"> <li>• Weak methodologies are used for routine condom forecasting of needs for HIV programming. Estimates used are often based on arbitrary organisational/donor targets and available resources.</li> <li>• There is unclear documentation and planning in the context of a TMA.</li> <li>• The national procurement process for condoms has been beset with mixed results.</li> <li>• The national QA process lacks clarity in terms of roles and responsibilities. Duplication and conflicts over conformity certification (GSA) and product registration and quality monitoring (FDA) exist.</li> </ul>

Thematic Areas	Male Condoms	
	Strengths	Weaknesses
	<ul style="list-style-type: none"> <li>• A history and experience of using donor condom procurement systems already exists.</li> <li>• In-country quality testing and certification capacity exists to meet ISO 4074 condom standard.</li> <li>• Distribution channels for public sector are fairly well defined at the higher levels.</li> <li>• Multiple private and social marketing distribution channels exist.</li> <li>• Introduction of condom vending machines has potential to expand access and availability to some key populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Warehousing constraints affect the central and regional levels.</li> <li>• A warehouse management system is lacking (CMS &amp; RMS databases for inventory management kept manually).</li> <li>• CMS/RMS distribution down to their clients is not optimal: pickup versus delivery.</li> <li>• Communication and approval structures are not well aligned for optimal supply chain management. The role of the programmes and the supply chain functionaries are poorly aligned.</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• Ghana has a long history of contraceptive social marketing that predates the HIV era.</li> <li>• GHS is at the forefront of the nationwide distribution of affordable condoms.</li> <li>• A variety of national surveys, studies, and reports exist to draw upon to make evidence-based programmatic decisions (i.e., IBBSS, GDHS).</li> </ul>	<ul style="list-style-type: none"> <li>• Data on condom use, both in the general population and key populations, are not available on a timely basis to support HIV programming.</li> <li>• Limited data are available on profiles/interventions targeting the most vulnerable of the key populations.</li> <li>• Size estimation for key populations, particularly for MSM, is a persistent challenge.</li> <li>• It is difficult to validate the high level of reported condom use among sex workers.</li> </ul>

## Opportunities and Threats: Female Condoms

Thematic Areas	Female Condoms	
	Opportunities	Threats
<b>Leadership &amp; Coordination</b>	<ul style="list-style-type: none"> <li>• SWAA Ghana and WAPCAS are willing to sustain initiatives on promoting FCs.</li> <li>• Greater collaboration with GAC, GHS, and MOH is required.</li> </ul>	<ul style="list-style-type: none"> <li>• Some key informants felt frustrated by the lack of progress in pushing FCs despite sustained efforts.</li> </ul>
<b>Demand &amp; Access</b>	<ul style="list-style-type: none"> <li>• The ICCS/CS mechanism is in place to coordinate and improve national demand estimation.</li> <li>• Opportunity exists to leverage a pool of trained peer educators and NTOs in promoting female condom use.</li> <li>• Increase condom accessibility and awareness to general public via NTOs such as hair salons.</li> <li>• Utilise social media to reach key target populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited funding for promotion can lead to dwindling sales and uptake.</li> </ul>
<b>Supply</b>	<ul style="list-style-type: none"> <li>• Provision of additional vehicles through GFATM to improve CMS fleet</li> <li>• A recently completed warehousing study documents the issues with clear recommendations.</li> <li>• Working with CMS to identify an efficient way to break up the bulk pack of 1,000 pieces into a smaller quantity would make it easier to manage.</li> </ul>	<ul style="list-style-type: none"> <li>• Unless inroads are made with surplus stock, donors may be unwilling to procure more in future.</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• The emergence of new Fc2 product presents an opportunity to promote new and existing products and respond to user issues, through sustained advocacy.</li> <li>• Product innovations and new versions of the FC are entering the global market (i.e., Cupid and the PATH women's condom).</li> <li>• It is possible to better utilise the wide range of global advocacy networks, tools, and websites available.</li> </ul>	<ul style="list-style-type: none"> <li>• Only SWAA Ghana and WAPCAS are currently involved in any serious programming. If their small-scale project ends, it could be the end of any serious intervention.</li> <li>• Extreme subsidy for product procurement means future purchases may become unsustainable without external donor support.</li> </ul>

## Strengths and Weaknesses: Lubricants

Thematic Areas	Lubricants	
	Strengths	Weaknesses
<b>Leadership &amp; Coordination</b>	<ul style="list-style-type: none"> <li>GAC and key population constituencies are championing increased availability of lubricants.</li> <li>USAID and other donors are supporting lubricant programming for key populations.</li> </ul>	<ul style="list-style-type: none"> <li>Technically lubricants are not contraceptives and currently are not included in the range of products falling under the purview of the ICCS/CS.</li> </ul>
<b>Demand &amp; Access</b>	<ul style="list-style-type: none"> <li>A reasonable variety of lubricant brands are already available in the commercial market.</li> <li>Lubricants are known and appreciated by MSMs and FSWs.</li> <li>Social media is an effective medium to promote the product benefits.</li> <li>At the community level, peer level CBO promoters are available.</li> </ul>	<ul style="list-style-type: none"> <li>Consumer awareness of the importance of lubricants is low.</li> <li>It appears that the use of non-water-based lubricants by key populations is common, and the general population is unaware of the damaging effect on condoms.</li> <li>No consumer insight/segmentation analysis is available.</li> <li>Low priced and variable package sizes on the commercial market are not available (generally expensive at between GH¢15 and GH¢30).</li> <li>The sachets - currently available only to KPs - potentially run the risk of becoming a stigmatized product if they are associated exclusively with KPs.</li> <li>The usefulness of lubricants for post-menopausal women is generally not well known by the public.</li> </ul>
<b>Supply</b>	<ul style="list-style-type: none"> <li>Low key, but consistent, supply is available via CBOs to key populations.</li> <li>USAID consistently provides product to target key populations.</li> </ul>	<ul style="list-style-type: none"> <li>The supply of sachet-packed product is limited to CBOs and through key population programme channels.</li> <li>The number of product donors is limited.</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>A select number of organisations (i.e., FHI 360 partners) are involved in lubricant programming and advocacy.</li> </ul>	<ul style="list-style-type: none"> <li>Little advocacy exists because product is not well known by the general public.</li> <li>GHS has limited involvement in lubricant programming.</li> </ul>

## ■ Opportunities and Threats: Lubricants

Thematic Areas	Lubricants	
	Opportunities	Threats
Leadership & Coordination	<ul style="list-style-type: none"> <li>The ICC/CS mechanism exists as a means to better coordinate lubricant programming.</li> </ul>	<ul style="list-style-type: none"> <li>ICC/CS has not placed emphasis on lubricants in its product portfolio.</li> </ul>
Demand & Access	<ul style="list-style-type: none"> <li>Social media can be a low-cost way to familiarize both key populations and the general public of the benefits of lubricants.</li> <li>The general public can appreciate the use for post-menopausal women, which will reduce the chance of stigmatization.</li> <li>Bundling condoms and lubricants in the same packaging will help the population to see the linkage between the two products.</li> <li>MSM are asking that specialized gels be included in the range of lubricant products offered in the commercial market (with scents and flavours).</li> <li>Questions should be included on what type of lubricants are currently being used with condoms when conducting future studies. It would be helpful to know how prevalent the use of non-water-based lubricants is among key populations as well as the general public.</li> </ul>	<ul style="list-style-type: none"> <li>Deep sensitivity exists in the primary target audience for lubricants. It is debated whether targeting should be to key populations or the general public.</li> </ul>
Supply	<ul style="list-style-type: none"> <li>The market for commercial partners is untapped, particularly for a mid-priced lubricant offered in smaller tubes.</li> <li>Plans are in place to use social marketing to distribute lubricants (both in sachets and a mid-priced tube).</li> <li>The GOG should add lubricants to its proposal to the GFATM.</li> </ul>	<ul style="list-style-type: none"> <li>USAID is the sole source for procurement and program funding. Its withdrawal will kill the product in relation to ensuring access to key populations.</li> </ul>

## Overview of Condom and Lubricant Distribution Channels (as of June 2014)

Institution	Funding Source	Target Group	Distribution Type and Channel	Presentation/ Brand	Quantities Distributed in 2013
<b>GAC, GHS (FHD &amp; NACP)</b>	UNFPA, USAID, DANIDA, GFATM, U.K. DFID, & WAHO	General population & KPs	Public sector, CMS to RMS to health centres, CMS to NGOs, sub-recipients, commercial & condom vending machines	Male condoms: Be Safe & no logo	11,283,120
				Female condoms	226,700
<b>DKT</b>	USAID, Dutch, and internal funds	General population & KPs	Mix of social marketing & commercial. Use of pharmaceutical distributors & dedicated sales force	Kiss & six variants of Fiesta (commercial)	6,000,000 (Kiss & Fiesta)
<b>EXP SM</b>	USAID grant, ended February 2013	General population & KPs	Social marketing: sells to directly to KPs and to distributors & wholesalers who serve pharmacies, chemical shops & some NGOs	Challenger (own brand)	1,300,000
				Protector	1,669,940
				No logo (KPs)	0
<b>GSMF</b>	FHD, WAHO	General population & KPs	Mix of commercial and social marketing: sells to distributors & wholesalers who serve pharmacies, chemical shops & supermarkets. Also sells to non-traditional outlets	Champion (3 variants) Aganzi (2 variants)  Subsidized brands - (Bazuka Be Safe & no logo) SICO condoms (6 variants) SICO lubricant	

Institution	Funding Source	Target Group	Distribution Type and Channel	Presentation/ Brand	Quantities Distributed in 2013
PPAG	GFATM, International Planned Parenthood Federation	Women of reproductive age, youth	Direct to users via clinics & peer educators	Be Safe & no logo	Male: 3,000,000
FHI360 SHARPER project	USAID	MSM & FSWs		Be Safe & no logo Female condoms Lubricants	Male: 4,231,412 Female: 74,962 Lubricants: 469,166
SWAA Ghana	GAC The Female Company			Be Safe & no logo Lubricants	Male: 72,000 Female: 6,000 Lubricants <sup>a</sup>
ADRA	GFATM			Be Safe & no logo	
WPCAS	GAC USAID			Be Safe & no logo Lubricants	Male: 140,000 Lubricants <sup>a</sup>
MSI Ghana			Direct to users via clinics & peer educators	Be Safe & no logo	Male: 285,000
ALCO	WAHO		TBD	TBD	TBD

\*5ml sachet personal water lubricant

<sup>a</sup> Lubricant quantities are difficult to assess given various sizes and presentations.

\*\* GAC and GFATM sub-recipients (NGOs and CSOs) are involved in condom and lubricant distribution as sub-recipients of grants from either the GAC and/or GFATM in 2013. In most cases these organisations focus their distribution on KPs.



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