UGANDA

A TOTAL MARKET APPROACH

FOR MALE CONDOMS

UNFPA

psi

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

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

Contents

Recommended citation:
Pallin, S.C., D. Meekers, K. Longfield, O. Lupu. November 2013.
Uganda: A Total Market Approach. PSI/UNFPA Joint Studies on the Total Market for Male Condoms in 6 African Countries.
Retrieved from www.psi.org/total-market-approach

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Greetings

A MESSAGE FROM BRUCE CAMPBELL AND KIM LONGFIELD

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

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

We focused our efforts on six African countries — Botswana, Lesotho, Mali, South Africa, Swaziland, and Uganda — that have large condom social marketing programs, are affected by the HIV epidemic, and have high maternal morbidity and mortality relative to their economic development. This series of case studies is intended to inform appropriate evidence-based decisions that increase condom use equitably and sustainably through actions undertaken in all supply sectors. Employing such a total market approach (TMA) means that all three sectors — public, social marketing, and commercial — work together to deliver health choices for all population segments.

We will work together and with other partners to increase condom use and grow the market in a responsible way. Our long-term goal is to offer options to those most in need, people seeking to live their lives free from HIV and unplanned pregnancy.

Sincerely,
BRUCE CAMPBELL
Director, Technical Division, UNFPA

KIM LONGFIELD
Director, Research and Metrics, PSI

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

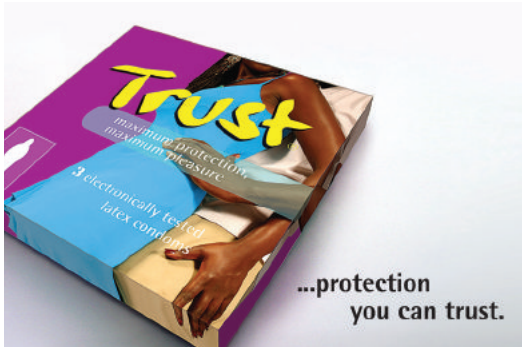
Executive Summary

In Uganda, the use and availability of male condoms is essential to preventing unplanned pregnancy and the spread of diseases such as HIV/AIDS. From 1992 to 2002, Uganda successfully reduced the prevalence of HIV/AIDS from 18% to approximately 6%; however, some concerning trends are emerging and HIV prevalence has increased with an estimated 7.3% of adults currently infected. Despite some opposition from religious and political leaders, male condoms continue to be an important part of Uganda's national strategy for HIV prevention, and the dual protection offered by condoms is a key component of reproductive health programs.

In Uganda's current market, the number of condoms needed to protect all sexual acts from HIV infection and unplanned pregnancy (universe of need) is much higher than the actual number of condoms on the market (volume). Condom use among the general population has increased, but overall demand still remains low, which helps explain why volumes are also low. Rates of use are higher among youth, but have decreased within some groups, including males with casual partners and females with multiple partners. In addition, equitable distribution of free or subsidized condoms has not improved since 2006: individuals in the wealthiest quintile were still much more likely to report condom use than those in poorer quintiles

The Total Market Approach (TMA) seeks to maximize market efficiency, equity, and sustainability through the coordination of the public, social marketing, and commercial sectors.

The condom market in Uganda consists of three sectors: the public sector, which distributes fully subsidized (free) condoms, the social marketing sector, which distributes partially subsidized condoms at low cost, and the commercial sector, which sells condoms for a profit. In 2011, the value of the total market was estimated at $5,091,264, a 28% increase from the market value in 2006. Approximately 98% of condoms on the market were fully or partially subsidized and commercial sector activity was negligible. Concerns about appropriate pricing strategies, "crowding out" the commercial sector, and inefficiencies in the use of public funds, prompted the Program for Accessible Health, Communication and Education (PACE), PSI's Ugandan affiliate, and the United Nations Population Fund (UNFPA) to adopt a total market approach (TMA) to help manage the condom supply in Uganda. The total market approach provides an opportunity for improved efficiency, equity, and sustainability in Uganda's market for male condoms. TMA requires that the three sectors – public, social marketing, and commercial – work together to "grow the condom market" and meet the needs of different segments of the population.



The results of our study yielded several important findings. As it stands, condom subsidy programs in Uganda have been inefficient, with wealthier classes benefitting from free and socially marketed condoms. A lack of collaboration between the three market sectors has resulted in an erratic condom supply, which disproportionately affects the poor and those living in rural areas. Enhanced reporting systems could improve commodity projections and forecasting, which would help identify market needs as well as gaps in supply. The overall Ugandan condom market has suffered from limited growth and demand for condoms must be increased, especially among Ugandans with multiple or casual partners. The presence of three socially marketed condoms on the market could be crowding out the commercial sector, especially if prices are not set high enough to encourage the commercial sector to become active on the market.

Methods

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

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

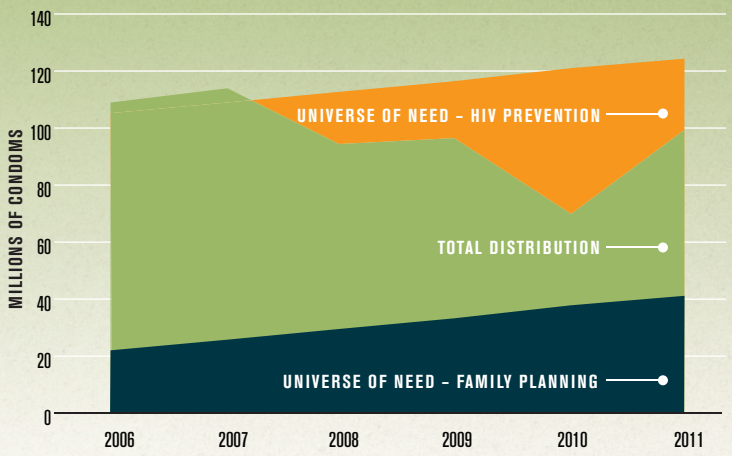
** USAID CYP conversion factors provide the units of products needed per one couple year of protection[2]*

State of the Market

UNIVERSE OF NEED

CALCULATION:
HIV: Male population 15-64 multiplied by average number of risky sex acts per man per year

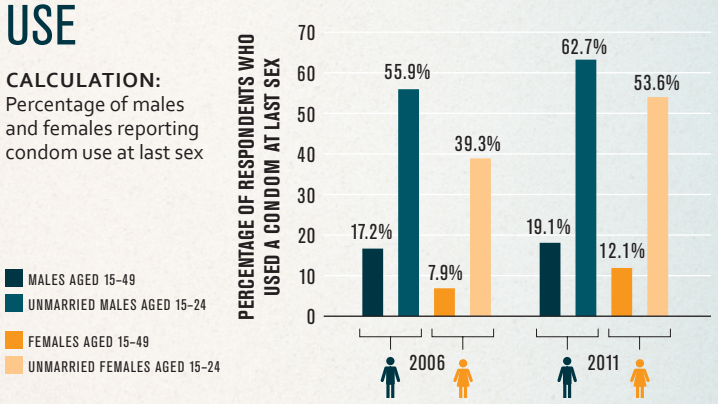
FP: Female population 15-49 multiplied by method mix multiplied by CYP conversion factor



Sources: UNAIDS Investment Framework Study Group[3]; UN Population Division, 2010 revision[4]; Uganda DHS 2011[5]; USAID conversion factors[2]; Guttmacher Institute. (2011). Adding it up: The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology).[6]

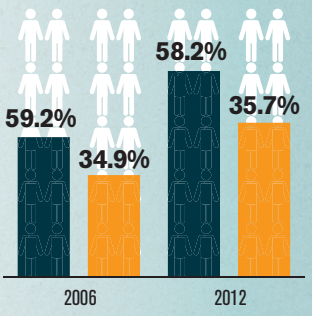
USE

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



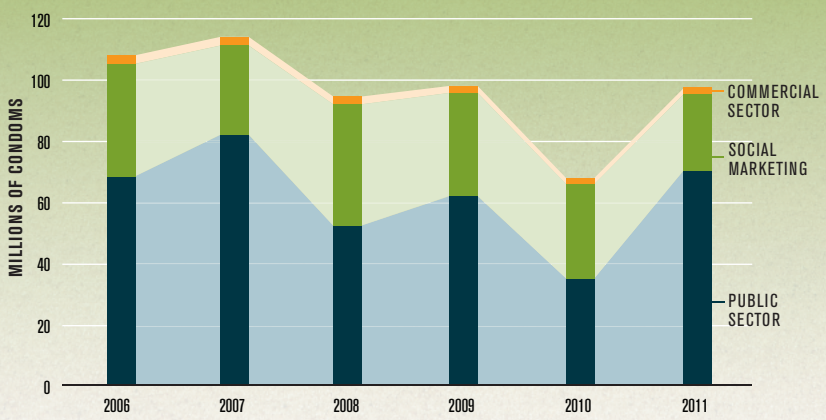
Sources: DHS 2006[7] and DHS 2011[8]

Percentage of respondents with casual partners in the last year who reported condom use at last sex



MARKET VOLUME

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

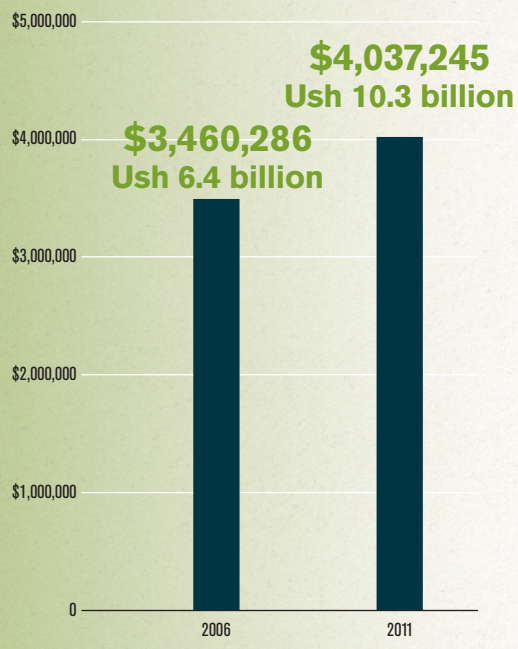


Sources: PSI[9], PACE[10], Ministry of Health[11], Marie Stopes Uganda[12], Uganda Health Marketing Group[13]
**2012 data were unavailable*

MARKET VALUE

CALCULATION: Average consumer price multiplied by market volume

(AVERAGE CONSUMER PRICE) × (MARKET VOLUME) = **MARKET VALUE**



Sources: PSI[9], PACE[10,14,15], Marie Stopes Uganda[12,16], Uganda Health Marketing Group[13,17]

NUMBER OF BRANDS

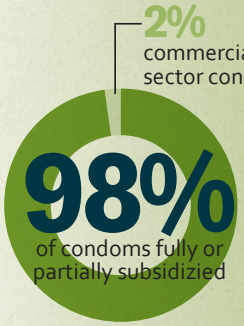
CALCULATION: Total number of condom brands on the market

at least **19** different brands of condoms on the market

Source: PACE[15]

SUBSIDY

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

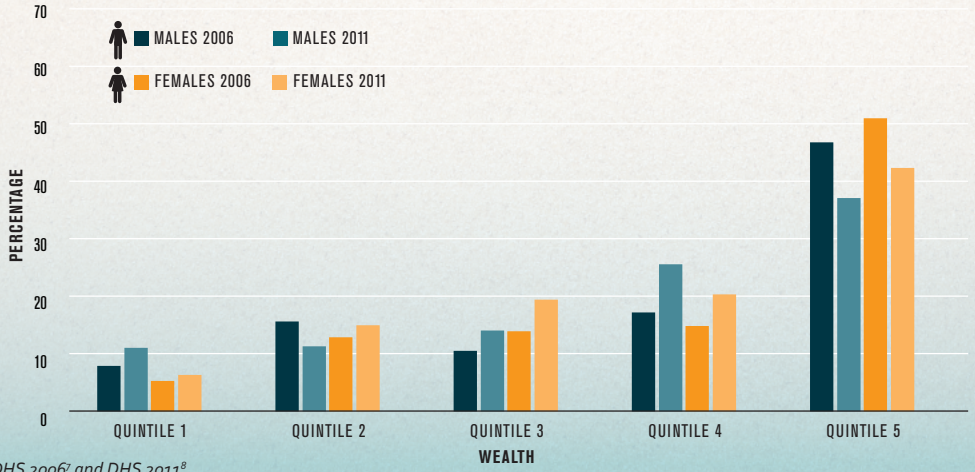


$2,924,305
USh 7.6 billion
Estimated subsidy for public sector and socially marketed condoms

Sources: PSI[9,18], PACE[10,14,15], Marie Stopes Uganda[12,16], Uganda Health Marketing Group[13,17]

EQUITY

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



Sources DHS 2006[7] and DHS 2011[8]

Introduction

HEALTH CONTEXT

Uganda has been widely praised as a success story in the fight against HIV/AIDS, with a reduction in prevalence from 18% in 1992 to 6.1% in 2002.[19,20] Much of this early success has been attributed to ABC (Abstinence, Be faithful, Condom use) prevention campaigns, an approach addressing different aspects of sexual behavior change.[21] However, early successes with the ABC approach are giving way to more alarming trends. Prevalence has increased slightly in recent years, and an estimated 7.3% of adults are currently infected with HIV. Prevalence is higher among key populations at risk, including sex workers and their partners, men who have sex with men, and boda boda riders.[22] Risky behaviors like casual sex, sex with multiple partners, and transactional sex also contribute to the epidemic.[19, 22-27]

Early successes with the ABC approach are giving way to alarming trends, including a rise in HIV prevalence.

Public health officials around the globe have long recognized that widespread access to male condoms is crucial for preventing new HIV infections, particularly among those who engage in risky sexual behaviors. In addition to providing protection against HIV infection, condoms also play a critical role in preventing unplanned pregnancy, known as dual protection. While information on dual protection is not currently collected in national surveys, we know that more than one-third of Ugandan women reported an unmet need for family planning in 2011.[5] Despite these compelling reasons for a robust condom market in Uganda, many religious and political leaders in Uganda oppose the use of condoms. Our research indicates that numerous changes must be made to improve condom use and ensure access to high-quality condoms for both HIV prevention and family planning.

© JAKE LYELL

Uganda: **HIV Situation**

HIV PREVALENCE AMONG ADULTS IS APPROXIMATELY **7%**[28]

RATES ARE **HIGHER AMONG WOMEN** THAN MEN[28]:

8% **6%**

RATES ARE **HIGHER** AMONG **KEY POPULATIONS AT RISK**[22]:

Sex workers	Partners of sex workers	Men who have sex with men	Boda boda riders
33%	**18%**	**14%**	**7%**

RISKY SEXUAL BEHAVIOR REMAINS COMMON (TRANSACTIONAL SEX, MULTIPLE PARTNERSHIPS, CASUAL PARTNERSHIPS)[22-27]

NEED FOR CONSISTENT SUPPLY OF **HIGH QUALITY CONDOMS**

The Ugandan Ministry of Health procures condoms for free distribution

Free condoms are distributed to consumers through health facilities and through an alternative distribution network

USAID, UNFPA, DFID and CDC are major donors for condoms in Uganda

PUBLIC SECTOR

The Ugandan Ministry of Health is responsible for procuring condoms for free distribution. After being imported into the country, condoms are taken to the National Drug Authority (NDA) to be quality tested and are then sent to National Medical Stores (NMS), an autonomous government institution that manages the country's drug supply. NMS supplies condoms regularly to the country's small- and medium-size health centers, and on an as-needed basis to large health centers and hospitals. Since 2011, the Ministry of Health (MOH) has partnered with non-governmental organizations (NGOs) and the Uganda Health Marketing Group (UHMG) to provide free condoms through an alternative distribution channel to private clinics as well as to non-medical outlets.PACE Uganda, a social marketing organization affiliated with PSI, also distributes many public sector condoms on behalf of the government.

The country's Condom Coordination Unit (CoCU), funded by the U.S. Centers for Disease Control (CDC), is responsible for coordinating all stakeholders engaged in condom demand and supply, but the CoCU is severely under-resourced. Other major donors for condoms include UNFPA and the U.K.'s Department for International Development (DFID) Finally, the Securing Ugandan's Rights for Essential Medicine (SURE) project, funded by the U.S. Agency for International Development (USAID), also supports the MOH to strengthen the country's supply chain for all health products, including condoms.

Public sector condoms are packaged in unbranded foil and are not supported by any marketing or promotion. Field research on demand for branded public sector condoms has prompted the MOH to partner with Marie Stopes Uganda (MSU) to create a branded free condom.

UGANDA ECONOMIC INDICATORS[29]

- Development category: **developing**
- Income level: **low income**
- GDP: **$19.88 billion (USD)**
- Population: **36.35 million**

SOCIAL MARKETING SECTOR

Socially marketed condoms are available in many different sites, including shops, pharmacies, private clinics, petrol stations, bars and taverns, hotels, and through mobile vendors. Three social marketing organizations have a presence in Uganda: MSU, PACE and UHMG.

Lifeguard, the condom brand distributed by MSU, has had a presence in Uganda's condom market since 1997. Between 2006 and 2011, Lifeguard consistently had the highest number of condom sales and was available in most retail outlets. MSU distributes Lifeguard through several large distributors located in major towns, employing a cost neutral approach. Lifeguard is marketed as a reliable and trustworthy brand, and is popular among consumers. It is also the most expensive socially marketed brand on the market, and is positioned for professionals and skilled manual workers.

Trust condoms, distributed and marketed by PACE, have been on the market since 2006. PACE recruits wholesalers in each major town, who then distribute to retailers in the area. These "key accounts" are attached to a regional sales representative who resides in the area and oversees sales. PACE currently works with 125 wholesalers. Trust is a mid-range condom that uses the marketing slogan, "Protection you can trust."

Protector condoms have had a market presence since 1991. UHMG, funded by USAID, has distributed Protector since 2006. Availability of a large inventory and funding for distribution allows UHMG to send small teams across the country to distribute directly to retailers, in addition to large sales to pharmacies and supermarkets. This approach, in addition to the lower price of Protector, makes the brand more available in hard-to-reach areas. Protector is positioned as an affordable but reliable brand and is targeted at semi-skilled and manual workers, the same target audiences as Trust.

The three social marketing organizations in Uganda are MSU (Lifeguard), PACE (Trust), and UHMG (Protector)

There is no coordination between social marketing organizations

Socially marketed condoms are widely available throughout the country

COMMERCIAL SECTOR

The commercial sector accounts for less than 2% of the total market

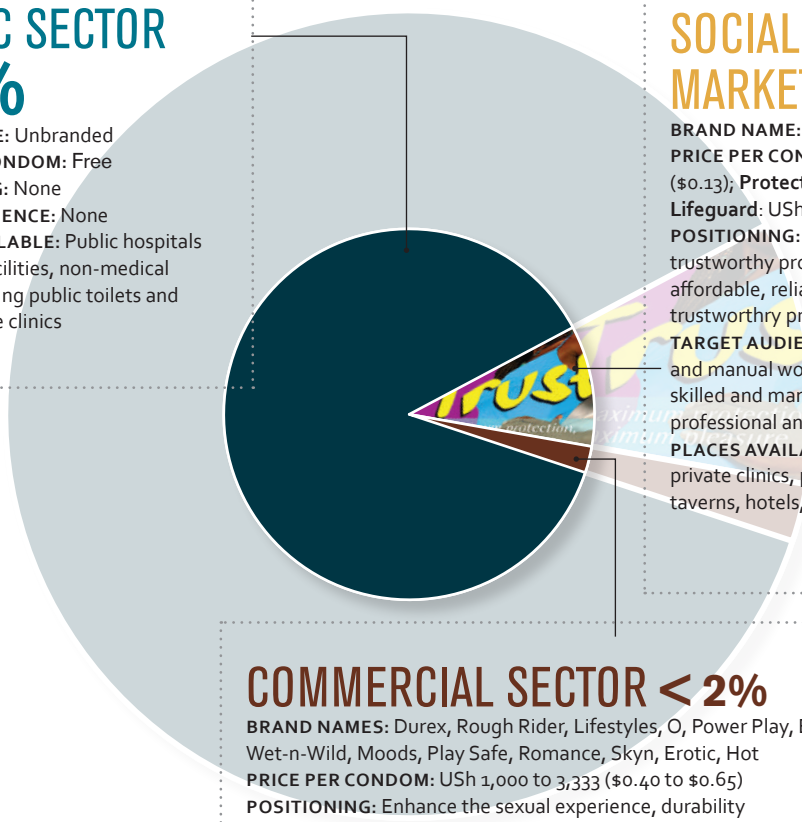
Commercial brands are available in pharmacies specialty shops, and high-end supermarkets

Durex, Rough Rider, and Lifestyles and O are among the most popular commercial brands

Although commercial data are lacking, we estimate that Uganda's commercial sector accounts for less than 2% of the total market. Commercial sector brands are found mainly in Kampala in high-end outlets or pharmacies. At least four companies import and distribute condoms, but it is difficult to know the specific volumes. While 16 commercial brands have been identified in the market, only a few brands have had a long-lasting market presence. Commercial brands that are consistently found on the market, including Durex, Rough Rider, Lifestyles, and O, the premium cost-recovery brand launched by UHMG in 2008 , typically target wealthy individuals. Marketing for most commercial brands is focused on enhancing sexual pleasure.

STEPHANIE O'CONNOR

MARKET MAP (2012)



PUBLIC SECTOR 70%

BRAND NAME: Unbranded
PRICE PER CONDOM: Free
POSITIONING: None
TARGET AUDIENCE: None
PLACES AVAILABLE: Public hospitals and health facilities, non-medical outlets including public toilets and hotels, private clinics

SOCIAL MARKETING 28%

BRAND NAME: Trust, Protector, Lifeguard
PRICE PER CONDOM: **Trust**: USh 333 ($0.13); **Protector**: USh 100 ($0.04); **Lifeguard**: USh 500 ($0.20)
POSITIONING: **Trust**: reliable, trustworthy protection; **Protector**: affordable, reliable; **Lifeguard**: reliable, trustworthy protection
TARGET AUDIENCE: **Trust**: semi-skilled and manual workers; **Protector**: semi-skilled and manual workers; **Lifeguard**: professional and skilled workers
PLACES AVAILABLE: Shops, pharmacies, private clinics, petrol stations, bars and taverns, hotels, and mobile vendors

COMMERCIAL SECTOR < 2%

BRAND NAMES: Durex, Rough Rider, Lifestyles, O, Power Play, Endurance, Wet-n-Wild, Moods, Play Safe, Romance, Skyn, Erotic, Hot
PRICE PER CONDOM: USh 1,000 to 3,333 ($0.40 to $0.65)
POSITIONING: Enhance the sexual experience, durability
TARGET AUDIENCE: Wealthy individuals
PLACES AVAILABLE: Pharmacies, specialty shops, and high-end supermarkets

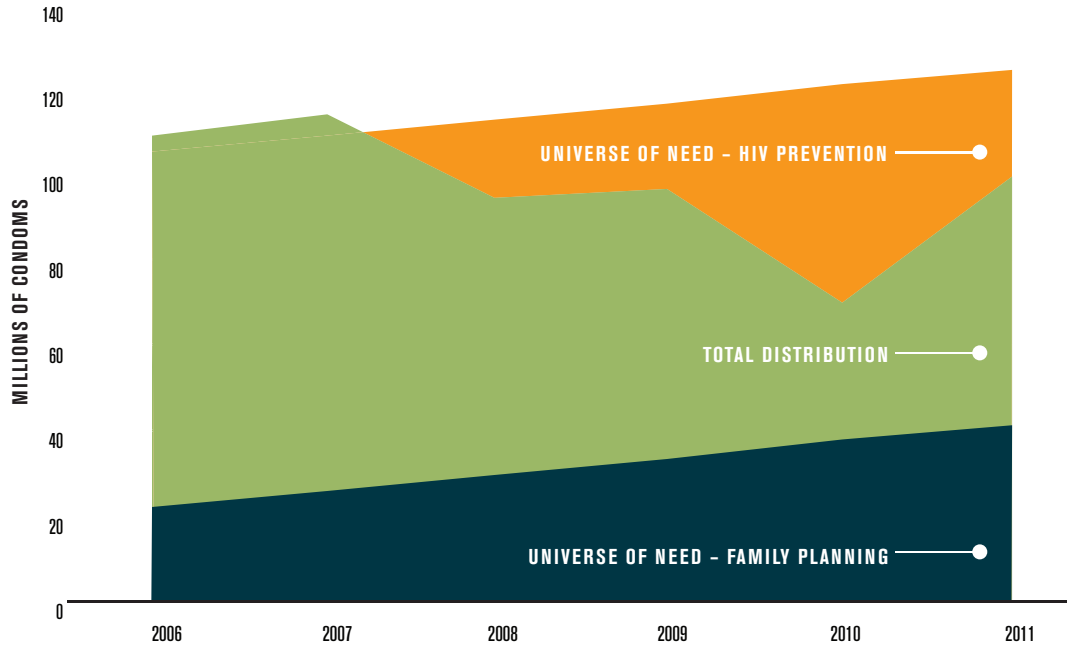
Results

UNIVERSE OF NEED*

In 2011, approximately 124 million condoms were needed to cover all risky sex acts in Uganda, about 19.6 million more than were needed in 2006. This number is expected to rise as the population continues to increase. In 2006 and 2007, total distribution of male condoms met the universe of need for HIV prevention. Since 2008, however, the universe of need has exceeded total distribution. For example, in 2011, total distribution met only 80.1% of the universe of need for HIV prevention. The universe of need for family planning increased from 45.2 million in 2006 to 57.8 million in 2011.

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

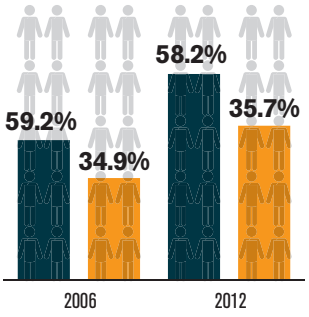
UNIVERSE OF NEED & TOTAL CONDOMS DISTRIBUTED



Sources: UNAIDS Investment Framework Study Group[3]; UN Population Division, 2010 revision[4]; Uganda DHS 2011[5]; USAID conversion factors[2]; Guttmacher Institute. (2011). Adding it up: The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology).[6]

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

Percentage of respondents with casual partners in the last year who reported condom use at last sex



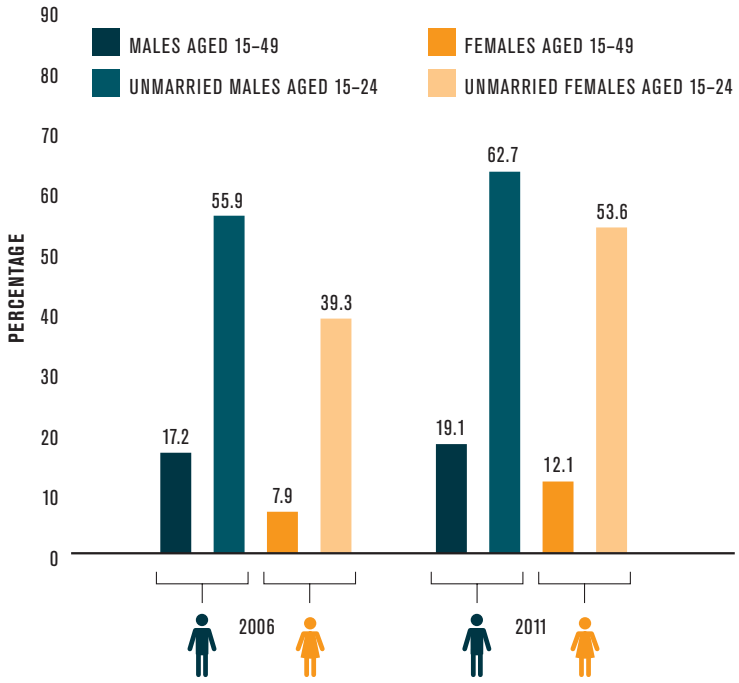
Sources: DHS 2006[7], DHS 2011[8]

CONDOM USE

Between 2006 and 2011, the percentage of males and females using condoms in Uganda increased slightly but remained relatively low. In 2011, 19% of males and 12% of females reported using a condom the last time they had sex, compared to only 17% of males and 8% of females five years prior.[7,8] While rates of use were much higher among unmarried youth (63% of males and 54% of females in 2011), they were still too low to adequately protect young people from both HIV and unplanned pregnancy. [7,8] Condom use among Ugandans with two or more partners in the prior year increased for females but decreased slightly for males.[7,8] For people who had sex with a casual partner in the previous year, condom use increased for males but decreased for females. Likewise, condom use during paid sex has increased since 2006, but remains low: just over half of men reported using a condom the last time they paid for sex.[7,8]

The percentage of males and females using condoms in Uganda increased from 2006 to 2011 but remains too low to prevent all new HIV infections.

PERCENTAGE OF RESPONDENTS WHO USED A CONDOM AT LAST SEX



Sources: DHS 2006[7], DHS 2011[8]

MARKET VOLUME

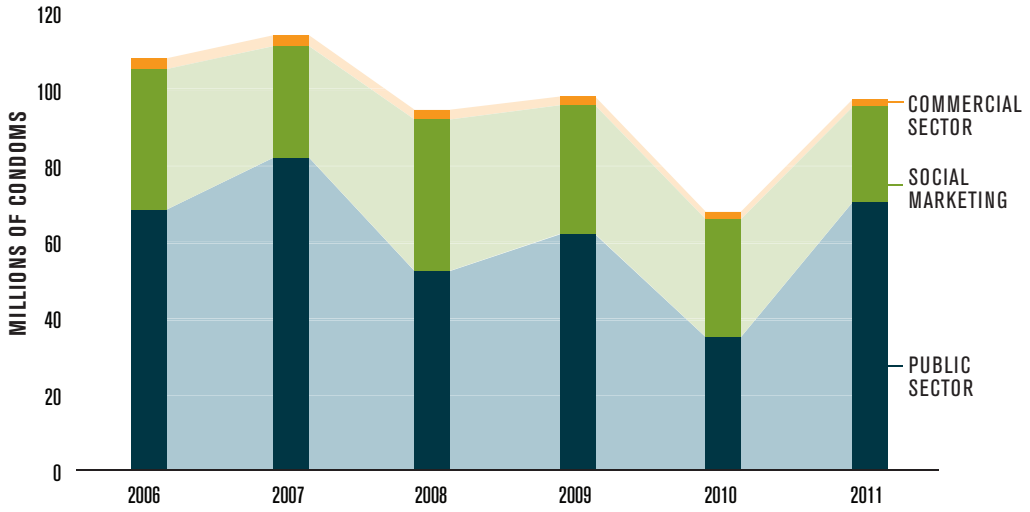
The total market volume for all sectors decreased from 107.9 million condoms in 2006 to 99.6 million in 2011.[9-13] The Ugandan condom market is dominated by the public sector. From 2006 to 2011, free condoms accounted for 50% to 70% of the volume.[9-13] Sales of socially marketed condoms increased from 2006 to 2008 but have been decreasing steadily. In 2011, condom sales were 10 million less than they were in 2006.[10,12,13]

In the social marketing sector, MSU's Lifeguard condom accounted for the largest share in four out of the five years analyzed.[12] Sales of Protector condoms accounted for 29% to 53% of the social marketing sector, with the exception of 2006 and 2011.[13] Trust had the smallest share of the social marketing sector, although sales more than doubled since 2006.[10]

The commercial market share changed very little between 2006 and 2011. Although data are lacking, we estimate it to be approximately 2% of the total condom market.[9,10]

Uganda's condom market is dominated by the public sector.

DISTRIBUTION BY SECTOR



Sources: PSI[9], PACE[10], Ministry of Health[11], Marie Stopes Uganda[12], Uganda Health Marketing Group[13]

MARKET VALUE

Consistent price increases for socially marketed condoms have helped to increase total market value.

Prices for socially marketed brands have increased over the years to keep up with inflation and account for the increasing costs of goods. Between 2006 and 2011, the price of Lifeguard doubled, and the price of Trust increased five times.[14,16] The price of Protector increased in 2008, but has not increased since.[17] The total market value of socially marketed condoms in 2011 was approximately $3.9 million.

Prices for commercial sector brands varied widely, ranging from 1,000 to 3,333 Ugandan shillings (between $0.40 and $0.65) per condom.[15] Total market value for the social marketing and commercial sectors was estimated at $4,037,245 in 2011, an increase of 17% compared to 2006.

(AVERAGE CONSUMER PRICE) × (MARKET VOLUME) = MARKET VALUE

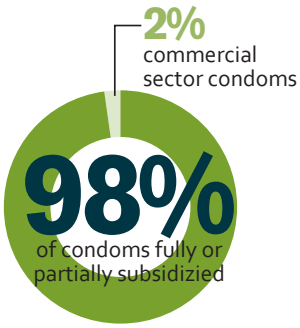
COST TO CONSUMER PER CONDOM (UGX AND USD)

	FREE	PROTECTOR	TRUST	LIFEGUARD	CONDOM O	COMM. BRANDS	INFLATION[30]
2006	0	USh 67.00 $0.04	USh 66.67 $0.04	USh 166.67 $0.09	-	-	
2007	0	USh 67.00 $0.04	USh 100.00 $0.06	USh 166.67 $0.10	-	-	6.1%
2008	0	USh 100.00 $0.06	USh 166.67 $0.10	USh 166.67 $0.10	USh 300.00 $0.17	-	12.1%
2009	0	USh 100.00 $0.05	USh 166.67 $0.08	USh 333.33 $0.16	USh 300.00 $0.15	-	13.0%
2010	0	USh 100.00 $0.05	USh 233.33 $0.11	USh 500.00 $0.23	USh 300.00 $0.14	-	4.0%
2011	0	USh 100.00 $0.04	USh 333.33 $0.13	USh 500.00 $0.20	USh 300.00 $0.12	USh 1,000-3,333 $0.40 - $0.65	18.7%

Sources: PACE[14], Marie Stopes Uganda[16], Uganda Health Marketing Group[17]

SUBSIDY

In 2011, the total cost of goods sold (COGS) for Trust condoms was estimated at $222,001.[18] Assuming the same average unit COGS of $0.04 for the other two social marketing brands, total subsidy for all socially marketed condoms was $824,305. The average COGS for fully subsidized condoms in 2011 was $0.03 per condom, resulting in a total subsidy of $2,100,000. When added together, this gives a total subsidy figure of $2,924,305 for 2011. This figure takes into account only the cost of the raw good, packaging, and shipping. Operating and support costs, as well as marketing costs, are not included in the COGS calculation, which means that the value of subsidies would actually be much higher. Because the market share of the public sector has grown, and because there are more subsidized condoms on the market, we believe that subsidy has increased substantially since 2006.



$2,924,305

USh 7.6 billion

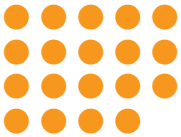
Total value of subsidies, excluding marketing, operating and support costs

(MARKET VOLUME × AVERAGE COGS) − (MARKET VOLUME × AVERAGE CONSUMER PRICE) = SUBSIDY

NUMBER OF BRANDS

At least 19 condom brands were available on the market in 2011, including three socially marketed brands.[15] Because data on commercial brands is limited, it is unknown how many commercial brands have had a long-term market presence in Uganda. Trend data on the number of brands are unavailable.

STEPHANIE O'CONNOR



at least

19

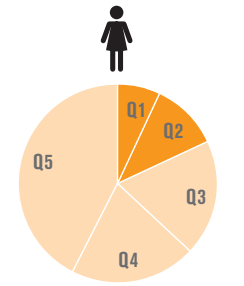
different brands of condoms on the market

Condom use is disproportionately concentrated in the wealthiest quintile.

JENNIFER ORKIS, COURTESY OF PHOTOSHARE

Equity did not improve from 2006 to 2011.

23%
of males reporting condom use at last sex belonged to the poorest two quintiles in 2011.

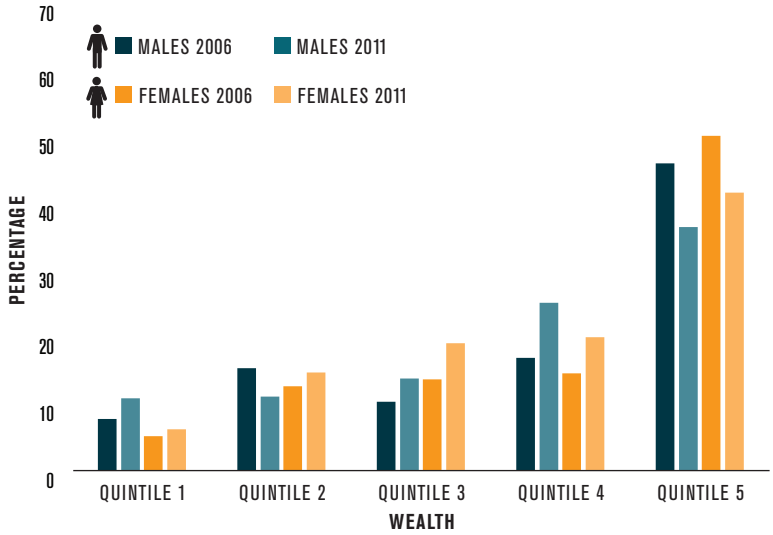


18%
of females reporting condom use at last sex belonged to the poorest two quintiles in 2011.

EQUITY

Condom use was disproportionately concentrated in the wealthiest quintile. In 2011, only 18.1% of female condom users and 23.2% of male condom users belonged to the bottom two quintiles.[8] Equity was slightly better in 2006, when 19.3% of females 24.3% of males fell within the bottom two quintiles.[7] There was greater inequality among females than among males.[7,8]

CONDOM USERS BY WEALTH QUINTILE



Sources: DHS 2006[7] and DHS 2011[8]

Challenges and Opportunities

In the last five years, limited progress has been made toward meeting the need for male condoms and ensuring market equity and sustainability in Uganda. Inefficiencies in the distribution mechanism in the public and social marketing sectors may be harmful for the total market. Distribution issues result in shortages of condoms at the district level and may contribute to inequity by limiting access to condoms by hard-to-reach populations. Delays in post-shipment testing also prevent condoms from reaching consumers. Limited profit margins for traders and low demand for condoms among consumers contribute to the slow movement of condoms through the distribution pipeline. There is a lack of funding for direct distribution and selling condoms to rural kiosks yields a negligible profit. As a result, wholesalers focus on high volume markets in urban areas, and rural areas may be underserved.

The presence of three social marketing organizations in Uganda with three different condom brands fills price gaps in the market. Each brand occupies its own price category, ranging from 300 to 1500 Ugandan shillings for a package of three condoms. However, there has been little-to-no commercial sector growth, and the social marketing sector is likely crowding it out; the market continues to be dominated by subsidized products. While there are a number of commercial brands on the market, they have had a negligible share and the availability of certain brands has been inconsistent over time.

In addition to the market dynamics presented in this report, there are other factors that influence the condom market in Uganda. Many politicians and religious leaders continue to oppose the use of condoms, an attitude strengthened by pro-abstinence donors in the last decade. These attitudes have resulted in reduced funding for condom promotion and commodities, in addition to discouraging the use of male condoms. Finally, poor procurement and distribution planning negatively affect the condom market. National projections and forecasting for condom procurement is disorganized partially due to decentralized health services, which causes disjointed planning. This further exacerbates inefficiencies in the system.

GAPS AND BARRIERS

- Informed demand for condoms remains too low to prevent all new HIV infections
- Shortages of condoms exist at the district level
- There is insufficient information about distribution at the district level
- Government support for condoms is weak
- Post-shipment testing causes further delays in distribution

Recommendations

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

INCREASING INFORMED DEMAND

Many Ugandans, even those with casual or multiple partners or who pay for sex, do not use condoms. In 2012, UNFPA and UHMG launched a communication campaign promoting condom use for dual protection. Additional condom promotion and behavior change communication that promote both generic and branded condoms is critical. Communications that target key populations are also necessary. Research is needed to inform targeted campaigns and communications.

EQUITABLE DISTRIBUTION

Free and subsidized condom programs should be more effective at targeting those most in need and with an inability to pay. Currently, condom use in Uganda remains concentrated within the wealthiest quintile. Effective targeting and a stable supply of free condoms could improve equity by helping ensure that subsidies are reaching the poor. Stakeholders should work together to improve access to condoms and increase informed demand among hard-to-reach populations and key populations at risk.

IMPROVING COORDINATION BETWEEN KEY STAKEHOLDERS

Steps have already been made to improve collaboration between key stakeholders. Since 2011, the Ugandan Ministry of Health has collaborated with UHMG and NMS to improve distribution of free condoms to the private sector. Additional collaboration with other stakeholders, including the two other social marketing organizations, will also improve market efficiency, and ensure that subsidized products are not wasted. Information sharing between all stakeholders should be a standard practice. This would help all market shareholders make more informed decisions about condom procurement, targeting, and distribution.

PRICING

Prices for socially marketed condoms should be set high enough to improve sustainability and encourage competition from the commercial sector, as well as keep up with inflation. UHMG has begun to make progress towards sustainability with the cost-recoverable brand Condom O. The social marketing sector should ensure that low prices are not "crowding out" commercial brands. If commercial brands are unable to compete in the market, condom users will remain dependent on donor subsidies.

MAPPING AND REPORTING

Improved mapping and reporting systems are required for forecasting how many condoms are needed on the market. Mapping of condom users and condom availability at the district level would permit better targeting of male condoms and help improve access. Consistent reporting would facilitate efficient and effective decisions by all stakeholders. A common data repository might be one way for sectors to work together to share select information that would benefit the total market.

Acronym Key

ABC	Abstinence, Be Faithful, Condom use
CDC	United States Centers for Disease Control and Prevention
CoCU	Condom Coordination Unit
COGS	Cost of goods sold
DFID	United Kingdom Department for International Development
DHS	Demographic and Health Survey
MOH	Ministry of Health
MSU	Marie Stopes Uganda
NDA	National Drug Authority
NGOs	Nongovernmental organizations
NMS	National Medical Stores
PACE	Program for Accessible Health, Communication, and Education
PSI	Population Services International
STIs	Sexually Transmitted Infections
SURE	Securing Ugandan's Rights for Essential Medicine
TMA	Total Market Approach
UHMG	Uganda Health Marketing Group
UN	United Nations
UNFPA	United Nations Population Fund
UoN	Universe of need
USAID	United States Agency for International Development
USD	United States Dollars
USh	Ugandan Shillings

Acknowledgements

We would like to acknowledge everyone who contributed to this case study, including:

Ane-Kirstine Bagger – Program Analyst- HIV/AIDS, UNFPA

Dorothy Balaba – RH Country Manager, PACE

Peter Buyungo – Research Director, PACE

Jennifer Christian – Global Social Marketing Advisor, PSI

Adebayo Fayoyin – Regional Communications Advisor for South and East Africa, UNFPA

Krishna Jafa – Vice President, Sexual and Reproductive Health and TB, PSI

Alex Kalangwa – Procurement and Supply Management Expert, Ministry of Health Global Fund Focal Coordination Office

Augustine Kamegero – National Sales and Marketing Manager, Marie Stopes Uganda

Vastha Kibirige – Coordinator ABC/Condom Desk, AIDS Control Program, Ministry of Health Uganda

Ben Light – Senior Technical Advisor, UNFPA

Julius Lukwago – Sales and Marketing Director, PACE

Goretti Masadde – Deputy Sales and Marketing Director, PACE

Seru Morris – Principal Pharmacist, Ministry of Health Uganda

Rita Mwagale – Communications Coordinator, UHMG

Christine Namayanja – Director, Private Sector Partnerships, Marie Stopes Uganda

Ismail Ndifuna – Senior National Program Officer- Reproductive Health, UNFPA

Moses Odongo – Logistics Manager, PACE

Maria Sese Paul – Graphic Designer, Streetsense

Elena Pirondini – Special Assistant to the Deputy Executive Director, UNFPA

Amy Ratcliffe – Senior Technical Advisor, Metrics, PSI

Meghan Reidy – Technical Advisor, Metrics, PSI

Tony Sempala – Sales and Marketing Manager, PACE

Henry Semwanga – Deputy Executive Director, PACE

John Stover – President, Futures Institute

Kanyanta Sunkutu – Programme Specialist, HIV/AIDS, UNFPA

Renata Tallarico – Project Coordinator, UNFPA

Jagdish Upadhyay – Chief, Commodity Management, UNFPA

David Walker – Director, Global Social Marketing, PSI

Jennifer Wanyana– TMA Advocacy Team Leader, PACE

Josiane Yaguibou – Technical Advisor, Reproductive Health and Commodities Security, UNFPA

EMILY CARTER

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