

Caribbean Social Marketing Programme for HIV Prevention and the Promotion of Reproductive Health (CARISMA)

Measuring the Total Condom Market in the Caribbean: Insights and Findings from the CARISMA programme

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Acronyms and Abbreviations

CARICOM	Caribbean Community and Common Market
CARISMA	Caribbean Social Marketing Programme for HIV & AIDS Prevention
CBO	Community-based Organisation
CCNAPC	Caribbean Coalition of National AIDS Programme Co-ordinators
CPR	Contraceptive Prevalence Rate
CSPA	Condom Sales and Promotion Agents
CSW	Commercial Sex Worker
DHS	Demographic Health Surveys
DR	Dominican Republic
GIGI	Got It, Get It
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Foundation
MAP	Mapping Access and Performance
MSPP	Ministère de la Santé Publique et de la Population
MSM	Men who have Sex with Men
NGO	Non-governmental Organisation
OCP	Oral Contraceptive Pill
OECS	Organisation of Eastern Caribbean States
PANCAP	Pan-Caribbean Partnership against HIV & AIDS
PEER	Participatory Ethnographic Evaluation Research
PSI	Population Services International
RH	Reproductive Health
SM	Social Marketing
SMO	Social Marketing Organisation
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TCM	Total condom market
TMA	Total Market Approach
TRaC	Tracking Results Continuously (PSI survey)

1. Introduction/Background

This report is a synthesis study of key findings from the Total Condom component of the CARISMA (CARISMA) programme over two phases, cumulatively from 2005-2012. The aim of the CARISMA programme was to use social marketing techniques to create demand, widen access and promote HIV prevention behavior, including condom use, through growing the total condom market. In its second phase, CARISMA also expanded to social marketing for family planning, addressing stigma and discrimination, increasing access to SRH services with a focus on sexual and reproductive health rights.

Over the two phases of the CARISMA programme, two distinct approaches were taken to measuring the total condom market (TCM). In the first phase of CARISMA (2005-2008) measurement of the TCM principally relied on collecting sales data from condom distributors and suppliers. However, this proved to be unreliable as some large-scale manufacturers failed to submit data, and CARISMA II focused on measuring the TCM through surveying user behaviour (condom use among different groups), and through total market studies at base and endline points. These efforts at measuring the TCM are presented in this report.

2. Methodology

The aims of the synthesis study were to review the evidence to date on the growth of the total condom market (TCM) in the Caribbean, including to analyse:

- What factors did the evidence identify as being important in promoting the growth, effectiveness and sustainability of the total condom market?
- What strategic recommendations could be made for the future developments of a more efficient total condom market?

The data reviewed in this synthesis principally comprised of total condom market studies conducted in six countries: Belize, Eastern Caribbean, Haiti, Suriname, Jamaica and the Dominican Republic, most of which were conducted at base and endline under CARISMA II (2010 and 2012). Data collected under the total condom market under CARISMA I was also included (though these studies used a different methodology). In addition data collected by social marketing organizations (SMOs) over the lifetime of the CARISMA programme (I & II) was categorized and collated – this included over 37 behavioural surveys, 13 MAPs and 11 total condom market assessments.

The synthesis study included a rapid literature review conducted on the total condom market, specifically focusing on ‘lessons learned’ in its application, selected interviews with CARISMA programme leaders, and a secondary review of data collected through the CARISMA programme.

2.1 CARISMA Programme Summary

CARICOM-KfW have contracted Options as the Regional Consultant to support the implementation of the second phase of CARISMA, a social marketing programme for HIV prevention and the promotion of reproductive health in the Caribbean from 2009 – 2012. The programme builds upon innovative social marketing approaches used in the first phase of CARISMA to create and expand a vibrant total market (public/free, commercial and social marketing distribution and sales) for contraceptives, including condoms, in the region.

The overall objective of CARISMA is to contribute to improving sexual and reproductive health in general and to the reduction of STI and HIV infection rates in particular in selected countries of the Caribbean. The programme objectives are:

1. Improve knowledge, attitudes and behaviours with regard to HIV prevention among target populations, and
2. Improvement of supply with affordable contraceptives of high quality.

Additional background on CARISMA may be found at www.carisma-pancap.org.

Since its inception in 2005, CARISMA partner Social Marketing Organisations (SMOs) have worked with the Total Market Approach (TMA), which aims to boost the overall size and sustainability not only of condom markets, but of other reproductive health supplies in selected countries (including sexual lubricants and contraceptives). The aim of the TMA is to expand access to and availability of these products for the poorest and highest-risk groups while simultaneously increasing demand and use across the public, private, NGO and social marketing sectors – according to different segments of the population’s willingness and/or ability to pay for products. CARISMA partners, by working in collaboration with all sectors of the market, encourage effective use of existing resources and reduced duplication of effort by market actors. The ultimate aim is to achieve a sustainable regional market in which products are sold at the right price, through the right mechanisms, to the right people. CARISMA has also supported work to facilitate the development of National Condom Strategies and Plans in a number of countries. For more details see CARISMA’s statement of purpose promoting sustainable markets in the Caribbean¹.

2.2 A Note on Language

Throughout this report, the terms ‘total market approaches’, total market initiatives and the total condom market are referred to and used interchangeably. Definitions and implications for their application are explored in more detail below.

¹ www.carisma-pancap.org/images/stories/TCM%20Statement%20of%20Purpose%20for%20website.pdf

2.3 Results from the Literature Review

A rapid literature review was conducted, using key search terms (specifically related to ‘total market approach’, ‘social marketing’ and ‘segmentation’, among others) on public health databases to identify sources of literature on the “Total Market Approach” (TMA). Literature was included for review if it included specific discussion of experiences in the application of the TCM, and analysed implications for achieving reproductive health goals. A strong limitation of the literature review was the lack of data on where TMAs would work less well: case studies of the workings of TMAs tended to focus on successful examples rather than rigorously documenting where TMAs could face barriers. The findings from the literature review were compared against reported experiences of program leads implementing the CARISMA project.

The development of total market approaches follows on from and incorporates many of the successes of social marketing for health, particularly in the area of reproductive health. While social marketing initiatives produced evidence of improving the efficiency of access to reproductive health supplies, reviews noted that there was a lack of co-ordination among social marketing agencies to align themselves with national reproductive health frameworks. Furthermore, health economists made convincing arguments that public sector-based distribution would not be able to effectively respond to the growing demand for contraception at population level, and tended to be difficult to access, subject to funding gaps and stock outs. National reproductive health programmes could more efficiently target supplies such as condoms at poorer population groups, and promote a shift of non-poor users to private sector suppliers. A study of access to subsidized OCPs and condoms found that in the ten countries reviewed, 45% of OCPs and 56% of condoms were distributed to non-poor users². The commercial sector and application of social marketing offered better prospects of growing total demand and thus markets for reproductive health supplies, specifically those that could be widely distributed (such as condoms and oral contraceptives).

The definitions of ‘total market approaches’ have tended to coalesce around specific components (see Box 1 below), including government stewardship; category management and market segmentation. Government stewardship is widely perceived and strongly recommended as a pre-requisite to introducing a successful TMA. In some cases, definitions specify that government agencies will consequently be required to shift their roles from service providers to strategic planners and category managers. In a few cases, this move has been echoed by social marketing organizations who have also posited a shift in their role, from brand to category managers.

All of the definitions focus on the management of different categories of providers (public/free, social marketing/subsidized, and commercial), and strategically managing each category in order to target each population segment appropriately. Chapman’s (2006) definition focuses on

² Stine, J (2002) “How Much is Enough: Estimating Requirements for Subsidized Contraceptives: Results from a 10 Country Analysis”, CMS Technical Paper Series

moving those with the ability to pay out of the public sector, whereas others place an emphasis on financial sustainability, implying that national provision for reproductive health commodities must be set at a level that national funding can sustain and not with a reliance on donor funding. Meadley's (2003) definition specifies that an exit strategy must be in place for donors and SMOs³.

A 'Total Market Approach' is a process to "assess the characteristics of existing and likely future markets, and to define the comparative advantage of commercial, social marketing, non-governmental organization, and public sector actors in terms of competence and value for money in delivering a range of products or services to different market segments, including the poorest. It can enable closer and more structured linkages with commercial, public and non-governmental organizational sectors and aid the gradual shifting of consumers with sufficient purchasing power out of the public sector" (Chapman et al, 2006).

"TMI in reproductive health is a process in which the suppliers and financiers of reproductive health products and services from across sectors—public, nonprofit, and commercial—develop a common strategic framework for maximizing use of reproductive health products and services to improve equity, efficiency, and sustainability in the health system" (Barnes et al, 2012)

"With a total market approach, a pragmatic view is taken of the possibilities of growing the entire market by interventions across all segments - existing private sector players, SMOs, NGOs and the public sector. Starting with an assessment of what the private sector can achieve, currently and potentially, and the contributions from other current or potential players, a range of intervention options (including for donor support) are considered, and an explicit plan for an exit strategy is devised (or a clear justification for why there should not be one over the short and medium terms)." (Meadley, 2003)

Box 1 – Selected definitions of total market approaches

The literature review focused on reported experiences in managing the implementation of the TMA. As mentioned above evaluation data of where the implementation of TMA has not been effective is scant, and often lacks specific details. Most studies have emphasized that government 'ownership' of TMAs is a pre-requisite, however, there is relatively little documented on how those who support the TMA have got government partners on board if they are proving reluctant. Drake's (2011) study in Vietnam asserted that TMAs are more likely to 'work' if they are aligned with current policy planning frameworks, and in this case, developed more rapidly as the government was already considering instigating user fees for those with the ability to pay⁴.

There is strong evidence to support the importance of using a total market approach from studies that document the impact of shifts in one category on another. These have tended to focus on the effects of the predominance of the public/free sector, which leads to a weak

³ Chapman, S, Collumbien, M and Karlyn, A (2006) "Market Segmentation and a Total Market Approach", and Meadley, J, Pollard, R, Wheeler, R (2003) "Review of the DFID Approach to Social Marketing", DFID Health Systems Resource Centre

⁴ Drake JK, Espinoza H, Suraratdecha C, Lacayo Y, Keith BM, Vail JG. (2011) "Stakeholder perceptions of a total market approach to family planning in Nicaragua". Rev Panam Salud Publica. 2011; 29(5):329–36.

commercial sector, as clients who previously paid for commodities seek out free supplies. In countries where the public sector predominates, the commercial sector will have few incentives to develop new markets. This factor is often cited as a barrier to development of markets, but in one comprehensive review of TMAs (Agha et al 2005) it was found that changes in public sector reproductive health policies or sudden over-supply could very rapidly lead to reversals in gains made in developing markets. Drake (2011) suggests that TMAs require the public sector to be committed to equitable programming, but donor commitments to reducing over-supply may be as influential.

Establishing links with the private sector is a highly recommended step in several documents that provide guidance on establishing TMAs. 'Sustainability' is often equated with the ability of the commercial sector to respond to demand should donor funding cease, and this has accounted for the popularity of the 'manufacturers model', where private-public (or private-SMO) partnerships are established to support the development of a market with a manufacturer or distributor. Engagement with the private sector at the outset of the TMA is seen as essential to nurture market development, sharing of information (for instance, sales data to measure market development), and to encourage investment in marketing activities⁵. However, in some cases, the 'manufacturer's' model has failed to come to fruition if commercial partners are unwilling to invest in immature markets. Drake (2011) also found that in some country settings, the links between the private sector and government partners was very weak, and this was posited as being due to a lack of experience in developing these strategic alliances. A few studies have remarked on the means of communication with private sector partners, noting that they are often unwilling to participate in regular meeting forums (such as contraceptive security committees) and that face to face or ad hoc meetings tend to work better. Relatively little of the research has explored the potential roles of different private sector partners, which encompass a wide range of stakeholders (manufacturers, distributors, retailers) all involved in developing the market. There is a common assumption that the 'private sector' comprises of a similar range of actors, but in practice some may actually undermine the action of the TMA, for instance, small scale suitcase traders (especially if they are engaging in cross-border trade using subsidized products). A successful TMA should thus result in a strong and vibrant commercial sector, with multiple private sector suppliers vying to expand the market⁶. Agha (2005) found that pharmacists could play a pivotal role in promoting OCPs, and were well disposed to encourage the expansion of the programme, and able to provide sound medical advice to clients⁷. Similarly, private sector suppliers, such as distributors of RH supplies, may play a pivotal role in reaching further retail outlets, but this has not been extensively explored.

⁵ Drake JK (2011) "Developing a Total Market Plan for Family Planning in Vietnam", PATH.

⁶ Barnes J, Vail J, Crosby, D. 2012 Total Market Initiatives for Reproductive Health. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

⁷ Agha, S, Do, M, Armand, F (2005) "When Donor Support Ends: The Fate of Social Marketing Products and the Markets that they Helped Create", ABT Associates in collaboration with FHI

Implementing a TMA (as opposed to a standalone social marketing intervention) relies on there being coordination between the segments. This has often been strong between government and social marketing organisations, but can be weaker between other segments. In one study in Cambodia, there was practically no engagement between government and the commercial sector – in this setting, the condom market was almost entirely dominated by the socially marketed lead brand ('Number One')⁸. Though this resulted in widespread gains in condom use and reduced incidence of HIV, the commercial sector was described as 'incidental'. In 2008, 92% of the condom market was captured by the lead social marketing brand, and in 2010, after efforts to encourage companies to invest in the market, this still stood at 84%⁹. A TMA was used once donor funding ceased to supply RH commodities, and the Ministry of Health, with support from PSI, assumed an active steward role to stimulate a more sustainable market, with cost recovery of commodity supply in the public and socially marketed sector, and an introduction of mid-range priced brands to create more space for new brands at lower price ranges. Of note, however, is that Cambodia at this time had had a range of health reforms, including user fees in public health facilities, and the introduction of equity schemes (such as voucher schemes for the poor), which arguably would have facilitated the application of the TMA, since better targeting of the public health sector is such a crucial component of implementing the TMA. While it is recognized that the public and social marketing sectors may undermine the commercial sector, relatively little attention has been paid to the pre-conditional changes that have to be instituted in the government health system to better target their resources.

Meadley (2003) noted that social marketing brands have most often tended to enter the market at lower price ranges, starting at subsidized prices. Decisions about pricing policies for the SM sector have in some instances been controversial, in positioning some RH supplies in the market, and whether to subsidize or aim for full cost recovery for commodities¹⁰. These decisions will clearly depend on a variety of factors, including data on willingness to pay, poverty levels, and the strength of the existing market. Cost recovery does not ensure the 'sustainability' of a market in itself. Much of the subsidized costs borne by SMOs when growing RH markets are for marketing and behaviour change investments, and there are some documented cases where the commercial sector has been unwilling to assume those costs once funded SMO promotional activities end. In earlier literature, there was a strong focus on using data on willingness to pay to make forecasts of client need at different price ranges. However, in practice, there are very few clear recommendations on how to take this data and apply it to decisions about pricing, particularly for subsidized brands. Data on willingness to pay, for instance, shows that in fact there is broad mixing within wealth quintiles, with 'poorer' groups often willing to pay for what they perceive to be a higher quality product. CARISMA's own research on willingness to pay has

⁸ Population Services International (2011), "Total Market Approach to Family Planning in Cambodia: A Case Study", Washington, DC:PSI, and PSI (2010), "A Total Marketing Approach to Better Marketing in Cambodia".

⁹ (Ibid).

¹⁰ S. Chapman, K. Jafa, K. Longfield, N. Vielot, J. Buszin, L. Ngamkitpaiboon and M. Kays Condom social marketing in sub-saharan Africa and the Total Market Approach, Sexual Health, 2011.

shown that pricing in itself does not overcome other barriers to condom use. A pricing study in Trinidad demonstrated that while poorer male clients stated that they were twice as likely to buy a cheaper brand, inconsistent condom users said that they were much less likely to do so, suggesting that pricing would not address condom use among this group¹¹. The issue of pricing is particularly complicated in HIV prevention, where most-at-risk groups (such as men who have sex with men, or commercial sex workers) may have different perceptions and needs for 'safe' products, and thus would be much more willing to pay than other population groups.

Whereas earlier literature on market segmentation focused on ability or willingness to pay, it appears that market segmentation may be more effectively conducted if clients' preferences are also understood. Market segmentation, for instance, often relies on the use of population-based surveys, such as the demographic and health surveys, to understand consumer knowledge, attitudes and practices for reproductive health commodities. In the CARISMA programme, survey and qualitative research on specific 'at risk' groups, such as youth engaging in risky practices, or among MSM, has also been important to map the cultural contexts of decision-making about condom use and user preferences among these sub-populations. Social marketing programmes have broadened their remit to address behavioural and attitudinal barriers to using condoms, as well as increasing availability.

Recent policy guidance on the development of TMIs has posited that markets themselves can be segmented into early, developing and mature (see table 1 below)¹². This recognizes that approaches to developing a TMI in different country contexts may differ based on the readiness of the health system to implement a TMI, with a variety of strategies needed at each stage to foster a 'healthy' model. Perhaps controversially, it also posits 'ideal' scenarios for the strength of each sector (public, social marketing and commercial), with mature markets relying on only 30% or less of the public health system for a free supply. CARISMA's own experience has highlighted that implementing the TMI has vastly differed according to country settings, and more research needs to explore in which situations TMIs can be most readily applied. In Haiti, for instance, the predominance of the public sector has arguably acted as a strong disincentive for social marketing programmes to establish themselves, but with levels of poverty so high, decisions about engineering a shift of clients away from the public sector appear to be more problematic. There may also be better data availability in better resourced settings, and conversely the need for higher levels of investment in resource poorer settings (such as on willingness to pay) to appropriately set pricing policy.

¹¹ PSI Research Division 2007. Trinidad and Tobago (2007): Role of Price in Condom Use

¹² Barnes, J, Vail, J and Crosby, D (2012) "Total Market Initiatives for Reproductive Health", Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

Table 1 – TMI for Different Stages of Market Development (Barnes, (2012))¹³

Stage	Characteristics	Key Issues	Focus of a Total Market Intervention
Early	<p>Low use of reproductive health products and services (modern methods CPR < 25%)</p> <p>Market share dominated by public sector or other sources of subsidized supply</p>	<p>Need to build demand</p> <p>Need to increase access</p> <p>Need to ensure good coordination of reproductive health programmes</p>	<p>General coordination of donor-supported RH efforts in the areas of communications, service delivery, procurement, and distribution to minimize duplication and maximize efficiency while expanding access.</p> <p>Ensure that policies encourage investment in commercial markets.</p> <p>Address policy barriers to increase access and demand</p>
Developing	<p>Increasing numbers of users and more consistent use (CPR 25-54%*)</p> <p>Increasing numbers of service providers and sales points</p> <p>More commercial provision of products and services, but share of subsidized products still less than 50%</p>	<p>Continued need to build demand, supply and access</p> <p>Need to target subsidies to low-income consumers</p> <p>Need to target specific behavioural barriers</p>	<p>Continued coordination of reproductive health efforts</p> <p>Matching subsidized products and services to consumers who need them</p> <p>Transitioning consumers with ability to pay to the private sector</p>
Mature	<p>Medium to high numbers of RH users (CPR > 54%*)</p> <p>Multiple sources of services and product supply</p> <p>Good access to RH services and products</p> <p>Free or subsidized provision is below 30% of the total market share. If the subsidized market exceeds this level, the policy is supported with evidence that the segmentation is appropriate and the public sector has a strong commitment to continue providing subsidies to lower income segments</p>	<p>Need to understand consumer segments well (preferences, barriers to use, willingness to pay, etc.)</p> <p>Need to ensure that RH products and services are sustained and remain highly accessible as subsidies are reduced or phased out</p>	<p>Continued coordination of RH efforts and targeting subsidies to appropriate populations</p> <p>Using private-public partnerships and other market development strategies to introduce new RH products and services that better meet the needs of consumer segments</p> <p>Transitioning customers from subsidized sources of supply to private or sustainable sources of supply</p>

¹³ Taken from Barnes, J, Vail, J and Crosby, D (2012) “Total Market Initiatives for Reproductive Health”, Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates, p. 19

*25% and 54% modern CPR corresponds to the average CPR for least-developed and developing countries, respectively (Population Reference Bureau, 2011)

At a recent workshop in Trinidad to review evidence on the growth of the total market under the CARISMA programme, debate centered on the usefulness of this scheme for segmenting markets. As will be explored below, in many cases condom markets in the Caribbean include those which are 'developing' or 'mature', but the strength of the free and subsidized markets still predominate (at more than the levels recommended above). These guidelines do nonetheless address a central area often missing in the literature on TMI, which is how and when to make decisions to growth specific segments of the market. This scheme also recognizes that other aspects of health systems, such as capacity to deliver wider RH commodities (and raise population level CPR) and target poorer populations, need to be in place to transition between different stages of market development.

2.3 Evidence Gaps

Total market initiatives are relatively recent and evidence is still emerging on experiences in applying TMIs in different contexts. It is to be expected at this stage that there are still gaps in the evidence-base on how best to apply TMIs.

In countries where social marketing programmes and subsequently TMI have been relatively long-standing, such as Cambodia, 'lessons learned' by SMOs have documented how partnerships with government have resulted in efforts to grow the commercial market segment, and consequently re-align the role of social marketing organisations themselves. However, more research is needed on how to work towards the sustainability of the total market, and what this entails for each segment. Meadley (2003) highlighted that this can be especially problematic for SMOs in the longer-term. Some aspects of SMOs' remits could be less sustainable than others, requiring ongoing funding, for instance, in-depth behaviour change programmes with most-at-risk groups, and support to expanding the use of non-traditional outlets for supplying RH supplies, which work well to increase access but in more remote areas can have much lower financial incentives. SMOs can also have a crucial role in monitoring quality of access, for instance, through branded and quality assured outlets, but there is little documented on whether the commercial sector would be willing to assume this role. More research is also needed on models of private sector partnerships, not just for diversifying existing markets, but for new product development to meet emerging needs.

2.4 Measuring the TMI - CARISMA's Approach

The CARISMA programme extended from 2005-2012 over two phases (CARISMA I operated from 2005-2008, and CARISMA II from 2009-2012). CARISMA I & II both aimed to grow the total condom market (TCM). Under CARISMA I, the TCM was measured using sales and distribution data from condom companies, in combination with condom distribution data from the socially marketed and government health sectors in selected countries. Until this point the TCM had not been systematically collected, especially across market segments, and there was little means of

assessing the strength of the condom market. However, using actual sales and distribution data was found to be a limited means of measuring the TCM¹⁴. Sales data, for instance, can show a decline in sales in one year, which may have resulted from over-stocking the previous year. In some countries in the CARISMA programme, smaller scale 'suitcase' traders engage in cross-border trade, but this activity is included in sales data. Contextual narrative data on factors which substantially affected the dynamics of the TCM was not routinely included in monitoring data, and thus made interpretation of sales data problematic. In addition, despite intensive efforts by research managers, several key commercial condom companies refused to provide sales data, and thus in some countries, data was incomplete. While collecting sales data from the commercial sector has been recommended as a low cost means of measuring the strength of this market segment, in practice commercial entities were sensitive about sharing this information, and would only do so once means to ensure data confidentiality were in place. Companies may also have been willing to provide data to Options as a third party without a vested commercial interest, but may be less likely to do so if the coordinating agency is perceived as a competitor. Options recommended that under CARISMA II, other means of measuring the condom market should be undertaken.

Under CARISMA II, a series of total condom market studies were conducted in five countries (Belize, Dominican Republic, Haiti, Jamaica, and Suriname) and one region – the Eastern Caribbean. Studies aimed to estimate the size of the total condom market in each country, assess the market drivers, and provide options for strategically developing the future market. These studies often used innovative methods, such as retail audits, to estimate the size of the total condom market. Studies were conducted at base (2010) and endline (2012), to provide an analysis of trends over a two year time period.

Both means of measuring the total condom market suffer from limitations. While the more comprehensive TCM studies provided a wealth of data on the size of the market segments, drivers and availability in different types of retail outlets, for instance, they are resource intensive and possibly unlikely to be replicated without substantial outside investment. However, they also provided valuable insights into measuring the TCM, and developed tools which are available for future measurement against these results.

¹⁴ Hemmings, J and Rolfe, B (2009), "Study Two: The total condom market", CARISMA Regional Research Studies, Options Consultancy Services

3. Key Findings

This section reports on results from measuring the TCM under CARISMA I & II. While this means that two separate methods of measuring the TCM have been amalgamated to analyse trends over these two phases, and thus has limitations, arguably these are outweighed by the insights of analyzing trends of these time periods.

The key findings in this study draw extensively on the Phase II total condom market studies, which in turn present data collected through mixed methods to assess the total condom market, including sales data from SMOs, donor-funded distribution of free condoms and estimations of the commercial sector based on retail audits. A review of the status of implementation of the model condom policy adopted by PANCAP across the Caribbean also provided useful insights into barriers and enablers of the TCM¹⁵.

Results are reported by country, while Section Four presents the data on a regional level.

3.1 Suriname

Growth in the Total Condom Market

Three studies were conducted on Suriname’s total condom market. Unless indicated, the data in this section is based on findings from HERA’s base and endline TCM studies in (2011 and 2012)¹⁶.

Table 2 below shows the growth in the total condom market (for male condoms only) over this period.

Table 2: Total male condom market by market segment (2009-2011) in Suriname	2009	2010	2011	% change (2009-2011)	% change (2010-2011)
Commercial	606,348 26.5%	1,600,000 56.3%	1,350,000 42.2%	55%	-19%
Public/Free	1,643,482 71.8%	1,200,000 42.3%	1,800,000 56.3%	9%	33%
Socially Marketed	39781 1.7%	40,000 1.4%	50,000 1.6%	20%	20%
Total	2,289,611	2,840,000	3,200,000	28%	11%

¹⁵ Bernard, G and Stuart-Dixon, J (2012) “Analysis of the Status of Implementation of the PANCAP Regional Model Condom Policy”,

¹⁶ These studies were Verhage, R, Terborg, V, Kerr, V, and Schurmann, M (2011) and (2012) “CARISMA Total Market Survey of Condoms and Hormonal Contraceptives”, and Boetius-Mahes A (2010) “Overview of the Condom Market in Suriname”

According to these estimates, the total condom market over this relatively recent time period (2009-2011) has overall grown by 28%. However, the most recent years of data show a more modest growth of 11%. While the TCM appears to be growing, most of this appears to have been accounted for by growth in the public/free sector, which has grown by 33%, and this has been accompanied by a strong decline in the commercial market of 19%. These findings, however, need to be treated with caution as for the last 2 years of data, some commercial distributors did not provide sales figures, and thus represent an under-estimation. This nonetheless demonstrates that rapid gains and losses can be made in the commercial sector, apparently in responses to increases in distribution through the free sector, particularly the case in small countries. Overall, the social marketing brand (COOL), which is distributed through an NGO (Stricting Lobi) in Suriname, has remained stable and low, capturing a very small part of the overall condom market. This strongly suggests that public/free condoms are crowding out both commercial and socially marketed brands, and that more needs to be done to create a favourable environment for these sectors.

Condom Market Drivers

With a contraceptive prevalence rate of 45%, Suriname's market is classifiable as 'developing'. Currently, the total condom market provides 11.6 condoms per capita (measured as number of condoms available per population aged 15-49 years of age), which compares favourably with the rest of the region.

Suriname has a drafted version of the 'Model condom policy' (which outlines best practices in establishing, strategic planning and monitoring the total condom market)¹⁷ which has not yet been ratified. Although it has been reported that considerations of condom market policies have been reviewed for inclusion in the forthcoming sexual and reproductive health policy (2012-2016). The MoH has implanted a computerized stock control system, which has alleviated some problems with stock outs, and the TCM study reported no major stock outs in the last few years. The government's engagement coordinating RH supplies including condoms appears to have been undermined with the end of project funding from The Global Fund (which ended in 2012), and lack of staff resourcing at the National AIDS programme. The government has however created a budget line for the procurement of condoms (not reliant on donor funding), and has already procured an adequate supply. This implies that existing levels of free/public sector provision will be sustainable to some extent (though this does not mean that it will be able to meet demand).

Free/public sector condoms have been provided by a range of donors (including The Global Fund and USAID), supplied through the UNFPA to the National AIDS programme, and further distributed to the regional health services and further into the interior of the country. There is a lack of any data on the socio-economic status of consumers of free/public condoms, and so it is still not known to what extent these condoms are being equitably distributed and reaching

¹⁷(Ibid).

poorest or most-at-risk populations. Suriname also has a lack of survey or consumer data that could assess equity and accessibility among different socio-economic quintiles. Anecdotal data suggests that access to supplies through clinics is strongly gendered, with women using this setting much more than men. While the NAP has established a distribution system through non-traditional outlets and walk-in clinics, condom distribution is still untargeted, especially to most-at-risk groups. There is some evidence that this has affected access in under-served areas, particularly in the interior where it is estimated that less than 14% of condoms are distributed by NAP.

The social marketing sector is still being fostered, though the total condom market data suggests that it is being 'crowded out' by the heavy predominance of the public/free market sector. Under CARISMA II, Stricking Lobi, a local sexual and reproductive health non-governmental organization, has been supported by PSI/C to re-brand and launch a social marketing condom 'COOL', and to work with condom promotion agents to encourage stocking and increasing the availability of condoms in retail outlets. These efforts are expected to increase the social marketing segment over the coming years, though the TCM review suggested that pricing for this brand was still unaffordable.

The main indicators for the commercial sector appear to show some strength, as it captures 42% of the total condom market. The TCM retail survey identified more than 80 brands operating through 11 major distributors, with 2 brands being launched in the most recent year. Import policies currently favour the commercial market, as condoms are not subject to import duties or VAT. However, the TCM review found that the commercial distributors of condoms often viewed this part of their business as quite small-scale.. Commercial entities thus perceived little financial incentive in investing in further market development, and trend data suggests that they rapidly enter and leave the condom market. Furthermore, the retail audits found that up to 19% of condoms found had no known legal distributor, and the illegal sector thus makes up a substantial portion of the commercial sector. Unfortunately the so called 'Chinese' condoms imported into the country are not subject to quality control. Cross-border, or 'suitcase' trade, is thus growing in Suriname. Leakage from the free sector is also a concern. The NAP condom 'Nightrider', is being sold in up to 12.5% of retail outlets, which represents a substantial increase from the baseline. This strongly suggests that there is demand for a lower priced commercial condom targeting poorer population groups. Survey data on risk groups strongly supports the notion that people in some risk groups prefer to purchase condoms, as both young people (aged 18-24 years) and sex workers said that they have purchased condoms through supermarkets and that this is their preferred route for accessing condoms. 82% of males, for instance, said that they had bought condoms, and 49% of all youth surveyed had purchased their most recent condom¹⁸. There are nonetheless still problems with access in the commercial sector, with the majority of condoms not visibly displayed (so consumers have to request them), and in some

¹⁸ See UNFPA (2012), "Condom Use among Sex Workers", and KAPB social market youth survey, Lobi/CPD, 2011

areas such as the interior, judgmental retailer attitudes towards providing condoms poses as a significant barrier to certain risk groups, particularly young people.

Future Strategic Developments of the Total Condom Market

These findings suggest that while there has been an increase in the provision of male condoms, more could be done to strategically engage with the development of a more efficient total condom market.

The public/free sector has developed to make services more accessible, and even to use community-based distribution schemes through non-traditional outlets. Results from survey data however question whether this is responding to a consumer demand, as key populations appear to prefer access through more widely available retail outlets. Leakage from the public sector of free condoms (the 'Nightrider' brand), has grown substantially in the last year, and this suggests that the free market is either over-supplied or not targeting the right population segment. There is also an identified gap in terms of working with risk groups, which is probably best delivered through outreach led by NGOs/CBOs in Suriname, but in coordination with government health agencies, particularly as access to the health system appears to be gendered (with women more than men using free condoms delivered through health centers).

The commercial condom sector is currently present but weak, and as trend data demonstrate, sensitive to fluctuations in free supply. Current strategies should focus on strengthening this sector, including through regulating the import of condoms, to better ensure quality assurance of brands on the market. The illegal trade currently disincentivizes investment by larger-scale distributors in the market, and this undermines the future sustainability of this market segment. The TCM review also suggests that there is potential to replace current free supply with a low-priced quality condom, but that commercial condoms are currently too highly priced to ensure equitable access by poorer population groups. The TCM review also suggests that there is more scope for using private agents working for commercial distributors to promote and encourage wider accessibility through non-traditional outlets, but this needs to be evaluated against current models of condom promotion used by social marketing organisations.

In Suriname there is a clear need for strategic engagement with the TCM, and greater government stewardship of the coordination of RH supplies. Policy development could include finalizing the draft condom policy, and integrating plans for condoms into national sexual and reproductive health strategies. This should include policies for the regulation of the quality of condoms on the market, and controlling the illegal trade in condoms (including cross-border trade).

3.2 Jamaica

Growth in the Total Condom Market

Unless indicated, the data in this section is based on findings from HERA's base and endline TCM studies in Jamaica (2011 and 2012)¹⁹.

Data on the total condom market is available since 2007, though it was collected using two different methodologies (sales and distribution data from 2007-2009, and further estimates using retail audits for 2010-2011). Figures from 2008 are also estimated using the first two quarters of data, and thus may be an over-estimate. Nonetheless, this data gives important indications on the strength of the condom market in Jamaica at this time.

Table 3: Total Male Condom Market by Market Segment (2007-2011)	2007	2008	2009	2010	2011	% change (2007-2011)	% change (2010-2011)
Commercial sector	5,311,744	7,728,656	8,027,084	7,701,382	8,150,672		
	43.6%	52.2%	59.8%	50.2%	63.6%	35%	6%
Public/free sector distribution	6,882,957	7,069,100	5,399,105	7,632,103	4,667,352		
	56.4%	47.8%	40.2%	49.8%	36.4%	-47%	-64%
Socially marketed sector	0%	0%	0%	0%	0%	0	0
Total	12,194,701	14,797,756	13,426,189	15,333,485	12,818,024	5%	-20%

Table 3 above shows that from 2007-2011 the total condom market in Jamaica grew by an estimated 5%, and even when discounting for population growth (of 1.32%) represents growth in real terms of nearly 4%. Analysis of growth over the last two years (2010-2011) however shows negative growth of -20%, which was mostly accounted for by a strong reduction (-64%) in the public/free sector. There has been a strong overall growth in the commercial sector (35%), accompanied by a strong decline in public/free sector provision. Jamaica does not have a social marketing sector. Interestingly, the strong recent decline in the public/free sector has been offset by more modest growth in the commercial sector. This could represent a lag in commercial sector response, or more likely a reflection of over-supply in the public/free sector. The commercial sector is forecast to grow by another 14% based on current trends.

Condom Market Drivers

¹⁹ Verhage, R, Terborg, J, Kerr, V, Shurmann, M (2011), "CARISMA Market Survey of Condoms and Lubricants: Baseline", HERA and Verhage, R, Terborg, J, Kerr, V, Shurmann, M (2012), "CARISMA Market Survey of Condoms and Lubricants: Endline", HERA

Jamaica is a mature market, with a vibrant commercial sector and a CPR of 78%²⁰. While there is no condom policy, aspects of it, including the monitoring of distribution through the public sector, are being monitored as part of sexual and reproductive health policies. Social marketing efforts have focused on behaviour change and encouraging condom use among high risk groups through PSI/Caribbean's main campaign, 'Got it, Get It' and other forms of support to commercial distributors. . The strategy has particularly focused on branding retail outlets, particularly non-traditional ones in areas with high need, such as commercial sex areas. The reported number of branded outlets remains high, as up to 7,832 outlets were established by PSI/C²¹. Branded outlets are trained on being easy to access for groups at risk (including attitudinal aspects, such as being non-judgemental), and to be branded. Experience to date with this programme has highlighted that once accredited, further efforts are needed with outlets to maintain these standards. In a recent mystery shopping exercise, none of the outlets were branded with the GIGI logo in Jamaica in 2012, potentially undermining consumer perceptions of links with the brand campaign. There have also been further social marketing campaigns focusing on specific populations, including on the correct use of condoms ('Pinch inch, leave an inch and roll') and encouraging women to buy and carry condoms. In-depth qualitative research using PEER have explored consumer preferences among young people engaging in transactional relationships, and with MSM.

The strong reduction in the public/free sector is partly accounted for by a change in function from the major agencies donating to this sector, The Global Fund and UNFPA. UNFPA is now technically supporting procurement rather than donating condoms. The UNFPA has commissioned the development of a comprehensive and integrated strategy for male and female condoms, which should facilitate the development of the total market approach in Jamaica. The health sector has also moved towards procuring its own condoms, and using branded condoms to encourage use among clients, though this is an expensive approach that would benefit from an evaluation. In terms of the impact of this reduction in the free condom sector, the current evidence is ambivalent. In consumer surveys, about 30% of respondents report using free condoms from the public sector, which is roughly equivalent to the current down-scaled size of the public market segment²². However, public health centres and CBOs working with most-at-risk groups are reporting stock-outs and not being able to meet consumer demand. There is some suggestion that this could be due to inefficiencies in the public distribution system, which is fragmented and divided between the National Family Planning Bureau and the National HIV Prevention programme. Furthermore, there is a lack of data on the socio-economic status of those accessing free condoms. In 2008, the government abolished user fees, and thus there is currently no easy way to identify and remove those with the ability to pay from accessing condoms. This is currently being debated and may be removed.

²⁰ National Family Planning Board, Overview of the Reproductive Health Survey 2008.

²¹ Global Fund Performance report to the end of March 2012.

²² National Family Planning Board, Overview of the Reproductive Health Survey 2008.

The commercial sector for condoms is highly developed and mature in Jamaica. The TCM review identified over 20 brands with an excess of 100 variants of condoms, and in the retail audit, less than 1.6% of brands were unregulated, meaning that there was no known distributor. Private sector partnerships appear to be working well with the leading SMO in the country (PSI/C), who have financed the promotion of specific quality products, such as sexual lubricants. Nevertheless the lubricant market and demand remains under-developed. Crucially, this private sector partnership appears to rely on only a few distributors who have a higher stake in the market. For many other pharmaceutical and non-pharmaceutical distributors, importing condoms is not a core interest. Nonetheless, in the Jamaican market, there are enough larger scale commercial vested interests to attract these companies to invest further in product development. A development which seems unlikely in other markets where the commercial condom market is more fragmented. These companies provide little additional support to retail units carrying their products for branding or marketing to increase accessibility and demand. Data on affordability, benchmarked against minimum wages for Jamaica, appear to show that condoms have become less available. It is unclear if the market will respond by offering new lower priced products. The TCM review concluded that there was now space for a social marketing condom, but this may undermine the market's sustainability.

Future Strategic Developments of the Total Condom Market

While overall the TCM is functioning well in Jamaica, with improved sustainability (being less reliant on donor funding), the TCM review identified several key areas for development.

Most of these related to the government's role coordinating and implementing the TCM. Few of the condom distributors were found to have import licences, and condoms are not registered on the essential medicines list. Several key stakeholders voiced concerns about quality assurance of condoms on the market. More also needs to be done to ensure an equitable approach. If improvements are made to targeting of poorer clients through the health system, this would enable a more equitable approach making more efficient use of existing resources. The development of a strategic policy for male and female condoms, currently funded by the UNFPA, would be an important step.

It is also recommended that the GOJ take on monitoring of the size and functioning of the total condom market. The TCM review identified entry points where data on condom imports could be collected relatively inexpensively, and compared with distribution data, which would provide useful information for future strategic development of the TCM.

3.3 Dominican Republic

Growth in the Total Condom Market

The studies in the Dominican Republic were conducted in 2009 and 2011, and combined with data collected by Options over the course of CARISMA I²³.

Table 4: Total Male Condom Market by Market Segment (2007-2011) in Dominican Republic	2007	2008	2009	2010	2011	% change (2007-2011)	% change (2010-2011)
Commercial sector	1,609,248 7.0%	1,457,615 7.7%	1,459,770 6.5%	4,760,689 18.2%	5,640,627 22.7%	71%	16%
Public/free sector distribution	5,885,249 25.6%	5,944,040 31.4%	6,161,088 27.3%	5,781,250 22.1%	6,250,000 25.2%	6%	8%
Social market sector	15,494,756 67.4%	11,528,408 60.9%	14,965,868 66.3%	15,568,408 59.6%	12,955,727 52.1%	-20%	-20%
Total	22,989,253	18,930,063	22,586,726	26,110,347	24,846,354	7%	-5%

Overall, since 2007 the total condom market has grown by 7%, though the Dominican Republic has also experienced high population growth at this time, particularly among the 15-49 age group²⁴. The assessment on the total condom market at the end of 2008 was rather bleak – subsidized and free condoms dominated the market, and the commercial sector showed more than anaemic growth²⁵. However, since 2007, the commercial sector has now grown overall by 71%, which strongly suggests that social marketing interventions has stimulated the private sector to meet rising demand. There has also been a significant decline in the social marketing sector of 20% since 2007, particularly during the last 2 years. A recent 8% increase in public sector/free condoms appears to have not led to commercial sector decline, and this along with other data strongly suggests that the commercial sector and social marketing sector are in direct competition for market share. In the most recent year of data, the commercial sector rises to meet demand in almost the same proportion as the SM sector declines.

Condom Market Drivers

There is relatively little data on the public health sector segment of the TCM. Policy drivers, such as a national HIV prevention policy, are not currently in place, but through initiatives supported by the lead social marketing organisation in the DR, PSI, the National Condom Policy was adopted in 2011. With a relatively high CPR of 52%, and higher reported use among MARPs and especially impoverished populations, such as those residing in the Bateyes, the situation has improved for developing the TCM. However, national HIV prevention organisations, such as the

²³ EUROMONITOR International (2009 & 2010) "A Review of the Condom Market in DR".

²⁴ The population aged 15-49 years grew by 7% from 2007-2011. This may mean that the proportion of condom users overall did not increase, but population groups using condoms may have changed.

²⁵ Hemmings, Dr J, Rolfe, B and Price, Prof N (2009) "CARISMA Regional Research Series, Study Two: The Total Condom Market", Options Consultancy Services.

national authority COMPRESIDA, expect that donor funding for condoms will decline starting in 2014.

The commercial sector has undergone an interesting pattern of development. While having undergone significant growth, it is not very diverse. Initially two major brands – Durex and Trojan – captured the higher end of the market, catering to the middle classes. More recently, a lower priced brand, ‘Te Amo’, thought to be imported from China, has entered the market and retails a few price points above the lead social marketing brand, ‘Pante’. Retail audit data shows that Pante condoms range in price from US\$0.10 to US\$0.19 per unit, while Te Amo ranges in price from US\$0.21 to US\$0.43 per unit²⁶. In other country settings this might lead to a re-strategizing of the price points for the social marketing brand to capture the missing mid-range of the market, but in this case, there are still prevailing concerns about the lack of quality assurance of this brand, and the market is not diverse enough at the lower end of the market to fully warrant this move. However, there are signs that market accessibility is increasing through similar channels, for instance, both brands target the *colmados*, which are small neighbourhood shops catering to poorer populations. While higher end brands, such as Durex and Trojan, have been noted to be conducting aggressive branding in higher end retail outlets to increase their market share, the impact of this on poorer consumers is likely to be low. ‘Te Amo’ seems to be largely gaining market share through good distribution networks and attractive low pricing, with relatively little investment in marketing and promotion to encourage greater condom use.

There also appears to be a significant issue with illegal smuggling of condoms in the DR, with one brand identified in the retail audits as originating from free public sector distribution in New York City. It is also reported that over-distribution of free condoms created by distribution bottle-necks contributes to leak from the free sector into the commercial segment. The impact and scale of this trade is unclear, but could be undermining the further diversification and strengthening of the commercial segment.

There are two leading SMOs in the DR, PSI and Profamilia (an IPPF affiliate). PSI remains a leading market player, capturing the majority of the social marketing sector. The TCM review credits issues with distribution as contributing to this sector’s marked decline in 2010 and 2011, and it is expected to re-surge in coming years.

Future Strategic Developments of the Total Condom Market

There are several overall challenges to the development of the TCM in the DR. This includes pervasive poverty among some groups, such as the resident Bateyes population, where there is very low purchasing power. The wider environment is reported to be discriminatory towards certain risk groups, including MSMs and sex workers, where the HIV infection burden is highest.

²⁶ PSI in the Dominican Republic did raise the price of ‘Pante’ in early 2012.

However, given the rising strength of the commercial market, and the forecasted decline in donor spending, there is a clear urgency to taking moves which would encourage the commercial sector to diversify. This should include measures to improve quality assurance of condoms at the lower end of the scale, as well as to improve targeting in the public health system to move those with the ability to pay into the commercial sector. In theory, this move would improve competition and thus diversity of lower priced brands. Consideration of the strategic development of the social marketing sector is also crucial at this stage.

3.4 Eastern Caribbean

Growth in the Total Condom Market

Table 5: Total Male Condom Market in the East Caribbean (2004-2011)	2004	2005	2006	2007	2008	2009	2010	2011	% change (2007-2011)	% change (2010-2011)
Commercial	6,236,732	5,918,604	6,072,768	5,836,748	1,126,596	1,721,504	1,908,896	2,305,000		
	98.8%	81.7%	76.4%	75.5%	26.4%	33.8%	39.4%	50.0%	-171%	17%
Public/free	44,632	1,237,084	1,814,507	1,848,201	2,951,697	3,248,060	2,669,858	2,109,188		
	0.7%	17.1%	22.8%	23.9%	69.1%	63.7%	55.1%	45.7%	98%	-27%
SM	30,282	85,100	58,143	50,007	190,612	129,253	263,538	197,800		
	0.5%	1.2%	0.7%	0.6%	4.5%	2.5%	5.4%	4.3%	85%	-33%
Total	6,311,646	7,240,788	7,945,418	7,734,956	4,268,905	5,098,817	4,842,292	4,611,988	-37%	-5%

The Eastern Caribbean (Trinidad and Tobago, OECs²⁷) is analysed as one sub-region in the TCM, but encompasses very different markets. The largest of these is Trinidad and Tobago, ranging to the smallest which is St. Kitts and Nevis with a total population of 50,726. Data from before the beginning of the CARISMA programme are reported for 2004. Data on the commercial sector under the first phase of the CARISMA programme (2005-2008) possibly reflect missing data rather than actual declines in sales, as large distributors (such as Trojan) were not included. These figures should be interpreted with caution.

Overall the TCM in the Eastern Caribbean presents a mixed picture. While there appears to have been an overall decline in the total market of 37%, there have been interesting fluctuations between the market segments. In 2004, it appears that the market was almost completely dominated by the commercial sector, with the social marketing and public segments each capturing less than 1% of the market. While the SM sector has seen impressive gains (of 85%), in 2011 this still only accounted for a minority of the market at less than 5%. Since 2004, there was

²⁷ The Organization of Eastern Caribbean States (OECs) encompasses Antigua and Barbuda, Dominica, Grenada, Montserrat, St Vincent and Grenadines, St. Lucia, and St. Kitts and Nevis.

clearly an increase in funding and in public/free sector distribution, and these rapid increases were almost simultaneously accompanied by a decrease in the commercial condom market. It is possible that this was caused by other factors, such as the economic crisis, but the commercial market decline begins before financial hard times. The public sector distribution appears to have hit a peak in 2008, when it captured 69% of the market, and the commercial sector was shrunk to 26% at this time. Since 2008, however, the public/free sector has declined by 40%, and the commercial increased by 51%. Even in the last two years of data, this trend is very apparent, with decreases in the social marketing and public sector offset by an increase of 17% in the commercial sector.

While the overall growth for the period is negative (-5%), the TCM review found that the market is expected to grow by 5.5% until 2014, principally due to a higher growth rate in the commercial segment.

Condom Market Drivers

The Eastern Caribbean comprises a hugely diverse region. Scale of each member country has been an important factor in the establishment of the TCM. In more developed markets, such as Trinidad and Tobago, more progress is being made towards total market approaches, for instance, a national condom action plan is in place as part of SRH policies, and there is noticeably more engagement from diverse stakeholders in the planning of the total market approach. Smaller countries have in some cases been hampered by the lack of resources to strategically plan for the development of the total condom market, and political engagement with the overall approach has markedly differed between nation states. Future TCMs should aim to disaggregate markets for a finer analysis.

Similarly, in some countries the mechanisms for measuring need and demand operate well. In Trinidad and Tobago, condoms are distributed from the central stores and the National AIDS coordinating committee directly to NGOs working with MARPs, and through the public health system. Distribution through these routes is monitored at points of distribution, and also records which risk groups are being targeted. In other countries, previous TCM analysis found that a lack of means of measuring demand resulted in some markets being flooded. In many countries, there is a recognition of the need to work with risk groups, such as sex workers and MSM, but a recent analysis of the take-up of PANCAPs model condom policy found that conservatism towards removing legislative barriers to working with this group, and its recommendation of engaging with them proved unpalatable and a barrier to further policy development.

Social marketing initiatives have been focused on increasing the accessibility of condoms through the 'Got It, Get It' campaign. PSI/C also supports that IPPF affiliates operating in the region to grow and promote the 'COOL' condom, though initially the low market share of this condom is explained by its distribution, which is predominantly focused on sexual health clinics and NGO drop-in services. This market is expected to grow over the next few years. <<I think we need to also describe PSI/C's Condom Sales & Promotion Agents (CSPA's). This intervention has

been successful helping commercial condom distributors open (and realize the benefit of)non-traditional outlets

There is little data on the market drivers for the commercial sector in the Eastern Caribbean. Trinidad and Tobago, as the largest market, has an impressive diversity. A retail audit conducted in the TCM review identified 22 lead brands with 66 sub-brands, reflecting a growing market. However, the 3 major market leaders – Durex, Trojan and Rough Rider – still predominate, capturing 60% of the market.

Future Strategic Developments of the Total Condom Market

The TCM review found that government health agencies were distributing branded condoms for free in an effort to encourage condom access. The authors concluded that the government should look to minimize the number of branded condoms that it distributes in order to encourage a shift to retail purchases from consumers with the means to pay.

While commercial sector growth was expected to be the most significant driver increasing the size of the condom total market, support to increase use of non-traditional outlets, such as small scale grocers which poorer populations tend to use, was a key area for further development.

3.5 Belize

Growth in the Total Condom Market

Table 6: Total Male Condom Market by Market Segment (2007-2011) in Belize	2007	2008	2009	2010	2011	% change (2007-2011)	% change (2010-2011)
Commercial sector	53,304 10.8%	157,290 19.2%	168,300 20.7%	264,500 45.4%	325,600 41.6%	84%	19%
Public/free sector distribution	291,845 59.2%	510,100 62.2%	482,000 59.2%	272,000 46.7%	401,800 51.3%	27%	32%
Socially marketed sector	148,036 30.0%	152,928 18.6%	164,200 20.2%	45,600 7.8%	55,192 7.1%	-168%	17%
Total	493,185	820,318	814,500	582,100	782,592	37%	26%

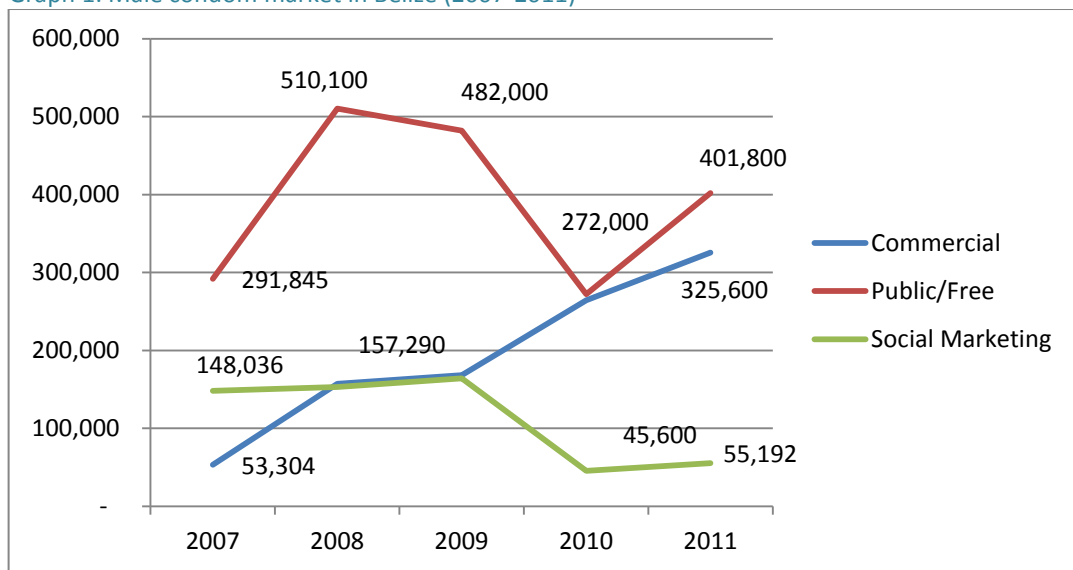
The first year for which data for all three market segments is available is 2007²⁸. Table 6 shows substantial growth in the overall condom market since 2007 (of up to 37%) and in the past two years (of 26%), and this appears to have been largely driven by a substantial growth in the commercial sector. This data shows interesting patterns of total condom market development

²⁸ Data collected under CARISMA I, and EUROMONITOR International (2010 & 2012) “A Review of the Condom Market in Belize”.

over this time period, particularly in the variation of the socially marketed sector, which has seen substantial fluctuations. In 2010, the lead social marketing brand ‘Vive’, was temporarily removed from the market for re-branding. The commercial sector grew very quickly to make up this short-fall, and from 2009 to 2010 increased its share of the total market from 21% to 45%. The figures for the public sector are also complex. Having experienced several consecutive years of decline, there has been an increase from 2010-2011, but this is expected to be a temporary change, with public sector funding for condoms foreseen to continue this downward trend.

Graph 1 below clearly demonstrates these patterns in the data. There is a positive correlation between the activity of the social marketing sector and public/free sector distribution. This is likely to be due to both of these sectors’ reliance on donor funding. There also appears to be an inverse correlation between the public/free and commercial segments, echoing other research which has also found that over-supply in the free market segment can suppress activity in the commercial market segment.

Graph 1: Male condom market in Belize (2007-2011)



The total market is forecast to grow by 13% by 2014, largely driven by expected growth in the commercial sector.

Condom Market Drivers

The TCM review found that stakeholders widely reported that the free condom market is expected to shrink in the coming years, for instance, the Global Fund has ceased provision of free condoms in 2013. There is nonetheless a popular demand for free condoms, with reported use of free condoms – known as ‘silver bullets’ – remaining high, and distributing over 400 000 units in 2011. There are reports however that in anticipation in a reduction in funding, the Ministry of Health has an allocated budget for future funding of condoms for distribution

through the health system. Recent improvements in Belize's health information system means that the supply, procurement and distribution of condoms will be able to be tracked, and is now one of the few countries which is able to do this in the CARISMA programme. However, it is not clear whether this includes tracking distribution at individual or health setting level. Nonetheless, public distribution of free condoms is expected to hold steady at 400 000 units per annum for the next few years.

This means that growing the total condom market will rely on expanding the social marketing and commercial sectors. Belize currently has two lead social marketing brands – 'Vive' distributed by PASMO, and 'COOL', an IPPF owned brand. However, while SMOs have stated that they plan for future sales of the 'Vive' brand to pick up after the recent re-launch of the brand, in practice the TCM review found that sales were still under-performing. Sales of 'COOL' have suffered from a lack of funding to promote the brand (distribution fell to just 21, 000 in 2011). PASMO has developed strategic relationships with commercial wholesalers and distributors, in particular partnering with the distribution company James Brodies Ltd. for one of the lead commercial brands ('Contempo') to grow sales and distribution with less investment in their own network of distributors (as is often the case in other country settings). Brodies crucially also reaches into rural areas, ensuring that equity goals are still served by this partnership.

Analysis of the commercial sector shows that this market segment has principally grown through targeting small retailer units. This channel grew from 21% in 2009 to 29% in 2011. While partnerships between SMOs and commercial distributors are a positive development, there are some signs that the commercial segment is nonetheless under-developed, with room for greater diversification and competition between brands to increase investment in promotional activities. This is particularly the case as investment by SMOs in growing demand is expected to decline due to resource constraints.

Future Strategic Developments of the Total Condom Market

Forecasts for the growth of the total condom market shows that the public sector will hold steady, the commercial sector will expand by up to 8.1%, and that the SM sector could expand by up to 11.1%, should planned investment in marketing and promotion come to fruition. Future strategies for the development of the TCM should further strengthen the diversification of the commercial sector, especially in more rural areas. There is also a noted need for improving distribution through 'hot zones' to most-at-risk populations.

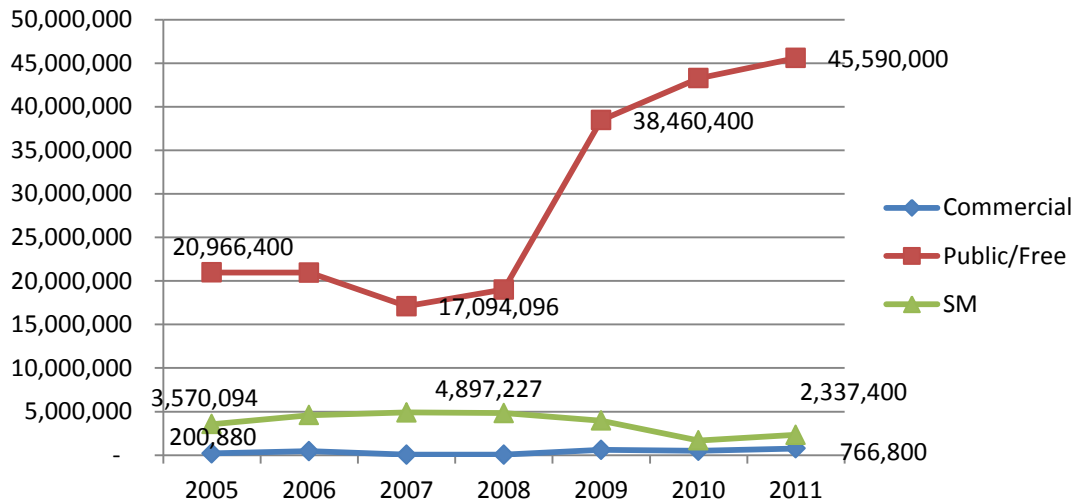
3.6 Haiti

Total Market Growth

Table 7: Total Condom Market: Haiti	2005	2006	2007	2008	2009	2010	2011	% change (base-2011)	% change (2010-2011)
Commercial	200,880 0.8%	467,616 1.8%	45,432 0.2%	45,432 0.2%	603,300 1.4%	502,100 1.1%	766,800 1.6%	74%	35%
Public/Free	20,966,400 84.8%	20,952,000 80.6%	17,094,096 77.6%	19,008,800 20.2%	38,460,400 89.4%	43,271,000 95.2%	45,590,000 93.6%	54%	5%
SM	3,570,094 14.4%	4,587,057 17.6%	4,897,227 22.2%	4,834,736 20.2%	3,964,100 9.2%	1,696,700 3.7%	2,337,400 4.8%	-53%	27%
Total	24,737,374	26,006,673	22,036,755	23,888,968	43,027,800	45,469,800	48,694,200	49%	7%

Data on all three market segments are available since 2005 in Haiti. Analysis of the data on the total condom market shows that the free/public sector distribution has come to almost completely predominate the condom market. However, as will be explored below, current data on use does not fit with the total condom market data, strongly suggesting that this market is not working efficiently to meet current need. The TCM review concluded that both social marketing and free/public sector distribution were suppressing the development of the commercial sector. The commercial sector has struggled to gain more than a minimal share of the overall market, not managing to capture 2% of the market. According to this data, the social marketing sector also accounts for less than 5% of the overall market. Total market growth since 2005 of 49% has largely been driven by increases in the public sector. Graph 2 below further demonstrates that this rapid increase in public sector distribution mostly occurred in the immediate aftermath of several natural disasters which have hit Haiti²⁹, and consequent inflows of aid.

²⁹ Haiti was hit by hurricanes in 2008, and by an earthquake in 2010, which severely affected the government's ability to engage with strategic planning for the total condom market.



Graph 2: Total (male and female) condom market in Haiti (2007-2011)

Condom Market Drivers

Haiti presents a challenging environment for the development of the TCM. A USAID review identified factors contributing to this under-development as mainly being: a very low and under-developed private sector; the lack of a fair regulatory and policy context, and lastly, a lack of commercial sector willingness to reach under-served populations³⁰. In this context, social marketing initiatives have tended to predominate, while total market approaches have perhaps been seen as too ambitious, while other parts of the system are not functioning well. Policy has principally focused on increasing the uptake of the CPR, rather than shifting users with the ability to pay out of the public sector. While measures have been undertaken to encourage the use of a total market approach, this is not reflected in key strategy documents, such as forecasting reproductive health need.

Population level data is available in Haiti, including several rounds of demographic and health surveys (DHS). Comparison between rounds has shown an overall increase in contraceptive prevalence rate, but this appears to have been largely accomplished through better access to longer-term methods, such as injectables, while condom use has remained proportionately relatively stable. In 2005, the CPR for a modern method being used by women in union stood at 24.8%, with condom use at 5.3%. By 2012, CPR had risen to 31.3% (of women aged 15-49 years in union using a modern method), but condom use was only 5.1%. Use of injectables however had increased from 11% to 19.4% over the same period³¹.

³⁰ Clary, T (2008) "USAID/Haiti: Social Marketing Assessment 2008", USAID with the Global Health Technical Assistance Project

³¹ Cayemittes, M, Placide, M, Mariko, S, Barrère, B, Sévère, B, Alexandre, C (2007), "Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2005-2006". Calverton, Maryland, USA : Ministère de la Santé Publique et de la Population, Institut Haïtien de l'Enfance et Macro International Inc. and Institut Haïtien de L'Enfance (2012) "Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2012, Rapport Préliminaire", Calverton, Maryland, USA : Ministère de la Santé Publique et de la Population, Institut Haïtien de l'Enfance et Macro International Inc.

The general conditions for developing the total condom market are not favourable in Haiti. Firstly, natural disasters have eroded an already weak system of governance, and undermined the government's ability to respond to strategically developing the total condom market. However, there also appears to be a lack of will to engage with the development of the TCM, due to the government's view that access to reproductive health supplies should be free, given high rates of poverty³². The wider regulatory environment also does not favour the development of the commercial sector, as for instance, import tariffs are levied on condom imports. Under these conditions, it would be expected that the commercial segment would remain under-developed.

Haiti's health information system records little information on distribution of reproductive health supplies within Haiti's health system, and forecasts of reproductive commodities are done using population-based surveys and not health service data³³. Stock-outs are regularly reported in rural areas, and demand for social marketing condoms appears to be often responding to these stock-outs. Supplies of free condoms and socially marketed products are also apparently inefficiently coordinated, often overlapping in areas of supply, which can be confusing for consumers. There is also little coordination between the government and commercial sector, though a much stronger relationship with the lead social marketing organisation, PSI, exists. There is currently no targeting through the health sector of those who are willing to pay, and forecasts for reproductive health commodities appear to be based on total numbers of specific demographic groups, rather than consumer preferences and ability to pay. Targeting of poorest groups is thus difficult through the Haitian health system.

The lead social marketing organisation, PSI, has taken the lead in promoting the total market approach in Haiti, principally through sharing market information and gathering evidence (for instance, on willingness to pay). PSI has also led initiatives to better coordinate the targeting of different population groups with public/free and SM condoms. Absolute numbers of SM condoms are forecast to grow over the coming years³⁴. Yet PSI's internal strategy envisions overall market share to decline, partly in response to an expansion of the commercial sector. There appears to be good data on affordability but not on willingness to pay, which may support further market development in this area.

The commercial sector is partly undermined by the 'grey' sector – illegal smuggling of supplies, known as 'suitcase trading'. This is known to be highly prevalent in Haiti, and interactions with

³² Clary, T (2008) "USAID/Haiti: Social Marketing Assessment 2008", USAID with the Global Health Technical Assistance Project

³³ Ministre de la Sante Publique et de la Population (2009) "Compte Rendu de L'atelier sur la Quantification des Besoins Nationaux en Intrants SR", and Unpublished report (undated) "Stratégie d'utilisation des préservatifs masculins, Note de synthèse et d'orientation ».

³⁴ Ministre de la Sante Publique et de la Population (2009) "Compte Rendu de L'atelier sur la Quantification des Besoins Nationaux en Intrants SR".

neighbouring Dominican Republic warrant further investigation. Informal distributors however lack scale, capacity and resources to fund the development of the condom market, for instance, through investment in marketing and promotion. The TCM review notes that commercial distributors could play a potentially valuable role in the development of the TCM³⁵. The commercial sector is dominated by very few commercial brands, including *Te Amo* and *Trojan*. *Te Amo* has largely grown market share through a lower price point, in direct competition with the social marketing brand (*Pante*). Models of distribution in the commercial market appear to be under-developed, which affect the rural areas. There also appears to be little partnership between commercial distributors and social marketing organisations, which in other country settings has been used as a means of strengthening fledgling markets.

Future Strategic Developments of the Total Condom Market

Current estimates suggest a very high level of unmet need for contraception among general population groups (women and men of reproductive age), as well as the high numbers of vulnerable groups in Haiti, including young people at engaging in transactional sex and commercial sex workers). Recent estimates produced by PSI project an annual need of over 150 million condoms, and over 40 million to reach 'at risk' groups. It is thus understandable that the current strategy is focused on expanding uptake of contraception.

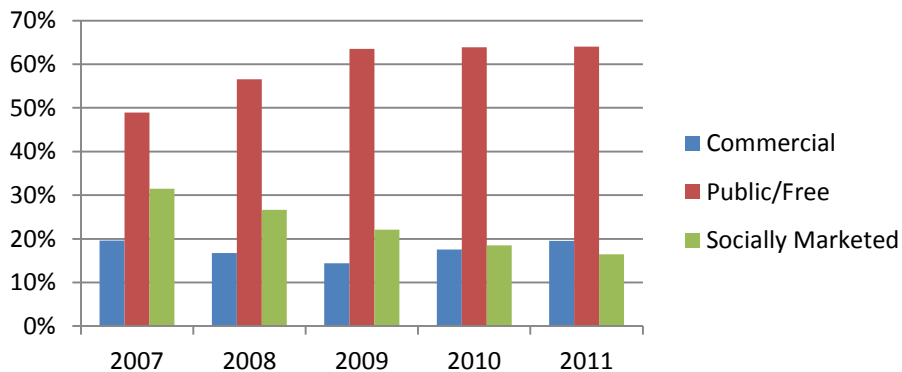
However, the current environment appears to be highly unfavourable to growing the commercial market segment, and thus the Haitian TCM remains heavily reliant on donor funds and unsustainable. A recent USAID report highlighted the need for better strategic coordination and support to the *Ministre de la Sante and la Population (MSPP)* to do this³⁶. Further investigation on attitudes of key stakeholders towards the development of the TCM (such as through a stakeholder analysis) could contribute to mobilizing greater engagement with total market approaches.

³⁵ Curtiss, G (2012) "Condoms in Haiti: A Market Analysis", Euromonitor International

³⁶ Clary, T (2008) "USAID/Haiti: Social Marketing Assessment 2008", USAID with the Global Health Technical Assistance Project

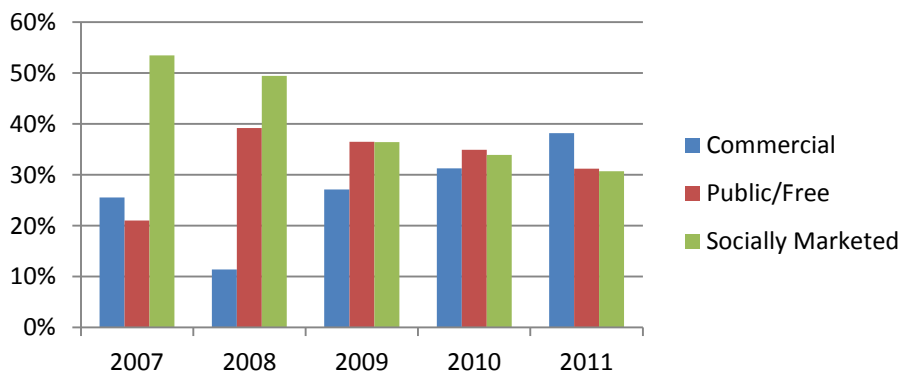
4. Regional Overview

Graph 3 below shows the total condom market from 2007-2011, for selected countries. Regional comparisons of the total condom markets across the Caribbean can provide useful insights into overall trends across the region and how countries are performing in comparison with similar markets. When the total condom market data is aggregated, this appears to show a trend in growth followed by stabilization for the public free/sector, with a smaller growth in the commercial sector, and an apparent decline in the socially marketed sector.



Graph 3: Total Market Condom in all CARISMA countries (2007-2011)

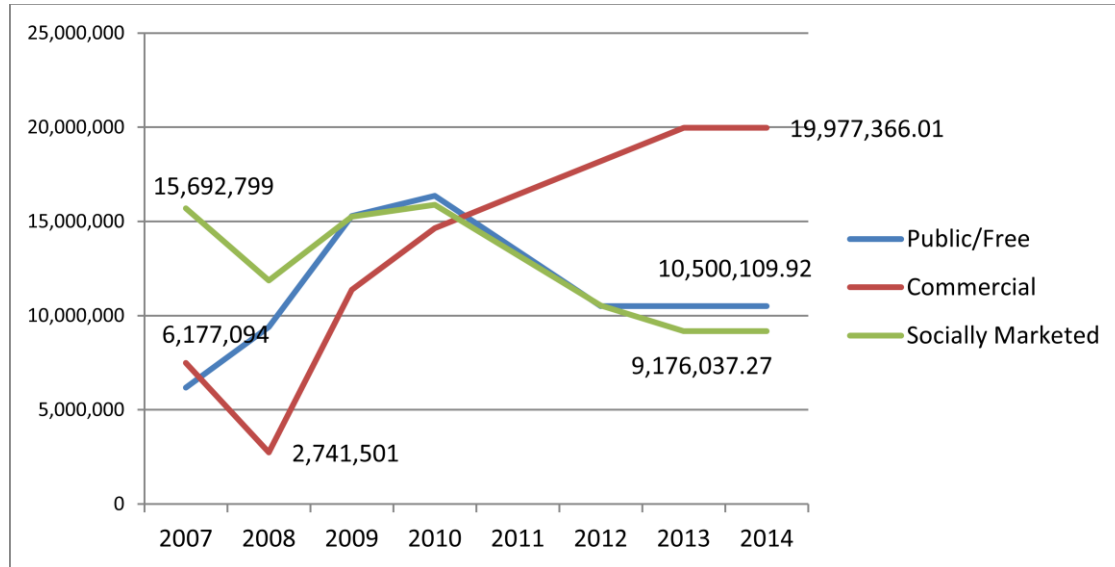
However, Graph 4 below shows the same data for the selected countries (2007-2011), but without any data from Haiti. This demonstrates that Haiti significantly skews the aggregate data, and that this market is behaving in significantly different ways to the rest of its neighbours in the Caribbean.



Graph 4: Total Condom Market for CARISMA Countries excluding Haiti (2007-2011)

Graph 4 above shows an overall trend of slow decline in the social marketing and public/free sectors, and an increase in the commercial sector. This could be a sign of declining funding to both public/free and social marketing organizations (which is confirmed by the total condom market studies), but which has been accompanied by an overall resurgence in the commercial sector.

At current rates of change, the commercial sector is expected to grow to over 19 million pieces in the coming years, with an overall decline in the public/free and social marketing sectors for the foreseeable future.



Graph 5: Total condom market: actual (2007-2011) and projections (2012-2014) in CARISMA countries without Haiti

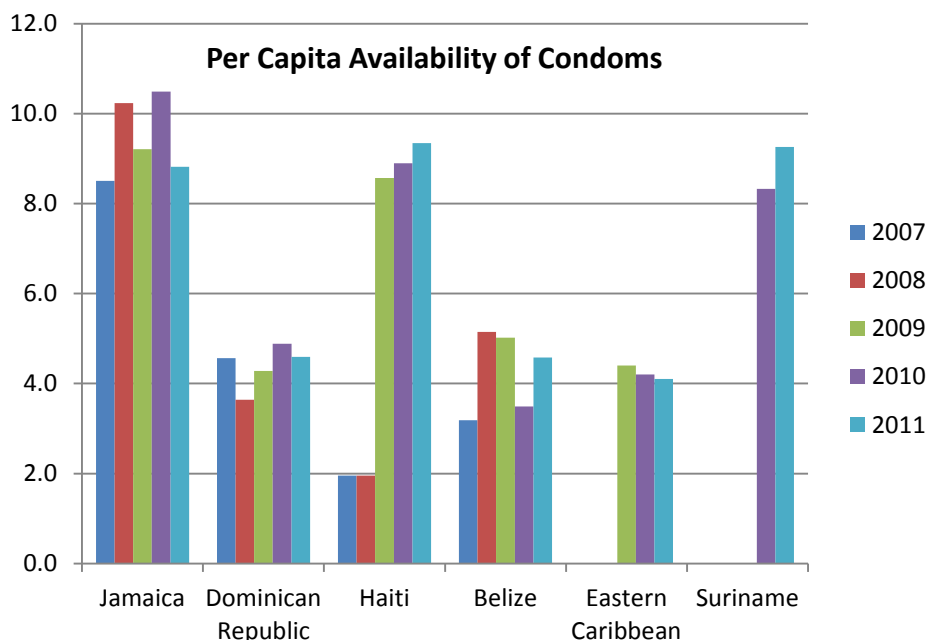
4.1 Per capita Availability

The World Health Organization recommends using an indicator to measure total condoms available for distribution for the population aged 15-49 years in the preceding 12 months³⁷. Measuring changes in total availability does not measure actual use of condoms, but can be used with estimates of need to analyze whether the total condom market has the capacity to meet demand.

From 2007 to 2011, total availability of condoms has increased overall by 1.6/capita (of population aged 15-49 years). While this figure may seem low, total availability measures are often within this range. For instance, PSI reported that PSI sales in Zimbabwe in 2004 totaled 4 per capita³⁸. An increase of 1.6 per capita is thus a significant increase over this timeframe.

³⁷ WHO/GPA indicator P12, please see “WHO Protocol for Estimating Condom Availability for Distribution at Central and Peripheral Level (Measurement of Prevention Indicators 2 and 3)”.

³⁸ This figure was quoted in Hemmings, J (2009) “CARISMA Regional Research Series, Study Two: The Total Condom Market”.



Graph 6: Total condom market: Condom Availability per Capita aged 15-49 years (2007-2011) for selected countries in the Caribbean region

Graph 6 above shows that there is wide regional variation in per capita use of condoms. Across the countries included in this study, the mean per capita availability of condoms was 6.8, however, when excluding Haiti, this then falls to 6.3 for other countries. While this gives us a useful measure of growth and availability of condoms, further data on consumer use (and whether those who need condoms are accessing them) is needed for a deeper analysis of access. This is difficult as many of these countries lack data on consumer behaviours, for instance, population-based surveys on contraception. For instance, it could be that rates in the Eastern Caribbean are lower due to more access to OCPs among young women, whereas in other settings (such as, Jamaica or Haiti) condoms may be favoured as a method of contraception over other methods.

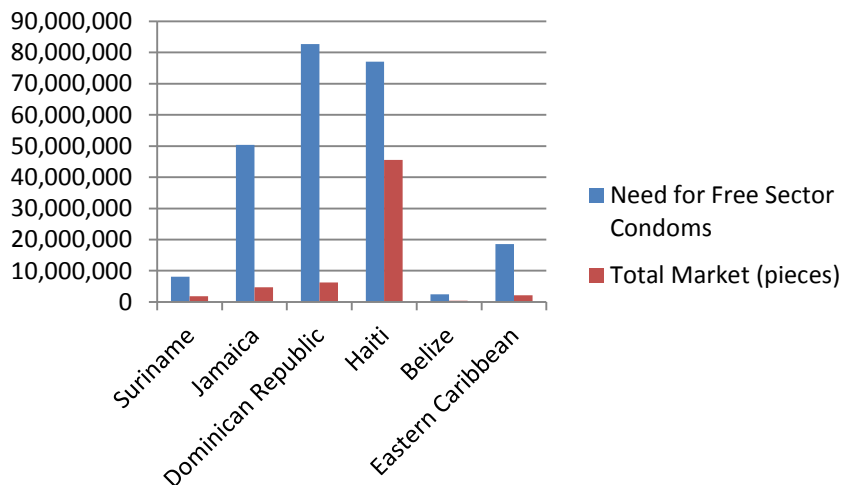
4.2 Capacity to meet need (universe of need)

Data to calculate actual use of condoms, and therefore to project future need in the countries selected for this review, is frequently scant. Robust means of estimating actual condom use, for instance, should apply a coefficient of probability of use across different age groups and sex, but there is often a lack of population-based surveys in the Caribbean region³⁹.

‘Need’ is thus a crude ‘guesstimate’ using variable sources of data on condom use among ‘most-at-risk’ groups, (including sex workers and men who have sex with men) as well as general population groups who use condoms for pregnancy prevention. Contraceptive forecasting tools, for instance, may use measures such as contraception prevalence rates, which will

³⁹ Meekers, D and Van Rossem, R (2005) “Explaining Inconsistencies between data on Condom use and condom Sales”, BMC Health Services Research 2005 5:5.

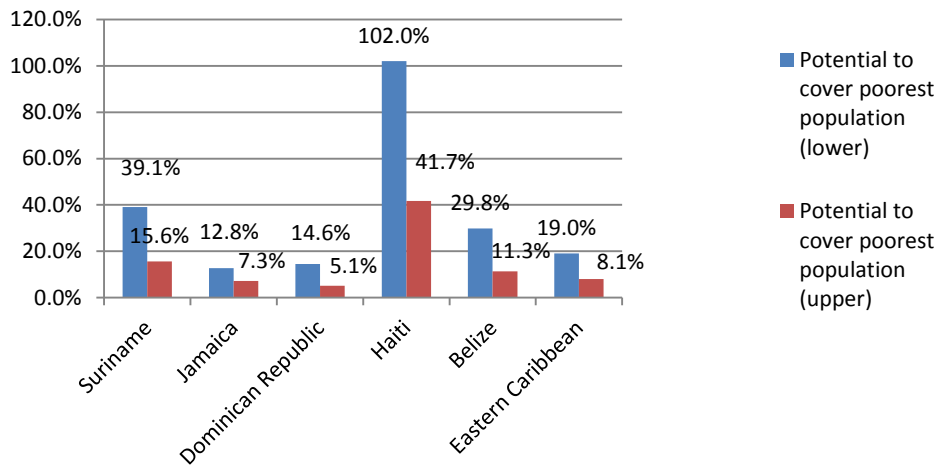
underestimate need among most-at-risk groups, while conversely, HIV-based estimates may exclude data based on the CPR. Graph 7 below shows a calculation based on most recent data for condom use from population-based surveys, as well as estimates of the size of most-at-risk populations. Poverty data (percentage of the population below the national poverty line) is used in each country setting to estimate how much of the overall population will possibly need access to free/public sector distribution. These estimates vastly over-estimate 'need' for free sector condoms, as for instance, most-at-risk groups such as sex workers may prefer to buy a condom brand which they perceive to be of higher quality than to access free condoms. Sources of public/free condoms are also known to often present barriers to certain risk groups, such as young people, males and CSWs. However, this method allows the data in the region to be benchmarked, and thus gives some indication of a) the variability in free sector provision per country, and b) how this compares to availability in the free sector. It can be seen that 'need' is consistently outstripping supply, and yet surveys on actual use among these groups often shows trends of increasing condom use.



Graph 7: Total condom market: Estimates of need for free sector condoms for the population aged 15-49 years (2007-2011) and total free sector supply (2011)

Similarly, Graph 8 below shows upper and lower ranges of estimates on each country's potential to cover 'need' for condoms among the poorest population. Equity of access should be an important concern for countries applying the TMA, where 'most-at-risk' groups may possess the resources or prefer to buy condoms. From this, it appears that some markets are over-supplied, for instance, Haiti at its upper range of estimates covers 102% of the poorest population. In aggregate, selected countries are covering between 15%-36% of their poorest population with free/public sector supply (and without Haiti, 9%-23% of the poorest population). In aggregate, this tallies to overall recommendations that the public/free sector should not exceed 30% of the

total market⁴⁰. However, there are clearly some markets where strategic development should include a re-evaluation of free/public sector supply.



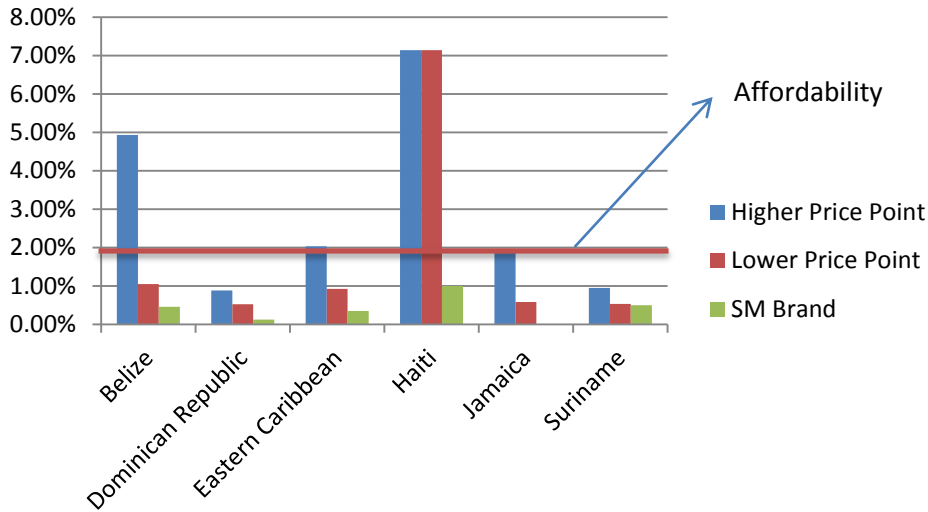
Graph 8: Total condom market: Upper and lower range estimates for percentage of population aged 15-49 years who need access to free condoms, and free sector availability to meet this need

4.3 Price points

Collecting data, based on routine retail audits, on the price points of different condom brands on the market is recommended as a means of measuring a) the diversity of the market, and b) the affordability of condoms. These estimations use population-based measures of income per capita, which need to be used with caution, since this does not show us affordability among the poorest population groups. 'Affordability' is commonly benchmarked at 2% of annual income for reproductive health supplies. Price points were calculated using data from retail audits in the TCM studies, apart from for Haiti where no retail audit was conducted but prices for leading brands were reported.

⁴⁰ Barnes J, Vail J, Crosby, D. 2012 Total Market Initiatives for Reproductive Health. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates.

Cost of 120 condoms / GNI per Capita



Graph 9: Total condom market: Upper and lower ranges of price points for commercial condom brands found in each country market, with leading SM brand

This graph also shows wide variability in affordability per condom market, and serves as a useful indicator of markets which appear to be serving consumer need well (having a range of affordable condoms on the market) and those where condom affordability needs to be improved. Condoms in Haiti, for instance, are still vastly unaffordable, whereas there appears to be space for growth in Suriname. Countries which have more mature markets, such as Jamaica and the Eastern Caribbean, visibly have a healthy range of price points. This is important, as this TCM review and others have identified that where condom markets are working well, leading brands will invest in developing a range of brands appealing to different consumer segments.

5. Conclusions

5.1 Measuring the TCM – CARISMA's experience

The CARISMA programme, including its partner SMOs, have throughout the life of the CARISMA programme collected a wealth of performance measures of the total condom market. This included consumer data on effectiveness (how well these interventions have reduce risky behavior and increased condom use), efficiency (how these outputs are achieved through the efficient of inputs) and equity (how well it reaches populations across health inequalities). However, additional measures on the TCM are arguably needed, including an overall picture of its segmentation (public/free, commercial and subsidized/social marketing), in order to understand the long-term growth of the market, and meeting future contraceptive need.

The measurement of condom markets in the Caribbean face particular challenges. There is firstly often an absence of population-based surveys which are often used to forecast future need and use of contraceptive supplies (for instance, the age-attributable fraction of use). In some cases, particularly in the Eastern Caribbean, some of the countries are very small in scale, and thus face greater data collection challenges. Data tends to be much more available in some segments – often in the social marketing sector – and very difficult to access in the commercial or public sector. A repeated challenge, which is perhaps much more significant for the condom market, is that condoms are often not registered on the essential medicines list, and are thus rarely recorded in the health service statistics. This often makes tracking distribution of condoms through the health system almost impossible. Similarly customs rarely record quantities of condom pieces being imported. Estimates of the size of most-at-risk populations, such as MSM, is often lacking, and in global reviews of this data, is much less available than in other regions. This kind of basic information is needed for accurate and robust forecasting of the total condom market. Lastly, the region encompasses very different markets, as this study has highlighted, often acting in very different ways.

CARISMA's experience in measuring the TCM has been vital in illustrating the kinds of challenges – and hopefully the value – which attempting to measure the total condom market can face. Under CARISMA I, data was requested from partner organisations and collated, but missing sales data (particularly from the commercial market) significantly skewed the data. Qualitative narrative data on factors affecting the development of the TCM were also needed to fully analyse enablers and barriers to development of the TCM. Under CARISMA II, a more comprehensive approach was taken, as total market studies were conducted for selected countries. This has been, however, resource intensive, and difficult to replicate in the current funding climate at this scale.

Measuring the performance of the market was a key concern at a workshop reviewing the total condom market studies produced under the CARISMA programme (held in Trinidad and Tobago on the 5th of December 2012). There was a consensus that low cost means of measuring the TCM were needed. This included using innovative means of measuring the TCM, such as data

from customs on the imported weights of condom cargo (used to estimate total number of pieces), data from commercial suppliers (used under CARISMA I), and use of retail audit tools developed through these TCM studies to rapidly collect data on the diversification of the market, its affordability (what brands are available at what price points), and market share. These are all important indicators of the growth and health of the market⁴¹. Furthermore, stakeholders also emphasized the importance of continuing to collect data by public health agencies on the behaviours, preferences and socio-economic status of most-at-risk of populations, who often face the greatest burden of risk of infection in the Caribbean and globally.

It is interesting to note that stakeholders continue to identify engagement and inclusion of the commercial sector in the measurement of the total condom market, despite set-backs experienced in this throughout the programme. However, collecting data under CARISMA I was facilitated by in-country support from SMOs, and by Options' role as an independent outsider who could guarantee an anonymous means of sharing price and sales data. It was conversely undermined by competition and reticence to share data when market leaders were vying to increase market share. This still however presents the most low-cost means of collecting data on sales in the commercial sector.

5.2 Key Findings and Implication for Development of the TMA

The cumulative data over the course of the CARISMA programme has shown how dynamic condom markets are, varying significantly over the course of the years. What are the conclusions from these studies, in terms of the growth in the market, and future directions?

The TCM studies support the conclusion that there has been strong overall growth in the total condom market in the CARISMA focus areas, of up to 1.6 per capita (population aged from 15-49 years). In more mature markets, such as Jamaica, overall growth has been driven by strong developments in the commercial markets. Social marketing techniques in this area, which have specifically focused on promoting condom use behaviour (and not own brands) under the 'Got It, Get It' campaign and CSPA's have arguably represented best practice in this area. However, policy and commercial environments which have encouraged the development of the commercial sector, and taken steps to better targeted free resources, have also made a significant contribution. Markets such as Jamaica's and the Eastern Caribbean appear to be much more sustainable than other markets where the free sector predominates.

This data largely confirms other studies which have shown that the commercial and subsidized markets can be suppressed by the free/public sector's dominance, and that conversely, the commercial sector can rapidly grow to fill voids in the market left by sudden falls in social marketing or free sector supply (often due to problems in supply chains). This conclusion is

⁴¹ Barnes J, Vail J, Crosby, D. 2012 *Total Market Initiatives for Reproductive Health*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates

however, overly simplistic: there have been a huge range of interventions behind the scenes in developing total market approaches, and the narrative data collected in the total condom market studies have been important in highlighting the barriers and enablers in markets and their consequent fluctuations.

While there is certainly diversity across the region, there are also significant commonalities, which highlight key areas where the development of the TMA should head. This includes that:

a. Stronger measures should be taken to strengthen the commercial sector within the total condom market

The TCM studies highlight that the private sector will need to grow to fill upcoming gaps in funding of both social marketing and free/public sector streams. This report has not analysed how much of the market is currently *subsidized*, but the market share of socially marketed condoms appear to be declining in some markets. Markets which are overly reliant on both the social marketed and free/public sector condoms do in some cases appear to be much less sustainable. These segments often rely on the same funding streams, and are currently entering a period of possibly severe austerity.

Measuring the TCM under CARISMA was led by Options, who as an external third party with no competing commercial interests, was able to request and analyse commercially sensitive sales data. Once the CARISMA programme ends, it is likely that there will continue to be a need for a third party to measure the TCM, and that the government is the most appropriate lead for this (at national or regional level). A regional entity such as PANCAP would be most suited to carry out this role, in partnership with country level public health agencies (see Section 5 on 'Conclusions'). This will require further leadership and engagement with the private sector, and stewardship of the TCM.

b. Creating the wider policy environment

Many of the issues highlighted in the TCM studies point to the importance of the wider policy environment. PANCAP has developed a regional 'Model Condom Policy' which contains many components of creating a supportive policy environment to make condoms more accessible, promoted and used throughout the region. This includes addressing many of the elements which have been identified through this study as still hampering the development of the total condom market, including commitment to addressing the stigmatizing wider cultural and legislative environment, market control measures such as quality assurance, procurement and tracking of condoms through the health systems.

The recent review of the status of the adoption of the 'Model Condom Policy' showed a mixed picture - in some cases it had been partially developed but not ratified. It is suggested that the policy will gain more traction if embedded within wider SRH policies, but there is still a need for regional leadership on this issue.

c. Establishing better market control

Especially in fledgling markets, market control measures became a strong concern. Illegal trade and leakage results in a fragmented or weak private sector, which discourages growth. In some cases these concerns are concomitant with perceptions over market saturation with lower quality condoms from unknown distributors, which may pose health risks.

Governments in the region may face challenges in regulating the condom market, which is arguably one of the more challenging reproductive health supplies to regulate, with wide dissemination of products which are often not on essential medicines list. Illegal often proliferates in lower resource settings, where regulation of the market is especially challenging. However, taken as a whole these studies have confirmed other research which has demonstrated that these factors can undermine and even reverse gains made by total market approaches. Investments in developing markets are more likely to gain traction where the market is 'mature' and promises better returns often for larger-scale commercial entities. In order to encourage fledgling markets, a minimum degree of market control needs to be exerted over the condom market.

d. Monitoring Equity of Access

In only a few cases reviewed had health systems developed a mean of tracking distribution through the public health system, and in Jamaica distribution to most-at-risk groups was reported. At present, the capacity of the health system to monitor equity of access appears negligible, and this most often monitored through population-based surveys, funded by external donors.

As condoms are a relatively low cost item, with no pharmaceutical registration, measuring equity of access and distribution of free condoms through health settings may seem to be an overly burdensome task for governments. Better targeting of resources will nonetheless be needed in a resource constrained environment. Measuring total waste of the free market sector (for instance, an exit survey of those accessing condoms and how many have the ability to pay) rather than the health system's ability to target may be more effective in making the case to government agencies.

e. Stewardship of the TMA

The findings from this report still support continuing and strengthening the stewardship of the TMA. Leadership by a coalition of stakeholders in different market segments (public, commercial and socially marketed) is crucial. Currently there appears to be good information sharing across partners, but this approach is not enough of itself to engender a strategic approach to developing the total condom market.

f. Better targeting of scarce resources

In many instances included in this review, the public sector has limited capacity to monitor and target equity of condom access and use. There have been instances of waste and inefficiencies

in public sector distribution reported by key stakeholders. In most countries reviewed, the HIV epidemic is concentrated in most-at-risk groups, who may prefer non-public sector distribution. This strongly suggests that the public sector could be doing more to measure how well its condom distribution is working.

In a few countries, public sector funds are being used to buy branded condoms. While this is an inefficient use of scarce public resources, this also suggests that public health agencies recognize the advantages of adopting social marketing techniques, and of using brands which have more appeal over generics. However, more strategic thought needs to be given as to what implications there are for public health agencies in learning from the successes of social marketing programmes, and how they can effectively coordinate their activities with social marketing organisations.

Annex I

Findings from the TCM event

On the 5th of December, 2012, key stakeholders from the CARISMA programme and its partners from the public health sector (governmental and non-governmental national and regional entities), social marketing and commercial sectors gathered to consider evidence to date on the total condom market in the Caribbean. This included reviewing national and regional data analysed in the total condom market studies.

Minutes from this meeting, and the conclusions from these discussions are presented below.

Break out Groups

The groups were divided into three groups to consider the following three questions:

1. “Research and Metrics” – what needs to be measured, and what resources are already available to us
2. “Coordination and Roles” – who are the key stakeholders that can support the work of the TCM
3. “Key gaps” – what is missing from the CARISMA TCM Research

All three groups reported back to the whole team. The following represents the most salient points discussed by the group:

Research and Metrics – what resources we have access to and the information we already know

- Measuring affordability across the Caribbean, stakeholders advocated for adopting ‘Patty-nomics’- use of a common product (in this case, a patty) as a proxy measure of affordability
- What and who do we need to measure to understand consumer behavior and the TCM: Number of people using condoms over the last 12 months who are in concurrent partnership; Number of youth who are sexually active; Number of youth sex acts in the last 3 months; How do we measure the total condom market: Free sector condom distribution numbers;
- Ask government to require import volume data for condoms specifically from customs
- TCM audit methodologies are available to share
- Look for ways to measure TCM in a low cost way
- Supply and demand side issues surrounding TCM
- Spend more time doing retail audits and analysing different price points. How they are shifting and changing? More specifically, young people and cash flow, what does this imply for how we analyze price points?

Coordination and roles – who are the key stakeholders and in which areas can they support the work of the TCM

- PANCAP/CARICOM/CARPHA
 - Coordination
 - Advocacy
 - Resource mobilisation

- Social Marketing Organisations
 - Research and dissemination
 - Advocacy
 - Public Private Partnerships
 - Supporting innovations
- Private sector/commercial/for profit
 - Supply and accessibility
 - Sharing information and knowledge
 - Strategic info for planning
 - Marketing
- Governments
 - Policy
 - Quality assurance
 - Coordination
 - Funding

Addressing key gaps identified through CARISMA TCM Research – what is still missing? What needs to be done to make the TCM more efficient?

- Find out the markup/margin made from condom sales
- More private sector involvement in research and in TCM generally
- M&E systems that are well established. They will require frequent follow-up work
- Identify usage of all markets; who is accessing what condom, when and how?
- Social and commercial sector; more information needed from the supply side – we are not sure where some of the condoms are coming from
- SMOs need to provide more support to commercial brands and the pharmaceutical industry. Plus private sector engagement in social marketing efforts is also vital!
- Social marketing approach and behaviour change – what is the real effect of social marketing on people’s behaviour?
- Market shaping – what is the relationship between the public and commercial market. There is currently no strategy that responds to shaping and structuring
- Is there a risk of losing subsidies on products
- Does price setting need to take place between the retailer and the distributor? Is it even possible?
- Is there lack of clarity of what social marketing represents, from the consumer’s perspective? Do they even need to know the difference?
- There is a lack of information from the demand side when it comes to HIV prevention
- Quality assurance of condoms and other contraceptive products sold; there is no data on this - but who should be accountable for this, the government?
- Lack of data from the public and private sectors
- Sustainability of public sector and socially marketed condoms is a big issue
- Distribution issues related to leakage from the public sector free condoms into the private sector
- Including condoms and lubes into list of essential medicines is important

Closing Remarks:

Mr. Brady closed the meeting by thanking all participants who had attended and emphasised that all the research should positively support all sectors going forward post the end of the CARISMA programme. There are funds earmarked for further TCM research as part of follow-on CARISMA project. Nonetheless the budget will be much less than what has been invested during CARISMA II, so the agency executing the CARISMA follow-on will have to prioritise countries and find a lower cost methodology.