

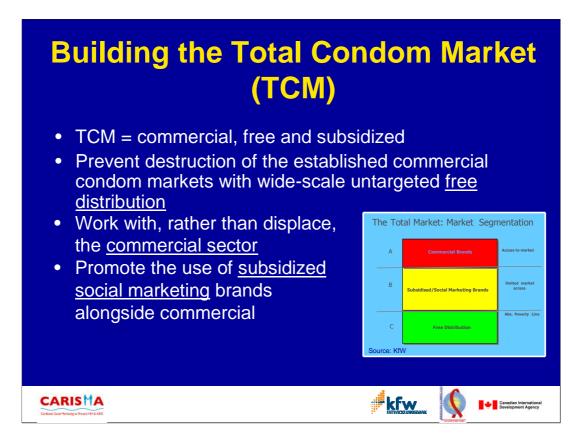
I'm Elizabeth Gardiner and I'd like to talk about a social marketing program that we have in the Caribbean that focuses on building the total condom market.

| Caribbean  | Region                            |
|--|-----------------------------------|
| <ul> <li>Second highest HIV prevaler<br/>Africa         <ul> <li>Prevalence ranges from a</li> <li>Over 5% among at-risk pc</li> </ul> </li> <li>Still an opportunity to prevention</li> </ul> | bout 5% to below 1%<br>opulations |
| <ul> <li>epidemic</li> <li>Diverse countries: includes of poorest (Haiti) and also midd (such as Antigua and St. Mail</li> <li>Few donor resources</li> </ul>                                  | lle income countries              |
|  |                                   |

The project is based in the Caribbean where the epidemic is mostly generalised though there are some countries where at risk populations have a prevalence rate above 5%. The income levels in the Caribbean vary considerably, and because of the higher income countries, few donor resources are available.



In response, KfW, CIDA and PANCAP initiated support for a regional prevention program in 2005. Two areas: 1) condom access and use and 2) BCC. This presentation focuses on the condom distribution aspects of the programme.



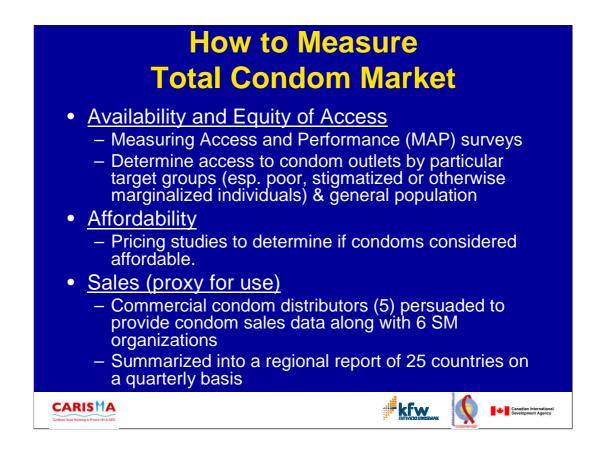
Growing the total condom market is a key focus of this project. The total condom market includes commercial brands such as Durex and Lifestyle, free condoms which are often given away by the Government and subsidized social marketing brands.

The program was designed to look at all three segments. The commercial condom market is quite well established in the Caribbean, and we did not want to upset the relatively sustainable commercial market with wide-scale untargeted distribution of free or socially marketed subsidised condoms. The way to grow the whole market was to consider all three segments which are simply defined in the graphic here.



The program funds several social marketing activities: some programs market commercial brands, others market subsidised social marketing brands and others support both. (The Pante brand pictured here is the subsidised social marketing brand in Dominican Republic and Haiti which is an example of a program that has its own subsidised social marketing brand).

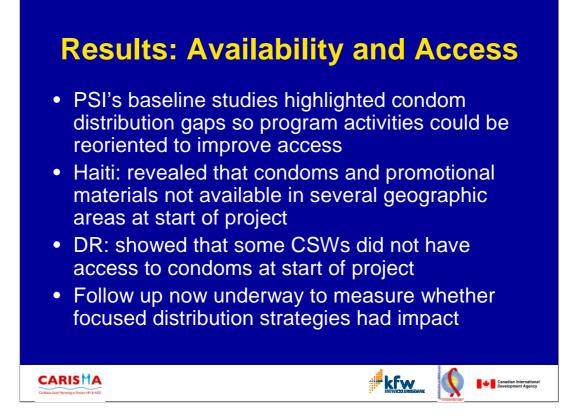
Perhaps most importantly for the total condom market model, we have a very strong partnership with five commercial condom manufacturers/distributors: Durex, Trojan, Ansell, Slam and the Female Health Company.



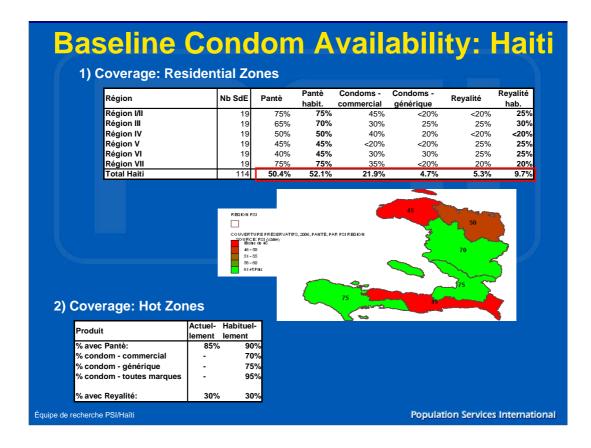
An important issue when we started the program was how we were going to measure the results of the program. Traditionally, social marketing programs measure their success by counting up the number of condoms sold. But, for the total condom market, we have focused measurement on three primary areas: The first is *access* which includes condom availability and also the equity of access, meaning which populations have access to find and purchase condoms.

The second area we chose to look at is affordability. For this, studies were conducted to measure whether condoms were considered affordable by the populations that we are trying to reach.

The third area is using condom sales as a proxy for condom use. We are doing this through an interesting arrangement with the commercial condom distributors mentioned previously. We persuaded them to provide us with their sales figures on a confidential basis, which we then combine into a regional sales report together with the social marketing sales data. We now have that data on a quarterly basis from 25 countries over the life of the project.



Using innovative research tools, the social marketing organisations and Options have already had several important findings. First, the distribution studies conducted as baseline research at the start of the project (not the end result of the program) looked at the geographic availability of condoms and the access to condoms by certain population groups. PSI was able to develop new distribution strategies using this baseline data. Follow up studies are now underway to measure whether the focused distribution strategies had an impact.

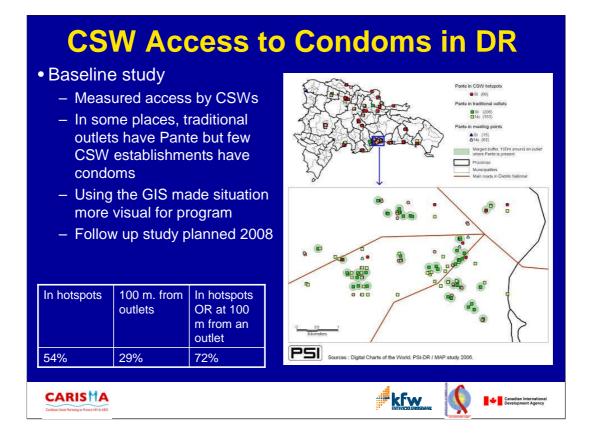


Here we have the overview of the results of the Haiti baseline studies. Apologies if this slide is confusing! First we can look at the map of Haiti which reflects the degree of condom availability in the various regions of the country. What they found at the beginning of the project was that condoms were not consistently available across the country. This study proved to be a useful tool, and it was the first time PSI/Haiti had access to this quick and easy data to help determine the sales and distribution studies.

Findings: Coverage (i.e. availability) of all social marketing products is low in most regions. Products are more commonly found in urban areas than in rural parts of the country.

Some expired products are on the market. Commercial products had relatively high availability and free condoms were not distributed as much as expected. Point of sale promotional items are not consistently available. In hot zones there is more availability but it is still not at 100%.

Implications: 1) Distribute products more systematically through distributors 2) Provide more resources to field coordinators in order to improve follow-up and supervision activities, particularly to identify products and areas with regular stock-outs and to locate and replace expired stocks. 3) Find strategies to be more efficient in distributing promotional items to outlets. The quality of promotional items (e.g. posters) may need to be improved in order to increase their life span.



Likewise, in the Dominican Republic PSI conducted a baseline study to measure availability of condoms to particular populations. This slide looks at one region where the information about condom availability was combined with information about where sex workers were active and presented in a very graphic manner using GIS data. In this way the study at the start of the project highlighted that condoms were not consistently available to sex workers, and the follow up study later this year will show us whether the distribution strategy changed the picture for sex workers.

| <ul> <li>Survey questionna<br/>that price is not a b</li> <li>PSI's innovative st<br/>Trinidad &amp; Tobago<br/>to measure afforda</li> </ul>  | barrier<br>udy (funded by G<br>and St. Vincent             | and Jamaica reveal                                       |  |  |
|--|--|--|--|--|
| <ul> <li>A reduced price could lead to a 7% increase in condom purchases to 91% purchasing annually, but</li> <li>No change in consistency of use</li> <li>Introducing a subsidized condom would take market share from commercial brands. Therefore, no subsidized condom introduced.</li> <li>Brand switching by commercial condom users:</li> </ul> |  |  |  |  |
| Proportion who<br>bought new brand at<br>price of US\$0.15   | Proportion who<br>bought new brand at<br>price of US\$0.20 | Proportion who<br>bought new brand at<br>price of \$0.25 |  |  |
| 64.3%  | 49.4%  | 37.6%  |  |  |
|  |  | Environment Agency                                       |  |  |

Affordability of condoms was the second question. In some countries survey questionnaires revealed that price was not what was keeping people from using condoms. So they decided did not focus on price as an issue in those countries.

In the Eastern Caribbean, particularly in Trinidad and Tobago, where the social marketing program is focusing on working with *commercial* condoms and there is no subsidised condom brand, there was a real concern that perhaps the condoms were too expensive. PSI did a very innovative study there to look at whether people would be *more* likely to use a condom if it was less expensive.

What PSI found was that 7% of people who were not using condoms would actually start to use condoms and as a result 91% of the population would have purchased a condom during the year. *But* what they also found was that those condom purchases would not increase the consistency of use, so people might buy one more condom or two, but it wouldn't be that every time they would use a condom. And those that were using condoms inconsistently were not more likely to buy condoms.

It is a confusing and complex study, but it revealed very important data for looking at the total condom market because if you actually find out that a highly subsidised condom would increase the likelihood that people would stop buying the full priced commercial condoms, then you have a real threat to the commercial condom market. And that was in fact exactly what they found in the study, as you see in the table across the bottom of the slide. That those who had the lowest price condom available to them, 64% of them were likely to switch to the lower price and therefore not buy the commercial condom brand. Thus, a lower price would in fact jeopardize the sustainable commercial condom market.



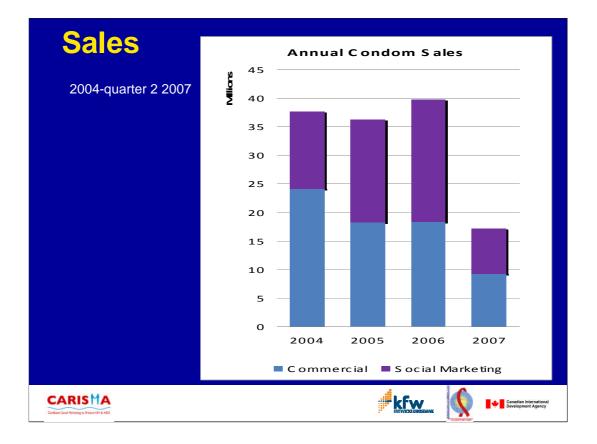
We looked at sales as a proxy for use as many social marketing programs do, but with a slightly broader view of sales. We don't just look at the subsidised social marketing sales but we look at the commercial condom sales and the social marketing sales. What we found: condom sales increased significantly - 10% - from 2005 to 2006.

More importantly, the relationship between commercial condom distributors and social marketers has traditionally been perceived to be purely one of competition. What we found was that commercial condom distributors were actually encouraged to enter and build the markets. For example, we encouraged Trojan to enter the market in Haiti and they in fact started selling their products there over the life of this project. People think, "Commercial condoms are too expensive for poor countries," but in fact there is a market segment that can afford to purchase commercial condoms.

We found that commercial condom companies were perfectly happy to work in markets that also had subsidised brands. In the Dominican Republic for instance, Pante (the social marketing brand) is subsidised and has a large market share, but the commercial condom distributors were content to work alongside them and recognised that there was a niche for commercial brands as well.



Here are a few pictures of the collaboration we are talking about to build the total condom market: social marketers talking with commercial condom distributors, a mix of commercial and social marketing brands in the market, the purely commercial brands being promoted by the social marketing programs as well as the social marketing brands themselves.



Here we have a slide that demonstrates which portion of the market is commercial and which portion are social marketing sales. As you can see, over the course of this project sales appear to be growing at least from 2005 to 2006. We have not yet finalised the 2007 sales, so the figures here are only through the second quarter. The overall message is that you have to measure both types of sales together; it doesn't tell you as much to look only at commercial sales or only at social marketing sales. Together it tells you what's happening in the market; one of them alone just tells you there's a change in the market.

| Per Capita Sales  |      |      |      |                 |  |  |
|---|------|------|------|-----------------|--|--|
| Countries with SM programs sold more than those without                 |      |      |      |                 |  |  |
| Per capita condom sales   | 2004 | 2005 | 2006 | 2007 (at<br>Q2) |  |  |
| Countries with SM<br>programs (own brands and<br>support to commercial) | 2.1  | 1.9  | 2.3  | 1               |  |  |
| Countries without SM programs   | 1.3  | 1.2  | 1.5  | 0.8             |  |  |
| CARISMA<br>Create lead Power VY & 4.00                                  |      |      |      |                 |  |  |

Another way to measure the impact of funding to support the social marketing programs was to try to look at whether countries that had social marketing programs actually sold more condoms than countries that did not have social marketing programs. What we see so far is that countries that have social marketing programs sell more condoms than countries that don't. That tells us that the social marketing programs may well be having some impact on increasing condom usage and condom sales.



In sum: The first observation is that social marketing organisations can indeed work with the private sector. It's not that subsidised brands displace commercial brands but rather that together they can work to grow the condom market and increase condom access.

Secondly, monitoring of commercial and social marketing sales and access to condoms is very important. With the innovative tools used in the CARISMA program, you can measure whether condoms are available to particular populations, and guide program innovation using pricing and distribution.

Partnering with the commercial sector was very beneficial because we were able to get access to the commercial condom data which is normally proprietary and would not be distributed. But because we partnered with them, we have a very rich data set so we can see the total condom market.

Lastly, we are confident that combination of social marketing and commercial data tells us about true market growth, and we would encourage other programs to gather this data to measure the impact of social marketing activities.



Thanks and I hope you all will be in touch if you have any questions about our program in the Caribbean and/or the presentation.