

## BOTSWANA CASE STUDY



## ACRONYMS

<b>ACHAP</b>	Africa Comprehensive HIV/AIDS Partnerships
<b>AGYW</b>	Adolescent Girls and Young Women
<b>BAIS</b>	Botswana AIDS Impact Survey
<b>BBSS</b>	Behavior and Biological Surveillance Survey
<b>BCC</b>	Behavior Change Communications
<b>BOFWA</b>	Botswana Family Welfare Planning Association
<b>BMGF</b>	Bill & Melinda Gates Foundation
<b>CBO</b>	Community Based Organizations
<b>CCP</b>	Comprehensive Condom Programming
<b>CMS</b>	Central Medical Stores
<b>CWG</b>	Condom Working Group
<b>DHMT</b>	District Health Management Teams
<b>HIV</b>	Human Immunodeficiency Virus
<b>FSW</b>	Female Sex Workers
<b>GARPR</b>	Global AIDS Response Progress Report
<b>GoB</b>	Government of Botswana
<b>LMIS</b>	Logistics Management and Information Systems
<b>MAP</b>	Mapping Access and Performance studies
<b>MCP</b>	Multiple Concurrent Partnerships
<b>MGH</b>	Mann Global Health
<b>MOH</b>	Ministry of Health
<b>MSM</b>	Men having Sex with Men
<b>NACA</b>	National AIDS Coordinating Agency
<b>PSI</b>	Population Services International
<b>PWID</b>	People Who Inject Drugs
<b>TMA</b>	Total Market Approach
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government



## 1 | INTRODUCTION

The Bill and Melinda Gates Foundation hired Mann Global Health to conduct an analysis of the state of condom programming for HIV prevention in five countries in sub-Saharan Africa. Concerned that funding for condom has declined, the Foundation sought greater insight into condom total markets – meaning the larger context of all condoms distributed in each country, whether via public, private non-profit (including social marketing), or private commercial actors. The focus of this assessment is on sustainability and impact using the market development approach. The objective is to provide recommendations for building and sustaining equitable condom programs at scale, based on a clear understanding of how and why existing markets are failing, and how programs can be strengthened with future investments to ensure a healthy total market that aims for equity, sustainability and scale.

Botswana was one of the countries selected for analysis, as the government has adopted Total Market Approaches (TMA) to underpin its condom strategy. Botswana's condom program presents a unique archetype of a country that has experienced sustained economic growth, combined with the relatively recent transition of social marketing brands to a regionally managed, self-sustaining social enterprise. This transition occurred just as the government increased allocation of domestic resources to ensure a consistent supply of free condoms in support of universal health coverage objectives.

The study aimed to understand the impact of this transition on *condom use* by priority and key populations such as sex workers and youth, as well as by the general population. Findings demonstrate that the departure of social marketing programs, paired with favorable government policy toward importing and marketing condoms, created the conditions under which the commercial sector grew to play a significant role in the sustainable provision of quality, affordable and widely available condoms. However, the departure of social marketing programs also left a significant gap within the overall leadership and coordination of condom programming in the country, effectively leaving the country without a supportive 'condom champion' to support the government in designing and implementing holistic condom interventions.



The study aimed to understand the impact of the transition from social marketing brands to a regionally managed, self-sustaining social enterprise, on *condom use* by priority and key populations such as sex workers and youth, as well as by the general population.

## 2 | APPROACH

To allow for a single overarching approach that addresses all stages in a condom program from country stewardship to market development and sustaining markets, the Condom Program Pathway was proposed. The three components of the pathway are Condom Program Stewardship, Condom Market Development, and Condom Market Management.

**Figure 1: The Condom Program Pathway**



Based on an extensive literature review, challenges were identified along the Condom Program Pathway proposed for any condom programming to achieve equitable and sustained use of condoms to meet total need. There was further prioritization of the challenges within the 3 pillars of the Condom Program Pathway. These would be verified based on five country assessments and further refined.

Mann Global Health did an extensive literature review of issues and concerns around condom programming and also interviewed many stakeholders prior to conducting the assessment in Botswana. The table below compares the prioritized market failures in Botswana, organized by Condom Pathway pillar and function.

**Figure 2: Condom Pathway Summary Findings from Botswana Deep Dive**

Condom Pathway Pillar	Market function failures in Condom Pathway	Findings from Botswana Deep-Dive
Condom Program Stewardship	Financing is inadequate.	While GoB allocates domestic resources for commodity, funding for holistic condom support is lacking.
	Need to invest in TMA leadership, coordination, and planning capacity.	National strategy and planning documents are not operationalized, and there is a lack of the vision supporting a sustainable condom market addressing the total condom needs in Botswana.
Condom Market Development	A lack of market analytics leading to poor understanding of condom markets.	A dearth of data inhibits evidence-based programming
	Poor planning, quantification, and funding leading to supply problems	Lack of sustained access to condoms when and where populations need them, particularly populations such as youth, sex workers, and men who have sex with men, who prefer to access condoms discreetly outside of clinical facilities.
	Inadequate sustained demand creation targeting populations at risk	Current levels of sustained, social behavior change communications (SBCC) or condom category promotion are inadequate for the task of increasing demand with general, key, and priority populations.
Condom Market Sustainability	Inadequate use of metrics for management	A dearth of data inhibits evidence-based programming

## 3 | COUNTRY CONTEXT

Until recently, Botswana had one of the world's fastest economic growth rates, and is now an upper-middle income country with one of Africa's highest GDPs. The poverty rate remains at about 20% in a country of just 2.2 million people<sup>1</sup>. The government has invested heavily in its health system; Botswana is just one of three African countries to meet the objectives of health spending of the Abuja Declaration<sup>2</sup>. At 18.5%, the prevalence of HIV in Botswana remains among the highest in the world<sup>3</sup>. HIV prevalence peaks between ages 35-49 years at an estimated 43%<sup>4</sup>. HIV prevalence among sex workers in Gaborone, Francistown, and Kasane is estimated at 61.9%<sup>5</sup>. High coverage of treatment for populations that are HIV positive, complemented by relatively high rates of condom use, have contributed to a decline in incidence. Behaviors driving the epidemic include concurrent partnerships, multiple partnerships, intergenerational sex, and sex work. Other factors contributing to HIV in Botswana include low marriage rates, and late age at first marriage - just 50% of the sexually active population indicated that their most recent partner was either their spouse or live-in partner<sup>6</sup>. While the epidemic is generalized, populations at risk include youth, refugees, prisoners, and women. Key populations at particular risk include sex workers (SW) and men who have sex with men (MSM).

## 4 | STATE OF THE CONDOM MARKET

### 4.1 Current Use and Need

Condom distribution in Botswana meets a relatively high 70% of total condoms needed to achieve national use targets. An additional 12 million condoms are required annually to address the gap between current use and need. Condom use has remained consistently high for the last 10 years; SW report over 90% use at last sex with clients, but consistent use drops to 65% with non-cohabiting partners.<sup>7</sup> Only 65% of young couples (15-24) report consistent condom use with their non-regular partner.<sup>8</sup> As in most other markets, reported use by women trailed that of men by about 5%. Those data points are aging, and two important studies updating use with key populations (SW and MSM) and the general population will be available later in 2017.<sup>9</sup> Until the findings from these two studies are released, it is difficult to map out the current trend in use.

**“Condoms are orphaned”  
-Bi-lateral Donor**

While use by wealth quintiles is not available, condom use is significantly lower for individuals with non-regular partners that had no formal schooling, and for people from rural areas – an imperfect proxy measurement of equity. Condom use does not vary dramatically by age (with the notable exception of those aged 25-29, where use lagged approximately 5% below other groups) and with a few district exceptions.<sup>10</sup> At 68%, condom use in rural areas trailed use in urban areas by 8%, but 58% of the population is urban.

<sup>1</sup> <http://www.worldbank.org/en/country/botswana/publication/botswana-poverty-assessment-december-2015>

<sup>2</sup> The Abuja declaration states the average government expenditure on health, as a percentage of total government expenditure to more than the 15% target.

<sup>3</sup> Botswana AIDS Indicator Survey 2013.

<sup>4</sup> Ibid.

<sup>5</sup> Botswana Biological and Behavioral Survey 2012.

<sup>6</sup> Ibid. The Botswana Vital Stats report 2014 cites mean age at first marriage as 39 for men, 34 for women. <http://www.statsbots.org.bw/sites/default/files/publications/Vital%20%20Statistics%20Report%202014.pdf>

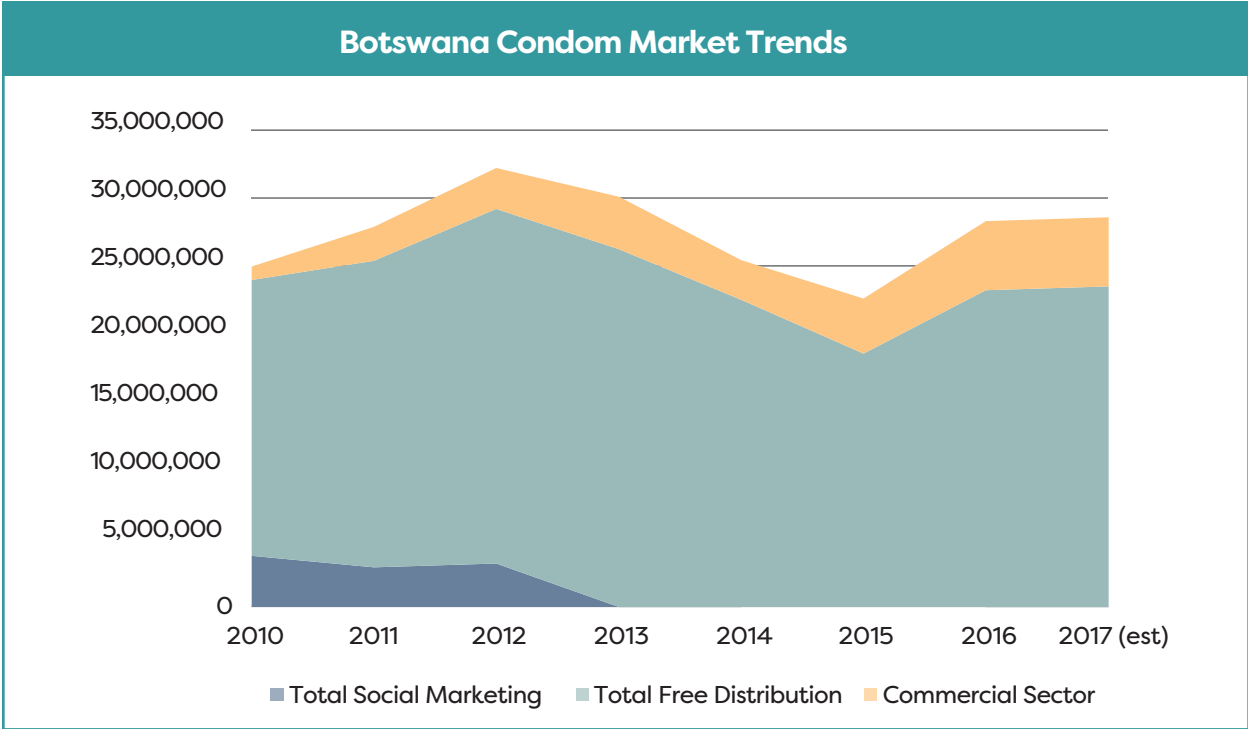
<sup>7</sup> 2012 Behavioral and Biological Surveillance Survey (BBSS)

<sup>8</sup> Botswana AIDS Impact Survey (BAIS) IV, 2013

<sup>9</sup> Field work supporting the 2017 Behavioral and Biological Surveillance Survey (BBSS) will commence in quarter 3 or 4 of this year, while the Botswana AIDS Impact Survey (BAIS) V will occur in a similar if not later period.

<sup>10</sup> At 52% Condom use with non-regular partner is significantly lower in Ngwaketse West, with the districts of Jwaneng, Kweneng West, Central-Tutume, Ngamiland South all reporting just below 67% condom use.

**Figure 3: Botswana Condom Market Trends (2010-2017)**



**4.2 Condom Programming**

An estimated 28.4 million condoms were distributed through the public and commercial sectors last year, rebounding after 3 years of steady decline with the departure of social marketing programs in 2013. Public sector contribution to use has remained consistent, delivering approximately 82% of condoms used in Botswana since 2010. Access to free condoms has increasingly relied on facility (clinic) based distribution, which has limited the absolute number of free condoms distributed given supply chain challenges, the limitation of reach of the public health system, and the preferences of specific populations such as SW and youth to access condoms at discreet locations. While the commercial actors have largely filled the gap in volumes lost when Population Services International’s (PSI) social marketing program ended in 2013, evidence indicates the departure of PSI contributed to a decline in the overall number of condoms distributed in Botswana, the impact of which is described in more detail below. It is important to note early in this study, **that plateaued distribution (and use) cannot simply be attributed to insufficient supply of condoms** – public sector condoms are now available in nearly unlimited quantities through Government of Botswana (GoB) domestic commitments to fund commodity procurement.

**4.3 Market Description Funding Environment”**

The government has leveraged its attainment of upper middle-income status to support one of the highest rates of investment in health care in Africa<sup>11</sup>. Coinciding with increased domestic investment is the decline in external funding supporting prevention efforts. Some of that gap has been covered by increased GoB budget support, although data were not sufficient to quantify funding for condom-related prevention activities. Botswana’s reliance on domestic funding, complemented by a robust commercial sector, has limited its exposure to the peaks and valleys of condom procurement driven by external funders that other countries experience. As such, it has one of the continent’s most stable condom markets, capable of addressing future needs.

<sup>11</sup> Source: WHO, 2015; Amico et al., 2010.

Donor funding is particularly important to extend the reach of prevention interventions to vulnerable populations such as SWs, MSM, and youth, whom the government struggles to support through its existing infrastructure. Such investment continues to be necessary even within the context of the GoB's existing investments in health systems, and can play a complementary and critical role in preventing new infections. The USG's PEPFAR program remains Botswana's largest external donor, currently supporting prevention efforts at approximately \$2.8 million/year. The program with a focus on supporting prevention elements of the cascade to treatment programs through support to FHI/360 and ACHAP. A new Global Fund award specifically targets prevention programming among youth, SW, and MSM. The final award of \$550,000, however, was reduced from a requested \$8 million for prevention programming - leaving a gap to support prioritized prevention programs. The GoB currently provides internal budget support to procure as many condoms as systems can absorb, but provides somewhat limited and ad hoc support for demand creation and distribution activities.

### **NGO Partnerships**

FHI/360 supports distribution of about 870k condoms/year to key populations (KP) such as SW and MSM through NGO partners Bonela and Men's Health as part of their cascade to treatment program. The Africa Comprehensive HIV/AIDS Partnerships (ACHAP) and Botswana Family Welfare Planning Association (BOFWA), which is affiliated with International Planned Parenthood, also support free distribution to key populations and the general population. Finally, the Botswana Defence Force distributed approximately 1.6 million condoms to members of the armed services.

Parastatals and commercial businesses are also encouraged to support prevention and condom distribution efforts as part of their workplace programs. One of the largest such programs is supported by Debswana, one of the country's biggest mining companies, which distributed approximately 700,000 condoms last year to its employees. Such programs are typically funded by the enterprise, although it is possible to access Government of Botswana (GoB) condoms.

### **Public Sector**

The GoB is the primary driver in the supply of condoms. In line with its push toward universal health coverage, the government views the supply of condoms as a right to all in the country - regardless of the fact that a significant proportion of the population is able to pay. This GoB approach is accompanied by virtually unlimited funding in support of commodity procurement. However, other systemic constraints limit the reach of those freely available condoms, as described later in this study. The National AIDS Coordinating Agency (NACA) coordinates the Government's response to AIDS. Plans with uncertain timelines are in place to integrate NACA into the Ministry of Health (MoH), which plays a leading role in managing and coordinating prevention and condom distribution efforts. The Central Medical Stores (CMS) leads procurement of government funded condoms, and also manages distribution to District Health Management Teams (DHMTs) and sometimes to medical facilities through contracted distributors. CMS coordinates with the MoH to plan, procure, and distribute to the nearly

### **Innovative Attempts to Increase Condom Access**

The Botswana Business Coalition for HIV/AIDS supported an innovative effort to improve access to condoms through a public - private partnership that leveraged participating partners' private sector supply chain systems to increase access to free condoms. The pilot partnered with 25 companies, many of them retailers, to distribute condoms by piggy-backing on partners' existing distribution systems. The pilot distributed nearly 8 million condoms from September 16 - June 17, accounting for nearly 15% of all condoms distributed in 2016. An estimated 1.5 million condoms targeted employees of partners, with an additional 6.4 million distributed to members of surrounding communities. Data on actual uptake were unavailable; given the lack of funding to support roll out and assess the program, the pilot is currently on hold after a brief start.

600 facilities in the health system.

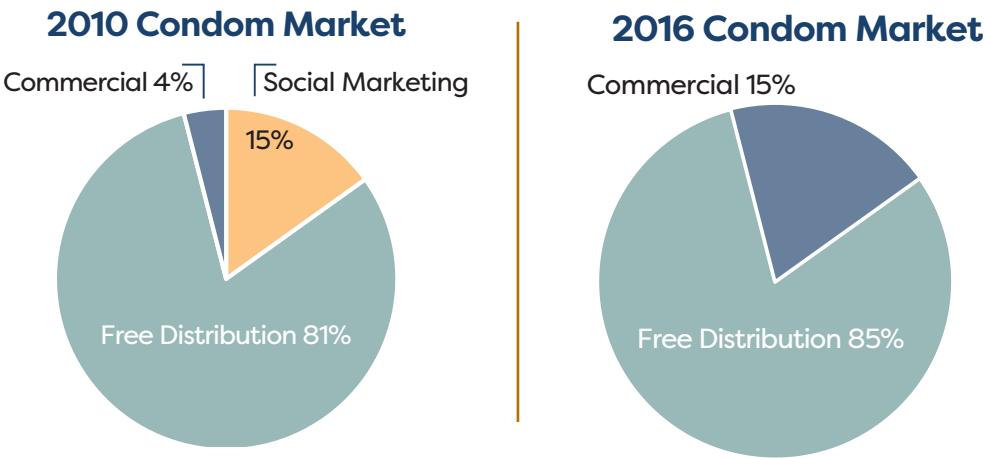
While condoms are integrated into the country’s Logistics Management and Information Systems (LMIS), distribution efforts rely on a “done by hand” element. Delivery from DHMTs to the health facility is not automatic, with clinics collecting from the DHMT at times, and at other times getting condoms delivered. NGOs and community based organizations (CBOs) can access condoms through the MoH (which often keep a supply of condoms at their central office), CMS central warehouses, or DHMTs. Most of the unbranded condoms are hand packaged by staff at the facility into newspaper-wrapped bundles of 12 condoms, and then made available to the community. Most facilities make condoms available after hours by leaving condoms with security guards for onward distribution on request. Condoms are also made available to parastatals and other organizations in the facility catchment area, supported by ad hoc community-based distribution led by condom focal points of the DHMTs. Interviews with the MoH noted that the departure of PSI, which also supported last-mile distribution through outreach and delivery to targeted outlets, has affected the annual volumes of free condoms distributed. In addition to supporting social marketing programs, PSI had also played a role in expanding the reach of free condoms outside of public facilities to hard-to-reach rural areas and non-traditional outlets such as bars, hotels, and *shebeens* (traditional drinking outlets).

The government is currently planning the launch of a re-branded, public sector condom with variants (e.g. colored, flavored) and branded packaging from 2018. That effort was informed by qualitative insight-gathering around target populations. To date, specific funding has not been identified to support that effort beyond commodity procurement.

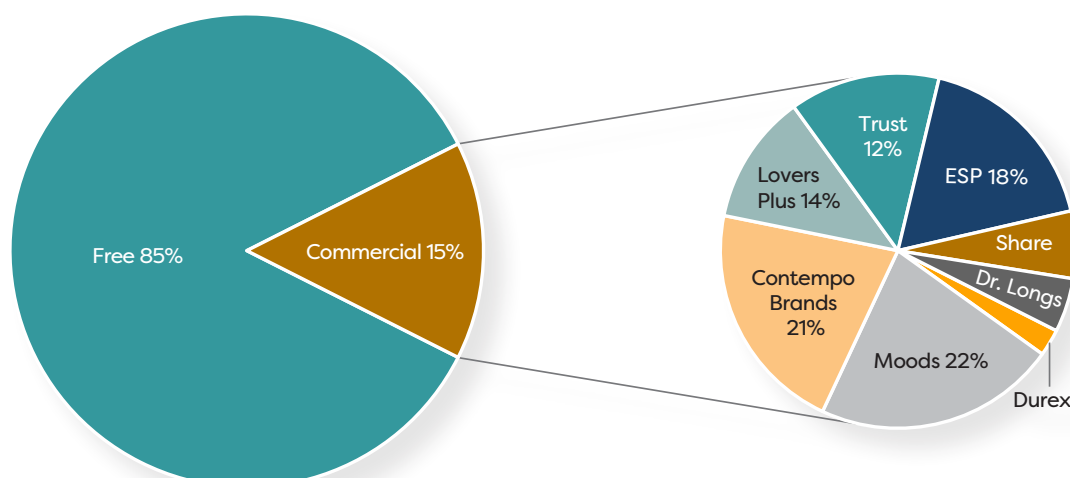
**Social Marketing and Commercial Actors**

While PSI’s social marketing program played a relatively modest role in condom supply - at one point the subsidized Lover’s Plus social marketing brand accounted for approximately 15% of the market – the organization played an outsized role in championing the need for comprehensive condom programming, and supporting that need with in-country technical support. That focus included: provision, analysis and application of key market information such as access and use data; contribution to national condom strategies; leadership in condom stewardship functions such as convening of partners, and support for demand creation campaigns; and expanding access. No other single organization has been able to step in to fill that role. In 2013, due to funding constraints and as part of a regional strategy, PSI transitioned management of its Lover’s Plus condom to a regional, self-sustaining social enterprise. Lover’s Plus was re-positioned through increases to pricing and adjustments to packaging and brand support, and effectively became another commercial brand in the market. Distribution was shifted to in-country commercial distributors, and all aspects of brand management were centralized to an office in South Africa. By 2013, PSI did not have a physical presence in Botswana.

**Figure 4: Botswana’s Condom Market by Type of Distribution (2010-16)**



**Figure 5: Botswana's Condom Market Composition – Commercial Sector Spotlight**



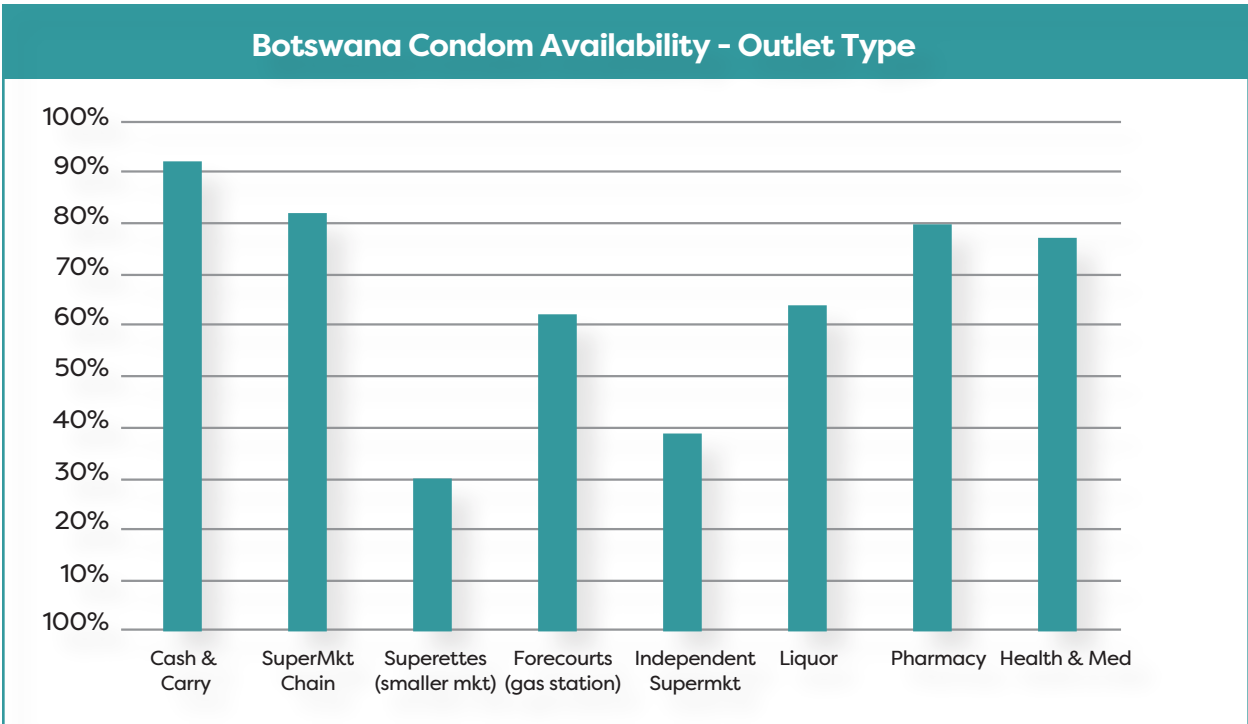
Commercial players capitalized on that transition in the market, leveraging Botswana's policy-friendly environment for condoms, such as ease of brand registration, and exemption on customs and VAT on condoms, all supported by a sophisticated and well-organized distribution and retail system. Commercial condoms (now including Lover's Plus and Trust, former social marketing brands) have grown in volume from 5% of the market in 2012 to approximately 18% in 2016. Some 15 brands exist on the market, but variants provide over 70 options across price points and condom attributes. Affordable, high quality condoms can be obtained from 4.88 Pula (~\$0.47/3pack) and up. Commercial brands have nearly filled the volume gap created by the social marketing departure.

The commercial market is increasingly competitive, with brands vying for shelf space, distribution coverage, and overall market share. Market leaders include Moods and ESP condoms, both of which are managed by importers that have licensed the brands. Lover's Plus and Trust, the former social marketing brands, now account for just over 20% of the commercial market, or 4% of the total market including free distribution – down from 18% of the total market in 2010. Moods, ESP, and Lover's Plus are positioned with attractive price points and are vying to increase market share through modest investments in consumer and business-to-business marketing and promotions, and expanding distribution channels such as bars and gas stations. ESP, in particular, has dedicated marketing and sales staff to promote the brand, and despite fierce competition in Botswana, is considering expansion into neighboring countries, leveraging Botswana's business-friendly climate as a base. Afro Specialties, the importer and manager of the Moods and Share brands, has expressed an interest in increasing distribution through high risk outlets – effectively adopting social marketing distribution techniques to expand access to their brands. A number of brand managers expressed genuine interest to enhance win-win partnerships with the government in order to grow the entire market. Such efforts in the past included ESP's branded presence at NACA-supported condom promotion events. Lover's Plus and Trust have struggled to compete in the commercial market space, with volume and value share lost to up-and-coming brands with in-country presence – cited as a critical advantage by one market player. The retail trade has supported broad availability of condoms to retail outlets, as indicated by PSI's regional 2014 Measuring Access and Performance (MAP) study. It is important to note that commercial retail is urban biased – according to PSI's 2014 MAP study, 77% of retail outlets are in urban settings.

#### **4.4 Stage of the Total Market**

Botswana's national commitment to condom procurement coupled with low barriers to entry for commercial players means that Botswana enjoys a relatively developed condom market. Though social marketing is no longer present, robust commercial growth has mostly filled the market void. There are still many challenges, however, to creating a healthy, equitable, sustainable condom market, the specifics of which are discussed in Key Findings.

**Figure 6:** Condom Availability by Outlet Type (2014)



Source: PSI 2014 MAP

## 5 | KEY FINDINGS

The need for a total market approach is recognized by the GoB, and the general concept is understood. A TMA featured prominently in the 2012-16 Condom Strategic Plan and Condom Marketing Strategy, which identified priorities to support market segmentation. **However, there is a general lack of vision as to what a healthy, sustainable market would look like in Botswana, and how to achieve such a vision.** The relative contribution of commercial players has not been factored into strategies or activities – a missed opportunity given recent growth in commercial brands. Also missing is a thoughtful analysis of how subsidies might best be leveraged to address persistent barriers to use, beyond the funding of commodities. Given the relatively high purchasing power of this relatively small population,

### Condom Manufacturing in Botswana – The Alpha Access Story

The Botswana Medical Aid Society, a holding company that primarily focuses on the provision of medical insurance, established Africa’s first condom manufacturer in 2013 – Alpha Access. The company’s aim was to serve the region’s needs as a convenient source of condoms, leveraging its proximity to markets in Sub-Saharan Africa. Ironically, the very enabling policy environment for condoms in Botswana has created challenges for Alpha Access. While condoms are not subject to import duties or VAT, the raw material Alpha Access relies on – rubber latex – is subject to 12% customs duty, putting it at a distinct cost disadvantage. The company has served as a supplier for the GoB, but the plant still operates with significant excess capacity. Alpha Access struggles to compete for procurement contracts with neighboring countries, which receive favorable terms from large manufacturers leveraging economies of scale and cheaper raw materials from suppliers based in Asia. The company is currently mapping out a path forward with the intent to continue business.



there is ample opportunity to improve targeting of free, public sector condoms to poorer populations and those that are most at risk – such as SW and MSM – while encouraging commercial players to grow their contribution to meet the overall needs of the country. A net result of such efforts would translate to an equitable and sustainable condom market supporting growing use over time.

Currently, the Condom Technical Working Group (TWG) and GoB focus is primarily on addressing public sector constraints in condom access at the public facility (clinical) level. With GoB commitment to fund as many free condoms as needed, there is little engagement of the commercial sector (brands). That GoB funding commitment does not carry through to programmatic support, so there is little effort to improve effectiveness of outreach-based distribution, demand creation, and holistic programming. Little emphasis is placed on ensuring free condoms target the most vulnerable populations, or those in the lower wealth quintiles that are likely to be younger, and predominantly rural populations.

A second overarching theme is that Botswana is missing the clear role of a *market facilitator* championing support and coordinating the areas outlined in the key findings below. While the MoH has the clear mandate to steward condom markets, it is not currently positioned to create a vision and strategy of a sustainable, healthy condom market; improve coordination among market actors; engage commercial players; collect, analyze, disseminate, and leverage market and user data for decision making; and continuously assess market constraints inhibiting sustained use. This facilitation role is particularly needed given the departure of PSI and its focus on social marketing programs.

### **1. Condom Program Stewardship – National strategy and planning documents are not operationalized.**

The National Condom Strategy and Implementation Plan (2012-16) includes exceptional analysis of Comprehensive Condom Programing (CCP) principles, supported by 77 practical recommendations addressing 4 thematic areas. The strategy was supported by a 3-phase, detailed implementation plan addressing practical, prioritized challenges. The Condom Strategy incorporated a comprehensive Condom National Marketing Strategy (2011) addressing the major marketing challenges confronting sustainable use identified in the National Strategy. The National Marketing Strategy and Implementation Plan outlined nearly 30 key recommendations.

Neither strategy – the National Strategy nor the National Marketing Strategy-- was fully operationalized and funded. Although some recommendations were implemented and priorities established, including the formation of a dedicated condom technical working group (TWG), the strategy did not fulfill its potential as a ‘road map’ or operational guide to support agreed priorities and objectives. The strategy is not actively referred to or used to drive TWG activities. The government is seeking funds to update the strategy in 2017.

**“Social Marketing raised all boats – it brought a singular focus on condoms vs. integrated programming, and ensured enhanced visibility of condom programming and evidence-driven demand creation.” – Ministry Official**

Stakeholders ranging from the MoH to NGO partners and donors cited the void in comprehensive condom programming when PSI’s social marketing program closed. But rather than focus on the loss of a subsidized brand in the market that had created affordable access, respondents were most concerned about the absence of PSI’s leadership in championing the importance of condoms, and bringing technical expertise and assistance in the development and execution of strategy, demand creation campaigns, and mobilization of collective

resources to tackle persistent barriers to use. The data back that up: while the commercial sector filled the gap left by a subsidized condom brand, public sector distribution declined by about 25% between 2012 and 2015.

A *root cause analysis* identified a number of factors contributing to **leadership and coordination gaps** in comprehensive condom programming:

- » While condom focal points exist at both the national and district levels, no single leader in the MoH has the time or bandwidth to provide leadership of condom programming.
- » A Condom TWG established with representative membership including the private sector, Key Population Representatives, NGOs, etc., reportedly meets regularly. However, several participants noted the scope more narrowly focuses on programmatic and pipeline monitoring, rather than managing to the priorities laid out in National Condom Strategy.
- » While TMA concepts are generally understood, in the absence of leadership from social marketing or other condom champions, there is no national consensus on how to create a sustainable market, with appropriate and balanced contributions from commercial branded condoms and public (free) distribution.
- » There is a lack of engagement with a vibrant commercial sector; aside from workplace interventions, commercial players are not at the table.
- » The country lacks clear TMA metrics to inform analysis or ensure evidence-based decision-making. Basic segmentation strategies to identify the need for free condoms among specific populations, while nudging those that can and should be paying for condoms, is an opportunity to direct investments away from a singular focus on commodities, to high-value, needed interventions such as market stewardship that benefit all actors in the market.

## **2. Condom Market Development** – *Significant gaps in demand: Current levels of sustained, social behavior change communications (SBCC) or condom category promotion are inadequate for the task of increasing demand with general, key, and priority populations.*

Stakeholder interviews noted a lack of sustained, coordinated interventions supporting increased demand for condoms. Efforts to increase awareness are occurring, with a focus on government sponsored, one-off events. The MoH also noted rotational emphasis of four to five districts per year (out of 27 in Botswana) which receive prioritized funding for youth-focused interventions to occur, complemented by community distribution led by Health Education Assistants (lower level cadre of workers in the health system). Additionally, USG-supported interventions reach KP in five high-prevalence, priority districts, supporting cascade to treatment interventions. **However, sustained behavior change requires more than awareness building, and no**

**overarching strategy is driving a national SBCC / condom category campaign addressing persistent barriers to consistent condom use amongst priority populations.** Youth in particular are at risk, as a generation comes of age without intensive exposure to prevention messaging that occurred in the past.

As with condom distribution, stakeholders recognized a need to take demand-focused SBCC and demand creation activities outside of facilities, to the communities they target – particularly for youth, SW, and MSM. One respondent noted the lost opportunity of leveraging youth centers supported by the Ministry of Youth as hubs for demand creation efforts among young people. Finally, a number of respondents noted the need for civil society to take a more prominent role in demand creation, recognizing the limitations of government systems and reach.

**“When donor funding dried up, so did capacity to implement comprehensive condom programs; attention went elsewhere” – multi-lateral partner**

Specific **barriers to sustained demand** include:

- » While the GoB budget is reliable for commodities, insufficient funding is available for prevention campaigns or interventions, which, at best, are ad hoc. NGOs and CBOs (community-based organization), which often have the best access to vulnerable populations, are not systematically funded by the GoB, lack capacity, and are not well coordinated. Large one-off events are favored over the deeper, sustained SBCC interventions that are needed to tackle complex factors around barriers to use.
- » Donor funding is on the decline, with existing resources emphasizing 90-90-90 “test-and-treat” objectives<sup>13</sup>. There is insufficient advocacy to ensure appropriate funding is available for holistic condom prevention interventions.
- » With PSI’s departure, there is no longer a national champion for harmonized SBCC/demand creation efforts. In the absence of this leadership, there is little capacity to design, implement and monitor condom prevention efforts at the national level, or to roll out and coordinate programs at the district and community level.
- » While DHMTs are empowered to design and support demand creation efforts, they lack the capacity and resources to support systematic, district-level demand creation efforts.
- » There is insufficient user evidence (qualitative and quantitative) to inform SBCC/demand creation activities, and insufficient investment in monitoring and evaluation of existing demand interventions to course-correct.

### **3. Condom Market Development** – *Gaps in condom coverage and availability persist: There is a lack of sustained access to condoms when and where populations need them, particularly populations such as youth, SW, and MSM, who prefer to access condoms discreetly.*

While the public sector plays a critical role in creating condom access, its strategies fail to meet the needs of certain populations of users. A reliance on facility-based distribution was repeatedly raised as a significant barrier to use for populations that are not sick, or who desire a discreet method to access condoms. It is telling that respondents referred to successful strategies of the past when referencing successful interventions. As an example, condom dispensers once supported by ACHAP, while problematic to keep supplied and prone to vandalism, did make condoms available outside of facilities. Similarly, PSI had supported free distribution through bars and shebeens (traditional drinking spots) frequented by priority populations. Any current initiatives to shift access outside of facilities are not sustained, small in scale, and reliant on the initiative of individuals rather than coordinated, scalable programs.

<sup>13</sup> UNAIDS laid out ambitious targets that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. <http://www.unaids.org/en/resources/documents/2017/90-90-90>



Specific **barriers to access** include:

- » Free public-sector condom distribution is largely limited to health facilities, with some exceptions. This is a barrier particularly to youth, MSM and SW, who prefer to access condoms at discreet locations.
- » Periodic stock outs / overstock of condoms at the facility level are driven by insufficient understanding of demand and uptake of condoms distributed at each facility. Condoms are not routinely included in the LMIS, and when they are, all stock data are based on broad estimates. The result of this lack of data is poor planning, quantification, hoarding behavior at facilities, and supply chain hiccups<sup>14</sup>.
- » The commercial sector, while supporting efficient reach, overwhelmingly targets urban establishments to drive volumes and profit. While there are some commercial sector condoms in non-traditional outlets such as bars, the presence of these condoms is not sustained or reliable.
- » Public sector condoms are perceived as being of good quality, but they are not attractively branded (though rebranding work is currently in process).

#### ***District Level Constraints:***

- » There are few if any district-level strategies or plans guiding distribution efforts, or funds supporting innovative, sustained outreach-based distribution. With too little time or resources to take a leadership role in condom programming, districts are unable to coordinate the activities of partners.
- » Districts lack skills and resources to implement distribution efforts. Similarly, they lack operational support such as standard operating procedures, which would include guidance on how to reach key populations and priority populations outside of facilities.
- » There is very little civil society presence and capacity in districts, with broad connections to key and vulnerable populations. The dearth of civil society condom program implementation leads to insufficient outreach or community-based distribution.
- » Innovative condom distribution programs to extend coverage have declined or disappeared (e.g., social marketing, or dispenser strategies), and the MoH has not yet covered those gaps.

<sup>14</sup> Akhlaghi, Laila, Brian Serumaga, and Ashley Smith. 2013. Botswana: Condom Programming; National Quantification and Supply Chain Strengthening. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 4.

**4. A dearth of data inhibits evidence based programming:** *Without data, it is nearly impossible to understand market dynamics, to develop market segmentation strategies, or drive programmatic decisions.*

Data supporting an overall understanding of the condom market and user behaviors are not routinely collected outside the Behavior and Biological Surveillance Survey (BBSS) and Botswana Aids Impact Survey (BAIS) surveys. Information gaps include consumer preferences and perceptions of condoms, factors of condom use, a lack of market intelligence such as volume and value share, and an understanding of each sector's contribution to addressing specific user needs – all of which are critical elements of informed total market programming. Crucially, there are no data to support evidence-based strategies for KP, including data on factors of use, reliable population size estimates, product and purchase preferences and behaviors. Data are particularly scarce in terms of dual protection use (i.e., the use of a condom plus another modern contraceptive method). The lack of data availability has hindered the ability of this assessment to drill down into certain areas of implementation, and has resulted in reliance on information from key informants to fill data gaps.

**Data constraints that affect programming:**

- » There are few, if any, resources or capacity to support market intelligence gathering; market-shaping approaches to support a TMA would therefore have to be designed with little evidence.
- » There are surprisingly little data outlining: market intelligence to monitor key market trends including volume, market entrants, pricing, use, and market reliance on subsidy. Critical studies required to understand market dynamics include willingness to pay studies, retail / panel audits assessing access in public and private sector, segmentation analysis, and user behaviors tracking use, factors of use, purchase behaviors and decisions, and perception of brands including free.
- » A viable forum to disseminate and analyze what data do exist is not regularly meeting. This would support the conversion of data to meaningful information driving decisions.

## A 'System Blind to the User': Supply Chain Challenges in the Public Sector

Despite GoB funding for condoms' for free distribution, major weaknesses identified by the CMS, MoH and others contribute to supply chain challenges and chronic over/undersupply at facilities supporting free distribution. Quantification and planning processes exist, are understood, and include programmatic input from stakeholders. However, insufficient warehousing space results in condoms' being stored at the MoH offices and other available spaces. The supply chain is also affected by a number of other factors, including:

1. Understanding of demand, or uptake, at the facility level is weak. Only 69% of facilities regularly report on condom uptake through the LMIS. Of those facilities that do report, they often work under broad assumptions of uptake, with 'estimates' of condom use reported.
2. Fearing stock outs or delayed deliveries, facilities have been known to ration condoms distributed to end users – which under-reports actual demand on the LMIS, lowers Average Monthly Consumption, and contributes to a cycle of under supply.
3. Conversely, facilities have been known to request more condoms than needed, to stock pile while they can get them, raising their Average Monthly Consumption.
4. Finally, some facilities simply don't prioritize reporting condoms through the LMIS, and will have stock outs, or over stocks, because they simply order the same amount every month.

The collective impact of the above practices results in distorted Average Monthly Consumption (AMC) levels at the facility level and in the aggregate, which affects condom supply at the facility level, as AMC is used to determine orders for the next quarter. This breakdown at the facility level then creates significant challenges in quantification efforts supporting national procurement.



### ***Summarized Market Constraints***

The following table outlines prioritized market constraints or weaknesses, and underlying root causes. Each root cause links back to the Condom Program Pathway.

In summary, the graduation of subsidized social marketing programming to fully commercial brands has had little visible impact on overall use, and evidence indicates it was in fact a contributing factor in supporting a robust market playing a greater role in sustainable condom use. Critical to the success of this transition is the underlying context of Botswana's high middle-income status; purchasing power means that many in Botswana have the ability to pay for affordable, widely available commercial brands. Economic growth has also been accompanied with strong government commitment to procurement supporting extensive free distribution for the poor. Enabling factors also include supportive government regulations and policies such as exemptions from import duties, VAT exempt status of condoms, and ease of registration. Together, the commercial sector has grown in diversity, size, and value in the brief period following the transition of Lover's Plus condoms.

This case study also shows that governments cannot simply procure a path to sustained condom use. Market weaknesses highlighted in this study and summarized in the table below outline a number of challenges facing the condom market in Botswana. A reliance on facility-based distribution restricts access, particularly with populations that value discreet sources of supply. A lack of coordinated, harmonized, and well-resourced evidence-based SBCC and condom demand creation interventions is putting at risk the gains in condom use Botswana has achieved over the last decade. And without timely and reliable consumer and market data, in many respects the country is programming blind. Finally, evidence suggests that subsidy currently supporting the procurement of free condoms is not resulting in increased use. The GoB could get bigger bang for its current investment through further support for interventions extending the targeted reach of free condoms outside of clinical facilities and support for demand creation and market intelligence gathering efforts – which the entire market, including the commercial sector, would benefit from.

## Summarized Market Failures and Underlying Causes

### Market Constraints

1. National strategy and planning documents are not operationalized  
*Translating into resource allocation, interventions, and commitments for TMA*

### Causes

- a. Leadership and coordination gaps supporting comprehensive condom programming. (**Condom program Stewardship - Leadership & Coordination**)
  - » While condom focal points exist at national level, no single manager has 100% LoE dedicated to condom programming - condom priorities are shared with competing imperatives.
  - » Condom TWG not leveraging national strategies & operating plan as road map to guide meetings & multi-sector engagement.
- b. While TMA concepts generally understood, in the absence of SM sector, there is no vision of a sustainable market, and role commercial sector could play - public (free) distribution drives focus. (**Condom program Stewardship - Leadership & Coordination**)

2. Gaps in Demand  
*Insufficient sustained, national SBCC/ category promotion activities funded and in place to sustain demand with general, key, and priority populations*

- a. While GoB budget reliable for commodities, prevention campaigns /interventions insufficiently funded, and when funded, on ad hoc basis. (**Condom program Stewardship - Financing**)
- b. Donor funding on decline, with existing resources emphasizing 90/90/90 test and treatment objectives. (**Condom program Stewardship -Financing**)
- c. Insufficient advocacy to ensure appropriate funding available for holistic condom prevention interventions beyond commodity. (**Condom Market Management - Evidence for Advocacy**)
- d. With PSI departure, no longer a national lead on harmonized SBCC / demand creation efforts - insufficient capacity to design, produce, implement & monitor at national level, roll out & coordinate at district & community level. (**Condom Program Stewardship - Leadership & Coordination Capacity**)

3. Gaps in condom coverage and availability persist  
*Lack of sustained access to condoms when and where populations need them (particularly youth, SW)*

- a. Free public-sector condom distribution largely limited to health facilities; (**Condom Market Development - Supply Forecasting**)
- b. Periodic stock outs /over stocks of condoms at facility level driven by insufficient understanding of demand/ uptake of condoms distributed at facility level (condoms not reported on LMIS, or input is broad estimate), resulting in poor planning, quantification, hoarding behavior at facility, & supply chain hiccups. (**Condom Market Development - Supply Forecasting**)

- c. District Level Constraints
  - » Lack of district level strategy / plan guiding distribution efforts, & funds supporting innovative, sustained outreach based distribution at district level. (**Condom Program Stewardship - Leadership Coordination & Capacity**)

4. Dearth of data  
*To understand market dynamics, drive programmatic decisions, and segmentation strategies*

- a. Lack of resources and capacity supporting market intelligence gathering function. **Condom Market Development - Mkt Analytics (Financing)**
- b. Little data supporting condom use (outside BAIS & IBSS); product & purchase preferences, accessibility; next to no market intelligence available, including sector specific contribution addressing user needs; **Condom Market Development - Market Analytics (Metrics for Mgt)**
- c. Data collection gauging condom preferences and supportive behaviors not linked into existing studies. **Condom Market Development - Mkt Analytics)**

## Summarized Market Failures and Underlying Causes...continued

### Market Constraints

- |   |   |  |   |
|---|---|--|---|
| <p>1. National strategy and planning documents are not operationalized</p> <p><i>Translating into resource allocation, interventions, and commitments for TMA</i></p> | <p>2. Gaps in Demand</p> <p><i>Insufficient sustained, national SBCC/ category promotion activities funded and in place to sustain demand with general, key, and priority populations</i></p> | <p>3. Gaps in condom coverage and availability persist</p> <p><i>Lack of sustained access to condoms when and where populations need them (particularly youth, SW)</i></p> | <p>4. Dearth of data</p> <p><i>To understand market dynamics, drive programmatic decisions, and segmentation strategies</i></p> |
|---|---|--|---|

### Causes

- |   |   |   |
|---|---|---|
| <p>c. Lack of engagement with a vibrant commercial (brands) sector; aside from workplace interventions, commercial sector not at table. (Condom program Stewardship - Leadership &amp; Coordination)</p> <p>d. Capacity constraints / lack of expertise in how commercial sector could be leveraged in support of TMA. (Condom program Stewardship - Leadership &amp; Coordination)</p> | <p>e. Insufficient user evidence (qualitative &amp; quantitative) to inform SBCC/demand. (Condom Market Development - Market Analytics)</p> | <p>» Poor coordination of partners, skills to implement, &amp; resources to deliver at district level (Condom Program Stewardship - Leadership Coordination &amp; Capacity)</p> <p>» Lack of operational support such as standard operating procedures (describing package of support for KP &amp; priority populations (PP), distribution efforts) supporting prevention / condom distribution efforts. (Condom Program Stewardship - Leadership Coordination &amp; Capacity)</p> <p>» Lack of District leadership supporting holistic condom programming. Condom focal points in District Health Mgt Teams (DHMTs) share LoE with competing priorities; lack skills, tools, and guidance - and so focus on facility based distribution. Outreach distribution ad hoc. (Condom Program Stewardship - Leadership Coordination &amp; Capacity)</p> |
|---|---|---|

## Summarized Market Failures and Underlying Causes...continued

### Market Constraints

1. National strategy and planning documents are not operationalized  
*Translating into resource allocation, interventions, and commitments for TMA*

2. Gaps in Demand  
*Insufficient sustained, national SBCC category promotion activities funded and in place to sustain demand with general, key, and priority populations*

3. Gaps in condom coverage and availability persist  
*Lack of sustained access to condoms when and where populations need them (particularly youth, SW)*

4. Dearth of data  
*To understand market dynamics, drive programmatic decisions, and segmentation strategies*

### Causes

- e. Lack of condom specific “champions” - no NGO/ Stakeholder brings the leadership capacity, skills, tools, funding and resources to support MoH stewardship, facilitate and broker partnerships, & drive holistic condom programming (Condom program Stewardship - Leadership & Coordination)
  - » Departure of PSI / Social Marketing left gap in above).
- f. Lack of clear TMA metrics to inform analysis or ensure evidence-based decision making. (Condom Market Sustainability –Evidence for Advocacy)

- » Lack of civil society presence & capacity with broad reach of KP, PP at district level – leading to insufficient outreach / community based distribution; (Condom Program Stewardship - Leadership Coordination & Capacity)

- » Innovative condom distribution extending coverage slipped through cracks – funding supporting NGOs to support distribution (SM, free, dispenser strategies) declined, MoH did not pick up. (Condom Mkt Development – Demand Creation).

- d. Commercial sector, while broad and efficient reach, targets high-value/ volume urban establishments - while some commercial sector condoms in non-traditional outlets such as bars, little sustained presence. (Condom Market Development - Supply Forecasting)

- e. Public sector condoms boring – while quality ok, not attractively branded (in process). (Condom Market Development - Supply Forecasting)



## 6 LIMITATIONS

The following limitations were identified during the country deep-dive process:

1. A detailed breakdown of distribution across the public sector was difficult to obtain – it was difficult to get information on distribution of public sector condoms at the facility level or through other community-based channels. Information was triangulated from the CMS and larger NGOs.
2. Lack of independent data source on commercial condoms in the market – In the absence of market data, there was limited information on commercial brands. With rare exceptions, managers of commercial brands did not provide specific, quantifiable data. Therefore, size estimates from interviews were used.
3. Data points on condom use by population are aging, and two important studies updating use with key populations (SW & MSM) and the general population will be available later in 2017.

## 7 RECOMMENDATIONS

The proposed recommendations below aim to address the market failures identified in Botswana. Some recommendations draw on existing plans at country level and others require additional investment and management.

### *Condom Market Development*

The Botswana condom market displays characteristics of a mature condom market in terms of absolute volumes distributed, diversity of product types (range of brands and variants), distribution penetration, and condom use levels among the general and priority populations. Despite the large role the public sector plays in addressing condom needs, a relatively small yet vibrant commercial market plays an important role in supporting access, demand, and use – and given modest investments and improved coordination, has the potential to play a much larger role, shifting the burden of use off the public sector.

To achieve equitable and sustainable growth to meet the total condom needs in the country, it is important to consider market-shaping strategies based on a clear vision for the evolving role of the commercial and public sectors. The additional 12 million condoms required to fill the gap between current use and total condoms needed to achieve government targets will require investments in support functions, as well as the core supply and demand chain, that the commercial as well as public sector will benefit from.

### ***1. Create, agree & align a vision for sustainable condom market in Botswana.***

- » A vision of a sustainable market in Botswana could be built into the pending update of the condom program strategy led by the GoB. The vision would include defining the role and relevance of the public and commercial sectors to achieve equity while also achieving sustainable use, within the context of a high per capita GDP and ability to pay for many in the country.
- » The Condom TWG needs to align that vision for a sustainable condom market in Botswana by defining the role of free and commercial condoms, and the channels required to reach priority population to prioritize free distribution, while enhancing coordination with commercial players.
- » Given the departure of social marketers, the role of public sector free distribution is particularly important to ensure consistent access to and use by those who cannot afford full-priced commercial products. Less free distribution in the aggregate, but better targeted and more accessible, is a mix the government should consider. Priority fixes include a need to focus on improved targeting of condoms distributed outside of facilities through community distribution to specific populations and behaviors, such as sex workers, youth, and MSM. Such efforts would entail extended partnerships with CBOs, NGOs, and organizations that have access to at-risk populations.
- » Commercial actors need to be brought into the TWG and coordination efforts. Leveraging the self-interest and desire to grow market share, commercial players demonstrated a desire to be invited to the table to participate in strategies that would grow markets, and sustainable use overall.
- » Finally, a consistent stream of resources needs to be mobilized to support the priorities outlined below, and extending beyond commodity procurement. If external donor funding cannot be relied on, opportunities to align GoB domestic resources to better support the market are imperative.

### ***2. Invest in Market Stewardship functions to translate condom strategies and a vision for a TMA to reality.***

In addition to the core functions of the market in terms of demand and supply, there is need for a market facilitator to help support national stewardship of the total market agenda, and to support direct and indirect market actors to align with that agenda for long-term sustainability. A market facilitator role would be key to support the MoH and TWG in operationalizing strategy in support of a TMA. Currently, there is no agency or mandate for an existing market player to ensure coordination and collaboration across market actors, or to provide ongoing support to the government to understand and implement the TMA. Admittedly, it is unclear who is best positioned to support the GoB with this function, and the support in this area is more modest given the relatively simple structure of the Botswana condom market (limited to two sectors). However, support to functions could include:

- » **Coordination and Advocacy:** Develop and regularly manage progress against TMA indicators among all sectors, facilitating the sharing of key information and strategies, particularly market intelligence, with stakeholders and market players. Advocacy strategies supporting allocation of GoB resources in support of other market functions such as demand creation could be housed here.
- » **Market Intelligence and Data Analysis:** See following section for more detail. There is a need to coordinate data collection, analysis, management, dissemination and application in the development of TMA strategies and activities supporting sustainable condom use.

- » **Forecasting and target setting within context of TMA:** Support forecasting and quantification efforts of free condom procurement and distribution strategies, that build in the contribution of the commercial market actors. Develop and implement segmentation strategies that drive need-based free distribution to priority populations including youth, SW, etc.

### ***3. Invest in SBCC and category promotion supporting consistent condom use***

In-country analysis confirms there is significant potential to grow the overall condom category and increase use, particularly for youth, and for sex acts with non-regular partners. There is a need to shift from one-off, awareness-building activities using IEC approaches, to integrated, user-driven communication design and delivery. Evidence-driven SBCC can improve condom demand, leading to increased use, with condom category promotion benefiting all brands, across all market actors. Investments in integrated, evidence-driven SBCC will address persistent barriers to condom use among priority and key populations, addressing not just the individual, but key influencers of that behavior (for example, with SW, design interventions addressing role of peers, clients, surrounding community).

### ***4. Invest in building market information as a public good, for evidence-based decision-making at all levels of the market.***

Currently, an overall understanding of the total condom market is hindered by a lack of information on commercial brands, and on the reach of free public-sector condoms. These two shortcomings are exacerbated by poor coordination between the two sectors. To address these information gaps, it is important to invest in collecting high quality market- and consumer-related information for market shaping. Better data will feed into decision-making and performance management, to allow for evidence-based government stewardship of the national condom program. Specific activities to support include:

- » Set up a system to regularly collect market intelligence to monitor key market trends including condom volume and value in total, and market share by brands, market entrants, brands available, and pricing data. Update indicators and share widely to measure progress toward a TMA.
- » Consumer oriented studies can also facilitate the understanding of market dynamics, including: willingness-to-pay studies supporting consumer segmentation analysis, and qualitative research to understand factors of use, purchase behaviors, and preferences.

### ***5. Invest in strategies to improve last-mile distribution – increasing availability of free outside of clinical facilities.***

Investments in demand must be accompanied by strategies to improve last-mile distribution, shifting free condoms from medical clinics and facilities into the hands of those who rely on free. Improved distribution at the district level would include improved coordination, leveraging bottom-up planning processes, quantification and mapping to prioritize and coordinate distribution to priority populations. As district-level condom focal points are under-resourced and overworked, NGO support is required to support this important function. Identified CBOs could be funded, with existing resources modified to build their capacity. Successful strategies in the past, such as targeted use of dispensers, could be revisited.





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