



## Policy Brief

# Global Fund Financing of Condoms and Contraceptive Security



**The Global Fund offers opportunities to strengthen reproductive health commodity security, including condom financing.**

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There has recently been much focus on strengthening linkages between reproductive health (RH) and HIV/AIDS programs. Advocates have been drawing attention to the benefits both programs would receive from increased integration. Experts have also been arguing that the Global Fund to Fight AIDS, Tuberculosis, and Malaria ought to support RH programming and, specifically, RH commodities, including contraceptives.<sup>1</sup> The Global Fund has become increasingly supportive of approaches that strengthen links between RH services and HIV/AIDS programs.

The recent Round 8 Call for Proposals on March 3, 2008, offers several opportunities to strengthen integration and, at the same time, to boost contraceptive security. The Global Fund has openly stated that it will support RH programs and commodities, provided that linkages are made with specific disease outcomes (for example, linking family planning with the number of HIV infections prevented).

Real effort is now needed at the country level, where Global Fund stakeholders, including principal recipients (PRs) and country coordinating mechanism (CCM) members, should consider RH in their proposals and operations, including procurement. Continuing advocacy, including evidence of how the linkages improve disease outcomes, is needed.

Although Global Fund financing for RH commodities, including contraceptives, may require increased advocacy at the country level, financing condoms—both male and female—is clearly an important component of both HIV prevention and family planning. The Global Fund is already a significant contributor to condom procurement, and this brief analyzes the extent of that support on a global level, compares the Global Fund to other major financing sources for condoms, and discusses some of the implications for contraceptive security.

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<sup>1</sup> Claire Dickinson, *Integration between Sexual and Reproductive Health and HIV and AIDS and Malaria: Opportunities and Strategic Options for the Global Fund to Fight for AIDS, Tuberculosis, and Malaria* (London: HLSP, 2006).

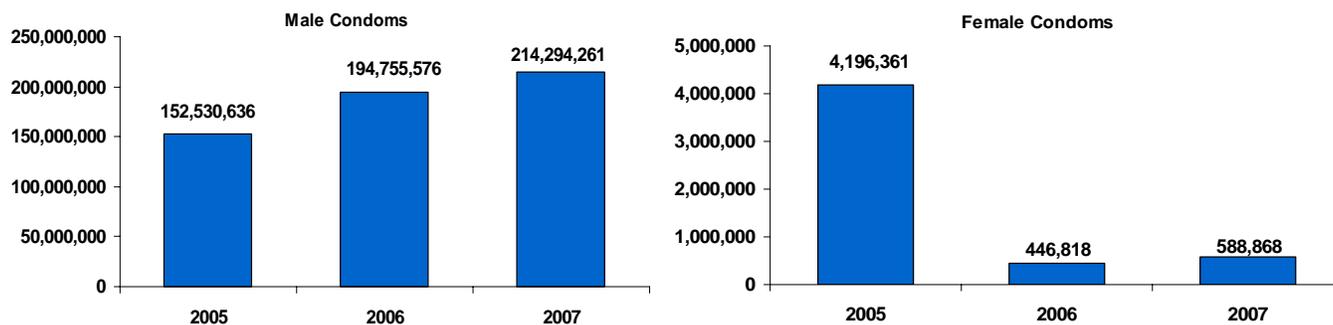
## Data Sources

Global Fund condom financing and procurement data comes from the Global Fund Price Reporting Mechanism (PRM) database, which is available online at <http://web.theglobalfund.org/prm/index.jsp>. Countries are required to report procurement information, such as quantity, price, and origin, for a number of key health commodities, including male and female condoms, financed using Global Fund grants. This brief examines data from 2005 to 2007, because the data before 2005 are incomplete. There are limitations to overall data accuracy because countries enter the information themselves and, as the Global Fund acknowledges, there is little auditing of data for accuracy. Currently, the Global Fund is strengthening the PRM by making it easier for countries to enter data and by introducing auditing, so data accuracy should improve in the near future. Nevertheless, the data are reasonably indicative of the extent of the Global Fund's financing of condoms. The data for other condom donors are taken from the United Nations Population Fund (UNFPA) report titled *Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2006* and from the Reproductive Health Interchange (RHI), which is an online database of contraceptive procurement, available at <http://rhi.rhsupplies.org/rhi/index.do>, that currently includes data from three main donors: U.S Agency for International Development (USAID), UNFPA, and International Planned Parenthood Federation (IPPF). Some double counting may exist in the data for this brief because some countries may use UNFPA as a procurement agent for their Global Fund grants and the data may be reported as financed by UNFPA.<sup>2</sup>

## Findings

Between 2005 and 2007, the Global Fund financed 561.6 million male condoms and 5.2 million female condoms. For male condoms, the numbers financed have steadily increased from 152.5 million in 2005 to 194.8 million in 2006, which is a 22 percent increase over 2005, and to 214.3 million in 2007, which is a 29 percent increase over 2005 (see Figure 1). For female condoms, the numbers financed have decreased dramatically from 4.2 million in 2005, to more than 446,000 in 2006 and more than 588,000 in 2007 (see Figure 1). For female condoms, data for a single year may be less representative because procurements are few and quantities are smaller. For example, in 2005, only three countries financed female condom procurement: Djibouti, Namibia, and Suriname. Namibia alone procured 3.4 million pieces, and Djibouti procured 1.4 million.

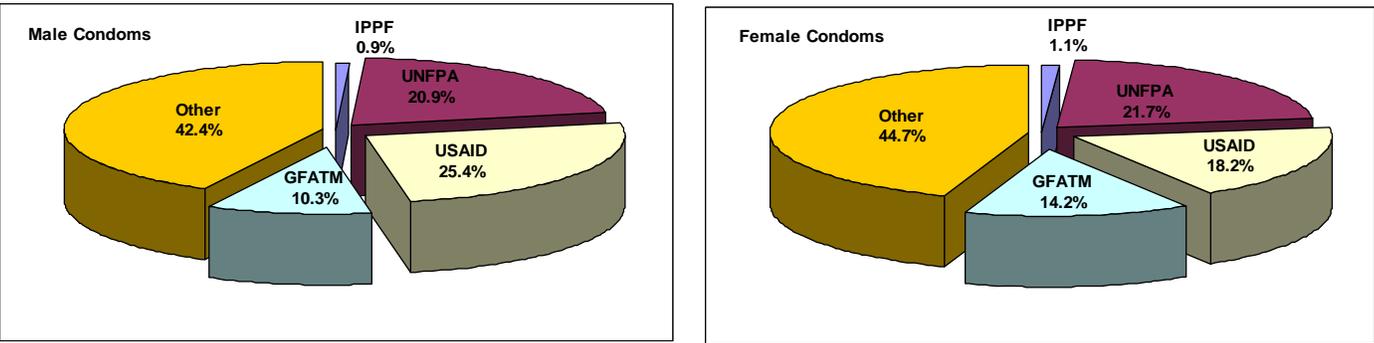
**Figure 1. Numbers of Male and Female Condoms Financed Using Global Fund Grants, 2005–2007**



<sup>2</sup> PRM does not list the procurement agent; however, it does list the manufacturer, and 6 of the approximately 470 male condom procurements listed UNFPA as a manufacturer. In all likelihood, that information means that UNFPA acted as a procurement agent.

Compared to other donors, the Global Fund is a significant contributor to condom financing (see Figure 2). According to UNFPA<sup>3</sup> the total donor supply of male condoms in 2005 was about 1.8 billion, and in 2006, the supply was about 1.5 billion. Hence, the Global Fund financed about 10 percent of all donated male condoms during those two years.<sup>4</sup> For female condoms, the Global Fund financed about 14 percent of all condoms donated during 2005 and 2006. The numbers for individual donors in Figure 2 are taken from the RHI, and those numbers were compared with the total number from UNFPA reports. The “other donors” category represents the difference between the overall UNFPA figure (total donor supply of contraceptives) and the data by individual donors listed in the RHI. That category includes, among others, U.K. Department of International Development, KfW Bankengruppe, Canadian International Development Agency, Population Services International, DKT International, and national government funding, including basket funds. UNFPA does not report actual female condom donations. Rather, it reports the number of female condoms distributed by the Female Health Company (FHC), the leading female condom manufacturer, to all countries (not just developing countries). So figures for female condoms include commercial sales and do not include manufacturers other than the FHC.<sup>5</sup>

**Figure 2. Share of Male and Female Condom Donations for Various Sources, 2005 and 2006 (combined)**



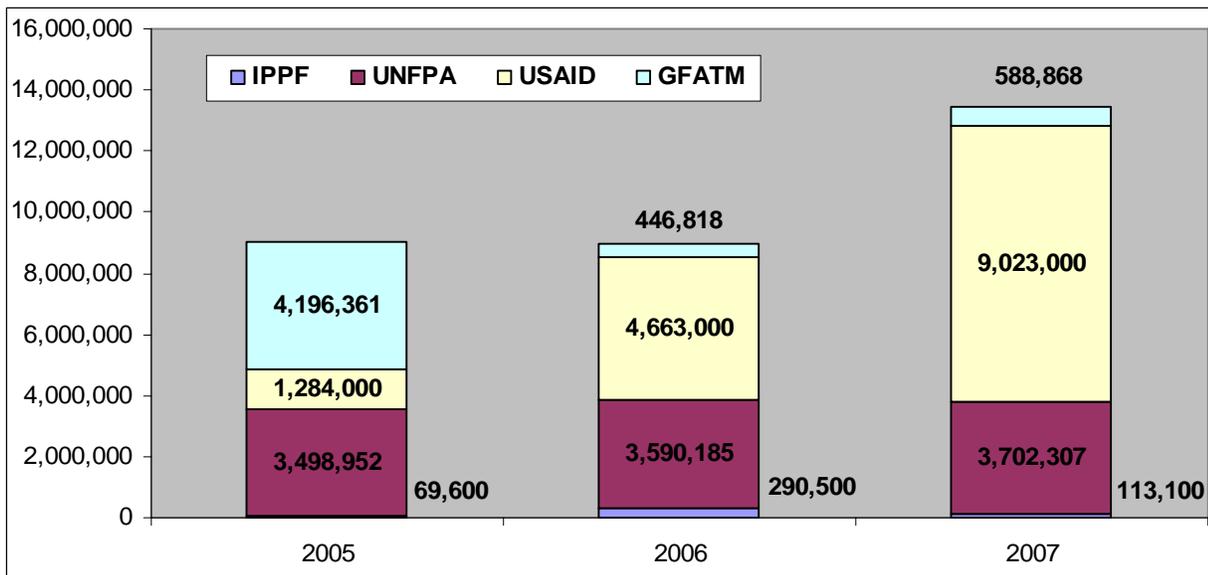
Because of the significant variation in female condom numbers over the years, this brief also compares Global Fund–financed numbers to those of other donors—USAID, UNFPA, and IPPF—for 2005–2007. The information is taken from the RHI (see Figure 3). Although the number of Global Fund–financed condoms decreased significantly from 2005 to 2006–2007, other donors remained reasonably constant (UNFPA) or increased their financing (USAID). Total numbers remained relatively constant at about 9 million during 2005 and 2006, but increased significantly to more than 13 million in 2007. The Global Fund share for this limited subset of donors declined from 46 percent in 2005 to 5 percent in 2006 and 4 percent in 2007. The ratio of female to male condoms using Global Fund financing is very low: about 1 to 100.

<sup>3</sup> UNFPA, Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2006 (New York: UNFPA, 2006) and UNFPA, Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2005 (New York: UNFPA, 2005).

<sup>4</sup> UNFPA data for all donors are unavailable for 2007.

<sup>5</sup> For example, Hindustan Latex produces the Confidom brand female condom, and according to the PRM, Djibouti’s procurement of 1.4 million condoms in 2005 was from Hindustan Latex. Another Indian company, Medtech, also produces a female condom. Swaziland procured that brand in 2007.

**Figure 3. Number of Female Condoms Financed by IPPF, UNFPA, USAID, and the Global Fund, 2005 - 2007**



### Which Countries Are Financing Condoms with Global Fund Grants?

A total of 47 countries procured male condoms and 11 countries procured female condoms between April 2004 and December 2007 with Global Fund grants. However, a small number of countries financed most of those condoms. For male condoms, three countries financed more than 62 percent of the condoms: Tanzania financed 162.3 million (28 percent), Namibia financed 142.8 million (25 percent), and the Democratic Republic of Congo financed 51.0 million (9 percent). For female condoms, two countries financed more than 90 percent: Namibia financed 3.4 million (64 percent) and Djibouti financed 1.4 million (27 percent).

Africa is the main beneficiary of donated condoms from all sources. In 2005, almost half of all donated condoms went to Africa.<sup>6</sup> Of the 47 countries that financed male condoms with Global Fund grants between April 2004 and December 2007, 14 countries were from Africa and financed about 70 percent of all condoms; all but one of those 14 countries were from Sub-Saharan Africa. Many of the countries are small. The 14 countries are Côte d'Ivoire, Democratic Republic of Congo, Djibouti, Equatorial Guinea, Gabon, Lesotho, Namibia, São Tomé and Príncipe, Somalia, Sudan, Swaziland, Tanzania, and Togo. Of 11 countries that financed female condoms between April 2004 and December 2007, 7 of them were from Sub-Saharan Africa, and again, they were mainly smaller countries: Benin, Djibouti, Gabon, Lesotho, Namibia, Swaziland, and Togo. Sub-Saharan Africa accounted for 99 percent of female condoms financed using Global Fund grants. It is speculated that because of their size, many of the countries do not have as many donors for condoms and so use Global Fund grants instead. Conversely, countries that can use traditional condom donors, such as UNFPA and USAID, are less likely to use their Global Fund grants to finance condoms.

One hypothesis is that if the Global Fund financed more condom procurement, it could free up resources from traditional condom donors, such as USAID and UNFPA, because those donors could switch their funding to other contraceptives, such as hormonals and intrauterine devices. However, this hypothesis holds true only for UNFPA. USAID has two different funding streams for condom financing—population funds can theoretically be used for other contraceptives while HIV/AIDS funds cannot. The trend for USAID procurement is for fewer condoms to be

<sup>6</sup> UNFPA, Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2006.

financed using population funds. In 2000, 65 percent of U.S. government condoms were financed using population funds. By 2007, this percentage had declined to only 1 percent, while the total number of condoms financed had increased over the same period by 34 percent (see Table 1). Because of U.S. government regulations, HIV/AIDS funds cannot be used to finance other contraceptives. If UNFPA, however, is currently financing condoms, countries could elect to use Global Fund grants instead, which would potentially free up UNFPA funds for other contraceptives.

## Global Fund–Financed Condoms Should Be Made Available for Family Planning Programs

Stakeholders should ensure that Global Fund–financed condoms are available for family planning programs. The proportion of people using condoms as their primary contraceptive method is usually quite small, and so most condoms donated are assumed to be used primarily for prevention of sexually transmitted infections (STIs), including HIV.<sup>7</sup> Though condom users have different and sometimes multiple reasons for using condoms, a typical assumption is that condoms distributed through public sector health facilities are primarily for family planning purposes, while socially marketed condoms distributed through nontraditional outlets, such as shops and bars, are primarily for STI prevention. Uganda procured condoms using Global Fund financing in 2004 for both its social marketing and public sectors.

The Global Fund is already an important financing source for both male and female condoms, some of which are used for family planning. It is hoped that countries receiving Global Fund grants will, in the future, follow the guidance from the Global Fund<sup>8</sup> and consider financing other contraceptives; however, continuing Global Fund financing of condoms and potentially switching UNFPA support from condoms to other contraceptives offer opportunities to strengthen contraceptive security in the immediate term. RH stakeholders should work closely with PRs and CCMs, from writing proposals to programming funds, to ensure that where financing for contraceptives is uncertain, opportunities to leverage Global Fund financing are exploited.

**Table 1. Total U.S. Government–Funded Condoms and Population-Funded Condoms, 2000–2007**

Year	Number of Population-Funded Condoms	Number of HIV/AIDS-Funded Condoms	Total (millions)	Population-Funded (percent)
2000	236	128	364	65
2001	178	170	349	51
2002	61	172	233	26
2003	27	431	458	6
2004	10	432	442	2
2005	11	418	429	2
2006	9	418	427	2
2007	7	546	552	1

Source: NEWVERN

<sup>7</sup> Ibid.

<sup>8</sup> Andrew Doupe, *Guidelines for Integrating Sexual and Reproductive Health into the HIV/AIDS Component of Country Coordinated Proposals to be Submitted to the Global Fund to Fight AIDS, Tuberculosis, and Malaria Round 7 and Beyond* (Washington, DC: Global AIDS Alliance, 2007) [http://aidsalliance.3cdn.net/ebe8657456c6f186b3\\_7tm6iio1b.pdf](http://aidsalliance.3cdn.net/ebe8657456c6f186b3_7tm6iio1b.pdf).

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