

Rwanda National Policy on Condoms

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Rwanda National Policy on Condoms

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
APELAS	Association du Secteur Privé et Para-Etatique de lutte contre le SIDA
ARBEP	Association Rwandaise pour le Bien-Etre Familial
ART	Anti-retroviral Therapy
BCC	Behaviour Change Communication
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda
CNF	Conseil National des Femmes [National Council on Women]
CNJ	Conseil National de la Jeunesse [National Council on Youth]
CNLS	Commission Nationale de Lutte contre le SIDA
FBO	Faith Based Organization
FP	Family Planning
GIS	Geographical Information System
GoR	Government of Rwanda
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organisation
KfW	Kreditanstalt für Wiederaufbau
MCH	Maternal and Child Health
MIGEPROFE	Ministry of Gender and Family Promotion
MIJESPOC	Ministry of Youth, Sports and Culture
MINADEF	Ministry of Defence
MINALOC	Ministry of Local Governance, Community Development and Social Affairs
MINEDUC	Ministry of Education, Science, Technology and Scientific Research
MINISANTE	Ministry of Health
NACC	National AIDS Control Commission
NGO	Non-Governmental Organisation
PLWA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSI/R	Population Services International / Rwanda
RRP+	Rwanda Network of People Living with HIV/AIDS
RCLS	Réseau des Confessions religieuses pour la Lutte contre le SIDA
RH	Reproductive Health
STI	Sexually Transmitted Infections
TRAC	Treatment and Research AIDS Centre
UNAIDS	United Nations AIDS Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

1. Preface

The Rwanda national policy on condom promotion and distribution has been developed in the light of all those threatened by HIV/AIDS and other sexually transmitted infections or by unwanted pregnancies. Prevention and contraception are most effective when serving the needs of people who practice or are at risk of practicing high-risk behaviours. When combined with education and behaviour change, condoms can be a powerful and cost-effective antidote to HIV/AIDS. Condoms are the only technology available to prevent the sexual spread of the fatal virus. With regard to family planning purposes, condoms expand the choice, have no medical side effects and provide dual protection.

Countries with successful results in responding to HIV/AIDS have acquired commitment to promote condoms from all sectors of their societies including political, religious, business, social interest, family, community and academic leaders and from young people in particular.

The Rwanda national policy on condoms aims to place the condom into a positive context of responsible behaviour and to provide a platform to facilitate equal access without stigma. In doing so, it places condoms in their rightful context of an appropriate definition of sexuality and sexual reproductive health, and relies on education about sexuality, sexual reproductive health, and general prevention as the starting point of an effective program seeking to increase correct and consistent condom use in Rwanda. In view of overcoming obstacles that hinder consistent and correct utilization of condoms, the policy calls on every member of the society to contribute as effectively as possible to respond to the realities of contemporary Rwanda, its tradition as well as its transition, and to create an ambiance of frank and yet respectful public dialogue about a subject that is still regarded as a taboo by many

2. Policy Background: Sexuality, Sexual Health and Reproductive Health Interventions

2.1. Background¹

Until recently, sexual health was generally understood to be an integral part of reproductive health. The emergence of the HIV/AIDS pandemic, increasing rates of STI's and unwanted pregnancies, and the growing recognition of the public health importance of concerns such as gender-related violence and sexual dysfunction have highlighted the need to focus more explicitly on issues related to sexuality, and their implications for health and well-being. Without a deeper understanding of these issues, any program promoting prevention, with correct and consistent use of condoms as an effective method of maintaining reproductive health and well-being, will have finite potential for success from the outset.

Sexual Health should be seen as a necessary underlying condition for reproductive health. If they are to achieve sexual and reproductive health, people must be empowered to exercise control over their sexual and reproductive lives, and must have access to related health services and methods (including condoms). While these rights, and the ability to exercise them,

¹ Backgrounds and definitions draw from "Sexual health—a new focus for WHO", Progress in Reproductive Health Research publication no. 67, 2004 by the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Geneva Switzerland. The definitions presented here are working definitions only and do not represent an official position on the part of WHO.

constitute and important value in themselves, they are also a condition for well-being and development. The neglect and denial of sexual and reproductive health and rights are at the root of many health-related problems around the world.

Sexual health is influenced by a complex web of factors ranging from sexual behaviour and attitudes and societal factors, to biological risk and genetic predisposition. It encompasses the problems of HIV and STIs/RTIs, unintended pregnancy and abortion, infertility and cancer resulting from STIs, and sexual dysfunction. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a functioning referral system. It also requires a legal, policy and regulatory environment where the sexual rights of all people are upheld.

In addressing these issues, explicit attention needs to be given to sexuality, sexual health and safer sex, and not only reproductive health issues. Efforts to tackle the HIV/AIDS pandemic have demonstrated the importance of understanding sexual behaviour, challenging social stigma and discrimination, and preventing and managing STI's. Unwanted pregnancies, which can have devastating effects on women's health and socioeconomic opportunities, may be associated with sexual coercion and lack of access to information and services regarding sexuality and fertility regulation. Gender power imbalances are an important underlying cause for many of these problems, these and other contextual factors influence women's, men's and young people's ability to practice safer sex. Discussion of sexual matters between partners, or between service providers and clients, is problematic in many cultures, especially outside the context of reproduction.

It is clear that these issues go far beyond medical concerns. Indeed, one of the most significant developments of the past decade has been the acknowledgement of the complex social, economic and political forces that influence people's vulnerability to sexual ill-health. In light of this understanding, it is evident that efforts to change individual or group behaviour are unlikely to be successful in improving sexual health if carried out in isolation. Underlying forms of exclusion and inequality—in particular poverty, gender inequalities, and unequal access to education and health care—also have to be addressed.

Any national policy on condoms, or discussion or promotion of condoms as an efficient, effective means of achieving reproductive health and well being must start with a common understanding of the key underlying issues that promote or inhibit sexual health; that is, the ability of an individual to take control of their sexual health and well being. The following working definitions, developed by a WHO convened Technical Consultation on Sexual Health, reviewed and revised by an international working group, are presented here as a starting point for the Rwanda national policy on condoms:

2.2. Definitions

Sex

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity”, but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

This background and these specific definitions provide the foundation for the Rwanda national policy on condoms.

3. Context of Reproductive Health in Rwanda 2

3.1. Context of HIV/AIDS and sexually transmitted infections

Rwanda is seriously affected by the HIV/AIDS epidemic. According to the Rwandan Treatment and Research on AIDS Centre (TRAC), the surveillance surveys at sentinel sites indicate the following rates of HIV prevalence among pregnant women in 2005: the overall HIV prevalence rate is between 4.3 and 5.2 percent with 8.8 to 10.8 percent in major urban areas and 3.3 to 4 percent in rural areas. Kigali city has the highest HIV prevalence among the urban areas. It is estimated that the two major ways of HIV infections in Rwanda occur for about three quarters through heterosexual contact and about 20 percent through mother to child transmission (MTC). Early studies found that 200,000 Rwandans under the age of 17 are estimated to have lost one or both parents to HIV/AIDS.

As shown in the following table, about one quarter million Rwandans, about 18,000 of them children under 15, are living with HIV/AIDS.

Persons living with HIV/AIDS (2005)	
Adults and children	243,000
Adults (15 -49)	214,000
Children (0 -14)	18,000
Pregnant women	23,000

Source: TRAC: VIH/SIDA au Rwanda, Octobre 2005

However, the situation is not entirely pessimistic. TRAC indicates that HIV prevalence among pregnant women consulting antenatal clinics in Kigali has declined significantly over time.

Groups at elevated risk of infection are young women and adolescent girls, sex workers, prisoners and professional drivers. However, HIV/AIDS affects all members of Rwandan society. According to the MINISANTE (Health Sector Strategic Plan 2005–2009), the spread of the epidemic has been encouraged by

- insufficient prevention, i.e., an extremely low rate of condom utilisation, inadequate availability of HIV testing in health facilities, and poor availability of PMTCT services;
- low access to and availability of treatment and care at all levels – facility, community, and home;
- high prevalence of STIs;
- ignorance exacerbated by poor availability and quality of information regarding HIV/AIDS; and
- lack of coordination amongst partners in intervening in what is a complex sector.

But HIV is by no means the only relevant infectious agent transmitted by sexual contacts in Rwanda. Available data suggest that approximately 50,000 consultations in public health services annually have to deal with sexually transmitted diseases and affections of the reproductive organs. This figure corresponds to 2 percent of all consultations.

More importantly, the same source indicates a seroprevalence of hepatitis B of 2.7 percent, of hepatitis C of 3.1 percent, and a positive syphilis reaction in 0.7 percent of the cases. These data were collected amongst blood donors originating from rural areas and represent most certainly a positive selection of the Rwandan population. (The HIV seroprevalence in this group was of 1.1 percent only.)

Thus, it can be stipulated that a considerable segment of the entire adult population in Rwanda is infected with a potentially lethal virus infection – be it HIV, HBV or HCV. So far, the threat of HBV and HCV infection is addressed only in the context of blood transfusion security.

² Note: Statistics quoted in this chapter need to be updated with most recent results of DHS 2005 as soon as they are published.

3.2. Context of Family Planning

In 2000, the Demographic and Health Survey (DHS) identified a contraceptive prevalence rate of any family planning method of 13.2 percent amongst women living in union. The utilisation rate of modern methods was 4.3 percent, and 0.4 percent used condoms for family planning purposes. Though recent smaller (still representative) studies on province level suggest utilisation rates which are up to three times higher, it remains clear that the perceived need in family planning is not yet covered at all: In the DHS 2000, 36 percent of all consulted women depicted such a need. The older sub-group (12 percent) wished to limit the number of children, whereas the larger and younger group (24 percent) perceived uncovered needs in terms of birth spacing. This figure corresponds to approximately 500,000 couple years of protection (CYP) per annum. Actually, not more than 15,000 CYPs (optimistic estimate) are covered by condoms, the only device characterised by a dual protection from STIs and the absence of medical side effects.

3.3. National responses

The present institutional structure of the Rwandan response to HIV/AIDS is based on the decision to create a multi-sectoral national body holding an overall mandate with regard to the fight against the epidemic. In 2000, the CNLS (Commission Nationale de Lutte contre le SIDA; or NACC - National AIDS Control Commission) has been established. In 2002, an institute under MINISANTE in charge of treatment and research in HIV/AIDS, namely TRAC (Treatment and Research AIDS Centre), was set up. Also in 2002, CNLS promulgated three major policy instruments orienting action against the epidemic.

- National Strategic Framework 2002-06; (NSF - Cadre National Stratégique)
The National HIV/AIDS Strategic Framework 2002/2006 is currently being reviewed and adjusted as base for the 2006 to 2009 period.
- National Multi-sectoral Plan 2002-06, the operational plan for implementing the NSF
- National Monitoring and Evaluation Plan 2002-06

CNLS had the leading role in developing two additional operational instruments:

- HIV/AIDS Treatment and Care Plan 2003-07 (June 2003) and
- National HIV/AIDS Prevention Plan 2005-09 (November 2004).

Two general principles are guiding the national response: (1) HIV/AIDS is a cross-cutting problem that requires a multi-sectoral response; (2) strategy formulation and priority setting should be done in a participatory way in accordance with the GoR's decentralization policy. Both aspects are evident in the institutional structure put in place.

In 2005, the review of the national response concludes that, despite all efforts deployed, the response to HIV/AIDS still faces major constraints such as:

- Continuous increase of the HIV prevalence rate
- Resistance to behaviour change
- Insufficient means to assure epidemiological surveillance
- Problems to improve the quality of treatment and care (Prise en charge)
- Procedural problems for coordination, definition of roles and responsibilities and in relation to partners

With regard to Family Planning, the national response is a recent effort to reposition the issue both nationally and internationally. In 2005, a Family Planning Sub-Policy within the Reproductive Health Policy as well as a respective FP Strategy have been developed. A

reorganization of the Ministry of Health (MINISANTE) led to a new Maternal and Child Health Department. Apart from increasing the access to FP services in the public, NGO and private sector, it is the aim to establish contraceptive security in Rwanda so that every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for HIV/AIDS prevention.

3.4. Condom utilization and access

Preliminary 2005 DHS results show a significant increase in condom use at last sex act with a non-regular, non-cohabitating partner among young people aged 15-24:

Condom Use among youth 15-24*		
	2000	2005
Male	55.0%	68.7% **
Female	23.0%	40.3% **
Total	39.0%	54.5% **

*% reporting condom use at last sex act with a non-regular partner

** Statistically significant increase

Source: DHS 2005

Results of a 2005 condom accessibility study among 15 to 49 year-olds show that condoms are known by a majority of Rwandans as 97 percent have heard about condoms and 84 percent have seen them. However, only 55 percent have touched a condom and even less have ever used a condom. Of the 80 percent sexually active respondents, only 29 percent have used a condom at least once. There are significant disparities between rural and urban Rwanda.

Reasons for not using condoms are manifold and about half of the respondents mentioned perceived barriers such as lack of knowledge on how to use a condom. An earlier study among youth showed that fewer than 20 percent knew how to use condoms correctly. The condom accessibility study also shows that around 50 percent are hindered to use a condom by social barriers like the risk of being considered promiscuous and shame to be seen buying a condom, but also lack of control due to alcohol. About 40 percent quoted rumours discouraging condom use and about the same percentage claim confidence in the partner as a reason for non-use. The condom price as a barrier for use is perceived by less than 10 percent (8.5%). Barriers due to Rwandan culture in general are quoted by 14 percent of respondents and those due to Rwandan sexual practices by 18 percent.

Many factors contribute to insufficient condom uptake and use. In general, skills to reach consensus on condom utilization are not familiar among sexually active couples or between non-regular or potential partners, as Rwandan culture does not support open communication about sexual issues. This is particularly true for women who are generally not empowered to negotiate around their sexuality given existing social norms and general economic weakness. Social, cultural and religious influences create essential barriers for condom use and purchase. Historical association of condoms with HIV stigmatize condom users as potential carriers of the virus. As a result, it is becoming increasingly difficult for couples to negotiate condom use without stigmatizing each other or their relationship.

The availability of condoms is relatively high in urban Rwanda with 93 percent of cells, but it is much lower in rural areas where condoms could be found in 55 percent of the cells. Across rural and urban areas, respondents quote that condoms are primarily found in boutiques (72 percent) and pharmacies (41 percent). Health facilities are quoted by 25 percent whereas bars are a place for condoms for only 7 percent with much higher share in cities. Outreach sources like community based distributors are least important with 4 percent only. A majority of condom users (85 percent) have no access problems but stockouts are a difficulty

mentioned by 62 percent.

By involving every sector according to their core competency, in removing the various socio-cultural and institutional barriers to access and use, Rwanda has a significant opportunity to increase correct and consistent condom use.

4. Framework and scope of the national policy on condoms

4.1. Policy framework

The Rwanda national policy on condoms is embedded in the following framework:

- Rwanda National HIV/AIDS policy
- Rwanda HIV/AIDS strategy 2005-2006
- Rwanda HIV/AIDS prevention strategy 2005-2009
- Health Sector Policy and Health Sector Strategic Plan 2005-09
- National Reproductive Health Policy
- Sub-policy on Family Planning
- Poverty Reduction Strategy Paper (PRSP)
- Vision 2020

The condom policy is an integral part of the overall Rwanda HIV/AIDS prevention strategy 2005-2009. Promotion of condom use is integrated as one important means among others to prevent HIV and sexually transmitted infections (STIs). Rwandan HIV/AIDS programmes have to promote the complete package of effective options available to target populations to prevent HIV/AIDS, i.e. E,A,B,C (Education, Abstinence, Be Faithful, Correct and Consistent Condom Use).

The condom policy makes equally reference to the Rwanda Reproductive Health policy and implementation strategy and the related sub-policy on Family Planning. One of their specific objectives is to establish Contraceptive Security in Rwanda stating that Contraceptive Security will exist when every person is able to choose, obtain, and use quality contraceptives and condoms for family planning and for HIV/AIDS prevention.

In view of condoms as a dual means for contraception and HIV/STI prevention, the condom policy aims at coordinating overall efforts with respect to both areas.

4.2. Vision and goal

The vision of the condom policy is that sexually active individuals and couples recognize their risk of HIV/STI transmission as well as unwanted pregnancies and take measures to avoid risk exposure for themselves and their partners. The policy insists on information and education as the necessary starting point for correct and consistent condom use and prevention in general. This policy emphasizes information and education as the necessary starting point, with the goal of improving a common understanding of sex, sexuality, sexual health and reproductive health, In doing so, this policy places correct and consistent condom use appropriately as a means of prevention that depends on the ability of an individual to take control of their sexual health within the context of a positive and respectful environment of sexuality and sexual relationships that allows for the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

The policy stipulates measures to overcome barriers to informed decision, correct use and easy access. Condoms should be available and utilized without stigma and exclusion by all

those who are under the threat of HIV/AIDS and regardless of their age, gender, religion, socio-economic and health status, or where they live. Information about and access to condoms is regarded as a basic right and should be integrated into everyday life upon each individual's decision.

The goal of the condom policy is to increase correct and consistent condom use in general and particularly among those at highest risk for HIV/AIDS, STIs and unwanted pregnancies, with a special focus on Rwandan youth.

4.3. Specific objectives and indicators

Six specific objectives have been identified for the implementation of the policy:

- 1) Improve the common understanding of sex, sexuality, sexual health and reproductive health among policy leaders and key constituents.
- 2) Assure planning, funding and coordination for condom programmes at national and international level
- 3) Reduce motivation gaps (personal attitudes, beliefs, and threat or risk perception) as personal barriers to correct and consistent use of condoms.
- 4) Eliminate opportunity gaps (perceived and actual availability, quality, appeal, access, and social norms) as social and institutional barriers to correct and consistent use of condoms.
- 5) Reduce ability gaps (knowledge, social support and self-efficacy) as personal knowledge and skill barriers to correct and consistent use of condoms.
- 6) Monitor and evaluate progress of measures that aim to increase correct and consistent use of condoms

Indicators to measure achievement of the condom policy are defined in accordance with the overall prevention strategy that stipulates three major indicators:

- (1) Comprehensive knowledge of HIV/AIDS prevention methods
- (2) Condom use at last higher-risk sex

In addition, specific indicators may be defined in accordance with strategic priorities:

- (3) Reduction in stigma associated with sexuality and correct and consistent condom use.
- (4) Knowledge about correct use of condoms among priority target groups
- (5) Condom use at first sexual intercourse among youth
- (6) Condoms available for nation-wide distribution in all sectors
- (7) Retail outlets with condoms in stock, particularly in rural areas and in high transmission zones
- (8) Percentage of condoms in central warehouses and retail / service outlets that meet WHO quality specifications

4.4. Target groups

The HIV/AIDS policy of the GoR is particularly committed to strengthen strategies that target high risk groups of the Rwandan population. These groups are equally targeted by the condom policy: sex workers, professional drivers, refugees, migrant labourers, workers in tea and coffee plantations, persons in uniform (police and armed forces), prisoners, students, women without partner, and people living with HIV/AIDS.

Overall, the condom policy aims at Rwanda's general population including sexually active individuals and couples as well as all those with responsibility and means to educate and disseminate correct information about reproductive and sexual life as parents, teachers, health workers, community and religious leaders, role models, journalists, and peers in all segments of the population.

Special attention will be given to the particularly vulnerable group of adolescents and young people in and out of school that are at risk of being HIV infected or re-infected, acquiring STIs or becoming involuntarily pregnant. Gender issues are taken into consideration with regard to girls and young women that are exposed to highest risk by transgenerational, transactional or violent sex.

5. Condom policy elements

5.1. General principles of the condom policy

Equity of access

Protective barrier methods are made available and accessible to people that need prevention of sexual HIV/AIDS and STI transmission and/or contraception without restriction or exclusion. The condom policy assures that all segments of the society can have easy access to condoms at affordable prices, convenient places and time. Gender and other social biases on condom use and acquisition need to be overcome.

Total market approach and segmentation

The condom policy subscribes to the so-called total market approach, i.e. the policy embraces all sectors of the society to contribute to condom promotion and distribution in a complementary way and in compliance with their core competencies, ethical principles and legal obligations. To increase consolidation, cost efficiency and programme effectiveness, the overall condom market will be segmented into subsets of population groups that share common characteristics, attitudes and behaviours (such as epidemiological, demographic, socio-economic, geographic, religious, psycho-social). Pricing and promotion of condom sources (free distribution, low and medium price, commercial) will be guided accordingly.

Evidence based consumer orientation

Market segmentation and consumer research are the basis for target group specific communication that can address specific barriers for condom acquisition and utilization. Cultural barriers, stigmas and other societal norms that discourage condom use need to be challenged. Communication measures will be based on research evidence and closely monitored and reviewed.

Integration of HIV/STI prevention and family planning

As an integral part of the Rwanda HIV/AIDS prevention strategy as well as of the contraceptive mix of the national family planning programme, condom promotion and distribution will be strengthened in an integrated way. The concept of dual protection will be applied.

5.2. Behaviour change communication and condom promotion

Condom promotion has its place in the general context of the society's education on how to assure the reproductive and sexual health of its members. Preventive behaviour starts to be shaped at a very early age and each stage of an individual's life has its own issues that need to be understood, including sexual issues. Under the threat of AIDS, understanding sexuality can no longer be treated as a taboo as it is paramount to be prepared against life-threatening risks before they occur. Condoms and their utility need to be known before ignorance or lack of knowledge, skills, command or social support have led to at risk behaviour. Young people

and target populations need to have the motivation, ability and opportunity to use condoms, so that they are able to do so when faced with decisions regarding their sexuality and reproductive health. Barriers inhibiting no-risk or low-risk behaviour need to be addressed in a way that empowers target populations to adopt the desired behaviour; in this case, correct and consistent condom use. Complacency associated with the availability of antiretroviral treatment in Rwanda needs to be counteracted.

The Rwandan HIV/AIDS prevention strategy has adopted the "EABC" approach, consisting of E= Education, A = Abstinence, B = Being faithful (or limiting the number of one's partners) and C = consistent and correct condom use by sexually active populations at risk of HIV infection or transmission. The complete package of ABC and not just parts need to be promoted in order to face the manifold realities of present life in Rwanda. By giving an equal voice to all prevention options, and avoiding oversimplification, this strategy avoids misconceptions, stigma, and rejection of one option over the other by target populations.

Condom promotion is integrated in the overall communication strategy of prevention of HIV infection in Rwanda, but needs to address specific barriers to correct and consistent use by target populations. As barriers for purchase or acquisition and use of condoms are manifold, condom promotion will be a concerted effort to destigmatize, demedicalize, and regularize condoms and to teach knowledge and skills for correct and consistent use. There is need at all levels of the society to challenge cultural barriers, stigmas and other societal norms that discourage condom use. Condoms will be placed in a positive context of a healthy reproductive and sexual life without the trouble of unwanted pregnancies and sexually transmitted diseases. Condoms are to become a commonly accepted tool that is available when needed by responsible Rwandans who care. Condom promotion should facilitate family and social support for consistent and correct use of condoms.

Wherever appropriate, the dual protection benefit of condoms as a means for preventing both unwanted pregnancies and sexually transmitted infections will be highlighted. Integration of both messages is imperative to reduce the AIDS stigma on condoms, thereby increasing the ability of couples and partners to negotiate correct and consistent use without stigmatizing each other or the relationship.

In order to achieve overall acceptance and proper use of condoms, communication interventions, means and messages should be culturally appropriate and bias-free, designed and implemented to promote safer sexual behaviour while complying with the target groups' attitudes, habits and language. Condom promotion will only be successful if understood and accepted by the target group and not by the message designers themselves. Research is the backbone of any promotion and will be applied to identify subgroup profiles and their specific knowledge, attitudes, and practices, and their motivation, opportunity and ability barriers to correct and consistent use of condoms. State-of-the-art media approaches comprising mass and mid-level media, interpersonal communication, social mobilization, modern marketing techniques and public relations will be employed in a complementary way.

Condom promotion will be implemented by the various sectors based on strategies and objectives to be agreed upon, with capacity building for local entities and individuals as a sustainability objective, wherever possible. GoR institutions will assume a facilitating and enabling role in order to allow for responsive and creative condom promotion reflecting the heterogeneity of contemporary Rwandan society.

Compared to the male condom, knowledge and acceptance of the female condom is much lower among potential users mainly due to the fact that information and products are not yet widely spread. Female condoms expand the range of barrier methods available for protection and contraception in the hands of women. They are particularly important for women who are unable to insist on their partners to use a male condom and should be promoted among women of great risk, women with multiple partners like sex workers and those with HIV infected partners. The use of female condoms requires skills training on how to apply the device and communication about its rationale as a means of protection that women can decide upon themselves. The promotion of female condoms demands a well targeted communication strategy that is ideally directly related to the distribution strategy. Peer

education within women's groups is an adequate approach to overcome barriers against this relatively unknown device.

5.3. Products and quality assurance

Products covered by the national condom policy are male condoms as well as female condoms. So far, there is only one manufacturer worldwide for female condoms with whom UNAIDS has agreed on a preferential price. Both products are procured from manufacturers that prove to comply with international standards specified by WHO.

In Rwanda, condoms are regarded as medical drugs and their registration falls under the responsibility of the MCH department (Pharmaceutical Unit) of the MINISANTE.

Prior to shipments, manufacturers are bound to submit samples of deliveries to internationally accredited independent laboratories for testing and clearance. Importers of condoms need to submit respective evidence.

In-country quality assurance lies with the respective distributors and providers that are bound to assure adequate storage and to withdraw damaged or expired products in a timely manner. Monitoring reports of condom quality based on visual inspection are required.

Condoms distributed in the public sector are generic non-branded condoms. Social marketing condoms are manufacturer brands that are over-branded as "Prudence Plus".

So far, product material, texture and appeal as a reason for use or non-use of condoms has not been very much taken into consideration. In this respect, product selection and diversification may be a task of the future with the aim to increase opportunity and motivation of target populations to adopt correct and consistent condom use.

5.4. Forecasting and resource mobilization

The country's entire requirements of subsidized condoms for family planning as well HIV/AIDS and STI prevention will be forecasted in a concerted way. Condoms are included in the medium and long-term plan for contraceptive security of the country. Forecasting will involve all sectors providing condoms, i.e. public health, other public entities, NGOs such as ARBEF and PSI/R for social marketing. It is envisaged to invite the private commercial sector to contribute information.

The GoR will provide a concerted condom 3 year procurement plan that will be presented to all partners to development. It is envisaged to establish a mechanism of condom basket funding or a concerted information pool on funds allocated for condoms in order to increase transparency and long-term security of condom procurement. The mechanisms will be negotiated with international partners.

In the framework of contraceptives procurement in the public sector, mechanisms of concerted funding by two major donors are in place for generic condoms. Shared financing mechanisms of branded products for social marketing will be further developed with regard to future mixed funding sources.

5.5. Condom procurement

Presently, procurement of contraceptives follows the rules and regulations of each donor. USAID uses a central procurement system that covers USAID approved and funded condoms only. UNFPA procures commodities from the international market and may use third party funds apart from own funds. For social marketing, KfW's established procurement procedure with the INGO is based on international tendering and direct payments by the donor agency to the manufacturer.

It is the aim of the GoR to harmonize procedures as much as possible by creating a basket or pool funding mechanism for condoms. As a minimum requirement, an overall 3 year plan and related annual condom procurement plans shall be developed with information integrating all subsidized condom sources.

5.6. Condom distribution

Presently, condom distribution in Rwanda is mainly through public services (health and military) and social marketing (largest provider). Given current economic capacity, commercial condom distribution is the least significant contributor to condom access and availability. Condom distribution is a key area where effective market segmentation can be expected to enhance condom accessibility and maximize government and donor investment. It is of paramount importance that the accessibility of male condoms will be as large and diversified as possible using all channels the various sectors of Rwanda can offer. No restriction is put on the distribution of condoms as long as the provider assures the quality at the consumer level, i.e. the condom complies with WHO standards, is damage-free and not expired.

The existing distribution chain in the public health services and related community based services provides condoms from the central level (CAMERWA warehouse) to the Health Districts from which Health Centres order condoms and distribute them either directly to the community or via "agents de santé communautaires".

In order to enhance coverage of condom distribution, there is need for analysis of existing distribution strategies and channels, their strengths and weaknesses, as well as of still under-utilised potentials. As social barriers to condom use are an important issue in Rwanda, confidential sources for condoms within social networks and at work places need to be strengthened while visibility remains important in order to destigmatize the condom.

Female condoms should be distributed through channels that assure the necessary introductory skills training on how to apply them correctly. Channels should include pharmacies and organisations with access to women of all societal profiles, but first and foremost women's groups that gather women with particular interest in self-protection (women with multiple partners).

5.7. Condom pricing

Decisions on pricing of condoms are to be seen in the broader context of complementary access strategies (market segmentation). While there is need for the poorest segments of the society to get free-of-charge condoms, the private commercial sector should accommodate people who can afford to pay more for condoms thus alleviating the burden on the public sector to subsidize, and priming the commercial market for economic development and increased purchasing power. Putting a price on condoms can be expected to enhance the appreciation of condoms and their actual use. Pricing is one of the most important decisions to allow for appropriate levels of access at different levels of the socioeconomic spectrum, and needs to be evidence based by means of price acceptance studies among users and non-users. Sales prices on donated condoms in the public or NGO sector need the consensus of the respective funding agencies with regard to the use of sales revenues in the programme's framework.

Prices for female condoms will have to be heavily subsidized as the procurement costs are still very high, despite a preferential price agreement achieved by UNAIDS.

5.8. Monitoring and evaluation (M&E)

Monitoring and evaluation of the condom policy implementation requires quantitative and qualitative data collection and research at various levels, to inform programmatic decision-making in a timely manner. Each sector will develop an adequate M&E plan providing data that allow for timely update and revision.

Key questions to be answered by M&E are linked to the defined indicators and include:

- How many condoms are distributed and through which channel?
- Are all regions and populations of Rwanda covered according to risk and demand?

- Who is using condoms?
- With which partners are people using condoms?
- With what consistency are people using condoms?
- What are the barriers to condom use?
- How effectively are condoms being used?
- How cost-effective are condom distribution programmes?
- Do different target populations have equitable access through a broad range of channels?

M&E instruments are routine service data complemented by baseline surveys and tracking studies. Modern techniques of consumer research should be applied in a cost-effective way, such as population-based studies, consumer intercept or mystery client surveys, outlet checks, retail audits and mapping surveys (such as GIS mapping). Alliances among all implementers and with existing research institutions, both academic and business, are encouraged. Operations oriented and cost-effective studies should be carried out more frequently.

M&E results will be reported from the different implementing agencies to the central coordinating level in order to develop further appropriate condom programme development. This refers particularly to overall progress as well as cost-effectiveness of the different sectors in order to prepare for sustainable condom availability in the country. Analysis of user profiles (users versus non-users, consistent versus inconsistent users, for example) are an important way of disaggregating research results, to improve targeted communications and distribution efforts, and therefore the cost-effectiveness and efficiency of programme design and implementation decisions. Results of these segmentation analyses will inform programmatic decision-making on products, pricing, communications, promotion and distribution.

6. Condom policy implementation

In the framework of its overall health and multi-sectoral HIV/AIDS policy, Rwanda has systems in place that can be instrumental to realize consolidated market and target group segmentation. The multi-sectoral HIV/AIDS policy distinguishes the following sectors: the *public sector*, comprising the Ministry of Health and the other ministries; the *private sector*, which includes semi-public and private enterprises; the *community sector*, which incorporates several sub-sectors, such as the NGO/CBO sub-sector, the religious sub-sector (Catholic, Protestant and Muslim), the civil society sub-sector (labour unions, human rights groups), and the sub-sector of mass political organizations (youth and women's associations). Finally, the *coordinating sector* consists of the bodies that coordinate AIDS control efforts at the national and sub-national levels, i.e. CNLS and decentralized substructures.

Coordinated by CNLS, members of the above mentioned sectors and sub-sectors have joined specific clusters that are vital to assist the public sector to implement the condom promotion and distribution policy in a complementary way and in compliance with their core competencies, ethical principles and legal obligations. In order to contribute efficiently to the overall aim, core competencies of all sectors and sub-sectors involved should be utilized to their utmost extent. The national condom policy should allow for segmentation of target groups and market sectors and facilitate coordinated action.

The following presentation of partners in policy implementation is not meant to be exhaustive, but should rather encourage extension into sub-sectors and areas not yet sufficiently covered.

6.1. Public sector

6.1.1. *MINISANTE*

The MINISANTE is the core ministry for condom distribution in the public sector. The full chain of condom forecasting, product registration, procurement arrangements, logistics management and integration of condoms into health services, M&E and data collection are organized by the respective services of the MINISANTE.

With regard to logistics management of condoms in the public sector, the system in place will need to be reinforced in order to gain complete overview on all areas of condom procurement and chains of distribution that rely on public and donor funds. At service level, the constant availability and the visibility of condoms need to be assured. Outreach distributors and NGOs need to report regularly.

Special emphasis has to be laid on condom promotion and distribution to be integrated into all reproductive health services, such as Family Planning, adolescent reproductive health (ARH), HIV prevention, STI treatment, VCT, ART, psycho-medical care for AIDS patients. The integration of condom promotion should be visible and available at all levels of the health sector. Condom promotion must reinforce attitudes, knowledge and communication skills among service providers.

Contracted health services have an important share in the public health services, about 40 percent of the health facilities are under religious leadership. They should be encouraged to join the condom policy as far as possible in compliance with their primary health care mandate.

The MINISANTE considers various schemes to enhance condom acquisition for public health facilities and outreach workers such as putting a sales price on condoms or integration of condoms into health insurance schemes. Decisions should be concerted with overall condom strategies.

6.1.2. *CNLS / NACC*

The CNLS is the principal advocate for setting and preserving the vision to make condoms available and utilized without stigma and exclusion. The CNLS is in charge of the overall coordination of this condom policy and reflects the multi-sectoral nature of the national response to HIV/AIDS. The specific role of CNLS with regard to condom promotion and distribution is to assure highest political support and sufficient funding sources for condoms to increase and then meet the demand. CNLS leads the analysis of the overall market for condoms and the respective segmentation efforts.

At all levels, CNLS and its decentralized structures have the mandate to advocate, facilitate and monitor that agreed strategies and operation plans are implemented by the respective partners. Participative evaluation and eventual revision of the overall implementation of the condom policy is a core task of the CNLS.

In cooperation with the Condom Steering Committee CNLS makes available a focal point with special expertise on all issues concerning condoms. The still sensitive and controversial nature of condoms in the Rwandan society requires senior guidance and preparedness for any crisis that may occur in this respect.

6.1.3. *Other ministries and public sector*

Apart from the public health sector, other public sectors are encouraged to implement the condom policy. Three ministries have developed their own sectoral programmes, namely: MINADEF, MIJESPOC and MINEDUC.

MINADEF has a programme for army members and their families comprising STI/AIDS communication for behaviour change, promoting the use of the condom and giving treatment for STIs, AIDS and related diseases. Condom availability among soldiers is reported to be high.

MIJESPOC monitors activities carried out within the framework of the sectoral planning of the National Youth Council and supports youth centres in which Reproductive Health teaching sessions are organized. Condom promotion and distribution is part of the peer educator programmes. MINEDUC has introduced notions of HIV/AIDS in school textbooks and has been promoting education by peers through anti-Aids clubs in secondary schools. MINALOC has integrated HIV/AIDS issues in its social programmes, while MIGEPROFE has sponsored KAP studies in relation to Gender, sexuality and HIV/AIDS and has, in conjunction with other national actors and partners, organized debates on prostitution and the scourge of molesting female children.

The condom policy supports strengthening promotion and provision of condoms within all ministries as well as the structures that depend on them. Condom promotion can become the affair of every government employee through peer programmes and the like.

6.2. Community sector

Within the community sector, four so-called “umbrellas” – the Inter-faith organisation network, the umbrella of political mass organisations (especially National Youth Council and National Women’s Council) and the Rwandan Network of PLWHA (RRP+ or Réseau Rwandais des PVVIH), the NGO Forum (consisting of both national and international NGOs), are in existence and functional. These umbrella structures, set up with support of the CNLS, act as coordinating bodies, and equally serve as advocacy organs and sources of technical assistance for member organisations. Services provided range from education and communication aimed at promoting prevention and behaviour change through peer education programmes, VCT, PMTCT, provision of medical care, psycho-social support as well as material and nutritional support to members of AIDS affected families.

The umbrellas and their respective member organisations play a vital role for the implementation of the condom policy as their direct access to target groups assures coherence and can be utilized to initiate social mobilization and public dialogue on condoms in order to reach overall social support for destigmatized condom use. The community sector should continue, enhance or start condom distribution through its various networks in compliance with each organisation’s principles.

In the following, the specific roles of some subgroups of the community sector are presented.

6.2.1. *Communities*

Communities should play a significant role in condom promotion and distribution. Social mobilization and support in favour of those that need protection is paramount. Communities can enhance condom acceptability and availability by means of encouraging condom retail outlets, provision of condoms to trained community health workers (agents de santé communautaires) and establishment of secondary health posts to provide supplementary health services such as contraceptives including condoms, where those services are unavailable in existing centres.

6.2.2. *INGO Social Marketing*

Condom social marketing plays the major role in condom policy implementation. By channelling commodities and communications through existing private sector networks, social marketing increases the demand for condoms, and brings commodities and communications closer to the end user and target communities according to demand. In this way, condom social marketing efficiently primes the commercial market in anticipation of economic development, and reduces the burden on the public sector in making condoms available when and where they are in demand. The specialized INGO employs the full range of marketing techniques in order to create demand for subsidized condoms and to sell them mainly through private sector outlets at a minimal price. Wholesalers and retailers, including shop owners and community based distributors, obtain small profit margins. The vast

majority of condoms used in Rwanda are distributed by this programme. The social marketing brand "Prudence Plus" is the best known throughout the country. PSI/R has multiple partnerships with the public, private and NGO sector and its condom promotion is both generic and brand specific. Presently, the HIV/AIDS programme targets mainly youth in cooperation with the MIGEPROF and the National Youth Council comprising elements like negotiation of condom use and trust in the partner. PSI/R has carried out many research activities particularly with regard to behaviour change, condom acceptability and tracking of distribution.

Presently, the condom social marketing programme is mainly financed by the German Financial Development Cooperation (KfW). In order to satisfy condom demand, USAID agreed to co-finance the product recently. The continuation of social marketing of condoms will be of paramount importance to Rwanda and should be assured by GoR and the donor community.

6.2.3. *Churches and faith based organisations*

Churches and faith based organisations (FBOs) play an important role in the spiritual and social life of the Rwandan population. The network of religious confessions supports the diverse churches' willingness to respond effectively to the AIDS threat in respect of the respective religious principles. General orientation and education of believers and adherents about infection risks and ways of protection such as abstinence and fidelity are not controversial. In most cases, condom use is not promoted, but it is not denied or denigrated as one prevention means among others. As FBOs are major providers of psychosocial and spiritual accompaniment of HIV positive people and their families, the promotion of condom use and their provision should be encouraged in order to save the family life as far as possible.

Contracted health services (centres agréés) are a major field of church related organisations and about 40 percent of public health centres are under religious leadership. Services comply with the primary health care principles but exclude in general family planning services and contraceptives (including condoms). With regard to HIV/AIDS, contracted health facilities provide services such as VCT, PMTCT and ART that should be accompanied by condom promotion and distribution. The GoR accepts the churches' rejection to condom distribution but service providers and surrounding communities are encouraged to find ways to assure that condoms are available in the vicinity of the religious health facility if not within.

6.3. **Private sector and parastatals**

6.3.1. *CAMERWA*

With regard to donated contraceptives including condoms for the public sector, CAMERWA is the recipient. CAMERWA handles condoms imported for the government; manages the central storage of commodities and is in charge for the distribution to Health Districts and other recipients.

In view of future concerted or basket funding mechanisms, CAMERWA may have a distinctly different role in carrying out the international procurement process. This would need further development and negotiation with donors and is not envisaged in the near future.

6.3.2. *Private Health Sector*

A small percentage of Rwandans - primarily the most affluent - receive health care through private health clinics located mostly in Kigali. With regard to family planning, the private health sector is expected to play a more important role in the future.

Many Rwandans continue to rely on traditional healers, turning to the government health system only after traditional medicine fails. Most healers are part of a tradition passed down within families. Some have received one or two weeks of health training, but many continue to engage in high-risk practices such as scarification.

The private health sector, both Western medical and traditional, should engage in the promotion and provision of condoms to their respective clientele. It is important to involve traditional healers in a public dialogue and to develop non-conflicting messages about modern means of protection that respect the traditional holistic view.

6.3.3. *Commercial Sector*

With the aid of social marketing, the private commercial sector is able to contribute to an important part to condom distribution, as subsidized social marketing condoms are being sold primarily at private retail outlets for consumable goods and at pharmacies. Apart from this, international condom brands are imported and sold by this sector, although to a far lesser extent.

The development of the private condom market can be taken as a major indicator for condom acceptance in the general public. Therefore, commitment of the commercial sector to support the total market approach of the condom policy is a key issue in order to enlarge access to quality condoms and to be a partner in the share of information.

6.3.4. *Business and Industry*

In the framework of the multi-sectoral HIV/AIDS policy, the private sector is more and more involved in providing prevention and medical care schemes for its personnel. A number of companies have started such programmes.

Condom promotion and distribution should be part and parcel of work place programmes and policies. Condoms should be made available at convenient places. Alliances should be sought with government and NGOs in order to coordinate communication messages and supports. In addition, private business may contribute to generic sensitisation campaigns or engage in funding public and NGO activities.

7. Institutional responsibilities with regard to the condom policy

7.1. MINISANTE

Condom promotion and distribution falls into the mandate of the MINISANTE to assure integrated reproductive health services as defined in the Reproductive Health Policy (2003) and related sub-policies. MINISANTE ratifies the condom policy and is in charge of assuring its implementation in all subordinate or collaborating structures. MINISANTE contributes to the overall coordination of CNLS and particularly assures the integration of the condom policy into present and future cooperation projects with international partners.

In particular, the MINISANTE is in charge of

- forecasting condom needs for the whole country (included in contraceptives forecasting)
- developing 3 year and annual procurement plans for condoms for the public sector,
- logistics management (regular distribution to health providers, quality assurance etc.)
- data collection on actual condom distribution

These regular tasks are the responsibility of the MINISANTE MCH department (assisted by the Deliver project) based on regular information from health delivery services through Health Districts as well information provided by social marketing and civil society. In addition, demographic data are utilized to estimate future demand. The MCH department of the MINISANTE is assisted by the Logistics Committee for reproductive health products (Comité Logistique des produits de santé de la reproduction) charged with developing six months

procurement plans covering the needs of the whole country.³ For the public sector, CAMERWA is the main partner for product storage and dispatching.

At decentralized level, health districts are in charge of implementing the condom policy in an integrated way through the public health service delivery system and in cooperation with other ministerial and community sector partners.

7.2. CNLS / NACC

In accordance with its overall mandate to assist the GoR to put in place efficient coordination and implementation mechanisms in the fight against HIV/AIDS, the responsibilities of the CNLS with regard to the condom policy are as follows:

- Coordination of the development and implementation of strategies to enhance the role of all sectors and sub-sectors in increasing condom access and availability, and in promoting correct and consistent condom use by target populations.
- Coordination of national procurement plans for the public sector (health and others) and social marketing
- Coordination of multi-sectoral condom promotion and distribution plan
- Advocacy and sensitisation of the Rwandan society and management of eventual crises with regard to condoms
- Monitoring and evaluation of the implementation of the condom policy
- Establishment of a funding mechanism to secure medium and long term availability of condoms comprising national and international partners.
- Mobilization of financial resources for condoms and related activities nationally and internationally
- Establishment of a coordinating multi-sectoral body (such as the Condom Steering Committee)

7.3. Condom Steering Committee (CSC)

Institutional responsibilities of GoR entities are shared through committees and delegation of implementation tasks. Currently, the Condom Steering Committee (CSC) represents various stakeholders of the Rwandan society and partners in implementation. The committee is charged to give overall guidance on the implementation of the national condom policy and reports to the CNLS. The CSC is in charge of all issues concerning the development and implementation of strategies to upscale condom utilization and accessibility in Rwanda. It has a role of technical advice and advocacy with regard to societal acceptance of condom use and resource allocation.

With regard to the two major areas of this policy's concern, i.e. condom promotion and condom distribution, the CSC will closely cooperate with two committees concerned. The Committee on Contraceptive Logistics (Comité Logistique des produits de santé de la reproduction - MINISANTE) is the partner to provide regular information and update on condom forecasting, procurement, distribution, pricing and intended modifications of the system. The national Committee for Behaviour Change Communication (CN CCC - CNLS) is a major partner in message development and approval.

³ The scope of the Logistics Committee for RH products covers a range of coordinating and technical tasks which enables it to make evidence based suggestions for modifications of the logistics system including recommendations on fixing of price scales, execution of the distribution contract with CAMERWA, advocacy for resource mobilization etc. Being established mainly as a means to reposition and support family planning in Rwanda, the Committee needs strengthening with regard to the integration of HIV/AIDS/STI aspects of commodity supply.

The respective central and decentralized units in health and other ministries are contributing according to their mandate (such as IEC Unit, Pharmaceutical Unit, Family Planning Unit, health districts, ministerial focal points etc.).

7.4. Partners to Development

With regard to fight HIV/AIDS in general, Rwanda's partners to development have contributed considerable funding. Within the prevention package of ABC, funding for condoms and condom promotions is potentially underfunded, and at risk for reliance on too few donors. UNFPA and USAID are the funding sources for public sector contraceptives including condoms. These condoms are mainly associated with the public family planning programme. They are equally made available to the NGO sector. Social marketing condoms (the vast majority of distributed condoms) are up to 2005 mainly funded by KfW to which USAID has recently contributed. Under the MAP programme financed by the World Bank, local associations have allocated budgets to purchase condoms at any of the available in-country sources (public, social marketing, private).

Condom promotion is inbuilt in most HIV/AIDS programmes but only Social Marketing is a major provider of communication measures on a large scale, based on consumer research and with state-of-the-art quality.

In view of strengthening condom use through education, demand creation and satisfaction, the international partner community is requested to support the focus of this condom policy and to provide financial and technical resources for its concerted implementation. Existing partner coordination mechanisms such as the "HIV/AIDS Cluster" should be instrumental in supporting the condom policy and recognizing that condoms are an important and cost effective prevention method within ABC. In particular, medium term commitments and transparent allocation of funding are a prerequisite. Donor agencies should therefore develop and agree on financing mechanisms that comply not only with their own regulations, but also with the aim to secure constant supply and smooth procurement to the implementing agencies of the public and NGO sector.