Female Condom: A Powerful Tool for Protection

Global HIV/AIDS: Moving Forward in 2006
Global Health Council
Global Consultation on the Female Condom

- Review evidence for sexually transmitted infections (STI) and pregnancy prevention.
- Share program experiences.
- Identify program gaps.
- Create strategy for increased commitment.
Is there a need for the female condom?

- 340 million cases of curable STIs annually.
- Half of all 39 million adults infected with HIV are women; young women are at greatest risk.
- Technology available to prevent STIs and pregnancy now.
- Prepare for introduction of future HIV protection methods.
Can all women use the female condom?

- Well-accepted and used by women in a variety of settings.
- In some regions, the majority of new HIV infections occur in married or long-term relationships.
- Female condoms can be promoted for pregnancy prevention when partners are concerned about stigma.
Does the female condom prevent transmission of STIs?

- Polyurethene is an effective barrier against STIs (laboratory studies).
- Perfect use reduces risk of HIV infection more than 90 percent in one year (extrapolated from pregnancy data).
- Female condoms are at least as effective as male condoms in preventing STIs (Kenya, Thailand, USA).
Does the female condom offer dual protection from pregnancy/STIs?

- Studies show that female condoms are substantially equivalent to male condoms for pregnancy protection.
- Effectiveness rates ranged from 94 to 98% (female condom) compared to 92 to 96% (male condom).
- The female condom expands opportunities for dual protection.
Does the female condom have an impact on levels of protected sex?

- Providing female condoms increases levels of protected sex (USA, Brazil, Madagascar).

- Encouraging either male/female condoms increased protected sex (Kenya, Zambia, USA, Zimbabwe, South Africa, Nigeria).

- When both male/female condoms are available, consistent condom users often switch between methods.

- Complementary to male condom use.
Is the female condom cost-effective?

- Cost-effective, especially when included as part of a comprehensive prevention strategy.

- In high-prevalence setting, HIV infections are averted and net savings to the health system are demonstrated even at low uptake levels.

- Female condom programming is much less expensive than antiretroviral therapy (ART).

- Combine female condom and ART for efficient/effective prevention and treatment.
Are there challenges to increasing access and use?

- User-dependent method.
- Negative perceptions of barriers and female condoms by policymakers and providers.
- Perceived obstacles to genital touching.
- Perceived as relatively high-cost.
Are there feasible strategies for increasing demand and access?

• Increased promotion, wider distribution, better integration.

• Grassroots and global advocacy to reach key decision-makers.

• Education and outreach to potential users, including women and men not normally targeted for condom promotion.
Are there prospects for new products?

- **FC2**: CE mark. Price: US$0.60 at 60 million units.
- **V-Amour Female Condom**: CE Mark, Approved Indian Drug Controller. Price: $0.23 at 35 million units.
- **Natural Sensation Panty Condom®**: CE Mark, Available in Latin America. Price: $2.00/two-pack.
- **PATH Woman’s Condom**: Phase I trial completed. Projected price: $0.30-0.40 at 10 million units.
- **Silk Parasol Female Condom™**: Phase 1 trial planned for 2006. Price: not yet known.
- **Belgian Female Condom**: Acceptability studies in Belgium, 2003. Suggested retail price: $1.00.
How can we take action now to increase access and use?

- Advocacy at local, national, and international levels.
- Public- and private-sector investment in female condoms.
- Scale up promotion and monitor and evaluate impact.
- Research for improved programming.
Thank you!