Analysis of the Status of Implementation of the PANCAP Regional Model Condom Policy

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Submitted by

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Acronyms

ABC	Abstinence, Be Faithful and Condom use
ABHAN	Antigua and Barbuda HIV/AIDS Network
ABST	Antigua and Barbuda Sales Tax
AIDS	Acquired Immune Deficiency Syndrome
APPA	Antigua Planned Parenthood Association
ASRH	Adolescent Sexual and Reproductive health
BCC	Behaviour Change Communication
BFLA	Belize Family Life Association
BFPA	Bahamas Family Planning Association or Barbados Family Planning Association
BTIA	Belize Tourism Industry Association
CARICOM	Caribbean Community and Common Market
CARISMA	Caribbean Social Marketing Project
CBMP	Caribbean Broadcast Media Partnership on HIV /AIDS
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CHAA	Caribbean HIV AIDS Alliance
CMS	Central Medical Stores
CRN+	Caribbean Regional Network of Positives
CSO	Civil Society Organization
DAIA	la disponibilidad asegurada de insumos anticonceptivos
DPP	Dominica Planned Parenthood
FC2	Second Generation Female Condom
G Now	Grenada National Organization of Women
GAP	Grupo de apoyos al poder
GHARPS	Guyana HIV/AIDS Reduction Programme
GPPA	Grenada Planned Parenthood Association
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HP	Health Promotions
ICASO	International Coalition of AIDS Service Organizations
IEC	Information Education and Communication
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
KfW	German Development Bank
M & E	Monitoring and Evaluation
MARPs	Most at Risk Populations

MCP	Model Condom Policy
MESH	Meeting Emotional and Social Needs Holistically
MOEYG	Ministry of Education, Youth and Gender Affair
MOH	Ministry of Health
MOU	Memoranda of Understanding
MSM	Men who have sex with men
MSW	Male Sex Workers
NAC	National AIDS Commission or National AIDS Committee
NAP	National AIDS Programme
NACC	National AIDS Coordinating Committee
NFPB	National Family Planning Board
NGO	Non-Government Organization
NHP	National HIV/AIDS, Sexual and Reproductive Health Programme
NHP	National HIV Programme
NTHP	National TB, HIV/AIDS and STI Programme
OSY	Out-of- school youth
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
POWA	Productive Organization for Women in Action
PSI	Population Services International
PSI/C	Population Services International/Caribbean
RCM	Regional Coordinating Mechanism
RHA	Regional Health Authority
SHU	Sexual Health Unit
SRH	Sexual and Reproductive Health
SW	Sex Worker
TCI	Targeted Community Intervention
UGLAAB	United Gays and Lesbian Against AIDS Barbados
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNIBAM	United Belize Advocacy Movement
USAID	United States Agency for International Development
UWIDEC	University of the West Indies Distance Education Centre
VCT	Voluntary Counselling and Testing
WAR	Women Against Rape
YES	Youth Empowerment Skills
YFF	Youth for the Future

Executive Summary

Background and Methodology

In 2008, recognizing the efficacy of condoms in the prevention of unwanted pregnancy and HIV/STIs, PANCAP published the Regional Model Condom Policy (MCP). This policy is intended to serve as a reference for countries to facilitate a rights-based approach to appropriate condom programming.

This review was commissioned to assess the status of adaptation or implementation of the MCP, examine existing barriers, and identify paths to improved adaptation by the 15 English- speaking countries[1] under investigation. The review was conducted between May and October 2011. Interviews with officials from the National HIV/STI Programmes were conducted via Skype or telephone calls during Phase I of data collection. In Phase II of data collection, three countries, namely, Antigua and Barbuda; Belize and Jamaica, were selected for more in-depth in-country analysis (including focus group discussions and interviews with stakeholders).

Key Findings

The review revealed an overall low level of adaptation or implementation of the MCP among the 15 countries. Nevertheless, many of the key stakeholders indicated that with technical and financial assistance their countries would be willing to adapt the MCP. The key findings of the review are presented in the table below.

The main findings of the review indicate that:

- Only Antigua and Barbuda has adapted elements of the policy. However, adaptation of the MCP was limited by several factors. These include: no clear mandate to a lead agency; inadequate stakeholder coordination; a genuine lack of resources; lack of communication of the national Condom Action Plan an absence of a mechanism facilitating the discussion of issues; stakeholders not desiring legislative reform to favour condom distribution to MARPs because of the high politics of the issues addressed; and cultural positions on sex, condom access and use
- Montserrat, St. Lucia and Trinidad and Tobago completed national Condom Policies or Strategies. In all cases the MCP was used as a reference to guide the development of these documents

[1] These countries include: Anguilla, Antigua and Barbuda, Barbados, Belize, Bermuda, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Lucia, St. Vincent and the Grenadines, St. Kitts and Nevis, The Bahamas, Trinidad and Tobago.

- Anguilla and Bermuda have begun development of national Condom Policies or Strategies

Table 1. Key Findings of Review of the 15 countries

Country	Knowledge of MCP	Attempt to adopt MCP	Condom Policy/Strategy in development	Condom Policy/ Strategy completed	Strategic Planning	Legal barriers	Socio-cultural barriers	NGO participation	Social marketing organization in country	Areas for assistance in adaptation of MCP identified	Feasibility of Multisectoral Committee on condoms
Anguilla	√	x	√	x	√	x	√	x	x	√	√
Antigua and Barbuda	√	√	x	x	√	√	√	√	√	√	√
Barbados	√	x	x	x	√	√	---	√	√	x	√
Belize	√	x	x	x	√	√	√	√	√	√	√
Bermuda	√	x	√	x	---	x	√	√	x	√	√
Dominica	√	x	x	x	x	√	---	√	√	---	---
Grenada	√	x	x	x	x	√	√	√	√	---	√
Guyana	√	x	x	x	x	√	√	√	√	√	√
Jamaica	√	x	x	x	√	√	√	√	√	√	√
Montserrat	√	x	x	x	√	x	√	√	x	√	√
St. Lucia	√	x	x	√	√	√	√	√	√	√	√
St. Vincent and the Grenadines	√	x	x	x	√	√	√	√	√	x	---
St. Kitts and Nevis	x	x	x	x	x	√	√	√	√	---	---
The Bahamas	x	x	x	x	√	√	---	√	x	x	√
Trinidad and Tobago	√	x	x	√	x	√	√	√	√	√	√

Key: √ = Yes; X = No; --- = Not determined.

- Nine countries are involved in strategic planning for condom programming. These are Anguilla; Antigua and Barbuda; Barbados; Belize; Jamaica; Montserrat; St. Lucia; St. Vincent and the Grenadines; the Bahamas; and Trinidad and Tobago
- Only Anguilla, Montserrat and Bermuda report not having legal barriers that hinder the accessibility of condoms for most-at-risk populations (MARPs)
- All, with the exception of Anguilla, reported the participation of non- governmental organizations in condom programming
- The social marketing organizations PASMO and Population Services International/Caribbean (PSI/C) are present in 10 countries. These include: Antigua and Barbuda; Barbados; Belize; Dominica; Grenada; Jamaica; St. Lucia; St. Vincent and the Grenadines; St. Kitts and Nevis; and Trinidad and Tobago
- Nine countries identified areas in which they would need assistance to adapt the MCP. These include: Anguilla; Antigua and Barbuda; Belize; Bermuda; Guyana; Jamaica; Montserrat; St. Lucia; and Trinidad and Tobago
- Adaptation of the MCP by Belize was hindered by the power dynamics between key stakeholders. Condom access and Behaviour Change Communication initiatives are difficult in the hinterland. However, PASMO's partnership with the private sector is enabling condom access in remote areas of Belize
- There are a number of successful and commendable features of condom management in Jamaica. However, the country's adaptation of the MCP offers a genuine opportunity for the country to address existing gaps in condom programming, especially as it relates to improving the accessibility of condoms for MARPs.

Recommendations

The adaptation of the MCP by the 15 countries in this review may be facilitated by:

1. Improved awareness of the purpose and content of the policy

   A regional, promotional campaign on the MCP will greatly facilitate positioning the MCP as the tool for safeguarding populations from HIV/STI infections and unwanted pregnancy through consistent use of high quality condoms. Support material should be developed to increase awareness among stakeholders of the MCP. In Jamaica key stakeholders expressed a desire for an abridged version of the MCP.

2. The establishment of Memoranda of Understandings (MOU) with lead public sector agencies

To confirm the commitment of a country to the adaptation of the MCP there should be the establishment of MOU with the public sector body responsible for directing the national response to HIV/AIDS or family planning to lead the process. In Anguilla such an understanding and a named focal point would jumpstart the adaptation process.

3. Facilitated national consultations

Broad stakeholder consultation on the MCP, including the private sector, NGOs and different government departments, will assist countries with key information to guide the adaptation or implementation process. In Antigua and Barbuda, stakeholders across various sectors took advantage of the in-depth, in-country analysis to gather to discuss from their unique perspectives how aspects of the MCP could be translated into practice in that country.

4. Technical and financial assistance

MCP implementation rates among countries are likely to improve if they receive technical assistance in developing more comprehensive mechanisms for forecasting condom needs, monitoring and evaluation of condom distribution and other systems related to condom programming. All the countries cited limited financial resources as a key barrier to adaptation or implementation of the MCP. Opportunities exist for member countries to access funding from organizations such as USAID and through PANCAP.

5. Increased advocacy for the implementation of the MCP

Several regional and International organizations can assist PANCAP with increasing advocacy for the implementation of the MCP. At the regional level the Caribbean Broadcast Media Partnership on HIV and AIDS, a coalition of Caribbean commercial and public broadcasters, and PSI/C may be advocates for increased adaptation of the policy. Internationally, the World AIDS Campaign and other agencies may foster support for the adaptation of the MCP through their advocacy mechanisms.

Introduction

HIV prevalence among adults in the Caribbean is estimated at 1% (UNAIDS, 2010). The region has the second highest prevalence rate worldwide, after sub-Saharan Africa. Caribbean countries often exhibit simultaneous 'sub-epidemics', one generalized and others with disproportionately higher prevalence rates, concentrated in most-at-risk populations (MARPs). These include youth, sex workers (SWs), and men who have sex with men (MSM).

Sexually active populations in the Caribbean display certain characteristics that result in unwanted pregnancy and the spread of HIV/STIs. Multiple sex partners, cross-generational and transactional sex, a gender imbalance that favours males, gender-based violence, and a preference for unprotected sex, are such characteristics. Thus, innovative, sustainable, evidence-based responses are critical for the reversal of the Caribbean HIV epidemic.

The Pan Caribbean Partnership against HIV/AIDS (PANCAP) was established by the Caribbean Community to facilitate the reversal of the HIV epidemic in the region. PANCAP's mandate is therefore to spearhead and augment the regional HIV response through advocacy on HIV-related issues to governments and mobilization of country-level resources.

In 2008, recognizing the efficacy of condoms in the prevention of unwanted pregnancy and HIV/STIs PANCAP published the Regional Model Condom Policy (MCP). The MCP had been developed in consultation with contributors from 13 PANCAP member countries, CARICOM and representatives from international funding agencies, UNAIDS, CARISMA, and other organizations. The Regional policy was approved and disseminated at a high level meeting of government and health officials from PANCAP members countries. The document itself outlines recommendations for implementation of the MCP.

This Regional policy is concerned with protecting the rights of all sexually active people in the Caribbean *'by creating an environment which enables them to acquire condom related information and skills, and access and use condoms as an option to prevention the transmission of STIs, including HIV, and undesired pregnancies.'* The MCP emphasizes the need for populations to have consistent access to high quality male and female condoms and related products. To achieve this the Regional Policy prescribes a set of strategic, participatory and technical mechanisms at the national level, within four key elements.

These are:

i) Strategic condom management – which seeks to ensure the involvement of all sectors in condom programming;

ii) Behaviour change communication and promotion of condom use – which recognizes the need to employ culturally relevant strategies to overcome the sexual and personal barriers to condom use by Caribbean populations;

iii) Monitoring and evaluation – as essential mechanisms by which information to guide condom programming would be obtained; and

iv) Strategic responsibilities – which recognizes and seeks to outline the role of each sector in implementing the MCP.

The MCP is therefore intended to serve as a reference for countries to facilitate a rights-based approach to appropriate condom programming. PANCAP is concerned with translating the stated intentions of the MCP into a set of country-level practices that promote universal access, use and education on condoms.

The Caribbean Social Marketing programme (CARISMA) is a development project of the PANCAP of the CARICOM Secretariat. The programme is funded by the German Government, represented by the Federal Ministry of Financial Cooperation and Development, through KfW. CARISMA's overall objective is '*to improve the status of sexual and reproductive health in general and, more specifically, to reduce the rate of STI and HIV infection rates, in selected countries of the Caribbean region*.' Options, the Regional Consultant for CARISMA, commissioned this review of the response to the MCP in the 15 English – speaking PANCAP member countries.

Methodology

This review of the response of 15 English-speaking, PANCAP member countries to the MCP was conducted between May and October 2011. The Terms of Reference for this review is given in ANNEX I. Interviews were conducted via Skype or telephone calls during Phase I of data collection and the respondents were officials from the National HIV/STI Programmes[2]. For expediency, the countries were divided between the consultancy team. See ANNEX II for the division of the assignment, and the list of respondents in this Phase. The interview guide is provided in ANNEX III.

In Phase II of data collection three countries were selected for in-country analysis as follows:

i) Antigua and Barbuda – a country which indicated that it had adapted elements of the MCP , which may reveal implementation issues with sister islands;

ii) Belize – a country with a CARISMA social marketing project, in which issues related to implementation of the MCP in hinterlands may be examined; and

iii) Jamaica – an example of a more developed HIV response with multiple stakeholders.

Interviews, focus groups and stakeholder review meetings were conducted in these countries as outlined below:

- In Antigua[3] - 22 interviews, one focus group with NGOs, and a stakeholder review meeting were conducted;
- In Belize – 6 interviews, and one focus group with NGOs were conducted;
- In Jamaica – 8 interviews, and a focus group with NGOs were conducted. The consultancy team also attended the dissemination event of the *CARISMA Market Survey of Condoms and Sexual Lubricants* in Jamaica and benefitted from a session in which participants discussed aspects of the adaptation or implementation of the MCP.

Interviews were also held with key informants in the region on matters related to the introduction of the MCP, national legislation, models of policy implementation, and the role of certain organizations. The list of respondents and participants in Phase II is also given in ANNEX II. Transcripts of the recordings of these sessions were analyzed[4] for issues related to adaptation or implementation of the MCP, and in accordance with the research objectives outlined in the Terms of Reference. These are presented in the Parts I and II of the findings.

[2] Or other department responsible for coordinating the HIV response.

[3] There was enthusiastic participation in Antigua, with many stakeholders contributing to the review. *The Daily Observer*, the national newspaper, featured articles on the MCP and the analysis of the country's status of adaption. One such article on the stakeholder consultation may be retrieved at http://www.antiguaobserver.com/?p=64874

[4] Analysis of the findings was guided by the text *Health Policy: An Introduction to process and power* (Walt, 1994).

Part I – Review of the status of implementation of the MCP in 15 countries

This section reviews the status of implementation of the MCP in the 15 English-speaking PANCAP member countries. There is an overview of the key stakeholders in present condom programming, barriers to adaptation, and areas for assistance identified by the country. Table 1 in the Executive Summary provides a synopsis of the key findings of the review of the status of implementation of the MCP in the 15 countries.

Anguilla

The key findings of the review of the status of Anguilla's adaptation of the MCP are as follows:

- Anguilla has not adapted the MCP but officials of the National HIV/AIDS, Sexual and Reproductive Health Programme (NHP) are open to receiving training and technical support to facilitate adaptation of the policy
- In 2008, UNFPA provided technical assistance to Anguilla to develop a National Condom Strategy and Action Plan, however, in spite of this support the plan does not seem to have been implemented
- The country's National Strategic Health Plan 2009 – 2014, commits to increasing the distribution and accessibility of condoms to its sexually active population
- Given its population of approximately 14,000 promotion of condoms is mainly directed at the sexually active population in general and does not target MARPs. NHP officials argue that this strategy allows MARPs to access condoms in anonymity
- Targeted interventions on condoms are limited to youth and Spanish-speaking migrants. Other MARPs, such as MSM, SWs are not readily identified, which makes it difficult to directly engage with these groups
- Anal sex is not criminalized under Anguillan law
- To promote and distribute condoms, partnerships have been forged with various public and private sector entities and FBOs, but none with NGOs
- Condoms are distributed island-wide in various clinics, government offices, as well as in banks, bars, gyms and are so placed that they are accessed freely
- There is strong political will for the promotion of condom education, access and use of condoms.
- There is need for sustained behaviour change communication initiatives to address the widespread preference for unprotected sex,
- The country's Multi-sectoral HIV Committee, which was formed in the 1990s, meets monthly to discuss all issues related to HIV. This committee may facilitate regular discussions among stakeholders on matters related to condom promotion, education and access, as well as the adoption or adaptation of the MCP.

Antigua and Barbuda

The review of the status of adaptation of the MCP by Antigua and Barbuda revealed the following:

- Antigua and Barbuda is the only country of the 15 in this analysis to have attempted to adapt elements of the MCP. These elements are related to enhancing the mechanism by which the National AIDS Programme (NAP) monitors condom distribution; improving the accessibility of condoms for MARPs; and improving dialogue with key stakeholders
- The NAP distributes female and branded male condoms, and whenever available sexual lubricants, from its office, all VCT sites, polyclinics, hospitals and health centres; and at up to 24 community outreach events annually
- The NAP has forged partnerships with several public sector departments, private sector organizations and NGOs to promote and distribute condoms to the sexually active population, including youth, SWs, MSM, PLHIV and other MARPs
- It is possible to establish a multi-sectoral committee, which will facilitate regular discussions on issues related to condoms
- The country has no laws or policies to guide interventions that seek to improve the accessibility of condoms for MARPs, but buggery or anal sex, and prostitution are criminal offences, and this has implications for the direct engagement of certain MARPs[5] on issues related to condom promotion
- Condom availability for free distribution has been inconsistent. In 2010, the country experienced about seven months of stock-outs
- Further adaptation of the MCP is challenged by unwillingness of some key stakeholders to improve the accessibility of condoms for certain MARPs, such as inmates and in-school youth
- NAP officials need guidance from Legal Affairs and Ministry of Finance to appreciate the extent to which existing laws may be revised to improve the accessibility of condoms for MARPs
- There is need to secure funding for consistent supplies of condoms and sexual lubricants packaged in sachets for free distribution
- Training on developing a framework for tracking accessibility of condoms at the community level would benefit key stakeholders
- National consultations on the MCP and advocacy by CARICOM would facilitate the type of dialogue and action necessary for further adaption of the policy

[5] Chapter 3.41 of the Prisons Act of the Laws of Antigua and Barbuda prohibits sexual intercourse in the prison; The Sexual Offences Act, 1995 Part 2, paragraph 5,6, and 7 state that sex with a minor is a criminal offence; paragraph 12 indicates that anal sex is a criminal offence; and paragraph 22 criminalizes prostitution.

Barbados

The main points emerging from the review of Barbados' status of adaption of the MCP are:

- Barbados has neither adapted nor implemented the MCP, and has not developed a Condom Action Plan
- The Health Promotion Unit of the National HIV Programme (NAP), the lead-implementing agency in condom programming lacks coordination and institutional capacity
- In 2007, prior to the MCP, the MOH and the island's condom distributors began a condom market strategy, which could be revitalized as a possible mechanism to facilitate multi-sectoral, collaborative condom programming
- Distribution of male and female condoms is conducted through government agencies, such as the Ministry of Labour, and the Security Ministry; NGOs, and CBOs. Supermarkets and commercial pharmacies sell and promote condoms
- Key NGO partners are the Peer Groups for PLHIV, the United Gays and Lesbians Against AIDS in Barbados (UGLAAB) and Barbados Family Planning Association (BFPA). Condom distribution by these partners is limited by their existing capacity and financial resources
- PSI/C's work in Barbados is limited to the Got it, Get it campaign and social marketing of brands of private sector condoms
- The country's restrictive legislative environment hinders the accessibility of condoms for MARPs, which are not specifically targeted in interventions. Sex work, buggery and condom access for persons less than 18 years old are illegal
- PLHIV access positive prevention education, counselling and secondary prevention, which includes the provision of condoms and sexual lubricants
- The NAP procures about 5% of the condom market of private distributors. The main condom brands distributed by the MOH are *Durex, Preventor* and the *FC2* female condom. Generic condoms are not distributed and are minimally used
- The MOH monitors the condoms it procures and distributes by them using the UNFPA-developed CHANNEL software, which reduces stock- outs
- Increased private sector engagement in condom programming and inventory management is critical for the expansion of the total condom market, optimal use of the commodity, and in moving forward the adaptation or implementation of the MCP
- Barbados would benefit from assistance in M&E, developing a Condom Action Plan, and in conducting a situational analysis to appreciate the existing total condom market and related programming issues
- Integration of the HP units of the MOH (Chronic Diseases) and NAP may result in improved internal coordination and better efficiency in the implementation or adaptation of the MCP.

Belize

The key issues emerging from the review of the status of adaption of the MCP in Belize are:

- Belize has neither adapted nor implemented the MCP, but there is acknowledgement that the National AIDS Commission (NAC) has the responsibility to do so
- Development of a Condom Action Plan, which was influenced by the MCP, commenced in 2009. However, this plan has not been completed
- There is evidence of strategic condom management involving NGOs and the private sector
- There are power dynamics between the NAC and the National TB, HIV/AIDS and STI Programme (NTHP) that impact on the process of adapting the MCP
- The NAC is limited in its ability to implement initiatives throughout the public sector
- The NTHP does not implement interventions targeting MSM and SWs, but partners with key stakeholders, such as the Belize Family Life Association (BFLA), the United Belize Advocacy Movement (UNIBAM), and the social marketing organization PASMO. These partners target youth, SWs and MSM and the NTHP supports their Behaviour Change Communication (BCC) initiatives with condoms for distribution
- There is collaboration among the partners: BFLA, for example, assists some of the smaller NGOs with sub-grants for activities targeting MARPs
- The country is presently in the midst of constitutional difficulty for injustices experienced by MSM
- Belize has both government and private sector involvement with efforts made to engage the Security, Labour, and Education Ministries, as well as condom distributors and various representatives involved in condom sales
- In 2010, the NTHP implemented a condom distribution programme that provided female condoms and unbranded male condoms in public health facilities and key Line Ministries. There is limited distribution of sexual lubricants. However, in 2011 a new M&E system was developed for NGOs to record where and to whom they are distributing free condoms
- Adaptation or implementation of the MCP appears to be challenged by a prevailing uncertainty regarding the strategic responsibilities of partners, the scale-up of condom distribution particularly in rural and remote areas, and other aspects of the MCP
- To adapt or implement the MCP the country requires technical assistance, facilitated stakeholder consultation to identify strategies to reach rural areas, and dedicated resources.

Bermuda

Review of the status of adaption of the MCP in Bermuda revealed the following:

- There is knowledge of the MCP among officials of the HIV Programme, the lead body in condom management in Bermuda. However, there is no evidence of adaptation of the policy
- In 2009 development of a Condom Action Plan was attempted, but this seems to have stalled
- Condoms distribution occurs through the HIV Programme, but persons are embarrassed to access condoms in clinics. Condoms may be purchased at pharmacies and 24-hour gas stations
- The HIV programme is engaged in promotional activities that promote maintaining good sexual health and prevention, but this is not specific to condom use
- MARPs are not targeted, conservative socio-cultural attitudes limit the accessibility of condoms for MSM, SW and other MARPs'. Condoms are not distributed in prisons, and there is no sexual health curriculum in the schools. There is strong parental disapproval of promoting condom use among youth, and resistance around the issue of sexual health education in middle and high schools.
- UNFPA donates female condoms for distribution to the public sector while *Lifestyles, Trojan*, and *Durex* male condoms are purchased and distributed by the HIV programme for public sector use
- The female condom is not readily available and there is a low level of knowledge of its use. Through targeted interventions women are sensitized to the female condom
- Three major NGOs involved in condom programming targeting youth are PRIDE, Youth Net and Mirrors. However, these lack the capacity to move forward with the MCP initiative.
- There is no social marketing programme
- The legislative framework supports access to some MARPs: condom access by minors at health facilities is not prohibited, there is no legal or policy framework prohibiting condom access in prisons and homosexual activity is legal
- Stakeholders involved in condom programming in the private and public sectors may contribute to the adaptation or implementation of the MCP
- Physicians are reported not to be receptive to having conversations about condom use with their patients and there is a perception in the society that condoms diminish sexual sensation
- Private sector pharmaceutical companies can provide data on the number of condoms sold
- Bermuda would benefit from assistance to complete the Condom Action Plan, development of a condom use stigma reduction strategy and mechanisms to increase the involvement of the private and informal sectors.

Dominica

The main points emerging from the review of Dominica's status of adaption of the MCP are:

- Representatives from the National HIV/AIDS Response Programme (NHP), the leaders in condom programming, were aware of the MCP but the country has not implemented or adapted it
- The country has no National HIV Policy and without this larger framework in place NHP officials questions the practicality of implementing or adapting the MCP
- Condom related interventions occur in the public and NGO sectors with targeted interventions to youth, MSM and SWs, using the ABC (abstain, be faithful, and condom use) approach
- Distribution of male and female condoms occurs through government pharmacies, health centres, hospitals, prisons and for security forces. In the private sector, these commodities are available at pharmacies and supermarkets
- Male condoms that are purchased by the NHP are stored at the Central Medical Stores, which is the organization charged with forecasting and tracking the distribution of condoms
- Female condoms are provided by UNAIDS
- There are concerns about the lack of documentation on condom distribution and the need to improve the tracking of condoms
- Dominica's legislative framework criminalizes buggery or anal sex and prohibits the accessibility of condoms for minors and in-school youth
- There are HIV prevention interventions targeting MSM, and in the prisons, but these do not include condom distribution
- PSI/C facilitated a forum for the public and private sectors stakeholders to discuss condom programming under their '*Got It? Get It*' campaign
- Dominica Planned Parenthood is the lead NGO in the promotion and distribution of condoms. Other key NGOs are the National Youth Counsel and the Dominica Red Cross
- Limited information is available on the involvement of the private sector and the feasibility of a condom committee where condom-programming issues can be discussed across sectors
- To facilitate the implementation or adaptation of the MCP Dominica should benefit from concerted promotion of the value of the MCP in the absence of national Policy on HIV or on condoms. This may facilitate strategic condom planning and with technical support the development of a Condom Action Plan.

Grenada

The key points revealed by the review of Grenada's status of adaption of the MCP are:

- Though there is knowledge about the MCP in Grenada there has been no effort to implement or adapt the policy or to develop a Condom Action Plan. The National AIDS Programme (NAP) participated in preparation workshops for the implementation or adaptation of the MCP, but due to competing agendas no concrete action followed
- Male and female condom education, demonstrations and distribution occur through the NAP and NGOs. Outreach activities occur wherever HIV testing is offered
- The NAP purchases and distributes *Durex, Trojan* and generic male condoms but does not purchase female condoms on a regular basis. Female condoms are donated
- Male condoms are stored at Central Medical Stores (CMS) and sent to the various distribution points including the hospital, health centres and some NGOs. There is little monitoring of distributed condoms. Data is only available on the number of condoms purchased by the CMS
- Existing legislative frameworks and conservative cultural attitudes towards sex hamper the accessibility of condoms for MARPs. Buggery is illegal in Grenada, and this hinders condom access in prisons. Social and religious taboos related to sex also result in denial of the existence of particular types of sexual risk behaviours
- Condom advertising, promotion and marketing are also impacted by these conservative cultural attitudes. Advertising of condoms is subsumed under the wider topic of HIV prevention, which is discussed from the perspectives of fidelity and abstinence
- Key NGOs are: the Grenada Planned Parenthood Association (GPPA), a lead agency importing its own condoms; Grenchap, which advocates for the rights of MSM, SW and PLHIV and provides HIV prevention services including condom education, demonstration and distribution; and Grenada National Organization of Women (G NOW), which provides services to women, including condom distribution. PSI/C is active in Grenada, working in collaboration with the private sector to support commercial sales in non-traditional outlets
- The National AIDS Council has representation from the Employers Federation, Trade Union, University of Grenada and the Medical Association and was identified as a suitable private - public sector forum for the discussion of matters related to condom programming
- Limited knowledge exists about private sector distributors in Grenada's condom market, the NAP has no direct links with this sector. To facilitate the implementation or adaptation of the MCP Grenada needs support in determining the contribution of its private sector condom distributors and the current status of condom access by its population
- The country's key stakeholders should become strategically involved in the development a condom strategy that includes an appropriate M&E framework.

Guyana

The central elements emerging from the review of the status of Guyana's adaptation of the MCP are as follows:

- The country has neither adapted nor adopted the MCP
- It was stated that much of the regional policy is already being addressed though national programmes: condoms are procured from the Central Warehouse by the National AIDS Programme Secretariat (NAPS) and distributed to health centres, clinics, Line Ministries, and through Civil Society Organizations (CSOs), NGOs and FBOS
- Some elements of the MCP absent from Guyana's programming include a Condom Action Plan; a mechanism for tracking MARPs' access to condoms; and a multi-sectoral committee to facilitate decision-making on matters related to condoms
- Key NGOs in condom promotion and distribution are Artistes in Direct Support, Youth Challenge Guyana, Hope for All, and Hope Foundation
- International Development Partners such as UNFPA and UNAIDS often donate condoms for distribution
- The social marketing agency Guyana HIV/AIDS Reduction Programme (GHARPS) distributes the generic, silver packaged male condoms and some branded condoms
- About four or five private sector entities sell branded condoms, such as *Durex* and *Rough Rider* and submit to the NAPS a quarterly report on the number of condoms sold
- The Multi-sectoral National Prevention Reference Group, which consists of persons with knowledge of Guyana's SRH issues may facilitate regular dialogue and decision –making on condoms
- Adaptation of the MCP is unlikely given the seemingly low national demand for such a policy, and an absence of direction on the course to be taken
- Relevant stakeholders need to collaborate to find viable solutions to overcome existing difficulties in engaging sexually active in-school youth in condom promotion and distribution
- A NAPS official cites the country's lack of resources as a major factor limiting the education initiatives and condom access of mining populations in the hinterland regions, some of which are non-English speaking
- There is need for assistance in facilitating national dialogue and broad stakeholder consultation on condom related issues and in sensitizing stakeholders on the MCP.

Jamaica

Review of the status of adaption of the MCP in Jamaica revealed the following:

- Jamaica has neither adapted nor implemented the MCP, although it has elements prescribed in the MCP, such as coordination of the National HIV/STI Programme (NHP) and the National Family Planning Board (NFPB); coordinated forecasting of national condom needs through the NFPB; the implementation of new strategies for condom promotion to MARPs, and an HIV response with multiple actors across all sectors involved in the promotion of condoms access, use and education
- Many stakeholders are unfamiliar with the contents of the MCP and there are no plans to implement or adapt the regional policy
- Male and female condoms are available in hospitals and health facilities departments as well as in non-traditional outlets. Sexual lubricants are distributed mainly for MARPs targeted interventions. Jamaica is very reliant on International Development Partners to fund condoms for public sector use. It is anticipated that the private sector will need to fill the gap in condom supply in the event there is a reduction in donor funding to the NAP
- There is wide civil society involvement, over ten CSOs promote condom access, use and Behaviour Change Communication (BCC) interventions targeting MARPs. The main CSOs are the Jamaica AIDS Support for Life, Jamaica Forum for Lesbians, All-Sexuals and Gays, Jamaica Network for Seropositives, the Jamaica Red Cross, and the 13 Parish AIDS Associations
- The main private sector condom distributors are Carimed Ltd., Facey Commodity Co. Ltd., Lasco Distributors Ltd., No Glove No Love Limited and May Clare Corporation. PSI/C is working with private sector distributors in Jamaica to improve access of commercial condoms and sexual lubricants in non-traditional sites
- Legislative barriers hinder the accessibility of condoms for MARPs'. The Ministry of Education and Youth maintains a policy that prohibits condom access in schools. The NHP is prohibited from facilitating condom access to inmates and sex work and buggery or anal sex are illegal under the laws of Jamaica[6]. Negative provider attitudes[7] are real barriers to minors and youth accessing condoms
- Jamaica has the ability to build on its experience in broad stakeholder consultation in adapting the MCP. However, the country must first commit to action as it concerns the MCP
- Condom programming in Jamaica maybe improved by the adaptation of elements of the MCP including M&E and strategic condom management.

Montserrat

[6] Under the Laws of Jamaica, The Sexual Offences Act 2009, Part IV paragraph 10 states that sex with minors is a criminal offence; similarly Part V paragraph 23 cites prostitution, and Section 76 of the Offences Against the Person Act cites buggery or anal sex.

[7] Impact analysis of the Interpersonal Relations (IPR) Experiential Learning programme 2009

The review of the status of Montserrat's adaptation of the MCP indicated the following:

- The country has neither adapted nor adopted the MCP and does not have a Condom Action Plan
- The MCP was used as a reference document in the development of Montserrat's draft National HIV/AIDS Policy[8]. This document emphasizes the government's commitment to continued condom distribution programmes
- The National Strategic Plan 2011 -2015, commits to improving male and female condom social marketing through increased outlets serving MARPs, public condom demonstrations, and improved data collection on condom distribution and usage
- The Sexual Health Unit (SHU) of the Ministry of Health and Community Services, which is staffed by two persons, leads Montserrat's condom promotion and distribution throughout the primary health system
- A 40-member multi-sectoral team provides oversight of the country's HIV response. This team includes representation by the public and private sectors, CBOs, NGOs and FBOs
- PSI/C trained persons in establishing non-traditional sites for condom sales through its *'Got It? Get It'* campaign, and was asked by The Pan American Health Organization (PAHO) and the Ministry of Health and Community Services to assist in monitoring condom sales in the private sector. Since 2006 PSI/C has not been present
- There is a mechanism for monitoring condom access of the general population through the public sector, but none for the private sector or for monitoring MARPs' access
- Buggery has been removed as an offence from the country's legislation and there are no laws specific to HIV/AIDS. However, a national policy on HIV/AIDS is in development
- The Education Policy disallows sexually active youth from accessing condoms on in primary and secondary schools, but this does not apply to colleges or the University
- Religious leaders have requested greater emphasis to be placed on building values and character rather than positioning condoms as the solution to HIV/STI prevention[9]
- Adaptation of the MCP will be challenged by the country's limited human and other resources
- There is need for consistent supplies of male and female condoms, in 2011 there was a stock-out of male condoms when a shipment was delayed by two months
- There is indecision among key stakeholders on whether to adapt or adopt the MCP.

St. Lucia

[8] This document was not available for review, but was being prepared for submission to the Council.

[9] As cited in the Montserrat National HIV/AIDS/STI Strategic Plan 2011 -2015, p. 23

The review of the status of adaptation of the MCP by St. Lucia revealed the following:

- The country has neither adapted nor adopted the Regional Policy, but the development of St. Lucia's 2010 National Condom Strategy was informed by the MCP and is a main action area of the draft National Strategic Plan 2011 -2014
- The NAPS contracted PSI/C to develop the National Condom Social Marketing and Community Distribution Strategy, which features indicators for condom distribution and a data collection mechanism, as well as other elements closely aligned to elements of PSI/C's '*Got It? Get It!'* campaign
- Distribution of male and female condoms is spearheaded by the National AIDS Programme Secretariat (NAPS). These commodities are available upon demand at the country's three publicly operated STI clinics, 36 health centers, and increasingly at primary care sites as more emphasis is placed on mainstreaming HIV in healthcare
- The main CSOs directly engage youth, MSM, SWs, PLHIV and other MARPs in condom promotion and distribution. These include St. Lucia Planned Parenthood; the St. Lucia Red Cross; AIDS Action Foundation; United and Strong Inc.; and Caribbean Drug Abuse Research Institute
- Condom access through the public distribution mechanism remains underutilized by youth and other MARPs[10]. In the private sector the cost of condoms may range between EC$ 1.00 – 2.50, which may be prohibitive for some MARPs, especially youth
- Critical areas of the country's HIV response remain in transition: the end of the World Bank project in 2010 resulted in staff layoffs at the National AIDS Programme Secretariat (NAPS); and the National Condom Strategy is awaiting ratification by the Country Coordinating Mechanism (CCM)
- St. Lucia's *Draft Criminal Code 2003* Chapter II, Part I - *Offences Against the Person,* Sub-Part C lists as offences anal sex[11], sex with minors[12], prostitution and soliciting prostitution[13], as well as the sexual or other transmission of HIV[14]. There is no distribution of condoms in educational or correctional institutions
- Adaptation of the MCP would be facilitated by assessment of the country's condom programming; a consultation on the National Condom Strategy with a view to develop an informed national condom distribution programme; a feasibility study of proposed condom-related initiatives; and increased collaboration between the public and private sectors.

St. Vincent and the Grenadines

[10] St. Lucia's Adolescent Youth Survey 2005 found that about 30% of sexually active youth reported using condoms
[11] *Draft Criminal Code, St. Lucia 2003, Chapter 2, Pt. 1 Sub-Part C* paragraph 133
[12] *Draft Criminal Code, St. Lucia 2003, Chapter 2, Pt. 1 Sub-Part C* paragraphs 124, 126, 127
[13] *Draft Criminal Code, St. Lucia 2003, Chapter 2, Pt. 1 Sub-Part C* paragraphs 141, 147, 149, 150
[14] *Draft Criminal Code, St. Lucia 2003, Chapter 2, Pt. 1 Sub-Part C* paragraph 140

The central points emerging from the review of St. Vincent and the Grenadines' status of adaptation of the MCP are as follows:

- The MCP has neither been adapted nor adopted, despite wide dissemination by MOH to key stakeholders in the promotion of condoms
- The country's HIV/AIDS National Strategic Plan 2010-2014 acknowledges that its condom-related activities are guided by the MCP
- There is coordination between the National HIV/ AIDS Prevention and Control Programme and the Family Planning Programme. These are both departments in the Ministry of Health, Wellness and the Environment.
- Condoms are distributed to the country's 39 public health centers[15]; Line Ministries[16]; and various community establishments throughout the islands
- Condom vending machines located in bars and other establishments are stocked by the Family Planning Programme. These condoms are sold at EC$ 1.00 for a pack of 3 male condoms
- In the past, silver packaged male 'government brand' condoms were distributed but consumers prefer branded condoms. Slam condoms are now distributed by the NHP and the Family Planning Programme. Female condoms are often sourced from the UNFPA, although the uptake has not been favourable. Sexual lubricants are not distributed
- Several key stakeholders are involved in condom promotion and education targeting MSM, SWs, at-risk youth and PLHIV. These main partners include: the St. Vincent and the Grenadines Planned Parenthood Association, PSI/C, and CHAA
- Some aspects of the country's legislation may present challenges for its adaptation of the MCP. The law bars persons under the age of 16 from accessing health facilities without a guardian, and anal sex is a criminal offence
- The country would benefit from wider stakeholder consultation to raise awareness of the MCP and to identify aspects of the policy that would address gaps in its current condom management.

[15] Seven health centres are located in the Grenadine islands

[16] The St. Vincent and the Grenadines HIV/AIDS National Strategic Plan 2010 – 2014 reports that 2 million male condoms were distributed through the public sector between 2004 -2009.

St. Kitts and Nevis

Review of the status of adaption of the MCP in St. Kitts and Nevis revealed the following:

- There is no knowledge of the MCP in St. Kitts and Nevis and given the small staff of the National AIDS Programme (NAP) implementation or adaptation of the MCP is not a priority
- The NAP implements a number of activities that fall within the remit of the MCP such as condom education, demonstration and distribution initiatives in public and NGO sectors
- There is no strategic condom planning and there is a lack of understanding among key stakeholders of the importance of strategic initiatives
- The NAP distributes female condoms and *Slam, Durex*, *Mood*s and unbranded male condoms. The population prefers branded condoms. Distribution of sexual lubricants was not mentioned. The NAP has a mechanism for monitoring and tracking the condoms it distributes and those supplied to CHAA for interventions targeting MARPs
- Other leaders in condom programming are the NGOs; PSI, the Caribbean HIV & AIDS Alliance (CHAA) and C&C Superfoods, a private a condom distributor. These facilitate the accessibility of condoms for MARPs condom access. Other than C&C Superfoods, there is limited private sector involvement in HIV programming
- Condoms are presently funded through UNFPA, in the past USAID has funded condoms. The commodity is procured through the Central Medical Stores and is disbursed through the NAP to the various distribution points
- PSI/C's initial work in the country highlighted the roles of the retailers in the total condom market and the social marketing organization's 'Got it Get it' campaign is noted for its contribution to condom advertising
- The society's conservative religious attitude requires that condom advertising is subtle. Hence the NAP does little advertising, but relies heavily on PSI/C's advertisements
- The country's legislative framework criminalized buggery or anal sex and thus hinders inmates' access to condoms. A policy prohibits the accessibility of condoms by minors and provider attitudes discourage youth. However, youth may access condoms through the Youth Empowerment Skills (YES) Programme, which also features condom demonstrations
- Prevailing opinion is that mainly illegal immigrants are involved in sex work and the fear of possible deportation impedes the NAP's attempts to directly engage with this population for service delivery or interventions
- Full implementation or adaptation of the MCP will be difficult in light of the present capacity of the NAP. The country needs assistance with developing a M&E framework, and aspects of the policy that will yield increased accessibility of condoms by MARPs. There is need for improved partnerships between the NAP, NGOs and the private sector to facilitate decision –making and action on the MCP.

The Bahamas

The review of the status of adaption of the MCP in the Bahamas indicated the following:

- The National HIV/AIDS Programme (NAP) is responsible for HIV programming in the Bahamas and by extension the adaptation or implementation of the MCP
- Respondents had no knowledge of the MCP, the country does not have a Condom Policy or Action Plan and there are no plans to develop one
- The Bahamas Family Planning Association (BFPA), which sources male condoms for the public sector, has the responsibility of ensuring that there are no condom stock- outs within the NAP and keeps them abreast of condom storage issues
- The NAP distributes mainly unbranded male condoms and female condoms. There is no distribution of sexual lubricants
- The NAP has an established mechanism for monitoring condom supply and distribution across its numerous sister island clinics that involves dividing the country into island regions and receiving reports from these distribution sites on the number of condoms distributed
- Key NGO stakeholders target interventions to enable access to MARPs through the Society for the Advancement of Sexual Health (SASH), AIDS Foundation, the Bahamas Red Cross (BRC), Bahamas Family Planning Association, and Youth Ambassador for Positive Living
- The BRC and SASH conduct Media promotion, the NAP does not engage in media promotions
- Homosexual activity between consenting adults is legal in the Bahamas yet legislative and other barriers limit the ability of the NAP and NGOs to provide condoms and prevention services to other MARPs, such as inmates
- Condom distribution is prohibited in schools. However, students may access condom when not in uniform from health facilities and at events. Youth Ambassador for Positive Living and The Bahamas Red Cross assist in providing condoms to youth and minors
- NAP has difficulty facilitating condom access to SWs. Gatekeepers who have access to them as well as bars, clubs and popular nightspots facilitate their condom access
- NGO participation is strong, but there is limited private sector involvement
- Condom programming does not appear to be occurring within a larger framework of strategic condom management. There is little information about the extent of the condom market controlled by the private distributors
- PSI/C facilitated private and public sector collaboration on condom programming through an initiative under its '*Got It? Get It*' campaign, which ended in 2007-2008
- To implement or adapt the MCP the Bahamas should benefit from a needs assessment to facilitate strategic condom management, assistance with the development of an implementation plan that would engage all sectors of the condom market.

Trinidad and Tobago

The key findings of the review of Trinidad and Tobago's status of adaptation of the MCP are:

- In 2008, the MCP was a reference document in the development of the country's National Condom Strategy and Action Plan[17], which was spearheaded by the MOH and UNFPA
- There is wide stakeholder involvement in condom promotion and distribution to MSM, SWs, PLHIV, youth at-risk and other MARPs. Key players include the Family Planning Association of Trinidad and Tobago; PSI/C; Rapport; Friends for Life; Red Initiative; South AIDS Support; MSM+; CARE; Rebirth House; YMCA and YWCA
- The Central Stores procures condoms for the public sector's Family Planning and HIV prevention initiatives; while private distributors supply private pharmacies. In both cases branded condoms are procured. UNFPA is the major donor of unbranded, generic male condoms, for which there has not been a high demand at some clinics
- Condoms are distributed in the over 80 health centres in Trinidad and 19 in Tobago
- The National AIDS Coordinating Committee (NACC)[18] was directly involved in supplying condoms to CSOs to serve MARPs. However, stakeholders in Tobago regularly complained to the NACC that public sector condoms for distribution were difficult to access
- The Tobago HIV/AIDS Coordinating Committee supplies condoms to NGOs and CSOs in that island to support their work with MARPs
- The country has no legislation that affirms or denies condom access to any group, although prostitution and anal sex is illegal[19]
- There is a mechanism for monitoring condoms distributed from the supply chain and at the point of service delivery. Organizations keep records of the number of condoms received from the Central Stores; all sites, public and NGOs are to report on service delivery to the MARPs. CSOs had a reporting mechanism to the NACC, however, in light of the closure of the NACC it is not know whether this mechanism is still operational
- There was an attempt to establish a multi-sectoral Condom Management Committee, but after 2008 the Committee became defunct. The existing Sexual and Reproductive Health Committee is better aligned in its composition and intention to the multisectoral condom subcommittee prescribed in the MCP
- There is political will to adapt the MCP but the country requires financial and technical assistance to steer stakeholders towards a viable path of sustainable condom education, access and use through a life course approach to BCC. This would emphasize personal health skills and condom negotiation.

[17] PSI and other stakeholders in various sectors contributed to the development of this Plan.
[18] The NACC was closed by the present political directorate at the end of March 2011.
[19] As per the Immigration Act of Trinidad and Tobago

Part II Status of Adaptation of the Regional Condom Policy in Three Countries

This section presents a more in-depth analysis of the status of adaptation and implementation of the Model Condom Policy in three English-speaking Caribbean countries: Antigua and Barbuda; Belize; and Jamaica. Key barriers to and potential opportunities for implementation are identified.

Antigua and Barbuda

The following presents six reasons for Antigua and Barbuda's limited adaption of the MCP. Various aspects of the country's current condom programming are examined, especially the degree of coordination between these sister islands.

Antigua and Barbuda display multisectoral stakeholder involvement in condom programming:

(i) Public sector – at the central level: National AIDS Programme (NAP), Ministry of Health, the Central Medical Stores, and the Hannah Thomas Hospital, Barbuda; at the peripheral level: the Directorate of Gender Affairs, the Tourism, Sports, Culture and Youth Affairs Department of the Barbuda Council;
(ii) Private commercial distributors - wholesalers such as F.B. Armstrong and A.S. Bryden and Sons, Island Pharmacy of Barbuda;
(iii) Social marketing organization – PSI/C[20];
(iv) NGOs and CSOs[21] – Antigua Planned Parenthood Association(APPA), Women Against Rape, Antigua and Barbuda HIV/AIDS Network (ABHAN), the 3H Network, Meeting Emotional and Social Needs Holistically (MESH), Grupo de Apoyos al Poder (GAP), and the Lesbian Support Group; and
(v) FBOs - Anglican Youth Association, and the Young Women's Christian Association; and
(vi) Regional partners - the Caribbean Family Planning Association, Caribbean HIV AIDS Alliance (CHAA)

Many of these stakeholders are willing to serve on a committee facilitating dialogue and decision-making on condoms.

Over 30 different brands of male condoms are available and consumers access these through the public sector-led distribution programme or by purchasing condoms through APPA, or PSI/C-supported outlets, or other commercial avenues[22]. APPA's male condoms are sold at a cost of EC 50¢ each for non-members, and EC$ 5.00 for 16 for members.

[20] The Population Services International/Caribbean has been in Antigua and Barbuda since 2005.
[21] These organizations lead interventions that directly target, youth, PLHIV, MSM, SWs, lesbians and other MARPs
[22] These are available at non-traditional sites established by PSI's Got It? Get It campaign.

Commercial prices for male condoms vary and range from EC$ 2.50[23] – 5.00, with one higher priced brand costing EC$ 40.00[24]. In Barbuda, the Island Pharmacy sells *Rough Rider, Slam and Long Love* condoms, but no female condoms.

The NAP distributed 74,587 male condoms and 1634 female condoms during January to July 2010, and 145,085 male condoms[25] and 817 female from January to August 2011[26]. From August 2010 to September 2011, the wholesalers F. B. Armstrong, and A. S. Bryden together imported 116,464 *Rough Rider*, *Slam*, *Durex* and *Vitalis* male condoms. Sachets of sexual lubricants[27] are not consistently distributed with condoms, pharmacies typically carry large tubes of lubricants[28].

In Barbuda, where the population is about 1,500, distribution of condoms and sexual lubricants occurs during 8:00 am and 4:30 pm through the Barbuda Council's[29] Tourism, Sports, Culture and Youth Affairs Department. For entertainment events, the Department has a condom distribution team of seven young women, who were trained by the Directorate of Gender Affairs. The NAP also supplies a lab technician at the Hannah Thomas Hospital with condoms for distribution,[30] but these are not readily accessed by the population. The NAP's use of a full time lab technician as the point person for its condom distribution is likely to have been influenced by the organization's resource constraints. NAP and APPA officials indicated that some Barbudans prefer to access services and commodities in Antigua. This trend may be attributed to concerns about the level of confidentiality within the Barbudan society. Many organizations stated that their presence in Barbuda is limited because of inadequate manpower and financial resources[31]. For the Directorate of Gender Affairs much of its engagement with the Barbudan population is during the international campaign of 16 Days of Activism for No Violence Against Women and Children, from 25 November to 10 December each year. Structural, cultural and economic barriers to improving and sustaining interventions targeting the Barbudan population may also limit the country's ability to adapt the MCP.

NAP officials credit several improvements in the country's condom programming to its adaptation of elements of the MCP. These include increased engagement of stakeholders, such as officials of the Ministry of Education (MOE); and a mechanism for recording distributed condoms. A National

[23] EC$ 2.50 is comparable to the price of a basic meal of bread and cheese.
[24] This is a lambskin condom
[25] In 2011, the male condoms distributed by the NAP included the UNAIDS Protector condom, the UNFPA sourced condom and *Slam*
[26] Data on male and female condom distribution for the period September to December 2010 was unavailable.
[27] At the time of this analysis there was a stock-out of lubricants for free distribution in Antigua and Barbuda
[28] These are usually of the KY brand.
[29] The Barbuda Council governs all the affairs of the island
[30] These are routinely passed on to the storekeeper of the Dispensary at the Hannah Thomas Hospital.
[31] It costs EC$ 200 for airfare to Barbuda from Antigua and vice versa and the carrier has a capacity of eight passengers. It is also EC$200 to travel to Barbuda by boat.

Condom Action Plan was reported to have been developed. However, the NAP was unable to produce a copy, and the year in which it was developed was not known. NGO partners were also unaware of this document.

Two reasons for Antigua and Barbuda's limited adaptation of the regional policy are apparent. First, there was no clear mandate to a lead agency, such as the NAP, to explore the requirements of the MCP and better facilitate its adaptation or implementation. Second, there is inadequate coordination of stakeholders around condom programming. This is despite multiple, seemingly willing stakeholders, many with real access to difficult-to-reach MARPs. Strategic condom management will require considerable collaboration and coordination of these stakeholders.

Condom Procurement, Products and Quality Assurance

Through the OECS Pharmaceutical Procurement Service the country's Central Medical Stores (CMS) procures one size of males condoms for distribution in the public sector. Condom manufacturers are pre-qualified by compliance to the ISO 4074:2002[32]. CMS' condom imports do not attract duty or taxes. The CMS does not conduct sample tracking or testing.

Condom procurement for the public sector is challenged by inaccurate forecasting, archaic inventory systems and an absence of priority clearance at the ports. There are quarterly stock-outs, which may be avoided if the CMS is provided with more accurate information on the quantities of condoms needed by the NAP and the clinics. The CMS is limited by its entirely paper-based inventory system. Stock-outs also arise from undue delays in clearing condoms from the ports. At the time of this analysis, the CMS was awaiting clearance of a shipment of condoms that had been at the ports for four months. The implementation of priority clearance of condom shipments at the ports will minimize the frequency of stock-outs.

By contrast, condoms imported by a leading wholesaler in the private sector are routinely cleared within five days of arrival of the shipment. However, these imports are subjected to taxes, namely, 10% revenue recovery, and 15% Antigua and Barbuda Sales Tax (ABST)[33]. At the time of this study, both of the leading condom wholesalers reported stock-outs for some of their brands. In one case this was attributed to inadequate inventory systems, and in the other to a failed shipment, the carrier having run aground. There is strong reliance on the quality assurance tests reported by the product manufacturers[34].

[32] This is the International Standard, which details the requirements and test methods for natural latex rubber condoms
[33] One wholesaler claimed that 20% duties were also paid on condom imports.
[34] *Durex* packages state that the manufacturers conduct seven quality control tests.

However, a third reason emerges for Antigua and Barbuda's limited adaptation of the MCP. This is the country's genuine lack of resources, evidenced by the CMS' lack of capacity and infrastructure; insufficient personnel to dedicate to adaptation initiatives, and inadequate funding to deliver certain requirements of the MCP.

NGOS source condoms and, whenever available, sexual lubricants from the NAP, CHAA, and the Directorate of Gender Affairs. A minority of CBOs and NGOs procure condoms externally, bringing them in from Trinidad or Barbados in suitcases. The APPA procures unbranded male condoms from its parent agency the International Planned Parenthood Federation. These condoms attract no duties. The Association also obtains *Slam* condoms from the CMS for distribution. ABHAN procures male and second generation female condoms (FC 2) and sexual lubricants mainly from overseas, and has never received condoms or related material for distribution from the NAP[35].

Some NGO representatives lamented what they described as the NAP's lack of support of those organizations that either work with MSM or do not directly work in HIV prevention. A majority emphasized the need for a mechanism that would ensure equitable access to quality condoms suited to the needs of MARPs. There was general consensus that condom and sexual lubricant supplies were inconsistent, and the most significant threat to the sustainability of NGO distribution programmes. NGOs are not routinely required to report on the numbers of condoms they distribute nor on the numbers of MARPs accessing condoms through their programmes. There is no mechanism for tracking condom availability and quality across all sectors.

The NAP wields real power as the major gatekeeper to NGO supplies of condoms and sexual lubricants. However, the NGOs lead in real engagement with MARPs. This disparity reveals the absence of a mechanism by which all players may voice issues or enter into decision-making on condom programming. This may be a fourth reason for the country's limited adaptation of the MCP. Failure to engage those with knowledge of MARPs issues will limit awareness of the practical requirements and consequences of implementing aspects of the MCP. Where gaps of knowledge persist there is the minimal likelihood for adaptation of relevant elements of the policy. Recognition of the knowledge and power of the NGOs and the facilitation of this sector in national dialogue and programme implementation will augment the response towards universal access, use and education about condoms.

[35] An ABHAN representative reported that in 2008 it presented to the NAP its certification of incorporation with a view to have the NAP recognize and support the Network's free distribution initiative.

Condom Accessibility

Over the past two years improving condom access for students[36] has been hotly debated. The popular view is that this will promote promiscuity among students[37]. One MOE official explained that in Barbuda condoms were removed from the shelves of a commercial retailer in an attempt to discourage youth access. The situation is also worsened by the absence of youth-friendly spaces or integrated adolescent sexual and reproductive health (ASRH), homework and skills-building programmes[38]. Some NGOs also withhold condoms from minors. APPA, for example, conducts Sexual and Reproductive Health (SRH) sessions in schools, but do not conduct condom demonstrations or distribute condoms to persons under the age of 16. Key stakeholders in the Ministry of Education, Youth and Gender Affairs (MOEYG) are adamant that condoms should not become available to students[39]. MOEYG prefers to educate in-school youth on SRH issues through the Health and Family Life Education (HFLE) curriculum. However, in Antigua HFLE is taught in only half the primary schools and three secondary schools. In Barbuda, HFLE was taught only in the Junior Secondary division of the Holy Trinity School, but it is now discontinued.

For inmates of Her Majesty's Prison it is unlikely that condom access would be facilitated. A Prison Superintendant highlighted that Chapter 3.41 of the Prisons Act under the laws of Antigua and Barbuda state that 'sexual intercourse within the prison is an offence.' In his view Section 4.28 of the MCP, which states that such legal barriers should be reviewed and removed is "just a proposal, which cannot be translated into practice."

Disabled persons also report difficulty in accessing condoms. The Antigua and Barbuda Association for Persons with Disabilities does not receive condoms from the NAP for distribution to its members. For vulnerable groups, such as the disabled population condom access may be facilitated by partnerships with the NAP and NGOs.

The national debate around condom access has made the MCP a high politics policy since it concerns the core values and long term objectives of the nation. This presents a fifth reason for the status of the country's adaptation of the MCP. The high politics of the issues addressed in the MCP may cause elected officials to fear alienating their constituents by implementing "unpalatable" elements of the MCP. Legislative revision to favour condom distribution to MARPs, as prescribed in the regional policy, is neither a priority for, nor desired by, some key stakeholders.

[36] This was triggered by a similar debate in St. Lucia on making condoms available in schools.

[37] A MOEYG official stated that condoms are not to be distributed in schools because of the risk of experimentation by curious students.

[38] In 1980 UNFPA and UNDP through the Health and Family Life Project established one ASRH clinic at the UNFPA office, but since this programme ended in 1999 there has been no similar initiative.

[39] The Minister of MOEYG in welcoming the consultant stated that condoms were not to be placed in schools.

The following table presents the strengths, weakness, opportunities and threats to Antigua and Barbuda's adaptation of the MCP.

Table 2. SWOT chart – Antigua and Barbuda

MCP Component	Strengths	Weaknesses	Opportunities	Threats
Strategic Condom Management	Several actors and key stakeholders interested in the country's adaptation or implementation of the MCP	Absence of a clear lead agency to explore MCP requirements and facilitate adaptation or implementation	Broad stakeholder consultation on requirements and practical consequences of adaptation or implementation of MCP is feasible	High politics of improving aspects of condom access in the MCP
	Multiple actors: NGOs, public sector departments, social marketing and regional organizations, FBOs	Lack of Condom Action Plan	Broad stakeholder consultation on condom management is feasible	Inadequate human and financial resources to support initiatives under the MCP
	Multiple products – over 30 brands of male condoms. Consumers have a wide selection	Insufficient supplies of condoms and sexual lubricants, frequent stock-outs as a result of inadequate forecasting	NGOs may source condoms and lubricants externally from the NAP	Inadequate coordination of all stakeholders towards a total condom market approach to supplying country's condom needs
	No duties or taxes on condoms for distribution in public sector	Lack of resources and insufficient infrastructure at CMS	Strengthened inventory management at CMS through implementation of electronic – based system	Absence of priority clearance of CMS condom shipments at ports
BCC	NGOs and Gender Affairs adopting innovative strategies to engage MARPs in both islands	No concerted programme in Barbuda	Improve dialogue and collaboration with Barbudan council to implement sustainable programmes	Structural, cultural and economic barriers to improving and sustaining interventions in Barbuda
	Gender Affairs intervention targeting inmates	Lack of support to facilitate the practical aspects of the programme	Increased understanding of the gatekeepers of the needs of the inmates through training	Lack of interest from prison officers
M&E	NAP maintains records of condoms they distribute	Partners not required to report number of condoms distributed or MARPs access. No mechanism for tracking condom availability across all sectors	Training partners on M & E requirements	Lack of information to inform forecasting and decision making
Strategic Responsibilities	Well defined roles of key stakeholders	Lack of strategic dialogue among key stakeholders	Key stakeholders are willing to serve on a	Lack of recognition of some NGOs by the NAP

			multi-sectoral condom committee	

Belize

The main reasons for Belize's failure to adapt or implement the Regional Model Condom Policy are linked to the National AIDS Commission's lack of authority as a co-coordinating body; certain power dynamics between the NAC and the National TB, HIV/AIDS and STI Programme (NTHP); poor condom categorization and regulations by the Customs departments; challenges with the accessibility of condoms in remote and hinterland areas; and negative attitudes towards MARPs.

Programme Leadership

The National AIDS Commission (NAC) leads Belize's HIV programme by co-coordinating a multisectoral response. It is not the actual implementing body.

Key implementers in promoting condom access to the general population and to MARPs are:

(i) Public sector - the National TB, HIV/AIDS and STI Programme (NTHP), the Education, Tourism, Labour and Security Ministries;
(ii) NGOs - the United Belize Advocacy Movement (UNIBAM), Belize Family Life Association (BFLA), Productive Organization for Women in Action (POWA) and Youth for the Future (YFF);
(iii) Social marketing organization - PASMO
(iv) Private sector – Brodies and Madisco[40], condom distributors

Power Dynamics

The NAC reports directly to the Prime Minister, but is challenged by human resource limitations, and lacks overall authority to definitively stipulate programme and policy initiatives. This lack of authority could be the basis of seeming conflict between the NAC and the NTHP. It has been proposed by the NAC, that the NTHP, which holds the technical knowledge about HIV treatment, care and support, does not seek consensus on technical issues within the MOH.

On the other hand, the NTHP desires increased leadership from the NAC on programme matters, and questions the adequacy of the functional management of the HIV programme under the NAC. A resolution of these power dynamics could involve clarifying the roles and functions of these two

[40] Madisco is the company that distributes COOL condoms for BFLA

entities in the implementation and adaptation of the MCP and hence move the process forward.

The NAC has been accused by a local NGO of being inadequately supportive of initiatives targeting MSM, and as such somewhat indecisive on human rights issues. Although the NAC's Executive Secretariat has endorsed MARPs, the larger Commission appears less committed. The Government is presently facing constitutional difficulties for human rights injustices towards MARPs. There are concerns that the NAC has defaulted on its human rights commitment and leadership, which has negative implications for its leadership of the implementation or adaptation of the MCP.

Condom Procurement and Quality Assurance

Commercial condoms are mainly procured from the United States and Asia and can remain at the ports for more than four weeks. No special arrangements are in place for condom storage at the ports, and without in-country testing facilities these condoms flow directly into the market without further quality verification. Hence, a critical concern is the questionable condition of these condoms that are often stored and sold in locations under non-ideal conditions.

Delays in signing the Global Fund Round 9 limited condom supplies in Belize causing stock-outs, which affected some NGOs. However, condoms for free distribution appear to benefit from better quality assurance than commercial sector condoms as they are procured and stored by organizations with knowledge of the correct storage requirements of these commodities. These are usually cleared quickly and stored at the Ministry of Health (MOH) or at the UNDP under refrigerated conditions. Condom quality assurance in Belize, particularly in the private sector is in need of review. BFLA and the MOH have appropriate storage for condoms. These organizations could assist smaller NGOs by offering their facilities as a condom bank, which would decrease the likelihood of stock- outs. For free distribution BFLA purchases sexual lubricants from the local affiliate of PSI in Belize, PASMO.

Import Duty and Taxation

Condoms are categorized as a health product and attract taxation. Sexual lubricants are categorized as cosmetics and attract one of the highest rates of taxation. Contraband condoms are present in the market and undercut the price of the legally imported commodities.

Customs officials are not trained in labelling. Thus, condoms imported are counted in units with no information on what comprises a unit. Subsequently, there is a lack of data on the number of condoms imported. Condom import duty, taxation and categorization within the customs department are essential elements to be reviewed for scaling up implementation of the MCP.

Accessibility, Distribution, and BCC

In urban areas male condoms are readily available with increasing accessibility in non-traditional sites. Only male condoms are distributed through the MOH clinics. Accessing female condoms is difficult as they are not procured through the Global Fund, but are donated by UNFPA for distribution. Sexual lubricants are also difficult to access. Government VCT sites that offer condoms are located in rural areas, however the consistency of the male condom supply presents a challenge. MARPs, however, may not have easy access to these mainstream health services, with provider attitudes (real or perceived) likely to be a factor in this.

The hinterland is characterized by limited infrastructure and amenities, small, remote populations and hence poor accessibility of condoms. These communities may lack health facilities or a pharmacy, and condoms may only be accessed from the corner shop, where in close-knit communities accessibility for youth may be difficult.

The indigenous and border communities have the additional challenge of being non-English speakers with cultural positions that limit condom use and options for condom education. Nonetheless, these situations create opportunities that have yielded new initiatives. One such initiative is that of POWA; an NGO partly funded through PSI/C to provide HIV education, BCC and access to HIV/STI testing services to high-risk groups including indigenous populations. To address the challenge of accessibility of condoms in rural and remote areas health aids may be trained and sensitized to lead BCC initiatives, sell and promote condoms.

BCC activities are urban centered with limited sustained interventions in rural and remote areas. Established networks between the NGOs such as UNIBAM, a prominent MSM NGO: PASMO and BFLA facilitate these BCC prevention interventions that distribute male and female condoms and sexual lubricants; albeit with limited access to female condoms and sexual lubricants. An NGO in Belize; YFF conducts BCC interventions, distributes condoms and makes them accessible for youth at their centres, which are located in most cities and some rural areas.

The Legislative Environment

Belize has laws prohibiting buggery but there are none against condom access in the prison. The highly religious society frowns on homosexuality and is resistant to offer condoms in the prison setting although the NAC advocates for such access.

Prostitution is legal in Belize and reportedly mostly practiced by illegal immigrants. Whenever the government is pressured by the strong faith-based community to regulate the SW industry, the Immigration department conducts raids for illegal immigrants, which forces the population

underground.

There is neither a law nor a policy that denies access of condoms to minors in schools in Belize. The Health and Family Life Education curriculum is taught in some schools. As in the prisons, the challenge is that FBOs manage some schools and particular denominations are not in favour of condoms. In these schools, they are open to HIV education sessions and condom information.

Monitoring and Evaluation

The NTHP has no mechanism for monitoring condom accessibility and distribution to the MOH clinics.

PAMSO and BFLA have extensive M&E systems. PASMO has a detailed record system for monitoring the accessibility of male and female condoms and sexual lubricants for MARPs. The organization documents items distributed at interventions, collects data on sales in high-risk areas from Brodies, a private distributor, conducts periodic geographical surveys of condom availability (MAP studies), and focus group discussions with MARPs to gain information on condom accessibility.

BFLA has a clinic system that manages condom commodities. They employ a formula for the management of stock and make projections on usage for the purpose of forecasting. The Association receives assistance from its regional office through a data management system.

The smaller NGOs have limited monitoring systems, recording only the number of condoms distributed. Nonetheless, 2011 has seen the launch of a new M&E system for NGOs to record where and to whom free condoms are distributed.

Strategic Responsibilities

The NAC's 23 member organizations represent Line Ministries, civil society, community-based organizations, and United Nations organizations. The multi-sectoral element of Belize's NAC contributes to condom programming. However, the development of a committee dedicated to condom-related issues was thought to be of less national value than one in which issues related to condom programming could be addressed within the broader contexts of sexual and reproductive health.

Social Marketing of Condoms and the Role of PASMO

BFLA socially markets the *Cool* brand of male condoms while PASMO socially markets the *Vive* brand in Belize. Condom access and distribution were negatively impacted by the withdrawal of the *Vive* brand prior to its re-launch in 2009. PASMO conducts condom market research[41] and makes available information on use by specific MARPs. In addition, PSI/C supports sales of commercial

[41] Belize (2010): Hiv/Aids Trac study evaluating condom use among FSW in Belize City, Cayo, Orange Walk, Corozal town and Stann Creek

brands through non-traditional outlets under its Got it? Get it programme.

One of PASMO's strengths lies in its ability to establish public-private sector partnerships and thus supports the sale and distribution of condoms and sexual lubricants to rural and hinterland areas in Belize.

Brodies enables access of both the *Vive* and *Contempo* brands into traditional sites and non-traditional sites in rural and urban areas and engages in condom education with retailers at these sites. To ensure that Brodies reaches the appropriate rural and remote populations, PASMO provides them with a list of high-risk sites for distribution to wholesalers in the vicinity of these locations. Brodies distributes condoms to these wholesalers who in turn supply bars and corner shops, facilitating informal markets.

PASMO sees tremendous potential for growth of the condom market in Belize and conducted a condom needs assessment that confirmed this. Brodies' experience is an example of this growth potential, as this private distributor has seen its condom sales increase rapidly, through increased engagement of small retailers.

However, through the Global Fund and UNDP the country has a more than adequate supply of condoms for free distribution but no formal strategy. The disadvantage of distributing free condoms to groups with purchasing power is that it undermines efforts to increase condom sales and to reduce reliance on donor funded condoms. PASMO pays sales commissions to Brodies' Sales Agent. This model has increased the accessibility of condoms for rural populations and although PASMO expects to demonstrate the commercial viability of this initiative, its sustainability is not yet guaranteed. Hence, there is a need for an exit strategy that will enable PASMO to eventually remove their subsidy without affecting condom availability.

Sector Involvement

There is active involvement from the Ministry of Education and Youth who have ratified their HIV policy and are in full support of the distribution of condoms in schools. Although implementation of this has been slow in high schools, it has started at the tertiary level. Funded by CDC, the security forces have access to HIV testing, counseling and clinical response on base. The uniformed forces and the Customs are in need of assistance to develop such a programme.

Concerned about the negative implications of safe sex messages in hotels, the tourism sector remains hesitant to join the national response. Efforts to engage with the Belize Tourism Industry Association (BTIA) and educate them on HIV prevention in other Caribbean territories should support condom access. Through the Ministry of Labour, large private sector companies in the banana, orange and citrus industries have implemented HIV workplace policies. These have focal points using

International Labour Organization (ILO) guidelines for the develop of their policies. The sugar cane and papaya industries are in negotiations and will be on stream soon.The following table presents the strengths, weakness, opportunities and threats to Belize's adaptation of the MCP.

Table 3. SWOT chart – Belize

MCP Component	Strengths	Weaknesses	Opportunities	Threats
Strategic Condom Management	The NAC is committed to dialogue with customs around the institution of a condom regulatory framework	Lack of condom import regulations	Improve knowledge and build capacity of the Customs dept. to contribute to condom management at ports	Quality of condom imports compromised
	The NAC is committed to dialogue with customs on categorization of condoms commodities and taxation	Taxation and duty fees on condoms and sexual lubricants	Opportune time to revise the categorization of sexual lubricant and remove taxation for all	Potential for an increase in contraband condoms in the market if taxation issues are not addressed.
	The legislative framework does not hinder condom access to minors or inmates.	Strong FBO leadership prevents condom access to minors and inmates	Strengthen and foster NGOs involvement that offer condom access to youth and inmates	Any fluctuations in the supply of condoms to NGOs hinders access to MARP
BCC	HIV Prevention intervention occurring in urban and some rural areas.	HIV prevention interventions in rural areas are not sustained with limited interventions in the hinterlands	Empower and train community stakeholders and or health aids in BCC intervention and to sell and promote condoms use	Limited or non-sustained MARPs condom access hamper prevention efforts and result in inconsistent condom use
	Adequate and possibly even an excess of free condoms for distribution	An excess of free condoms can undermine efforts to increase condom sales and hampers efforts to reduce reliance on donor funded condoms	The identification of persons or groups with purchasing power can increase condom sales and lower reliance on donor funded condoms	Increased reliance on donor funded condoms
M&E	Extensive M&E mechanism in PASMO and BFLA	Limited M&E occurring through NAC	In country capacity to assist the NTHP in the development of a M&E mechanism	NTHP unable to forecast and determine who accesses the condoms being distributed

Strategic Responsibilities	PASMO's involvement is expedient in increasing condom access particularly in rural areas.	The paid partnership between PASMO and PSI/C and Brodies is not yet guaranteed	Brodies has seen the profitability of selling condoms	Reduced access in rural areas if Brodies is unable to be sustain condom distribution without assistance from PASMO

Jamaica

This section presents three reasons for Jamaica's lack of progress in adapting or implementing the Regional Model Condom Policy. Current initiatives in condom programming and the power relations of the multiple actors in the country's response are also examined.

There are several key actors in all sectors of Jamaica's condom programming, the main ones are listed by sector as follows:

(i) Public sector - The National HIV/STI Programme, the four Regional Health Authorities (RHAs)[42], the National Family Planning Board, and the Line Ministries;
(ii) Private sector- the condom distributors: Carimed Ltd., Facey Commodity Co. Ltd., Lasco Distributors Ltd., No Glove No Love Limited and May Clare Corporation;
(iii) Social marketing organization – Population Services International (PSI/C)[43];
(iv) NGOs and CSOs - Famplan Jamaica (The Family Planning Association of Jamaica), Jamaica AIDS Support for Life, Jamaica Forum for Lesbians, All-Sexuals and Gays, Jamaica Network for Seropositives, the Jamaica Red Cross, Children First, the National AIDS Committee and the 13 Parish AIDS Associations[44];
(v) International Development Partners – The United Nations Population Fund (UNFPA) and United States Agency for International Development (USAID); and
(vi) Regional partners - The Caribbean HIV & AIDS Alliance has maintained a presence in the country since 2007.

These organizations provide MARPs[45] with services promoting condom access, use and education.

A majority of the key respondents signalled their interest in serving on a multi-sectoral committee, which would facilitate discourse, and decision-making on condoms. The NFPB would assist in decision- making on forecasting national condom needs. Private sector organizations were somewhat hesitant, but NGOs were convinced that their participation should inform decision-making on condom programming targeting MARPs. PSI/C indicated that on such a committee it would assist

[42] These are the Southeast Regional Health Authority; the Southern Regional Health Authority; the Western Regional Health Authority and the Northeast Regional Health Authority.
[43] PSI has worked in Jamaica since October 2010 but established a physical presence in Jamaica in January 2011.
[44] There are at least 10 other NGOs in Jamaica involved in condom promotion, education and access.
[45] Jamaica has identified seven MARPs. These include youth, SWs, MSM, PLHIV, inmates, drug abusers and the homeless.

in promoting social marketing strategies to increase the demand for and use of condoms among target populations.

At the time of this review there was little knowledge of the Regional Condom Policy among a majority of stakeholders. Yet, Jamaica is credited with eleven of the contributors to the development of the MCP. One NHP official stated that the Programme had been implementing many elements of the Regional Condom Policy prior to its publication in 2008. Thus, no decision has been made on implementing or adapting the policy.

This suggests three reasons for Jamaica's lack of concrete action in adapting the MCP. First, it might have been unclear which organization was to have led the process. For the NHP there was some disconnect in accepting that receipt of the Regional Condom Policy was to be followed by eight outlined priority tasks necessary for national adaptation. Second, in light of the arrangements and standards prescribed in the MCP, the NHP may feel confident that they've already accomplished several aspects of the MCP through Jamaica's existing condom management. Third, despite its contribution to the MCP, Jamaica's inactivity may have resulted from limited human resources to effect critical action areas within the policy.

Jamaica has not developed a National Condom Policy or Strategy. However, the HIV and AIDS in Jamaica National Strategic Plan 2007 – 2012 commits to improving condom use for the prevention of HIV and other STIs. The NFPB and the NHP are currently being merged, in an effort to improve the coordination of these two organizations around condom management.

A recent survey[46] found that 19 brands with 82 variants of condoms were available in Jamaica. In the private sector, the cost of male condoms varies by brand, however the average cost is about J$ 90.[47] Condoms available through the public-sector's distribution programme are the second generation female condom (FC2) and unbranded, silver-packaged, *Slam* and *Pleasure* male condoms. In 2011, white-packaged male condoms featuring a slogan from a popular condom advertisement were distributed. These are generic condoms that have been repackaged to increase their appeal to consumers. Female condoms are sourced from UNFPA. However, in light of the slow uptake of the FC2 and a lack of budgetary allocations the NFPB has no plans to scale up initiatives around the promotion of this condom. Sexual lubricants are not distributed by the NFPB.

[46] Health Research for Action (July 2011). CARISMA Market Survey of Condoms and Sexual Lubricants, Part IA, Jamaica (2011 baseline).
[47] This is comparable to the price of a basic meal of patty or bun and cheese.

Condom Procurement, Products and Quality Assurance

Condoms for public sector distribution are procured by the NFPB, which is also responsible for forecasting national condom needs. The NFPB contracts an overseas company to conduct batch wise sampling and testing on male condoms for compliance to the ISO 4074. Orders are placed with the condom manufacturers only if the compliance test results are favourable. In more than ten years there have been no problems with sub-standard product imports[48]. However, NGOs reported concerns with the quality of one locally sourced sexual lubricant. Condoms imported for the public sector attract no taxes or duties. Similarly, private sector distributors pay no duties or taxes on the condoms they import.

The NFPB records its condom distribution through requisition forms and goods receipts, and utilizes data on the percentage of the population that sources condoms through its services and from which sites. Similarly, the RHAs have a system for tracking condom distribution.

Under the RHAs, the Targeted Community Intervention (TCI) Officers' monthly report details data on seven condom- related indicators, including those specific to MARPs' access, namely:

i) the number of condoms distributed[49];

ii) the number of condom outlets established;

iii) the number of MSM reached [50];

iv) the number of SWs reached;

v) the number of out-of- school youth (OSY) reached;

vi) the number of males between the ages of 19 -39 reached;

vii) the number of condoms distributed within the targeted community intervention (TCI); and

viii) the number lubricants distributed to MSM.

[48] Over a decade ago the NFPB requested the Bureau of Standards to test a shipment of condoms to verify its quality.

[49] The Community Peer educators that implement Targeted Community Interventions conduct condom demonstrations before distributing condoms.

[50] By definition the target audience reached refers to engaging the individual and conducting risk reduction conversations, condom demonstration, condom distribution and referral for HIV testing.

NGOs who receive condoms from the NHP are required to report the number of condoms they distribute every month. Jamaica appears to appreciate the value of regularly monitoring condoms distributed in the public sector in forecasting condom needs. However, monitoring of NGOs' activity should allow for tracking condom distribution to the level of the MARP.

Condom Accessibility

One NFPB official indicated that there is no shortage of condoms in the public sector[51]. However, occasioned stock-outs were thought to result from bottlenecks in the flow at the level of the Regional Health Authority. By contrast, NGOs lamented that there are insufficient supplies of condoms, especially female condoms and sexual lubricants to satisfy the requirements of the MARPs they serve. The NHP supplies NGOs, especially the sub-recipients of the Global Fund with condoms, and whenever available, sexual lubricants on a quarterly basis, but some still have to resort to alternate sources to bolster their supplies of these commodities. This may involve donations from UNFPA, private distributors and partner organizations overseas. Some NGOs take the opportunity to bring in condoms and sexual lubricants when members attend conferences overseas. The NFPB, despite its surpluses, is constrained by its budget and mandate from supplying NGOs with more than the occasional donation of condoms.

NGO leaders were of the opinion that in light of the epidemic among MSM and SWs that condom access by these MARPs was insufficient. Furthermore, more condoms should be available for the sexually active population through condom distribution. The NGO leaders explained that the power imbalance between their organizations and the NHP results in insufficient supplies of condoms and lubricants. This points to certain weakness in Jamaica's condom management, through which such disparity in the supply and availability of these commodities would likely be addressed. Furthermore, there is need to track the quality of condoms and related products procured through suitcase trading.

Behaviour Change Communication

There have been innovative BCC strategies employed by several of the key players in Jamaica's response. The NFPB has utilized television and radio public service announcements and the TV drama

[51] By mid 2011, the NFPB had imported over three 40ft. containers of male condoms, each containing 20,000 gross pieces.

series *Teen Scene* to raise the level of awareness of the role of correct and consistent condom use in avoiding unwanted pregnancy and HIV/STI prevention.

The RHAs through their targeted community interventions establish condom points for the sustainability of their BCC initiatives. These points are usually located at sites frequented by MARPs such as bars, corner shops, and wholesalers.

In Jamaica's homophobic society BCC interventions must address cultural barriers associated with accessing condoms and sexual lubricants. For many, the use of sexual lubricants is equated with homosexual activity. Thus, it is unlikely that MSM would freely access these commodities in pharmacies.

NGOs are also promoting education on the purpose of specific forms of condoms, such as that of flavoured condoms for oral sex. NGOs recognizing that the MARPs they serve are not homogenous groups, hone their messages to the needs of the sub-populations.

The country's condom management and programming will benefit from increased dialogue between the NHP and key players in the NGO sector. This would ensure that condom programming is responsive to issues affecting MARPs.

In summary, Jamaica has recorded several accomplishments in its condom programming, especially as it relates to the establishment of partnerships with key stakeholders in various sectors. Nevertheless, the existing gaps in condom accessibility , and the need to introduce regulations for private sector imports of condoms and sexual lubricants need to be addressed. Adaptation of the MCP will be valuable in charting efficient and strategic condom management in Jamaica.

Table 4. SWOT chart - Jamaica

MCP Component	Strengths	Weaknesses	Opportunities	Threats
Strategic Condom Management	Multiple actors across all sectors	NGOs dissatisfied with NHP response to improving services to MARPs	Improved dialogue between NGOs and NHP may improve MARPs' access, use and education on condoms	Power imbalance between NGOs and NHP limits sustainability of interventions targeting MARPs
	Several elements of condom management aligned to the MCP	No leadership on MCP adaptation or implementation	MCP as a tool to address current gaps in condom programming	Heavy reliance on donated free condoms compromises the sustainability of condom programming
BCC	Innovative strategies employed in public and NGOs to promote correct and consistent use	Inadequate support for NGO innovations targeting MARPs	Interventions targeting MARPs informed by NGO knowledge of habits and attitudes of these groups	Inconsistent condom use among MARPs may lead to increased HIV prevalence rates in these groups
M & E	Established tools in public sector; 7 indicators to track condom distribution to the level of MARPs	Lack of regulations to monitor condoms and sexual lubricants sold by the private and informal sectors	Establish indicators to track condom distribution, sales – across all sectors to yield information on various populations	Insufficient indicators, lack of data from some sectors will limit information for strategic planning and decision-making
Strategic Responsibilities	Several willing stakeholders, across with clear ideas about their contribution	Complacency on MCP adaptation in probable lead agency	Participation across all sectors, potential for broadest consultation and decision-making	Inaction from lack of buy-in from key stakeholders

Part III Lessons Learned, Recommendations, and Advocacy Mechanisms

The following section presents lessons learned in condom policy implementation from countries in three regions: Latin America, Africa, and Southeast Asia. There is comparison of the impact of condom policies in these regions with the Caribbean situation.

Through an initiative support by USAID, six Latin American countries report successes in contraceptive policy implementation facilitated through multisectoral committees for guaranteed contraceptive security, known as the DAIA[52] committees[53] (USAID, 2006; USAID 2007; USAID, 2011). The DAIA is responsible for all commodity procurement, a sub-committee having oversight of condoms. Bolivia, El Salvador, Honduras, Nicaragua, Paraguay and the Dominican Republic realized improved condom management through this mechanism. DAIA's broad representation from the public sector, NGOs, international development partners, and the private sector provide opportunities for information sharing and collaboration on policy implementation. This is effective in enabling the dialogue and decision-making necessary to address issues, such as difficulties in forecasting the condom needs of the population, and inconsistent supplies of condoms and related products. DAIA committees countries are ensuring that annual condom needs of the population are met using the Total Market Approach, in which all condoms, distributed or sold, are components of the overall condom market place where consumers choose condoms and providers . Although some report difficulty in maintaining private sector involvement, team work was considered the main requirement for the success of DAIA committees.

The implementation of Kenya's National Condom Policy and Strategy 2001- 2005[54] was challenged by the real cost of the public sector's condom distribution programme. Concerned with the sustainability of the initiative, the government thought to shift towards the sale of condoms accessed through the public sector, and proposed that condoms be distributed only to the most vulnerable. Kenya also considered introducing cost recovery elements and a revolving fund mechanism to underwrite a consistent and adequate condom supply. Kenya's deliberations are instructive to the Caribbean, where condom procurement in the public sector is heavily dependent on donor support.

In Lao People's Democratic Republic implementation of the 100% Condom Use Programme[55] for Prevention of HIV/AIDS and STIs has been difficult in the absence of sufficient guidelines and regulations to support public and private sector condom initiatives. Policy implementation lacked a

[52] la disponibilidad asegurada de insumos anticonceptivos (DAIA).
[53] These are committees for guaranteed contraceptive security.
[54] Available at http://www.hsph.harvard.edu/population/aids/kenya.aids.01.pdf
[55] This initiative is supported by the World Health Organization's Western Pacific Region

systematic condom distribution mechanism and a means to reach mobile SWs through targeted interventions. The country is to conduct condom mapping and a condom needs assessment to identify gaps in its present distribution programme. Laos is to introduce guidelines for the allocation of funding, regulatory reform to control condom procurement and distribution, and tax incentives for private sector entities marketing condoms. For the Caribbean, the MCP addresses these elements, and cost recovery or a revolving fund mechanism should be considered.

In summary, Caribbean countries may benefit from successful condom policy implementation by establishing a number of safeguards to condom management. The first should be a strong, cohesive multisectoral committee to facilitate key stakeholder dialogue, decision-making and action. The second, should be employing a Total Market Approach to ensure the efficient use of limited resources to maintain sustainable condom programmes. The response should be decidedly proactive, informed by market and behavioural research, and balanced by the necessary regulations and incentives.

Recommendations

The following recommendations have surfaced from this analysis of the status of adaptation of the MCP and are intended to suggest how the policy may be rolled out more effectively.

1. **Embark on a promotional campaign to raise awareness of the purpose and content of the Regional MCP.**

There was little knowledge of the MCP among key stakeholders in the 15 countries in this review. Adaptation or implementation of the policy will be greatly facilitated if it is recognized as a tool for Caribbean countries to safeguard their populations from HIV/STI infections and unwanted pregnancy. This may be achieved through a PANCAP- led promotional campaign, with appropriate communication material in the languages of the discrete target audiences of the PANCAP territories. An abridged version of the MCP and communication strategies to technical and non-technical stakeholders, including NAPs, politicians, CSOs/NGOs, private sector condom distributors, and MARPs, would also be useful. There should be a synopsis of main action points for countries adapting the MCP, and a dissemination plan for all PANCAP countries. This should be led by the public sector body responsible for directing the national response to HIV/AIDS or family planning.

2. **Establish Memoranda of Understanding (MOU) with lead public sector agencies to confirm commitment to the adaptation or implementation of the MCP.**

Throughout this review, a central concern was the question of which organization or sector should lead the MCP adaptation or implementation process. Some stakeholders argued that leadership should be based on the sector's condom market share, and in many cases that is the private sector. However, the private sector is concerned with the profit margin and has no authority to regulate and monitor national condom programming. Thus, the lead agency for the adaptation or implementation of the MCP should be a public sector entity, capable of securing wider stakeholder cooperation. Detailed in the MOU should be information on the following:

- The country's intention to adapt or implement the MCP
- A named focal point charged with the adaptation or implementation of the MCP
- A multisectoral MCP Task force or implementation committee with representatives from the public, private, and NGO sectors, as well as special interest groups, International development partners, representatives of MARPs. This Task force may have working groups charged with specific areas of focus in the implementation process
- A mechanism for periodic reporting on progress in adapting or implementing the MCP

3. Facilitate national consultations as advocacy mechanisms to promote the MCP

A mechanism supporting a participatory approach to implementation of the MCP will secure stakeholder buy-in to the process. Broad stakeholder consultation on the MCP will assist countries with key information to guide the adaptation or implementation process. This may include:

- elements of the policy that various stakeholders consider acceptable or reject
- needs of specific MARPs, vulnerable populations and other stakeholders as it relates to universal condom access, use and education
- Cultural norms that may act as barriers to implementation

These may be supplemented with sensitization events on specific areas of the policy, such as legislative requirements, M&E, and human rights of MARPs.

4. Provide technical support to implementing

A majority of key stakeholders in the public sector indicated that they were uncertain of the steps required in adapting or implementing the MCP. Thus, MCP implementation rates among countries are likely to improve if they are assisted in developing the following:

- Annual workplans with prioritized, phased activities and milestones for adaptation or implementation
- Checklists for specific areas of implementation e.g. establishing priority clearance of condoms and related products at the ports

- Parameters for the establishment of a multi-sectoral committee with focus on issues related to condom programming
- Frameworks for critical components of the MCP, such as the requisite components of a Condom Action Plan, M&E of condom availability and condom accessibility

There are opportunities for countries and PANCAP to secure technical assistance through organizations such as:

- UNFPA[56]
- CHAA
- PSI/PASMO
- MEASURE Evaluation
- Futures Group
- Caribbean Broadcast Media Partnership on HIV and AIDS[57]

5. Assist countries in securing financial support to implement or adapt the policy

All countries cited limited financial resources as a key barrier to adaptation or implementation of the MCP. Capacity building of critical agencies in condom programming will require significant funding to secure additional skills and resources. There are opportunities for member countries and PANCAP to access funding from organizations such as, USAID.

Existing Regional and International Advocacy Mechanisms

The following is a list of current regional and international advocacy mechanisms and organizations that may assist the MCP in gaining increased support at the national level.

<u>Regional</u>

1. **Caribbean Vulnerable Communities** - this is a coalition of 90 community leaders and NGOs providing services to Caribbean populations, especially the vulnerable and MARPs. The organization supports HIV prevention programmes and may facilitate advocacy for the MCP on the regional level.

[56] UNFPA is the lead UN agency for Condom management

[57] This organization provides technical support on the provision of HIV and AIDS content to media professionals in several Caribbean territories.

2. **Caribbean Broadcast Media Partnership on HIV and AIDS (CBMP)** -this coalition of major Caribbean commercial and public broadcast companies is actively involved in advocacy for HIV prevention through increased condom use in the region.

3. **Caribbean HIV& AIDS Alliance** - the organization's Eastern Caribbean Community Action Project II, which is implemented with PSI and the Caribbean Regional Network of Positives (CRN+), seeks to build the capacity of national partners and CSOs in service delivery. The project has a condom promotion and provision component.

4. **Population Services International** - the MCP may gain support from countries through the organization's CARISMA Project, which is implemented by several social marketing organizations (including PSI/C). The project is concerned with supporting the reduction of new HIV cases, through numerous initiatives including BCC and condom promotion strategies.

5. **UNFPA, Caribbean –** This organization has six offices in the Caribbean that cover 22 countries in the English and Dutch-speaking Caribbean. There are opportunities to seek UNFPA's technical assistance and support at national and regional level.

<u>International</u>

1. **World AIDS Campaign** - this organization is concerned with ensuring that policy makers and governments achieve their HIV-related targets with primary focus on promoting knowledge and skills to support advocacy initiatives on universal access.

2. **International Coalition of AIDS Service Organizations** - the work of this organization involves advocacy for the effective implementation of universal access to comprehensive HIV and AIDS services. ICASO has a regional Secretariat for Latin America and the Caribbean. Jamaica and Belize are part of the organization's five-year Prevention and Treatment Advocacy Project.

3. **UNFPA** - this UN agency facilitates Governments in developing programmes and policies related to population and development issues. Improving efficiency and capacity around the procurement and delivery of condoms and other reproductive health commodities is a central concern of this organization.

4. **UNAIDS** - this organization may advocate for strengthening national responses on the MCP

5. **Population Services International/PASMO** - this social marketing organization may advocate for the implementation of the MCP, especially as it relates to securing consistent supplies of condoms and related products through the Total Market Approach, promoting MARPs' access, and increasing the demand for these commodities.

6. **Advocates for Youth** - this organization advocates for a realistic approach to adolescent reproductive and sexual health, and works in the United States and developing countries.

7. **International HIV/AIDS Alliance** - this is the parent organization of CHAA and is involved in advocating and facilitating the increased use of condoms and related products by MARPs.

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