

DAY OF DIALOGUE:

SHARING INSIGHTS AND EVIDENCE ON THE FEMALE
CONDOM IN GHANA



November 24, 2008

Fiesta Royale Hotel

Accra, Ghana

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OPENING REMARKS

On November 24, 2008, the Population Council hosted a female condom consultation at the Fiesta Royale Hotel in Accra, Ghana (see Appendix I for the meeting agenda). A total of 28 participants representing 17 organizations were in attendance (see Appendix II for the full participant list).

The meeting began with a welcome address by Dr. Placide Tapsoba, country director for Population Council/Ghana, who outlined the aims of the meeting. He also introduced Mrs. Taina Nakari of the Global Public Sector Team, which is funded by the Female Health Company (FHC), and Reshma Naik, a consultant for the Population Council. Dr. Gloria Quansah Asare, acting director of the Family Health Division of the Ghana Health Service, served as chair and opened the meeting with an insightful talk about the history of promoting the female condom (FC) in Ghana. Dr. Quansah Asare recalled the notable launch of the female condom in 2000, which had great success in bringing together multiple partners and implementing a broad range of activities including provider training, social marketing, and materials development.

MEETING PRESENTATIONS

Female Condom for Programs: Historical Overview, Dr. Placide Tapsoba

Considerations for Female Condom Strategic Planning, Dr. Gloria Quansah Asare

Following participant introductions, Dr. Placide Tapsoba gave a presentation on the background and history of the female condom (see Appendix III), and Dr. Quansah Asare gave a talk about key challenges and issues to be considered in the female condom strategic planning

process. Among others issues, Dr. Quansah Asare emphasized the importance of re-launching both the male and female condom in parallel; conducting research to inform appropriate targeting; addressing provider bias; remaining cognizant of socio-cultural barriers; enlisting satisfied users to promote the product; integrating the female condom within both the reproductive health and HIV/AIDS arenas; and addressing misuse of the product (e.g., as bangles or as sewing accessories).

FC-2 Female Condoms, Mrs. Taina Nakari

Mrs. Taina Nakari gave a presentation about the new model of the female condom, the FC-2 (see Appendix IV). Mrs. Nakari explained that, in comparison to the FC-1, the FC-2 is made of nitrile rather than polyurethane, has an outer ring that is rolled like the male condom, is 30 percent less costly, and generally seems to be less noisy during use. While the FC-2 has received regulatory approvals in many countries, including Ghana, and is usually purchased in bulk by the UN agencies, it is still awaiting approval from the US Food and Drug Administration.

The Female Condom in Ghana: Current State of Affairs, Ms. Reshma Naik

Ms. Reshma Naik gave a presentation outlining key issues that were identified in the female condom mapping exercise conducted in February 2008 (see Appendix V). Beginning with study aims and methodology, Ms. Naik outlined key activities involved in the history of female condom promotion in Ghana and also expanded upon the current state of affairs. Notably, momentum for the female condom has waned considerably in the several years since it was first launched, and interviewed stakeholders offered a number of reasons for low demand by prospective clients, as well as for limited overall success of promotional efforts. A few examples

include: overly generalized marketing, limited emphasis on demand creation, socio-cultural barriers, irregular supply, and a low perception of need for dual protection. Despite these challenges, Ms. Naik pointed out that there is a window of opportunity for renewing promotion of the female condom, since there is a positive convergence of contextual factors and appropriate timing.

Strategic Planning for FC: What makes success?, Mrs. Taina Nakari

Mrs. Nakari gave a presentation outlining nine key steps involved in successful strategic planning and national promotion of the female condom (see Appendix VI). These steps include: 1) stakeholder buy-in, 2) needs assessment, 3) harnessing policy and strategy, 4) strategic planning, 5) capacity building and training, 6) IEC/BCC strategy and materials development, 7) logistics management, 8) monitoring and evaluation, and 9) documentation and dissemination of lessons learned. Mrs. Nakari noted that Ghana has already begun steps 1 and 2.

QUESTION-AND-ANSWER SESSIONS

All presentations were followed by question-and-answer sessions allowing participants to make comments, ask questions, or seek clarification. The nature of most questions and comments reflected a clear recognition and concern about structural as well as socio-cultural barriers that pose a challenge to successful male and female condom distribution and use. For example, participants noted that it will be important to better coordinate global and national FC programming; to focus on male involvement because most Ghanaian women are still not in a position to negotiate condom use; to improve upon packaging and marketing of the female condom; and to better understand and articulate the gap that the female condom can fill in Ghana.

SWOT ANALYSIS

The final activity of the meeting was a SWOT analysis exercise, in which participants were put into four groups to discuss and outline the strengths, weaknesses, opportunities, and threats that should be considered as we move forward with the development of a strategic plan to promote the female condom. Each group focused on one of the above-mentioned categories. Results of the SWOT analysis were presented by a group representative during a plenary session, during which questions and additions were welcomed. Results of the SWOT analysis are in Table 1.

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> ▪ Effectiveness as a dual protection method ▪ Recognizable champions to ensure success ▪ Massive goodwill for promotion among stakeholders ▪ Existence of appropriate target groups (e.g., sex workers, women’s groups, youth groups, etc.) ▪ Capacity to distribute and increase access (e.g., infrastructure, human resources, supply chain system, training, materials) 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> ▪ Poor promotion ▪ Product weaknesses: cost, availability, user-friendliness ▪ Inadequate commitment of donors/government ▪ Weak monitoring systems ▪ Poor targeting ▪ Provider/policymaker bias ▪ Myths and misconceptions ▪ Premature integration ▪ Limited availability during promos
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> ▪ High unmet need for contraceptives ▪ Existing structures in place: political support/will/environment, distribution channels (e.g., NGOs, CBOs, GHS, pharmacies, chemical sellers) ▪ High awareness of FC ▪ Need for dual protection ▪ Additional potential benefits, e.g., sexual enhancement ▪ Source of income for distributors and for generation of programmatic resources ▪ National Health Insurance System 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> ▪ Funding ▪ Cost ▪ Competition from the male condom ▪ Other uses of the FC ▪ Adversaries (e.g. faith-based organizations)

MEETING WRAP-UP

Closing remarks were given by Dr. Patrick Kuma-Aboagye, the national reproductive health coordinator of the Ghana Health Service. He said family planning (FP) programs in Ghana should be viewed as one entity and that we should recognize that a weakness in any area is a weakness for the whole. Thus, the overall FP program must be strengthened, which includes programming for the female condom. With regard to such programming, Dr. Kuma-Aboagye urged that as we move forward with planning, we take note of the issues and challenges that have been raised. Furthermore, he reiterated that there is a need to market the product on the basis of its benefits, to review targeting, and to scale up male involvement. Dr. Kuma-Aboagye concluded with a hope that UNFPA would continue to support Ghana's female condom program and urged participants to continue discussions and develop a clear agenda for the future.

Dr. Placide Tapsoba wrapped up the meeting by soliciting ideas from participants about key next steps. It was agreed that a working group would be needed to lead and oversee FC planning and that a strategic plan be developed to guide national efforts. Numerous participants volunteered to participate in the working group, and it was agreed that the Ministry of Health/Ghana Health Service would take the lead on strategic planning with support from the Population Council and the Global Public Sector Team (FHC).

POST-MEETING DISCUSSIONS

Following the meeting, representatives of the Population Council and the Female Health Company met with additional stakeholders and further assessed meeting outcomes. Based on these discussions, it is recommended that a small stakeholder group led by the Ghana Health Service be convened to decide on next steps, to designate lead roles and supporting members of an FC working group, and to develop a timeline for key activities. The working group is

encouraged to carefully consider which of the following strategic planning options would be most appropriate for Ghana at this time:

- Involving all relevant stakeholders in developing a national condom strategy, whereby both the male and female condom are promoted in parallel, or
- Involving the most interested and willing stakeholders in developing a two-year operational plan that would address the most feasible aspects of female condom promotion.

Following the dissemination of this report, we look forward to continued discussions with all interested stakeholders. We welcome your sincere commitment and thoughtful contributions on how best to develop, fund, and implement a strategic plan that will optimize the role of the female condom in meeting the sexual and reproductive health needs of Ghanaians.