Condoms and VMMC
Few countries distribute beyond 30 condoms per sexually active male.

### Average Male Condoms per Male per Year by Country

**Males Ages 15-64, Global & Country-Reported Condom Volumes 2011-2014**

- **Angola**: 50
- **Botswana**: 50
- **Burundi**: 4
- **Congo Dem Rep**: 4
- **Djibouti**: 4
- **Ethiopia**: 6
- **Kenya**: 11
- **Lesotho**: 31
- **Malawi**: 14
- **Mozambique**: 14
- **Namibia**: 54
- **Rwanda**: 28
- **South Africa**: 51
- **South Sudan**: 0.4
- **Swaziland**: 14
- **Tanzania**: 14
- **Uganda**: 24
- **Zambia**: 33

**30 condoms per male per year**

*PRELIMINARY*  
Source: Clinton Foundation
Condom distribution per man (15-64): Need, targets & actual distribution

Large variation in need, actual distribution & gaps
Do Countries with High Condom Distribution also Have Higher Condom Use?

Yes: Most countries with high distribution have high reported use!

- % of sex acts that can be protected with the actual number of condoms distributed
- % of men who reported use of a condom at last sex with anyone (DHS)

Sources: various including GARPR 2012 and UNFPA COs, UN Department of Economic and Social Affairs, World Populations Prospects (the 2012 revision); condom use data from DHS and similar surveys (assumed sexual frequency: average 80 sex acts)
In the ‘No historical scale up’ scenario, condom use is constant at the 1990 level.

45 million infections have been averted by the historical scale up in condom use.

Source: John Stover, Avenir Health, Condom Data meeting, March 2016
No significant difference in condom use between circumcised and uncircumcised men

Condom use at last sex, South Africa 2012

And the majority (85%) of people know that a man who is circumcised still needs to use a condom.

Source: NCS, 2012

Not using condoms at last sex, Botswana

There is a strong positive correlation between being circumcised, getting tested for HIV and condom use

Is there a significant difference in the awareness and behaviours of circumcised vs. uncircumcised men? The answer is Yes!

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>HIV test - Yes</th>
<th>Condom first sex - Yes</th>
<th>Condom last sex - Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n=</strong></td>
<td>1,801</td>
<td>753</td>
<td>671</td>
<td>710</td>
</tr>
<tr>
<td><strong>N=</strong></td>
<td>18,139</td>
<td>7,154</td>
<td>6,154</td>
<td>6,604</td>
</tr>
<tr>
<td>Circumcised - Yes</td>
<td>100%</td>
<td>50%</td>
<td>53%</td>
<td>59%</td>
</tr>
<tr>
<td>Circumcised – No</td>
<td>100%</td>
<td>35%</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>Circumcised – Don’t know/refused</td>
<td>100%</td>
<td>16%</td>
<td>25%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Q19.1. Are you circumcised? Male respondents
Conclusion

• Condoms should be promoted as part of VMMC – added protection against HIV, STIs and prevents unintended pregnancy.

• Only male controlled method of family planning.

• Still insufficient condoms to meet the needs of people that want to use condoms.

• Behavioural disinhibition needs to be monitored on a regular basis – and measured through both male and female perspectives.

• Male circumcision does not replace condoms it should be in addition to condoms so that people can reduce the risk of HIV infection.

• Prevention has not failed – we have failed prevention by not taking interventions to scale through ensuring continued investments.
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