REPORT

BIREGIONAL MEETING ON CONDOM PROMOTION IN HIGH-RISK SITUATIONS IN ASIA

Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC
and
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CONTENTS

SUMMARY

1. INTRODUCTION

1.1 Objectives ........................................................................................................................2
1.2 Participants and resource persons ....................................................................................2
1.3 Organization of the meeting ............................................................................................2
1.4 Welcome Statement .........................................................................................................3
1.4 Opening of the meeting....................................................................................................3

2. PROCEEDINGS

2.1 Agenda Item 2: STI (including HIV/AIDS) situation in Asia .........................................3
2.2 Agenda Item 3: Sex Work in Asia...................................................................................4
2.3 Agenda Item 4: Condom Issues .....................................................................................4
2.4 Agenda Item 5: Country Condom Issues ......................................................................6
2.5 Agenda Item 6: Selected country experiences in condom promotion in high risk situations .......................................................................................................................6
2.6 Agenda Item 7: Country priorities on condom promotion .............................................9
2.7 Agenda Item 7: Regional update ...................................................................................12
2.8 Agenda Item 8: Review of WHO materials .................................................................12

3. CONCLUSIONS AND RECOMMENDATIONS

ANNEXES:

ANNEX 1 - TIMETABLE ..................................................................................................13

ANNEX 2 - LIST OF PARTICIPANTS, CONSULTANTS, TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT ...............................................15

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SUMMARY

The WHO Western Pacific Regional Office and South-East Asia Regional Office organized a five-day meeting on condom promotion in high-risk situations in Asia to better advocate condom promotion in such situations; share experience in condom promotion in sex work; agree on the essential components of condom promotion strategies in sex work (including logistics, financing, standards and sources of condoms); and identify the need and action for expansion of condom promotion activities in high-risk situations at country and regional levels. The participants discussed the STI/HIV situation and sex work in Asia, condom issues (including promotion, procurement, delivery of quality products, quality assurance measures, etc.), country experiences in condom promotion in high-risk situations, country priorities in condom promotion, and country and regional action plans. The participants also reviewed the WPRO training manual on 100% condom use in entertainment establishments and proposed indicators for monitoring and evaluation.

The participants concluded that, in most Asian countries, there is an urgent need to increase condom use in high-risk situations leading to the transmission of HIV/STI, as information on condom quality, availability, distribution and usage; quantity of quality condoms to meet current and future needs; and capacity for monitoring and evaluating condom activities at country level are insufficient. There is also a need to coordinate condom promotion and supply between various sectors. It was emphasized that securing support from decision-makers at central and community levels is essential for effective implementation of intensive condom promotion programmes.

Based on small groups and plenary discussions, the participants of the workshop recommended that, condom promotion among sex workers and their clients should be one of the key strategies for prevention of HIV infection and STI in Asia; national condom promotion policies integrating needs for disease and family planning should be developed; consistent strategy for condom promotion should be available in countries across Asia; and WHO should continue to support member states both technically and financially in implementing, monitoring and evaluating condom promotion programmes; mobilizing resources for expansion of the “100% condom use programme” and increasingly sharing experiences in the area of condom promotion.
1. INTRODUCTION

A Biregional Meeting on Condom Promotion in high-risk situations in Asia was held in Hanoi, Viet Nam, from 13 to 17 August 2001. The meeting was organized by the WHO Western Pacific Regional Office and South-East Asia Regional Office.

1.1 Objectives:

(1) to better advocate condom promotion in high-risk situations;

(2) to share experience in condom promotion in sex work;

(3) to agree on the essential components of condom promotion strategies in sex work (including logistics, financing, standards and sources of condoms); and

(4) to identify the need and action for expansion of condom promotion activities in high-risk situations at country and regional levels.

The detailed program of the meeting is attached as Annex 1 of this report.

1.2 Participants and resource persons

There were a total of 25 participants from nine selected countries in the South East Asia Region and Western Pacific Region, with three participants selected from each country (except India, presenting only one participant) and representing (1) decision-makers from ministries of health involved in HIV/STI projects; (2) individuals involved in HIV project implementation with sex workers and/or clients and; (3) individuals involved in condom procurement. In addition, representatives from the following United Nations bodies and other agencies participated in the meeting as observers: Joint United Nations Programme on HIV/AIDS (UNAIDS), South East Asia Pacific Intercountry Team (SEAPICT) Bangkok, Program for Appropriate Technology in Health (PATH), Australian Agency for International Development (AusAID), DKT International, Family Health International (FHI), Population Council, United States Agency for International Development (USAID).

The Western Pacific Regional Office provided technical and operational support for the meeting. For the list of participants, consultant, temporary advisers, observers and secretariat staff, please refer to Annex 2 of this report.

1.3 Organization of the meeting

The meeting was held at Meritus West Lake Hotel, Hanoi, Viet Nam, from 13 to 17 August 2001. Methods used in the meeting included presentations, small group discussions and plenary discussions.
1.4 Welcome statement

A welcome statement was given by Prof Pham Manh Hung, Vice Minister of the Socialist People’s Republic of Viet Nam, to all participants and guests. He recognized the growing threat of HIV/AIDS in Viet Nam as well as in the whole Region and the pressing need to implement intervention programmes like the 100% condom use programme in the Region proactively.

1.5 Opening of the meeting

The meeting was opened by the Officer in Charge of WHO, Viet Nam representing the WPRO Regional Director. He pointed out that the rates of HIV infection in the general population of Asia were still low in comparison with those in Africa. However, that statistical reality could not be an argument for inaction. Epidemics driven by unsafe drug-injecting practices as well as by unsafe sex had been reported in many countries of the Region. At the turn of the new century, there were more than 6 million people living with HIV/AIDS in Asia.

Successful HIV prevention and control programmes, including the 100% condom use programme in entertainment establishments (Thailand and Cambodia) had led to a significant reduction in HIV transmission. Because of that evidence, it was possible to stop progression of the HIV epidemic through condom use. He encouraged all participants to adapt and scale-up condom promotion interventions and give more people access to information and methods to protect themselves and others from the epidemic.

2. PROCEEDINGS

2.1 STI (including HIV/AIDS) situation in Asia

The Regional Advisor, Sexually Transmitted Infections including HIV/AIDS, Western Pacific Regional Office, told participants that it was estimated that more than 35 million individuals in the world were infected with HIV. The largest number, 25 million, had occurred in Africa, where up to one third of the adult population in some countries were infected. The future shape of epidemic in Asia was difficult to predict - it may stabilize or continue to expand, depending on the level of commitment by governments, and the timing in implementing effective interventions.

He also emphasized that the factors influencing HIV transmission in Asia were better understood now than a decade before. These were that (1) HIV transmission was essentially linked to human modes of behaviour: sharing injecting equipment and having multiple sexual partners, and (2) HIV transmission through sexual intercourse was low, at an average transmission rate of one per 1000 episodes of vaginal sexual intercourse with an infected person, but cumulatively it was high and was becoming the most dominant mode of transmission in the Region. These two factors explained the extensive HIV transmission in the general population when there was a high prevalence of overlapping and concurrent sexual partners combined with a high level of sexual partner exchange. In Asia, this was essentially observed among sex workers and their clients. In addition, two facilitating factors of transmission had been identified: genital ulcerative lesions and a high proportion of recent HIV infections (who had a higher viremia).

In Asia, the estimated rate of infection was highest, between 2% and 3% of the adult population, in three countries: Cambodia, Myanmar and Thailand. HIV transmission was related
to injecting drug use and sex work. However, because most women did not have multiple sexual partners, HIV infection was not spreading extensively to the general population. The most common STI observed were chlamydial and trichomonas infections, which were common among young women below 25 years of age.

The future of HIV transmission in Asia would depend on how extensive the heterosexual transmission of HIV was, and on the extent of infection in countries with the largest populations like China and India.

2.2 Sex work in Asia

Dr Zhao Pengfei delivered a presentation on sex work in Asia, based on WHO documentation (unpublished). He pointed out that the profile of sex work in Asia was complicated and was influenced by several existing factors: it was increasing and becoming common; it was largely linked to poverty; it was largely illegal and often underground; it involved a great number of people in a great variety of sites; and it involved a huge amount of money. For example, in four countries (Indonesia, Malaysia, the Philippines and Thailand), the sex industry accounted for 2-14% of GNP and in Japan, earnings from sex industry were estimated to account for 1-3% GDP. In Thailand, profit from sex industry was three times higher than profit from the drug trade; and the scale of the market was rapidly expanding.

He also emphasized that vulnerable groups for HIV infection were sex workers and their clients. Because of HIV, there was an urgent need to learn about people’s behaviour patterns, and particularly about their sexual partnership before and outside marriage.

2.3 Condom issues

2.3.1 Condom situation assessment

Ms Gaik Gui Ong, Technical Officer, Western Pacific Regional Office, summarized the condom situation assessment in selected Asian countries. She said that common and cross-cutting issues from the review included: low condom-related knowledge and practices; high condom knowledge, but low use; condom use as disease prevention versus family planning; lack of indicators for monitoring and evaluation; lack of national condom policy, except for the policy on the 100% condom use programme; shortage of condoms; low condom use among sex workers and their clients; popular complaints about condoms, serving as a barrier to their usage. She also mentioned that the distribution of condoms was mainly through three different channels: free, condom social marketing and commercial sector.

2.3.2 Procurement, delivery of quality products, quality assurance measures

The effectiveness and efficacy of the male latex condom:

This presentation by Ms M Usher, Reproductive Health and Research, WHO Headquarters, reviewed the latest scientific evidence on the effectiveness and efficacy of the male latex condom to prevent the transmission of HIV and other STIs. It concluded that the body of evidence, both laboratory and epidemiological studies, was comprehensive, compelling and conclusive. The consistent and correct use of the male latex condoms significantly reduces the risk of HIV infection and other STIs transmitted by genital secretions in men and women who engage in vaginal intercourse.

Effects of purchasing and distributing poor quality condoms for HIV/AIDS prevention programmes
The effects of purchasing and distributing poor quality condoms for HIV/AIDS prevention programmes were described in this presentation as including:

- wastage of money;
- failure to provide adequate protection;
- promotion activities loses its credibility; and
- lose potential impact of reducing HIV.

Quality assurance procedures essential for the manufacture, procurement and distribution of good quality male latex condoms:

According to the WHO manual, *The male latex condom*, the following procedures should be followed:

- laboratory-based testing regime to pre-qualify suppliers (during the tendering process);
- compliance testing of every lot of condoms before it is received in country;
- clear specification for condom procurements (essential safety, efficacy design, packaging component);
- description of testing regimes to verify compliance with specification;

Key elements of programme logistics to correct mismanagement:

The third section of the WHO publication, *The male latex condom*, provides ten fact-sheets designed to review best practices in key areas of condom programming. Issues detailed in these fact sheets associated with forecasting condom requirements, inventory control, storage and the effects of oil-based lubricants on condoms were discussed during this presentation.
Female condom and synthetic male condoms

This brief presentation described the characteristics of the female condom, the outcome of acceptability studies, re-use and structural integrity. It was emphasized that the female condom provides women with a barrier method they can control. It does not replace the male condom, but offers an additional method. The female condom is acceptable to a wide range of women, but it must be strategically introduced into programmes to provide the greatest public health impact.

A brief review was provided on the development of male synthetic condoms. These condoms tend to be a lot more expensive than the male latex condom and so far only three products have been licensed for sale.

2.4 Country level discussions and conclusions on issues related to condom use, is presented on section 3 of this report.

2.5 Selected country experiences in condom promotion in high-risk situations

2.5.1 Condom social marketing in Cambodia

Dr Bun Leng of Cambodia reported that the 100% condom use programme (CUP) was now the top priority for prevention of HIV in his country among people practising high-risk behaviour. Social marketing made condoms available nationwide for the general public with emphasis on places where 100% CUP is being implemented. Condom use had dramatically increased since 1995 when the social marketing programme started. As a result, there had been a decrease in HIV prevalence among sex-workers. He emphasized that high-level government commitment was the key to an effective 100% CUP using social marketing as a core approach.

2.5.2 Outreach education programme in the Philippines

Dr Carmina Aquino presented the Education component of the Philippine AIDS Surveillance and Education Project (ASEP), which aims to develop mechanisms within the public and private sectors that encourage vulnerable groups to adopt and practise behaviour that reduces HIV risk. She explained that ASEP was being piloted in eight urban centres in the country, with female freelance sex workers, male clients of sex workers and children and youth in sex work as the target groups. Various approaches were being utilized to encourage behaviour change among the target groups, mainly through outreach education activities carried out by community health outreach workers and peer educators. Condom promotion was the primary focus of the project’s behaviour change efforts. The project was already in its final phase and a final evaluation had been conducted, highlighting very positive feedback in terms of achieving the project’s overall objectives.

2.5.3 Peer education in Papua New Guinea

Mrs Margaret Munjin presented a project called Transex, conducted from 1996 to 2000 in two cities of Papua New Guinea, which aimed to promote safer sex among sex workers through a peer-education. Peers had been trained to teach safer sex and condoms had been distributed through non-traditional outlets such as hotels, marketplaces, sports grounds, and all entertainment places. A baseline survey had shown that condom use was very low among sex-workers. During the lifetime of the project the number of condoms sold through the project had increased dramatically.
2.5.4 100% condom use programme:

**Thailand**

Dr. Anupong reported that the Ministry of Health of Thailand had initiated the 100% condom use programme (100% CUP) in 1989 in some provinces and towns. The Government had adopted the strategy as national policy in 1991 and it had then been expanded nationwide in 1992.

The two major lessons learnt were: (1) consistent condom use increased significantly among the high-risk group, for example, condom use per sexual act reached 95% among the clients of sex worker; and (2) STI incidence significantly declined to less than 2% among sex workers and 7.3% among male STI patients.

It was highlighted that the key success of 100% CUP depended on: strong political commitment and active local response; good cooperation between the local authority and the brothel owner; availability and accessibility of quality condoms; availability of STI care and appropriate outreach programmes; and monitoring and evaluation of the STI rate, condom use in last sexual act, and behavioural surveillance.

**Cambodia**

Dr Tia Phalla reported that the 100% condom use programme had been initiated as a pilot programme in October 1998 in Sihanouk Ville province. She said the following had been key to the success of the 100% CUP: (1) public policy: the declaration of a public policy on 100% condom use in entertainment establishments; (2) public opinion: creation of a positive image of condoms; (3) public goods: sufficient condom supply; and (4) public services: information, education and communication (IEC) materials for behaviour change and services for STI care.

The result of the implementation of the 100% CUP in Sihanouk Ville had been used as an advocacy tool to get the 100% CUP policy adopted by the Prime Minister. It had also played a key advocacy role in generating and mobilizing resources for expansion of the 100% CUP on a nationwide scale.

**China**

Dr Wu Fengbo told participants that the 100% CUP was being piloted in two provinces in China. He presented the progress of the project in Wuhan, which had started in December 2000 and had initiated activities related to project management, IEC material development, capacity-building of health workers, baseline studies on STI services and advocacy involving key government officials, including public security, establishment owners and sex workers. Dr Wu said that significant results had been achieved, including: an increase in awareness of the authorities about HIV/AIDS; acknowledgement of the existence of a sex industry; some overcoming of legal, social and cultural barriers; designation of the responsibilities of relevant government departments; improved cooperation between public security and health departments; establishment of a leading group on 100% CUP at metropolitan and district levels; and establishment of a Programme Office and Technical Working Group at both levels.
Viet Nam

The 100% CUP is being piloted in two provinces in Viet Nam. Dr Thanh Long introduced the pilot project in Quangninh province, explaining that activities were ongoing to solicit support from the local government, including public security and tourism; to strengthen the capacities of local staff; and to ensure that condom supplies and IEC materials were available. He said that difficulties being anticipated included: crackdowns on prostitution by police; weak multisectoral cooperation; and lack of a long-term plan of action.

Indonesia

The 100% CUP is being piloted in one site (Merauke) in 2001. It will follow the WHO guidelines for 100% CUP in entertainment establishments. Merauke is a Christian area but some concerns had been raised about developing a model for an Islamic setting ---Indonesia being an Islamic country.

Myanmar

Four townships in four different areas of Myanmar have been identified as pilot 100% CUP project sites. Comprehensive advocacy steps, preparation, and planning steps were shared. The major force of the projects will be through the STI/AIDS teams at the township level. These teams have been mobilized for 50 years but, unlike Thailand, laboratory capacity is limited due to financial constraints. The sex workers and clients who come to the clinics will be given free condoms and treatment. There is still limited support from the police, who need more orientation to increase their understanding of the project.

A major obstacle to implementation of the 100% CUP is an insufficient condom supply. Population Services International (PSI) in Myanmar, as a member of the project team, needs to expand its role. There is need to search for a cost-sharing mechanism. There is already a strong political leadership in Myanmar and continuous support from the highest leadership will ensure the success of the project.
Condom policy in China

Dr Zhao Pengfei presented China's a draft national condom policy, summarizing the nine policy statements as follows:

1. Condoms (including additional lubricants) should be promoted as *health products* that are part of healthy pleasurable sex and the mark of mutual caring, reliable trust, true intimacy, and personal responsibility.

2. Condoms should be made available, accessible and affordable to whoever needs them.

3. Condoms should be extensively distributed through all possible outlets.

4. Steps should be taken to ensure that the quality of condoms adheres to ISO/WHO standards.

5. The dual purpose of condoms should be widely disseminated using all available media. Their use should be promoted as a socially acceptable, fashionable, pleasurable and responsible behaviour.

6. Barriers to condom use should be addressed through high quality social research studies.

7. Condom social marketing should be actively promoted.

8. Mobilization and utilization of existing family planning resources, in terms of the human, technical and logistical network, should be strengthened;

9. Multisectoral partnership should be promoted to effectively and efficiently implement the condom programme.

2.6 Country priorities in condom promotion

**Bangladesh:**

1) 100% condom coverage for: (a) CSW (brothel based) and floating sex workers; (b) hotel-based sex workers; (c) IVDU;

2) Integration of STI management with the primary health care services.

**Cambodia:**

1) Mobilization of the financial resource for sustainable a 100% CUP,

2) Review of the indicators necessary to monitor and evaluate the 100% CUP,

3) Evaluation of the 100% CUP nationwide.

**China:**

1) Finalization and endorsement of the National Condom Policy, including Guideline for implementation, by the government,
2) Development of a provincial policy for condom promotion,
3) Advocacy/mobilization of resources thru multisectoral approach,
4) Increase availability and accessibility of condoms through: social marketing, free
distribution and private sector,
5) Capacity building/IEC/outreach on 100% CUP.

**India:**

1) Development of national condom strategy and operational guidelines, by
   Department of Family Welfare (DOFW) and National AIDS Control
   Organization (NACO);
2) Streamlining of procurement, quality assurance and logistics for condoms;
3) Formalization of system for NGO participation in condom promotion;
4) Promotion of condoms at state level.
5) Strengthening of the multisectoral approach in condom bio programming.

**Indonesia:**

1) Expansion of the 100% CUP to five more sites;
2) Improvement in access to condom in major campus districts such as Jakarta,
   Banding, Yogya, Manado through reproductive health approach;
3) Improvement in data collection on sexual behaviour among youths.

**Myanmar:**

1) Strengthening and intensifying of the existing pilot programme to
   become a routine programme;
2) Expansion of the 100% CUP to high prevalence areas;
3) Delivery of advocacy and training to all relevant sectors;
4) Condom quality control;
5) Development and introduction of condom policy in the country; and
6) Promotion of social marketing cost sharing for condom use.

**Philippines:**

1) Mobilization of government resources to procure condoms;
2) Sustaining social marketing and private sector initiatives on condom supply;
3) Development of a national condom policy and an operational plan.
Papua New Guinea:

1) Mapping out of communities/provinces to identify high-risk settings;
2) Baseline study on sexual activities and behaviours;
3) Development of an appropriate social marketing scheme for condom use;
4) Installation of condom vending machines in mining centres and two hotels in Port Moresby

Viet Nam:

1) Strong government and local authorities support to 100% CUP;
2) Development of a national policy on condom promotion;
3) Strengthening of multisectoral collaboration between the health sector and the police;
4) Expansion of the condom distribution system through (a) traditional channels: (family planning, STI clinics, health facilities, pharmacies) and (b) non-traditional channels (hotels, bars, karaoke, groceries, peer educators);
5) Improvement of the quality of condoms produced by local factories to meet WHO/international standard;
6) Enhancement of IEC activities on 100% CUP.

The “Spilling effect” of the 100% CUP

If interventions target the general population (or freelance sex workers), it would entail maximum cost with very minimal effect and slow impact. Nevertheless, if the intervention targets the source of infection, like implementing a 100% CUP among establishment-based sex workers, it will entail minimal cost with maximum effect and rapid impact. The strategy will then receive support from decision-makers and can be expanded to populations of sex workers more difficult to reach.
2.7 Regional update

Dr A. Ball introduced the new department of HIV/AIDS in WHO Headquarters and discussed on the ten priorities for the department in the next two years. These are: surveillance; prevention of mother-to-child transmission; voluntary counselling and testing; adolescent sexual and reproductive health; sexually transmitted infections; blood safety; vaccines; care and support; vulnerable populations and IDUs; and health workers and HIV.

Ms G. Ong briefed participants on the WHO Western Pacific regional initiative on focusing on the condom promotion strategy. Support for the 100% condom use programme started off in Cambodia in 1998. This was followed by the UNAIDS regional consultative meeting at Hua Hin, where WHO was given the responsibility and the task of developing a regional strategic plan for condom promotion in high-risk situations in Asia. She said that WHO, in cooperation with its partners, would continue to support member countries both technically and financially in the area of condom promotion, and to mobilize resources for the expansion of the programme in the Region.

2.8 Review of WHO materials

Review of Training manual on 100% CUP:

This training manual includes six modules, they are: Module 1: Programme policy, goals and objectives; Module 2: Elements of programme organization; Module 3: Advocacy and IEC; Module 4: Condom logistics; Module 5: Coordinated STI services; and Module 6: Monitoring and indicators. Discussions focused on the overall structure of the manual and how to use it for training at country level. A suggestion was made to have the final draft field-tested in one or two countries in the Region before printing. A special session was arranged for review of indicators of monitoring and evaluation of 100% CUP. Consensus was reached among participants to include the following as three essential indicators: Indicator 1: Number of condoms distributed to outlets; Indicator 2: Proportion of sex workers reporting condom use at last sex with client; and Indicator 3: Proportion of female sex workers with HIV infection. Another proposed indicator: Proportion of female sex workers with chlamydial infection is to be reconsidered, but it was agreed that one indicator should be identified for STI.

3. CONCLUSIONS AND RECOMMENDATIONS

The following conclusions and recommendations were agreed:

3.1 Conclusions

1) There is a high-risk of HIV spread in the general population in Asia because of widespread risk behaviour within the sex industry, the increasing mobility of individuals and the overlap between sex work and injecting drug use.

2) The sex industry in Asia is changing. It is expanding, moving into non-traditional sites and involving more part-time workers.

3) As past experience in Asia has shown, securing support from decision-makers at central and community levels is essential for the effective implementation of intensive condom promotion programmes.
4) In most Asian countries, there is an urgent need to increase condom use in high-risk situations leading to sexually transmitted infections (STI) and HIV transmission.

5) Some countries in Asia are now successfully piloting or implementing on large scale “100% condom use in entertainment establishments”.

6) Information from the country level about condom quality, availability, distribution and usage in Asia is insufficient.

7) Asian countries do not have sufficient quantities of condoms to meet current and future demand.

8) There is a need to improve coordination on condom promotion and supply between the government, the private sector and social marketing organizations.

9) Ensuring condom quality needs to be given priority attention.

10) The capacity for monitoring and evaluating condom activities at country level is still insufficient.

3.2 Recommendations

1) Condom promotion should be one of the key strategies for the prevention of HIV infection and STI in Asia. Primary emphasis should be placed on sex workers and their clients as well as injecting drug users (IDU).

2) National condom promotion policies, integrating needs for disease prevention and family planning, should be developed. At the same time, country action plans for condom promotion need to be developed and implemented.

3) The strategies for condom promotion should be consistent across Asia because of the greater mobility of populations and sex workers.

4) WHO, in collaboration with its partners, should continue to support:

   - the mobilization of resources and the technical supervision to pursue implementation and expansion of "100% condom use" programme activities;
   - the development of capacity to implement, monitor and evaluate condom promotion programmes targeting populations at high-risk of STI and HIV infection;
   - the development of capacity to implement condom quality assurance;
   - sharing experiences between countries in the area of condom promotion.