



MALI



FOR MALE CONDOMS



Missions: UNFPA and PSI

UNFPA, THE UNITED NATIONS POPULATION FUND, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

PSI, POPULATION SERVICES INTERNATIONAL, makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services.

Contents

GREETINGS	1	Market Value	14
EXECUTIVE SUMMARY	2	Subsidy	15
METHODS	3	Number of Brands	15
STATE OF THE MARKET	4	Equity	16
INTRODUCTION	6	CHALLENGES AND OPPORTUNITIES	17
Health Context	6	RECOMMENDATIONS	19
HIV Situation	7	Informed Demand	19
Public Sector	8	Coordination	19
Social Marketing Sector	9	Equitable Distribution	19
Commercial Sector	10	Reporting	19
RESULTS	11	Pricing	19
Universe of Need	11	ACRONYM KEY	20
Condom Use	12	ACKNOWLEDGEMENTS	20
Market Volume	13	REFERENCES	21

Recommended citation:

Pallin, S.C., D. Meekers, K. Longfield, O. Lupu. November 2013.

Mali: A Total Market Approach. PSI/UNFPA Joint Studies on the Total Market for Male Condoms in Six African Countries.

Retrieved from www.psi.org/total-market-approach

Greetings

A MESSAGE FROM BRUCE CAMPBELL AND KIM LONGFIELD

Male condoms offer dual protection against HIV and other sexually transmitted infections (STIs), as well as unplanned pregnancy. All of these factors are important to our two agencies—UNFPA, the United Nations Population Fund, and PSI, Population Services International — and are critical for delivering the health impact we both strive to achieve.

This case study is part of a series that UNFPA and PSI have produced over the course of a year. The series takes a critical look at the communities in which we operate and helps us understand how both agencies can improve our support in those communities and our engagement with other stakeholders, to grow and strengthen the total market for condoms.

We focused our efforts on six African countries — Botswana, Lesotho, Mali, South Africa, Swaziland, and Uganda — that have large condom social marketing programs, are affected by the HIV epidemic, and have high maternal morbidity and mortality relative to their economic development. This series of case studies is intended to inform appropriate evidence-based decisions that increase condom use equitably and sustainably through actions undertaken in all supply sectors. Employing such a total market approach (TMA) means that all three sectors — public, social marketing, and commercial — work together to deliver health choices for all population segments.

We will work together and with other partners to increase condom use and grow the market in a responsible way. Our long-term goal is to offer options to those most in need, people seeking to live their lives free from HIV and unplanned pregnancy. ●

Sincerely,
BRUCE CAMPBELL
Director, Technical Division, UNFPA

KIM LONGFIELD
Director, Research and Metrics, PSI

We will work together and with other partners to increase condom use and grow the market to serve those most in need.



Executive Summary

In Mali, the use and availability of male condoms is essential to preventing unplanned pregnancy and the spread of diseases such as HIV. Male condoms are an important part of Mali's national strategy for HIV prevention, and the dual protection offered by condoms is a key component of reproductive health programs, especially for youth who may not ordinarily seek medical advice or other contraceptive methods before becoming sexually active.

In Mali's current market for male condoms, the number of condoms needed to protect all sexual acts from HIV infection and unplanned pregnancy (universe of need) is much higher than the actual number of condoms on the market (volume). Demand for condoms remains very low, which helps explain why volumes are also low. In 2006, only 8.9% of males and 1.9% of females reported using a condom the last time they had sex, and individuals in the wealthiest quintile are more likely to use condoms than those in poorer quintiles.⁷ While rates of use are higher among youth and individuals with multiple or casual partners than reported in previous years, condom use is still low.

The condom market in Mali consists of three sectors: the public sector, which distributes fully subsidized (free) condoms; the social marketing sector, which sells partially subsidized condoms at low cost; and the commercial sector, which sells condoms for a profit. In 2011, the estimated total market value was \$869,426.⁸⁻¹¹ Approximately 98 percent of condoms on the market were totally or partially subsidized. Concerns about appropriate pricing strategies,

"crowding out" the commercial sector, and an inefficient use of public funds, have prompted PSI and UNFPA to adopt a Total Market Approach (TMA) to help manage the condom supply in Mali. TMA requires that the three sectors – public, socially marketed, and private – work together to "grow the condom market" to meet the needs of different segments of the population.

The results of our study yielded several important findings. As it stands, condom subsidy programs in Mali are inefficient, with wealthier classes benefitting from free and socially marketed condoms. Meanwhile, price controls enforced by the government have hampered growth within the commercial sector. Until they are lifted, the market for male condoms will remain stagnant. The socially marketed sector should also raise the price of its condom and promote the entire condom category, not just its own brand.

Perhaps most importantly, increasing informed demand and promoting higher rates of condom use among Malians – especially for HIV prevention – is crucial. This study is intended to encourage policymakers, donors and other stakeholders to work strategically and collaboratively to better manage Mali's condom market. ●

The Total Market Approach (TMA) seeks to maximize market efficiency, equity, and sustainability through the coordination of the public, social marketing, and commercial sectors.



© JAKE LYELL

Methods

This list of TMA metrics comes from the literature and a set of metrics PSI has committed to measuring across countries.¹

METRIC	DEFINITION	CALCULATION
UNIVERSE OF NEED	The number of products or services needed to reach universal coverage in the market	<p>HIV: Male population 15-64 multiplied by average number of risky sex acts per man per year</p> <p>FP: Female population 15-49 multiplied by method mix multiplied by CYP conversion factor*</p>
USE	The percentage of the population at risk using a product or service, or adopting a behavior	Percentage of males and females reporting condom use at last sex
MARKET VOLUME	The number of products or services sold, distributed or provided in a given market	Total number of condoms distributed in the public, social marketing, and commercial sectors
MARKET VALUE	The dollar value of the total number of products or services in a given market	Average consumer price multiplied by market volume
NUMBER OF BRANDS	The number of distinct brands for a product in a given market	Total number of condom brands on the market
MARKET SUBSIDY	The value of total subsidies (excludes operating and support costs)	For each brand: the difference between market volume multiplied by unit cost of goods sold (COGS), and market volume multiplied by average consumer price
EQUITY INDEX	The degree to which products or services are used or adopted across socio-economic strata	Percentage of condom users that fall within the bottom two wealth quintiles

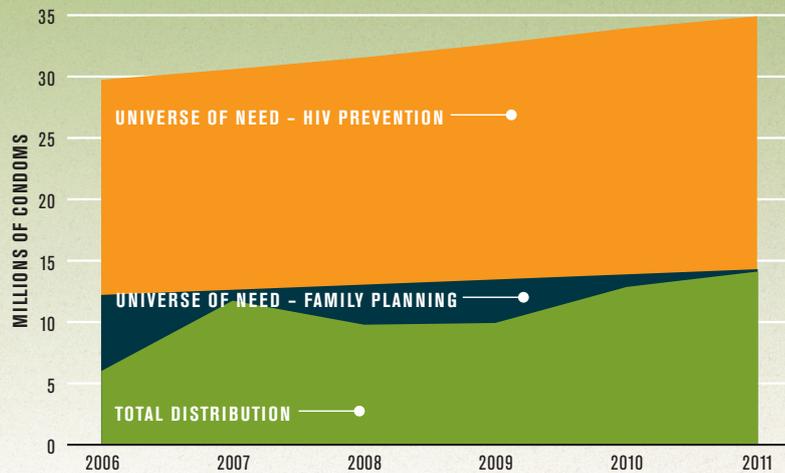
* USAID CYP conversion factors provide the units of products needed per one couple year of protection²

State of the Market

UNIVERSE OF NEED*

CALCULATION:
 HIV: Male population 15-64 multiplied by average number of risky sex acts per man per year

FP: Female population 15-49 multiplied by method mix multiplied by CYP conversion factor

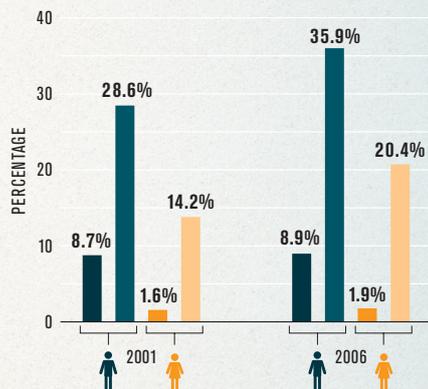


Sources: UNAIDS Investment Framework Study Group³; UN Population Division, 2010 revision⁴; USAID conversion factors⁵; Guttmacher Institute. Adding it up: The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology), 2011.⁵

USE

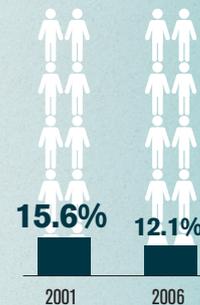
CALCULATION:
 Percentage of males and females reporting condom use at last sex

- MALES AGED 15-49
- UNMARRIED MALES AGED 15-24
- FEMALES AGED 15-49
- UNMARRIED FEMALES AGED 15-24



Sources: DHS 2001⁶, DHS 2006⁷
 *DHS 2012 data were not available

Percentage of males with casual or multiple partners in the last year who reported condom use at last sex



Sources: DHS 2001⁶, DHS 2006⁷

MARKET VOLUME

CALCULATION: Total number of condoms distributed in the public, social marketing and commercial sectors

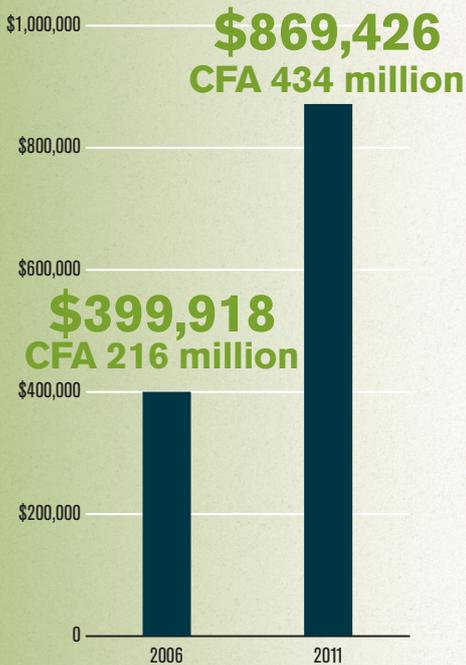


Sources: PSI/Mali⁸, CSLS⁹, PSI¹⁰

MARKET VALUE

CALCULATION: Average consumer price multiplied by market volume

$$\left(\text{AVERAGE CONSUMER PRICE} \right) \times \left(\text{MARKET VOLUME} \right) = \text{MARKET VALUE}$$



Sources: PSI¹⁹, PSI/Mali²², CSLS⁹

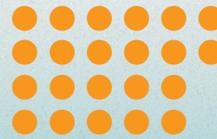
NUMBER OF BRANDS

CALCULATION: Total number of condom brands on the market

fewer than

10

brands have a long-lasting presence on the market

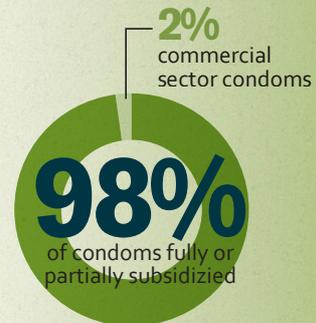


at least
22
different brands of condoms on the market

Sources: PSI/Mali²², Weissman²²

SUBSIDY

CALCULATION: For each brand: the difference between market volume multiplied by cost of goods sold (COGS), and market volume multiplied by average consumer price



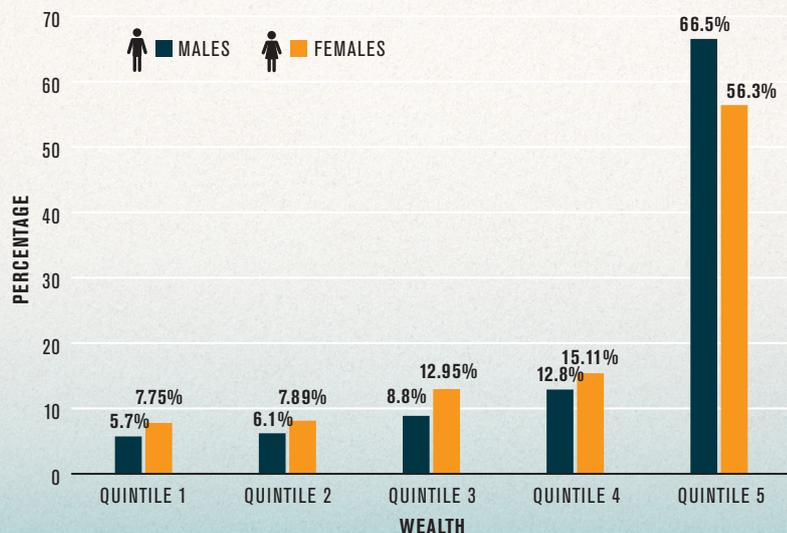
\$120,473
CFA 58 million

Estimated subsidy for public sector and social marketing condoms

Sources: PSI/Mali²², CSLS⁹, PSI²⁰

EQUITY

CALCULATION: Percentage of condom users that fall within the bottom two wealth quintiles



Source: DHS 2006⁷

Introduction



Widespread access to male condoms is important for preventing new HIV infections and offering family planning options to Malians in need.

HEALTH CONTEXT

HIV prevalence remains relatively low in Mali: an estimated 1.3% of adults between 15 and 49 years old are infected.¹³ This represents a small decrease from 2001, when prevalence was estimated at 1.7%, and is less than half of the level of prevalence in 1999.¹⁴

Despite these improvements, HIV prevalence remains high among key populations at risk. Among female sex workers, the level of infection increased 7% between 2000 and 2006.¹⁵ Prevalence among street vendors (5.9%), truck drivers (2.6%), domestic servants (2.2%), and ticket touts (2.2%) is much higher than the national average.¹⁵ Studies among Malian youth also suggest that there has been a shift away from traditional views on premarital sex and that casual sexual relationships are becoming more common.¹⁶ And while the age for females' first sexual encounter appears to be increasing, sexual debut for males is occurring earlier.^{16,17}

Public health officials around the globe have long recognized that widespread access to male condoms is crucial for preventing new HIV infections, particularly among those who engage in risky sexual behaviors. In addition to providing protection against HIV infection, condoms play a critical role in preventing unplanned pregnancy. While information on dual protection is not currently collected in national surveys, we know that nearly one-third of Malian women reported an unmet need for family planning in 2006.¹³ Condoms may be an especially important contraceptive option for youth who are unlikely to seek medical advice or other methods before becoming sexually active.¹⁵



© JAKE LYLELL

Mali: HIV Situation

HIV PREVALENCE IS **LOW**,
APPROXIMATELY **1%**¹³



RATES ARE **HIGHER IN URBAN AREAS**¹³

Urban areas: **2%** compared to Rural areas: **1%** Bamako: **2%**

RATES ARE **HIGHER IN KEY POPULATIONS**¹⁵

Female sex workers: **35%** Street vendors: **6%** Truck drivers: **3%** Young people aged 15-24: **2%**



THERE IS EVIDENCE THAT **RISKY SEXUAL BEHAVIOR IS INCREASING**, ESPECIALLY AMONG YOUTH^{16,17}



Age at first sex decreasing



Multiple and casual partnerships are increasing



NEED FOR CONSISTENT SUPPLY OF
HIGH QUALITY CONDOMS



Since 1993, modern contraceptive methods have been integrated into the essential drug system

PPM, the national pharmacy, delivers condoms to public hospitals and health centers.

UNFPA, USAID, and KfW are major donors for condoms in Mali

There is currently no targeting or promotion for free condoms

PUBLIC SECTOR

Since 1993, modern contraceptive methods have been integrated into Mali's essential drug system. Public sector condoms are available mainly at public hospitals, health centers and family planning clinics. Few Malians know where to find condoms despite their availability in these venues.⁷ There is currently no targeting, marketing, or promotion for free condoms, which are packaged in unbranded foil. UNFPA and the United States Agency for International Development (USAID) are the largest donors of public sector condoms in Mali, although KfW Development Bank has also donated condoms for free distribution in recent years.

The Haut Conseil National de Lutte Contre le SIDA (HCNLS), a national organization with representation from the public and private sectors, focuses on condoms for HIV prevention. The Direction de la Pharmacie et du Médicament (DPM), a branch of the Ministry of Health, coordinates condom procurement and distribution for both family planning and HIV prevention. Pharmacie Populaire du Mali (PPM) the national pharmacy of the Ministry of Health (MOH), distributes free condoms and other health commodities through its 13 stores around the country. PPM also delivers condoms regularly to national and regional hospitals. At the district level, Centres de Santé de Références (CSREF) place orders for condoms with PPM. Community health centers, Centres de Santé Communautaire (CSCOM), pick up condoms from CSREF as needed. Finally, community health workers can pick up condoms from PPM distribution depots around the country.

MALI ECONOMIC INDICATORS¹⁸

■ Development category: **developing**

■ Income level: **low income**

■ GDP: **10.31 billion (USD)**

■ Population: **14.85 million**



SOCIAL MARKETING SECTOR

PSI is the only social marketing organization with a presence in Mali. Since 2004, PSI/Mali has sold Protector Plus condoms, the dominant brand on the market.^{8,9} Protector Plus condoms can be found in pharmacies, shops, private hospitals and health centers, bars and taverns, petrol stations, and other locations. Many Protector Plus condoms are also sold by informal vendors on the street, usually with a variety of other goods.

Protector Plus is considered low cost, and is widely recognized.¹⁹ Currently, marketing for Protector Plus is focused on filling the “caring” need state, a reliable choice for couples who care about each other, and the brand is mainly popular with older users.¹⁹ PSI will be conducting a rebranding effort to ensure that the Protector Plus condom resonates more with a younger population.

Protector Plus, distributed by PSI/Mali, is the only socially marketed condom on the market

Protector Plus condoms have been on the market since 2004

PSI/Mali sells to wholesalers, who then sell to smaller retailers

Protector Plus is marketed to couples and is popular among older condom users



COMMERCIAL SECTOR

The commercial sector accounts for fewer than 2% of the total market

Commercial brands are available in pharmacies and specialty shops

Even though 22 brands have been identified on the market, fewer than 10 brands have a long-term presence on the market

The commercial sector is highly regulated

While at least 21 commercial brands can be found in Mali, they account for a very small share of the market, and only a few brands (Innotex, Casanova, Kama X) have a reliable long-term presence.^{11,12} Since most distribution is through informal channels and imports are often unreported for tax reasons, the specific share of the market for commercial brands is unknown.

Commercial brands are mostly available in pharmacies and specialty shops at higher prices than subsidized condoms. This results in the perception that commercial brands are higher-quality products targeting a small, wealthier segment of the population.¹⁹ Because the Ministry of Health controls condom prices, profit margins for commercial brands are limited and prevent commercial sector expansion. ●

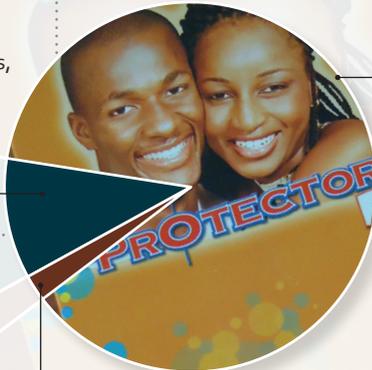


MARKET MAP (2011)

PUBLIC SECTOR 11%

BRAND NAME: Unbranded
PRICE PER CONDOM: Free*
POSITIONING: Currently no positioning/marketing
TARGET AUDIENCE: The poor, key populations at risk
PLACES AVAILABLE: Public hospitals, health centers

*a small number of public sector condoms are sold at community health centers for CFA 25 (\$0.05)



SOCIAL MARKETING 87%

BRAND NAME: Protector Plus
PRICE PER CONDOM : CFA 25 (\$0.05 USD)
POSITIONING: Positioned for couples who care about one another: "protect the one you love"
TARGET AUDIENCE: Couples, low income
PLACES AVAILABLE: Shops, pharmacies, bars and taverns, petrol stations

COMMERCIAL SECTOR < 2%

BRAND NAMES: Durex, Manix, Kama X, Innotex, Casanova
PRICE PER CONDOM: CFA 100 to 1000 (\$0.19 to \$1.94)
POSITIONING: Enhance the sexual experience
TARGET AUDIENCE: Wealthy condom users, youth
PLACES AVAILABLE: Pharmacies and specialty shops

Results

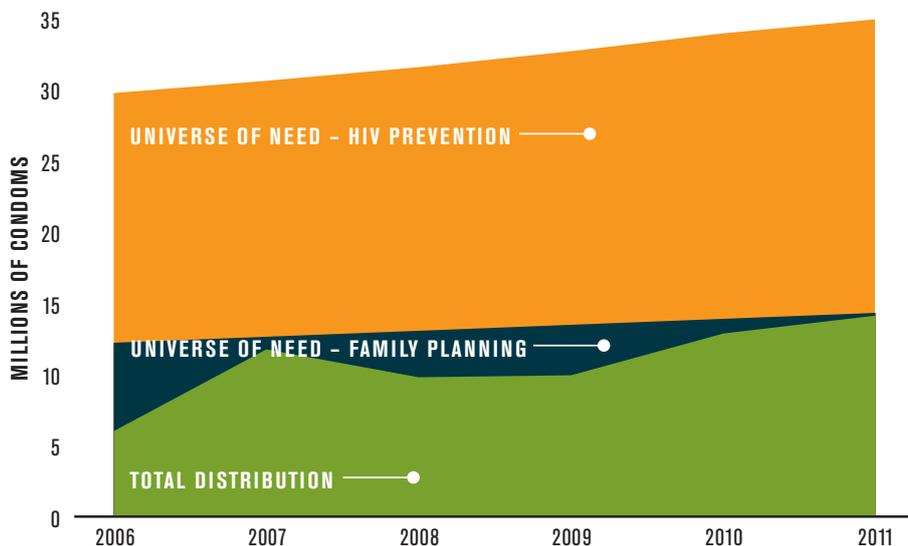
UNIVERSE OF NEED*

In 2012, approximately 36 million condoms were needed to cover all risky sex acts for HIV in Mali. The year before, 34.9 million were needed, which is up from the 29.7 million condoms needed five years prior. Universe of need for family planning has increased gradually, from 12.2 million condoms in 2006 to 14.3 million condoms in 2011. As the Malian population increases, we anticipate that the need for condoms will continue to increase.

While total distribution now nearly meets the universe of need for family planning, it does not yet meet the need for HIV prevention. The gap, however, between need and distribution is improving.⁸⁻¹⁰ In 2011, total distribution met approximately 40% of the need for HIV prevention compared to 23% in 2006.⁸⁻¹⁰

In Mali's current market, the number of condoms needed to protect all sexual acts from HIV and unplanned pregnancy is much higher than the actual number of condoms on the market.

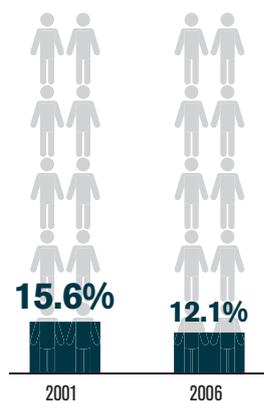
UNIVERSE OF NEED & TOTAL CONDOMS DISTRIBUTED



Sources: UNAIDS Investment Framework Study Group³; UN Population Division, 2010 revision⁴; USAID conversion factors²; Guttmacher Institute. Adding it up: The costs and benefits of investing in family planning and maternal and newborn health (estimation methodology), 2011.⁵

* Total universe of need for condoms could be as low as the number needed for HIV prevention or as high as the sum of the universe of need for HIV prevention and family planning. Most likely, total need falls somewhere between these two figures. A lack of data on dual protection prevents our ability to estimate the total number of condoms needed per year for both HIV prevention and family planning.

Percentage of males with casual or multiple partners in the last year reporting condom use at last sex



Sources: DHS 2001⁶, DHS 2006⁷

The percentage of males and females using condoms in Mali is extremely low and changed little from 2001 to 2006.

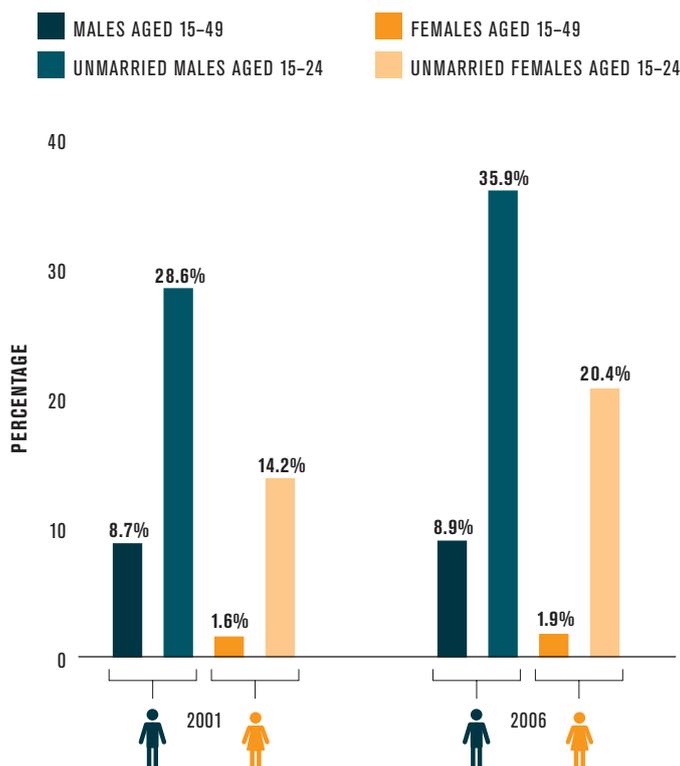
CONDOM USE

The percentage of males and females using condoms in Mali is extremely low and changed little from 2001 to 2006. While rates of use among unmarried youth are higher, and have increased over time, they are still too low to adequately protect young people from both HIV and unplanned pregnancy. For males who reported having two or more partners in the last year or who reported that their last partner was a casual partner, condom use at last sex decreased slightly, from 15.6% in 2001 to 12.1% in 2006.^{6,7 *}

**Less than 1 percent of female respondents reported having multiple partners or a casual partner in the last 12 months.*

*** DHS 2012 data were unavailable*

PERCENTAGE OF RESPONDENTS WHO REPORTED USING A CONDOM AT LAST SEX



Sources: DHS 2001⁶, DHS 2006⁷

MARKET VOLUME

Mali's condom market is heavily dominated by the social marketing sector. Market share for Protector Plus was between 80% and 87% from 2006 to 2011, with the exception of 2010 when an influx of donor funding resulted in a temporary swell in free condoms.^{8,9} From 2006 to 2007, sales of socially marketed condoms almost doubled.⁸ Social marketing sales diminished in 2008 and 2009, and rose again in 2010 and 2011. In 2011, distribution of Protector Plus was 12.4 million.⁸



© JAKE LYELL

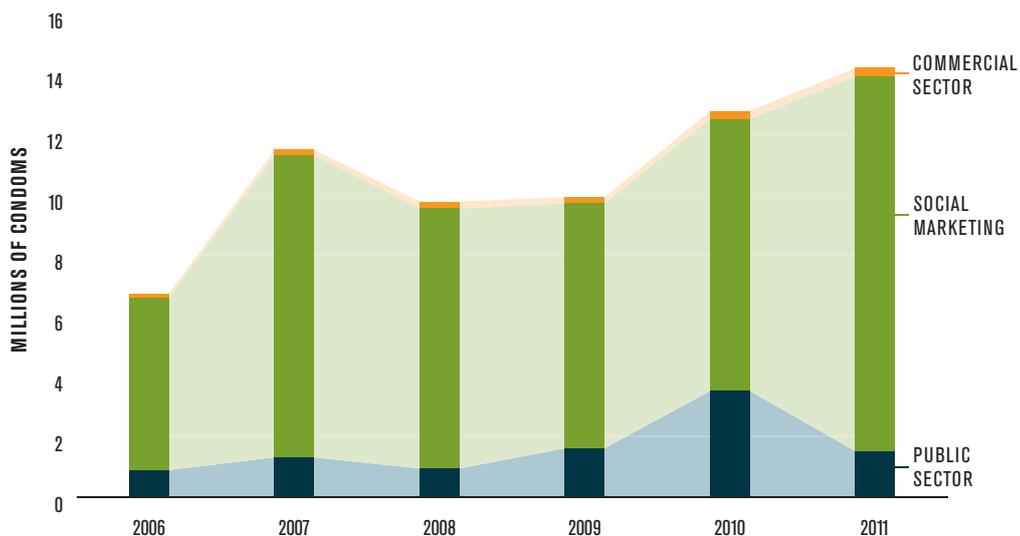
Overall, public sector distribution increased from 800,000 condoms in 2006 to 1.5 million in 2011. However, the increase was not gradual. Free condom distribution dipped from 1.3 million condoms in 2007 to 900,000 condoms in 2008, and more than doubled between 2009 and 2010, from 1.6 million to 3.5 million condoms respectively.

Commercial sector sales data are unavailable for most years. We estimate that commercial market share is between 1.5% and 3% in all years.¹⁰

Across the five study years, total market volume more than doubled, reaching 14.2 million in 2011 (assuming 2% commercial market share).⁸⁻¹⁰

Mali's condom market is heavily dominated by the social marketing sector.

DISTRIBUTION BY SECTOR



Sources: PSI/Mali⁸, CSLS⁹, PSI¹⁰



© JAKE LYELL

The value of the total market for condoms has more than doubled since 2006.

MARKET VALUE

Since 2004, the price of Protector Plus has remained at 100 CFA for a pack of four condoms, despite increases in inflation. Because of this consistency in price, trends in market value follow those for market volume. When there is an increase in social marketing distribution, the market value increases. Total market value more than doubled between 2006 and 2011. Prices for commercial sector brands vary widely, from 100 CFA to 1,000 CFA, with a median price of 200 CFA (\$0.42).^{11,12} Assuming a 2% market share for the commercial sector, total market value for 2011 was estimated to be \$869,426.

$$\left(\text{AVERAGE CONSUMER PRICE} \right) \times \left(\text{MARKET VOLUME} \right) = \text{MARKET VALUE}$$

COST TO CONSUMER PER CONDOM (CFA AND USD)

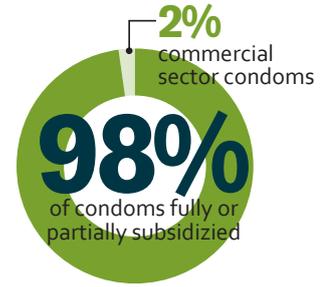
YEAR	PUBLIC SECTOR	PROTECTOR PLUS	COMMERCIAL BRANDS	INFLATION ²⁰
2006	0*	CFA 25 \$0.05	-	-
2007	0*	CFA 25 \$0.05	-	1.4%
2008	0*	CFA 25 \$0.05	-	9.2%
2009	0*	CFA 25 \$0.05	-	2.2%
2010	0*	CFA 25 \$0.05	-	1.1%
2011	0*	CFA 25 \$0.05	CFA 100–1,000 (median: CFA 200) \$0.19–\$1.94 (median: \$0.42)	2.9%

Source: PSI Mali 2011 Retail Audit

* A small number of public sector condoms are sold by community health centers for CFA 25 (\$0.05).

SUBSIDY

The average unit cost of goods sold (COGS) for Protector Plus was approximately \$0.06. The average COGS for fully subsidized condoms was \$0.03 per condom. The difference between the public sector COGS and social marketing COGS is due to the additional marketing costs associated with social marketing brands. Multiplying these values by the volumes of socially marketed and public sector condoms yields a total market subsidy of \$120,473. This figure takes into account only the cost of the product, packaging, and shipping. Operating and support costs, as well as marketing costs, are not included in the COGS calculation, which means that the value of subsidies would actually be much higher. Trend data are not available but we assume that COGS has increased since 2006.



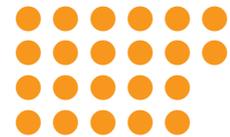
\$120,473
CFA 58,719,745

Estimated subsidy for public and social marketing sector condoms

$$\left(\text{MARKET VOLUME} \times \text{AVERAGE COGS} \right) - \left(\text{MARKET VOLUME} \times \text{AVERAGE CONSUMER PRICE} \right) = \text{SUBSIDY}$$

NUMBER OF BRANDS

At least 22 different brands of condoms were available on the market in 2011, including Protector Plus.^{11,12} However, we estimate that fewer than ten of those brands have had a long-term market presence.^{12,19} Trend data on the number of brands are not available.



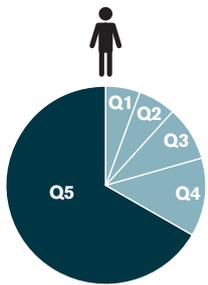
at least
22
different brands
of condoms
on the market

fewer than
10
brands have
a long-lasting
presence
on the market

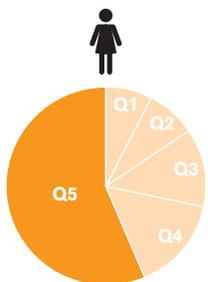


© ISTOCKPHOTO

< 20%
of all condom users
fell within the bottom
two quintiles



67%
of male condom
users belonged to
wealthiest quintile⁷

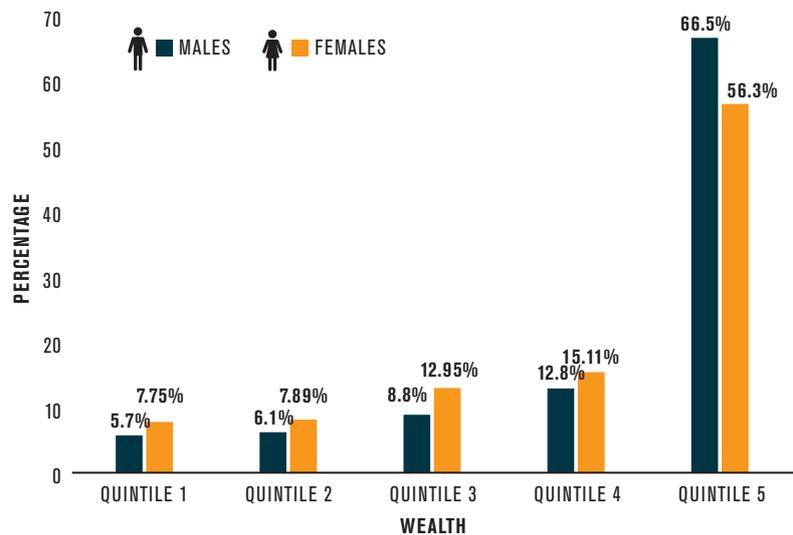


56%
of female condom
users belonged to
wealthiest quintile⁷

EQUITY

Condom use is concentrated disproportionately within the wealthiest quintile.^{6,7} In 2006, two-thirds of male condom users and more than half of female condom users were in the wealthiest quintile. Fewer than 20% of all condom users fell within the bottom two quintiles. ●

CONDOM USERS BY WEALTH QUINTILE 2006



Sources: DHS 2001⁶, DHS 2006⁷

Challenges and Opportunities

Although Mali has made progress toward meeting the country's condom needs, there is a long way to go before the market is viable. The current market for male condoms suffers from low demand and little market growth. Condom use is infrequent even during risky sex, which suggests the need for more generic condom promotion and behavior change communication, especially targeted at those with multiple or casual partners. While market volume increased over time, too few people are using condoms. This case study was completed prior to the release of the Demographic and Health Survey (DHS) 2012. As a result, the analysis was limited by a lack of available recent survey data on condom use.

Inconsistencies in public sector distribution may be harmful for the total market. In 2010, the market was temporarily flooded with free condoms, which decreased the market share of the social marketing sector. Anecdotal reports of free condoms being sold on the market also suggest that too many public sector condoms are on the market, and that there is insufficient targeting.

The high market share of the social marketing sector suggests a willingness to pay for condoms and is a good indicator of potential market sustainability. However, a great deal of the market is still subsidized and there are inefficiencies in the use of donor subsidies, with wealthier classes benefitting from free and socially marketed condoms. Prices for socially marketed condoms have remained constant while the cost of goods has likely increased to keep up with inflation. This suggests that in 2011, the market was more heavily subsidized than in 2006.

GAPS AND BARRIERS

- Demand for condoms is low
- The government controls condom prices
- There are inconsistencies in public sector supply
- Reporting systems are unreliable
- Political conflict can pose a challenge



© JAKE LYELL



© JAKE LVELL

Government pricing controls must be lifted to encourage growth within the commercial sector and ensure a more sustainable market.

While there are a number of commercial brands on the market, they have had a negligible share and the brands have been inconsistent over time. The dominance of socially marketed and public sector condoms on the market paired with government restrictions on pricing for pharmaceutical products, means that the value of the market has not increased and the commercial sector has failed to grow even though overall total market volume has increased over time.

In addition to these dynamics, there are other factors that influence the condom market in Mali. Political conflict is a major obstacle to a reliable condom supply; times of conflict are often followed by stock outs and inconsistencies in donor subsidies. Disrupted distribution can lead to expired products in the pipeline and stock imbalances, which contribute to waste and market inefficiency. In addition, reliable reporting systems for public sector condoms are lacking, which makes coordination with the socially marketed sector difficult. It also makes forecasting the volumes of free condoms needed impossible. ●

Recommendations

Our research yielded the following recommendations for policymakers, donors and other stakeholders. Recommendations come from a TMA perspective and are intended to support the three sectors - public, socially marketed, and private - to work together to grow and sustain Mali's condom market.



INCREASING DEMAND

Most Malians, even those with casual or multiple partners, do not use condoms. Additional condom promotion and behavior change communication is critical, with an emphasis on generic communications that promote the condom category, not just specific brands.



PRICING

To improve sustainability and encourage competition from the commercial sector, a price increase for socially marketed condoms is required. In addition, the three condom sectors should work with the government to lift price controls on condoms and allow the commercial sector to expand. Commercial sector growth is essential for building a more sustainable and equitable market.



TARGETING

Distribution of free and socially marketed condoms should be targeted at those most in need and with an inability to pay. Currently, condom use in Mali remains concentrated in the wealthiest quintile. More effective targeting will result in more equitable use. Additional research is needed to create behavior change communications that target youth and key populations at risk.



REPORTING

Improved reporting systems should be developed for more accurate monitoring of the market, which will help forecast needs as well as identify gaps in supply. Consistent reporting will facilitate efficient and effective decisions with regard to the market. For example, information on dual protection should be collected in national surveys. This information would allow more accurate estimates for the universe of need for condoms. Reliable reporting systems for public sector condoms should also be implemented to foster better coordination with the socially marketed sector and help forecast the number of free condoms needed on the market. ●

Acronym Key

CFA/XOF	West African CFA franc (currency of Mali)
COGS	Cost of goods sold
CSCOM	Centres de Santé Communicataire
CSLS	Cellule Sectorielle de Lutte Contre le SIDA
CSREF	Centres de Santé de Références
DPM	Direction de la Pharmacie et du Médicament
DHS	Demographic and Health Survey
EDSM	Enquête Démographique et de Santé du Mali
HCNLS	Haut Conseil National de Lutte Contre le SIDA
KfW	Kreditanstalt für Wiederaufbau
MOH	Ministry of Health
NGOs	Nongovernmental Organizations
PPM	Pharmacie Populaire du Mali
PSI	Population Services International
TMA	Total Market Approach
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollars

Acknowledgements

We would like to acknowledge those who contributed to this case study, including:

Mamadou Bah – Research Director, PSI/Mali

Jennifer Christian – Global Social Marketing Advisor, PSI

Dr. Alfred Dembele – Pharmacist, Manager, CADG Mali

Rodio Diallo – Country Representative, PSI/Mali

Krishna Jafa – Vice President, Sexual and Reproductive Health and TB, PSI

Sethson Kassegne – Regional Researcher, West and Central Africa, PSI

Ben Light – Senior Technical Advisor, UNFPA

Elise Mugabo – Program Manager, West and Central Africa, PSI

Regina Moore – Manager, Communications, PSI

Thidar Myint – Technical Specialist, UNFPA

Elena Pirondini – Special Assistant to the Deputy Executive Director, UNFPA

Maria Sese Paul – Graphic Designer, Streetsense

Amy Ratcliffe – Senior Technical Advisor, Metrics, PSI

Meghan Reidy – Technical Advisor, Metrics, PSI

Evelyn Sallah – Associate Program Manager, West and Central Africa, PSI

Dr. Sangho Fanta Sangho – Director, Quality Assurance and Economics, DPM Mali

Rokia Sissoko – Director, Marketing and Communications, PSI/Mali

John Stover – President, Futures Institute

Kanyanta Sunkutu – Programme Specialist, HIV/AIDS, UNFPA

Renata Tallarico – Project Coordinator, UNFPA

Dr. Daouda Makan Toure – Director, Training, Information and Communications, DPM Mali

Dr. Kalifa Abdoulaye Traore – HIV/AIDS and Reproductive Health Focal Point, UNFPA Mali

Jagdish Upadhyay – Chief, Commodity Management, UNFPA

David Walker – Director, Global Social Marketing, PSI

Josiane Yaguibou – Technical Advisor, Reproductive Health and Commodities Security, UNFPA



REFERENCES

- O'Sullivan G., C. Cisek, J. Barnes, and S. Netzer. May 2007. Moving Toward Sustainability: Transition Strategies for Social Marketing Programs. Bethesda, MD: Private Sector Partnerships-One project, Abt Associates Inc.
- USAID. 2011. Couple Years of Protection (CYP). Retrieved from http://transition.usaid.gov/our_work/global_health/pop_techareas/cyp.html
- UNAIDS Investment Framework Study Group. 2013. Risky acts estimates.
- United Nations Population Division, 2010 Revision.
- Guttmacher Institute 2011. Adding it up: the costs and benefits of investing in family planning and maternal and newborn health. Estimation Methodology.
- Mali Demographic and Health Survey 2001.
- Mali Demographic and Health Survey 2006.
- PSI/Mali. 2013. Protector Plus distribution figures 2006-2011.
- Cellule Sectorielle de Lutte Contre le SIDA. 2013. National public sector distribution figures 2006-2011.
- Population Services International. 2013. Annual distribution and reporting data 2006-2012.
- PSI/Mali. 2011. Retail audit.
- Weissman, E. 2009. The cost of family planning in Mali. USAID. Retrieved November 6, 2012 from <http://www.futuresinstitute.org/publications/Weissman2009FPCostingReport-Mali.pdf>.
- Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce(DNSI/MEIC) et Macro International Inc. 2007. Enquête Démographique et de Santé du Mali 2006. CPS/DNSI et Macro International Inc.
- Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique (DNSI) et ORC Macro. 2002. Enquête Démographique et de Santé au Mali 2001 . CPS/MS, DNSI et ORC Macro.
- Présidence de la République du Mali: Haut Conseil National de Lutte Contre le Sida. 2010. Rapport National UNGASS 2010.
- Boileau, C., Vissandjee, B., Nguyen, V., Rashed, S., Sylla, M. & Zunzunegui, M.V. (2008). Gender dynamics and sexual norms among youth in Mali in the context of HIV/AIDS prevention. *African Journal of Reproductive Health*, 12 (3), 173-184.
- Sauvain-Dugerdil, C., Gakou, B., Berthé, F., Dieng, A.W., Ritschard, G. & Lerch, M. 2008. The start of the sexual transition in Mali: risks and opportunities. *Studies in Family Planning*, 39 (4), 263-280. 6.
- The World Bank. 2012. Indicators. Retrieved from www.data.worldbank.org.
- Sethson Kassegne (Regional researcher), Mamadou Bah (Research director, PSI/Mali), Alassane Niare (Qualitative researcher, PSI/Mali), Olivier LeTouze (Deputy director, Research and Metrics, PSI), Oana Lupu (Research assistant, Research and Metrics, PSI). February 2013. "Orientations marketing pour Protector Plus: Interpretation de l'étude qualitative." PSI Internal Report.
- TheGlobalEconomy.com. 2013. Economy Indicators: Inflation Rates. Retrieved from www.theglobaleconomy.com.



UNFPA HEADQUARTERS

605 Third Avenue
New York, New York 10158
USA

Telephone: + 1-212-297-5000

Fax: + 1-212-370-0201

Website: www.unfpa.org/



PSI HEADQUARTERS

1120 19th Street, Suite 600, NW
Washington, DC 20036
USA

Telephone: +1-202-785-0072

Fax: +1-202-785-0120

Website: www.psi.org/



UNFPA MALI

BP 120 Bamako
Bamako, Mali

Telephone: + 223 222 99 72

Telephone: + 223 222 43 80/81

Fax: + 223 222 07 50

Website: www.unfpa.org/mali



PSI/MALI

Hamdallaye ACI 2000
Rue 317, Porte 396
BP E 5397 Bamako
Bamako, Mali

Telephone: + 223 44 90 01 12/14

Telephone: + 223 20 23 82 06/07

Fax: + 223 4490 01 15

psimali@psimali.org

Website: www.psi.org/mali