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Ethiopia's Condom Dilemma

By JAMES JEFFREY

ADDIS ABABA, Ethiopia — I was confused the first time I saw a giant billboard in Addis Ababa advertising Members Only and stressing how “membership has its pleasures,” accompanied by a stark silhouette of a leggy female figure. It reminded me of advertisements in New York for so-called gentlemen’s clubs — not the sort of places you tend to find in Ethiopia’s capital, where levels of disposable income and where that money goes differ markedly.

Members Only turned out to be the latest condom brand released by DKT Ethiopia, an American nonprofit that since 1989 has sold Ethiopia’s most popular brands. DKT’s condoms are usually sold well below market cost, heavily subsidized, as part of the effort to tackle problems like H.I.V. and to improve family planning for the country of about 95 million. Ethiopia has the second largest population in Africa, projected by the World Bank to grow to 145 million by 2050.

Condom use in Ethiopia has proved effective in helping stem the spread of H.I.V. Currently, the adult prevalence of infection is relatively low, about 2.4 percent, although that still represents a large number of people with H.I.V.

Although gross domestic product growth has averaged 10 percent a year since 2007, World Bank data from 2011 indicated that nearly 30 percent of Ethiopians still lived in poverty, subsisting on less than \$2 a day. Rapid economic growth and grinding poverty exist side by side in Ethiopia, complicating the issue of how best to supply condoms.

DKT is counting on that growing economy as it experiments with a move from a largely subsidized model to a commercially self-sustainable one. It has chosen not to subsidize the Members Only brand in an attempt to get a clear picture of what consumers might be willing to pay for condoms.

This effort, however, is being undercut by the relentless supply of free condoms pouring into the country through organizations like U.S.A.I.D. The result is three condom types in Ethiopia: relatively expensive, full market-rate condoms; subsidized condoms (like most of those that DKT supplies); and free condoms.

So which is the better approach: to price condoms just like any other product, or to treat them as potential lifesavers that should be available to anyone, anywhere, free at any time? It’s a quandary for donors and agencies like DKT, which currently has about 40 million condoms stacked in its main Addis Ababa warehouse. “Ethiopia is still very popular with donors, and there is still a lot of aid money flowing in,” said Andrew Piller, the manager of DKT’s condom distribution network in Ethiopia. Sometimes, donors struggle with how to spend their funds — and giveaway contraceptives are easy to provide and seem like a good idea. But as a result of free condoms, DKT has seen its market share slide from about 70 percent in 2009 to 30 percent today, making the goal of achieving a sustainable business, and a sustainable condom supply for Ethiopia, that much harder.

“We support market segmentation, but there is a limit to what we can expect people to pay for, given the financial situation,” said Keith Hummel, a commodities and logistics adviser for U.S.A.I.D. in

Ethiopia. According to the agency, targeted distribution of free condoms combined with health promotions can actually create demand for the purchase of condoms.

Ethiopia's condom situation seems emblematic of the wider policy debate about aid in Ethiopia and Africa: the merits — or otherwise — of a giveaway-aid culture as opposed to capacity building. Decades of foreign aid, which still flows in, have undoubtedly played a part in shaping a mind-set of soliciting money from strangers, as numerous Ethiopians have told me. Foreigners and their organizations continue to be perceived as having access to unlimited wealth (somewhat understandable), which they are obliged to provide on request (less understandable or justifiable).

Giving away free condoms arguably contributes to this trend, especially if there is no end in sight — and it's not clear if or when the influx of free condoms might stop. Since Ethiopia has avoided the alarming rates of H.I.V. infection seen in much of southern and eastern Africa, the efficacy of the two types of condom-distribution systems running in parallel appears vindicated.

This is recognized by those like Mr. Piller who don't want to move immediately to a full free-market system and see the supply of free condoms ended; they argue instead for better coordination among the differing supply systems and the organizations involved. So, by all means, keep supplying free condoms to those Ethiopians who live on less than \$2 a day, but why not let the Ethiopian government shoulder the financial burden?

With one of the fastest growing economies in Africa, Ethiopia should be able to find the funds to take over administering the free condom-distribution networks and programs already in place. And if the government builds on the groundwork already laid by agencies like U.S.A.I.D., it should have little difficulty targeting the people who really need free condoms.

Free condoms distributed mainly for family planning purposes are already channeled through the public health system, via government health centers and health workers in more remote areas. Free condoms targeting H.I.V. prevention also reach those in need through various organizations that work with the government's H.I.V./AIDS Prevention and Control Office, and by direct outreach to sex workers.

For the government to assume full financial responsibility for the condom programs doesn't mean that foreign money should disappear overnight. Far from it: The West should remain financially involved in Ethiopia and East Africa, for the good of all parties. But this should be done by stimulating trade, entrepreneurship and joint ventures. The longer the West gives things away free, condoms included, the harder that will be to achieve.

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