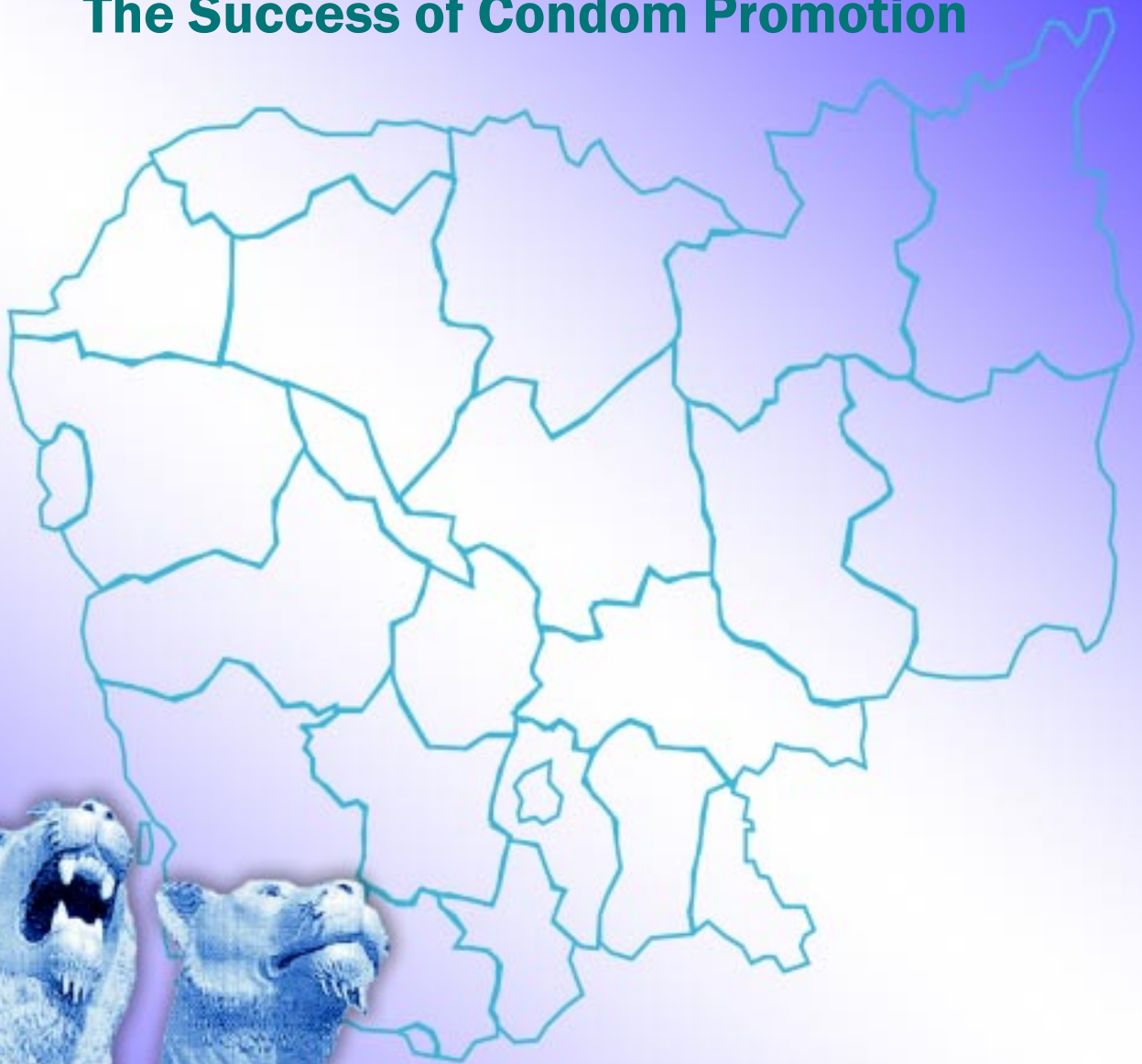




# **CONTROLLING STI AND HIV IN CAMBODIA**

**The Success of Condom Promotion**



**WORLD HEALTH ORGANIZATION**  
Regional Office for the Western Pacific

**NCHADS - Ministry of Health, Cambodia**

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# Controlling STI and HIV in Cambodia: The success of condom promotion



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## Abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	Antenatal clinic attendees
BSS	behavioral surveillance survey
CUP	condom use programme
CUMEC	Condom Use Monitoring and Evaluation Committee
CUWG	Condom Use Working Group
DAC	District AIDS Committee
DSW(s)	Direct sex worker(s)
EU	European Union
HIV	human immunodeficiency virus
HSS	HIV sentinel surveillance
IDSW(s)	Indirect sex worker(s)
IEC	information, education and communication
ITM	Institute of Tropical Medicine, Antwerp, Belgium
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NAA	National AIDS Authority
PAC	Provincial AIDS Committee
PAO	Provincial AIDS Office
PAS	Provincial AIDS Secretariat
PHD	Provincial Health Department
PLWHA	people living with HIV/AIDS
PSI	Population Services International
STI	sexually transmitted infection
SW	sex worker

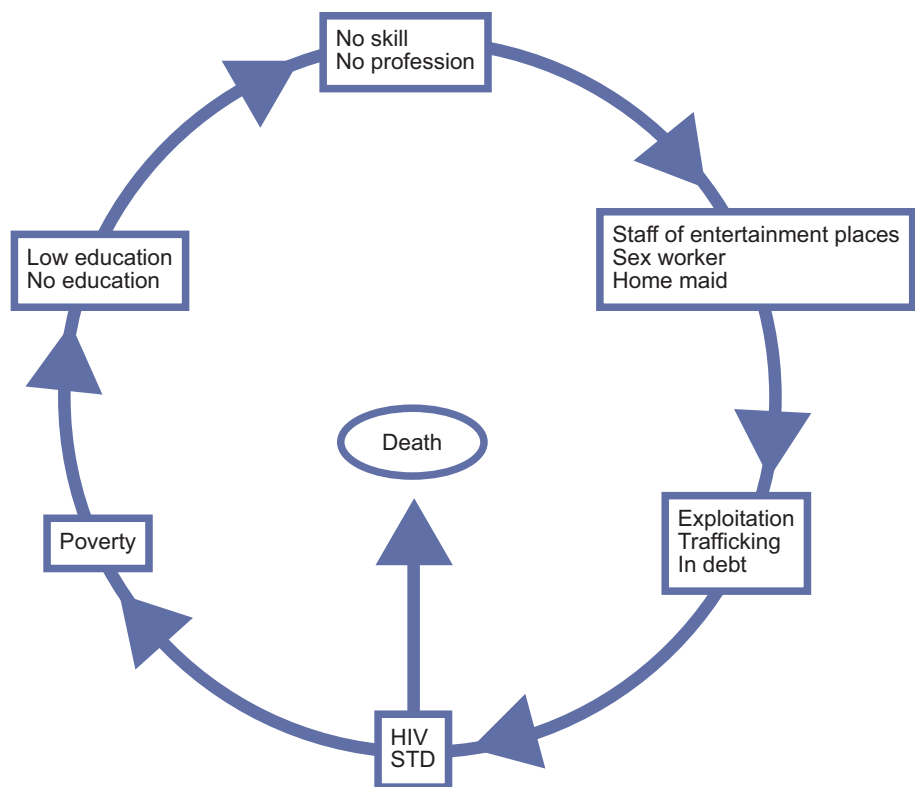
# 1 HIV/AIDS in the Asia Pacific Region

## Introduction

*The major route of HIV transmission in Cambodia is heterosexual contact, especially through the use of brothels or entertainment places*

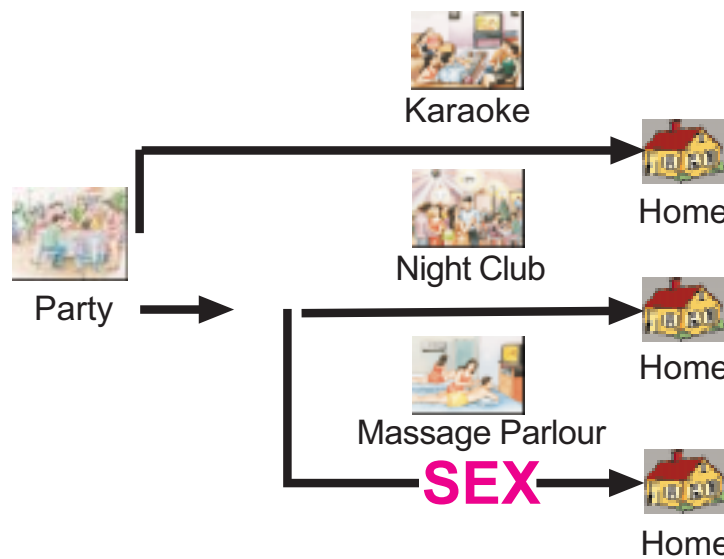
Since the first HIV infections were detected and diagnosed in 1991, and the first AIDS cases in 1993, Cambodia has faced the rapid spread of HIV. The major route of HIV transmission in the country is heterosexual contact, especially through the use of brothels or entertainment places by males away from their families, without the protection of always using a condom in every sexual act. Starting among high-risk groups, such as brothel-based and entertainment-based sex workers, the virus has been passed to low-risk groups, such as housewives, with married clients of sex workers acting as the bridge group for HIV transmission.

There are many factors contributing to the rapid spread of HIV in Cambodia, but the major ones are poverty (around 36% of the Cambodian population lives below the poverty line), and low literacy rates, especially among girls. Only 30% of girls aged between 15-49 years attend school, which means there are few opportunities for them to look for professional, skilled jobs. The risks for young women of starting to work in entertainment places or brothels if their virginity is destroyed by their boyfriends, by sexual violence, or they are sold by their parents or relatives are increasing.



Sexual trafficking, exploitation, violence, high illiteracy rates, drug use (for the time being, yaba) and sexual tourism are all also contributing to the rapid spread of HIV in Cambodia.

Recent changes in social norms regarding male behavior are growing up around party celebrations (including wedding parties, religious parties, national and international holidays, birthday parties etc.) in today’s Cambodia, increasing their vulnerability to HIV/STI transmission. At these parties young men meet their friends and then, as a group, go on either directly to a brothel or to entertainment places to have fun or sex before returning home.



On the basis of the studies conducted by NCHADS, HIV prevalence among sex workers, especially brothel-based sex workers, is over 50% in some provinces. This goes hand-in-hand with a high prevalence of HIV among ‘bridging’ groups (policemen, fishermen, clients of sex workers).

After the first case of HIV was identified in 1991, the Ministry of Health of Cambodia, with WHO support, established the National AIDS Programme (NAP), now the National Center for HIV/AIDS, Dermatology and STD (NCHADS), combining STI and HIV/AIDS into one programme. The main mission of the NAP from 1991 to 1994 was to provide HIV/AIDS/STI awareness and promote condom use among both the general population and specific target groups. Since 1995, the outreach programme to sex workers has been providing a package of knowledge that sex workers need to protect themselves from this deadly disease: HIV/AIDS/STI information and knowledge, skill in condom use, and skill in negotiating condom use. The programme review in 1998, however, showed that, even although sex workers had received the preventive package, they were still facing real difficulty in applying condom use at every sex contact, largely because of the influence of or abuse by brothel owners or clients. The outreach programme alone, therefore, could not ensure condom use at every sexual act. It was, therefore, decided that an additional programme was needed to work specifically with brothel owners and the clients of sex workers: the 100% condom use programme (100% CUP).

## 2 The 100% CUP Pilot Project

### Overall objective

The overall objective of the 100% CUP is to reduce HIV transmission from high HIV prevalence groups (sex workers) to low HIV prevalence group (housewives) through the bridging group (clients of sex workers).

### Specific objectives

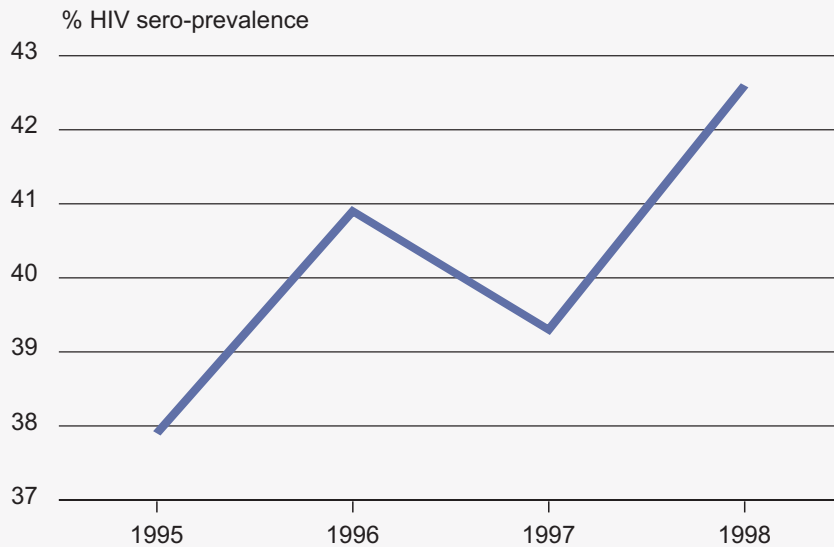
The specific objectives of the 100% CUP are:

- to reduce as much as possible HIV transmission between sex workers and their clients;
- to increase the level of condom use to over 90% in brothels;
- to manage and control the sex work business rather than closing down the brothels;
- to create an environment of multisectorial involvement;
- to strictly control STI among sex workers; and
- to provide access to the outreach programme for all sex workers.

### 3 The Reason 100% Condom Use is Needed

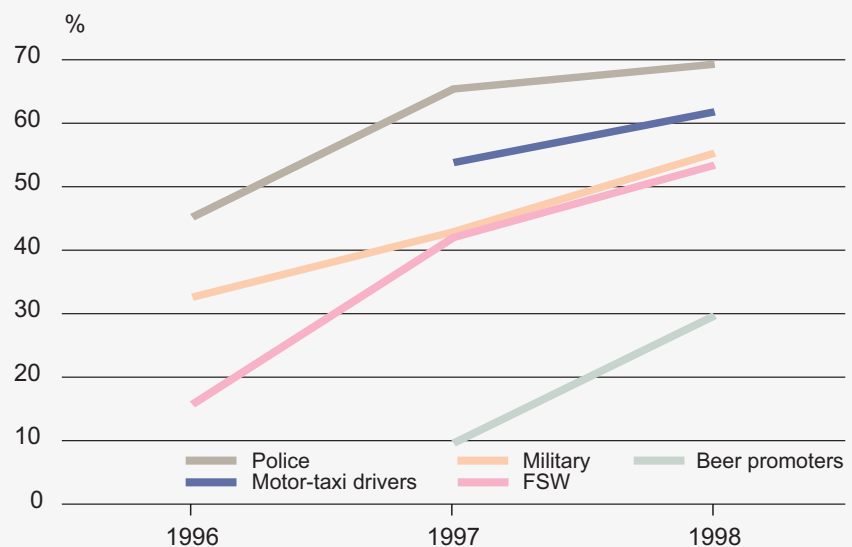
- Condom Promotion is a top priority in the Ministry of Health’s strategy.
- The prevalence of HIV among sex workers has been increasing, and Cambodia has been ranked highest among countries faced with the HIV epidemic in Asia.

**FIGURE 1:**  
The trend of HIV seroprevalence among DCSWs



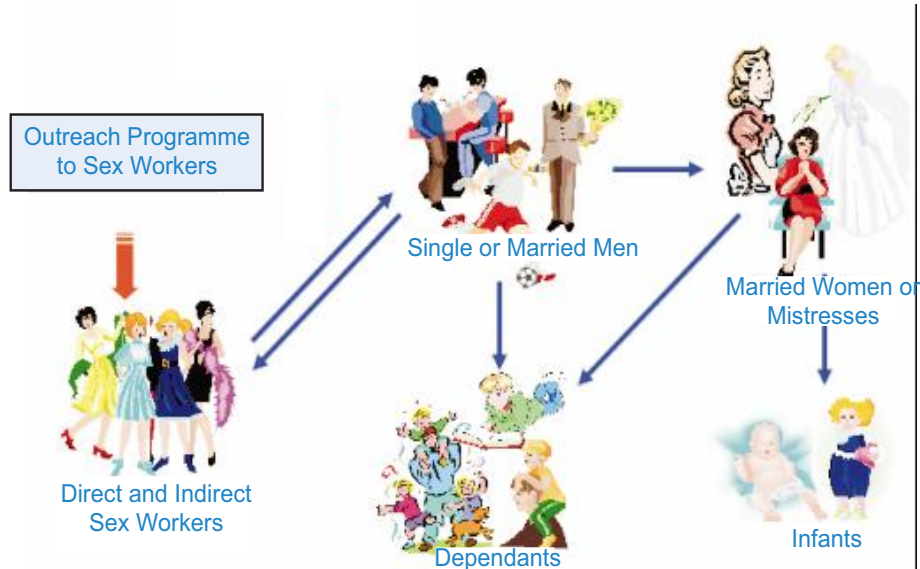
- Rates of condom use among high-risk groups are still low.

**FIGURE 2:**  
Percentage of male and female groups always using condoms



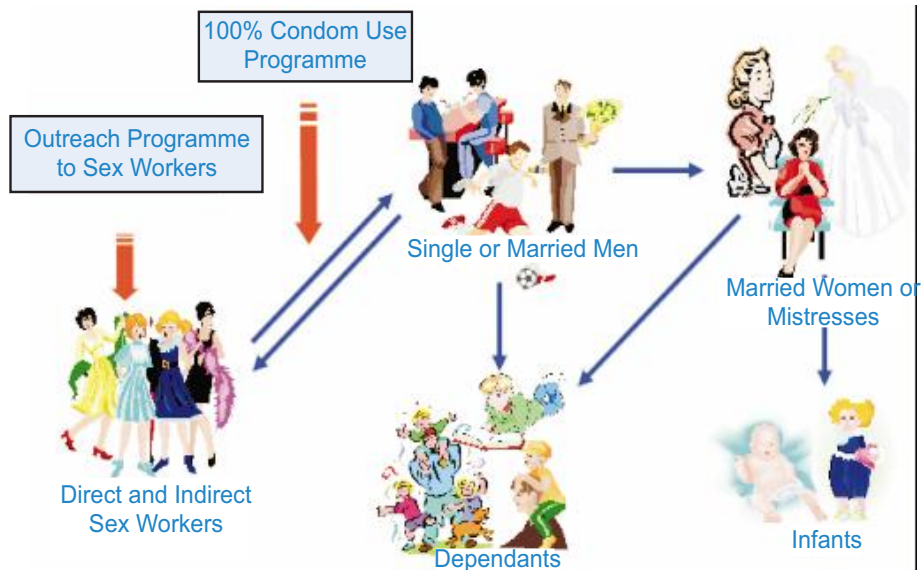
- Even although sex workers have complete knowledge and skill in condom use, they are often still faced with an inability to always use condoms because they are under the potentially abusive influence of their clients and/or brothel owners.

**FIGURE 3:**  
The strategy to prevent HIV transmission between the core group and the bridging group in Cambodia



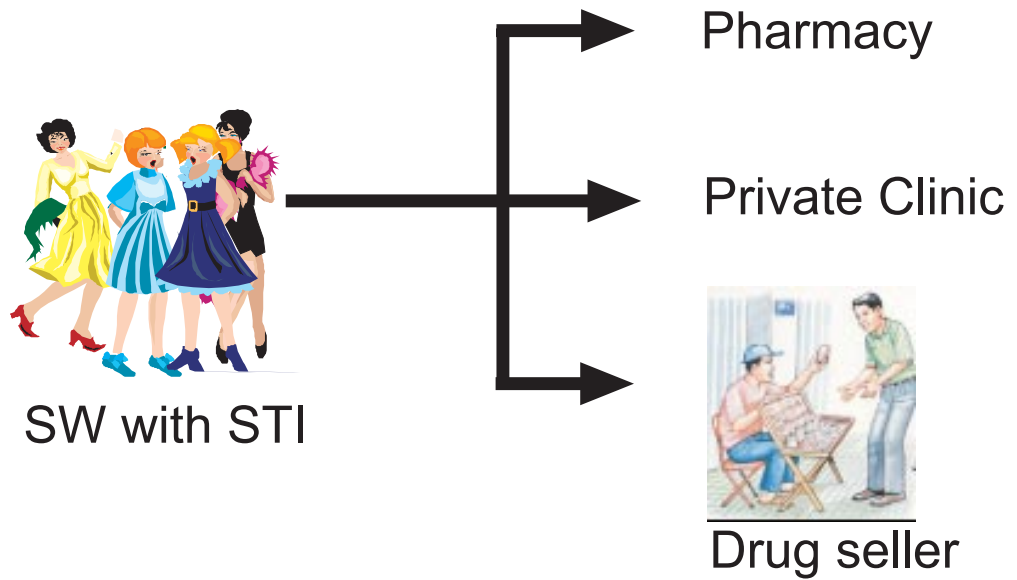
- 100% CUP is an additional programme intervention working with the brothel owners and clients of sex worker to gain their cooperation with the existing outreach programme working with sex workers.

**Figure 4:**  
The most effective strategy to prevent HIV/AIDS between the core group and the bridging group in Cambodia



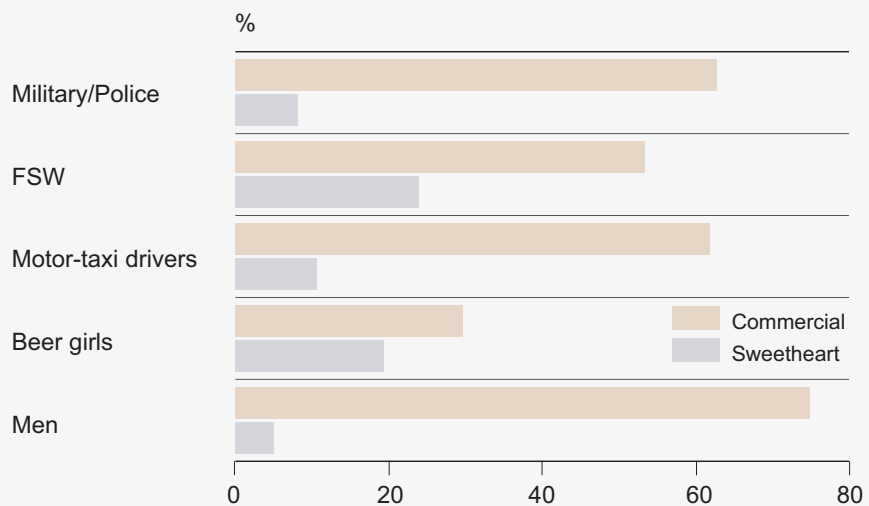
- Sexual establishments have been increasing and uncontrolled. ‘Crackdown’ measures, of closing brothels and arresting sex workers have not been successful. Based on the national registration of brothel-based sex workers by the outreach programme team, there are altogether 757 brothels with 3872 brothel-based sex workers throughout the country. Around 70% of the sex workers are Cambodian and 30% are Vietnamese.
- Some sexual establishments do not allow outreach workers to have access to their sex workers. In addition, there is constant sexual exploitation and trafficking within those establishments. There is no proper control of STI among sex workers; instead sex workers are subject to inappropriate and exploitive STI treatment. For

instance, when they get an STI, the brothel owner will take care of them either by buying drugs directly from the pharmacy, or by hiring a private health care worker to treat them. In such cases, the brothel owner demands more money from the sex workers.



- Insistence on always using condoms is the only effective intervention against HIV transmission in a situation where more than 50% of male target groups use sexual services at brothels.

**FIGURE 5:**  
Percentage  
always using  
condoms by  
partner,  
BSS 1998



- The 100% CUP is a lower cost programme than other preventive programmes.

# 4 Introducing the 100% CUP Pilot Project

## Site selection: choosing where to have the pilot project

Sihanoukville was selected as an eligible site for piloting the 100% CUP since it met the following criteria:

- Commitment of local authorities at all levels
- Commitment and motivation of the health staff
- A high prevalence of HIV among brothel-based sex workers
- Availability of STI services for sex workers
- Large number of brothel-based sex workers
- Geographically easily accessible.

Sihanoukville is a coastal area, ranked number three in terms of economic development after Phnom Penh municipality and Siem Reap province (Ankorian city). It is also the only international seaport in Cambodia. It borders Koh Kong province to the north, Kampot province to the east, and the sea to the west and south. Its covers 1283 square kilometres and has 93 kilometres of beach. Administratively it is divided into three khans (districts), 21 sankats (communes) and 82 munduls (villages). The population totals 147 543 (71 785 males and 75 758 females), mainly Cambodian with a few minority groups of Muslims, Chinese, and Vietnamese etc. Since it is a major economic development zone, there is an internal mobile population of around 15 000 to 20 000 people every year.

HIV prevalence among the sentinel groups has been rapidly increasing and is among the highest of all provinces.

**TABLE 1:** HIV prevalence among sentinel groups in Sihanoukville

	<b>DSW</b>	<b>IDSW</b>	<b>Police</b>	<b>Military</b>	<b>ANC</b>
<b>1995</b>	46.6%	30%	10.7%	12.9%	4.4%
<b>1996</b>	51.5%		13.7%	17.3%	2.1%
<b>1997</b>				14.3%	2.9%
<b>1998</b>	57.3%	24%	11.76%		3.8%

There are currently 85 brothels and 476 sex workers (see Table 2).

**TABLE 2:** Brothels and sex workers in Sihanoukville (June 2001)

	Brothels	Sex Workers
<b>Khan Mittapheab</b>	77	448
<b>Khan Prey Nup</b>	2	10
<b>Khan Stoeng Hav</b>	6	18

### Advocacy: getting everyone ‘on board’

The main requirements for advocacy for 100% CUP were manpower (human resources), materials (material resources) and method.

#### Human resources

- The Secretary of State of Ministry of Health actively supported advocating and adopting the 100% CUP pilot project.
- The Secretary General of the National AIDS Authority, and the Deputy Director General for Health and Director of NCHADS both played an important role as internal advocates by virtue of their high level of knowledge, their experience in STI/HIV/AIDS, and their professional credibility.
- A former advocate of the 100% CUP in Thailand was invited as a WHO consultant to share his experience of the 100% CUP in Thailand, and to initiate the 100% CUP pilot project in Cambodia.
- People living with HIV/AIDS (PLWHA) were invited to tell their story about HIV and its impact.
- The Provincial Health Director was contacted to manage the advocacy step towards all levels of the local authority in Sihanoukville. He was also the Deputy Chairman of the Provincial AIDS Committee, and Provincial AIDS Secretariat. He was critical to this advocacy step as he is very active in HIV/AIDS prevention and care, and has great credibility with the local authorities and the public thanks to his work against HIV/AIDS.

#### Materials

- Materials describing global and national STI/HIV/AIDS data (HSS) and behavioral surveillance survey (BSS) data, as well as the impact of HIV/AIDS/STI.
- Specific documents on the design of the 100% CUP project, guidelines for the 100% CUP, and management of STI.
- Presentations on the experience and lessons learned of the 100% CUP in Thailand
- Outlines of the national priority strategies, specifying 100% CUP as the top priority for Cambodia to prevent HIV/AIDS/STI.
- IEC materials for media broadcasting, and print material to support 100% CUP.

#### Method: how to advocate

- Many individual and group meetings were conducted at national level (in the Ministry of Health), provincial level (with the Governor’s cabinet, PAC, PAS, DAC, owners of sex establishments, brothel owner and local authorities) and community level (with the general public).

- The details of the 100% CUP project, guidelines for the 100% CUP and its expected impact, as well as guidelines for optimum management of STIs were presented, including the experience and lessons learned from the 100% CUP in Thailand. The national priority strategy was presented, with specification of 100% CUP as the top priority choice for Cambodia.

**Money: how to get money** Resource mobilization to run this pilot project came from the Government, WHO and EU/ITM.

### Preparation: getting ready for the pilot project of 100% CUP

**Sensitization** The resources were used to sensitize and advocate to all levels of local authority to get their approval and acceptability.

**Developing the structure** At the national level, NCHADS played an important role as technical advisor and for financial support

At the provincial level, two bodies were established: the Condom Use Monitoring and Evaluation Committee (CUMEC) and the Condom Use Working Group (CUWG)

The four or five members of the CUMEC are the decision-makers of the project:

- The Third Governor as Chairman
- The Provincial Health Director as Vice Chairman
- The Police and Military as members

The three or five members in each CUWG are really the working members of the local authority. Their composition varies depending upon the local situation of the red light area, and the scope and number of brothels and sex workers

**Establishing the decrees and mapping** The CUMEC prepared all the administrative documents for the application of 100% CUP, such as the decree for regulation of 100% CUP, and the guidelines for administrative punishment.

The CUWG prepared the mapping of all brothels in their own coverage area and registration of all sex workers in the brothels. It also gave an identification number to each brothel.

**Advocacy meetings** The CUMEC and CUWG organized meetings with other local authorities, brothel owners and sex workers to inform them about the objectives of the programme and to address the areas where the programme needed their support, collaboration and cooperation.

**The STI clinic** A specific STI clinic was designated for sex workers. It was staffed with trained and qualified health staff specializing in syndromic management of STI, as well as clinical and laboratory management. It has sufficient supplies of drugs and equipment. Simple laboratory techniques are used to support the clinic, such as rapid plasma reagin (RPR) testing for syphilis and direct microscopy for gonorrhoea.

All sex workers were asked to come for a free STI check-up regularly.

**IEC material development** To support the 100% CUP, a variety of IEC materials (leaflets, posters, pamphlets, stickers, etc) were produced for different target groups: sex workers, their clients and the public.

**Establishing administrative punishment:** If a brothel was found not to comply with the 100% CUP, it would face administrative punishment according to the following steps:

1. Written warning for the first identification of noncompliance of 100% CUP
2. Brothel closed for seven days for the second warning
3. Brothel closed for one month for the third warning
4. Brothel closed permanently for the fourth warning

## Public launching of the 100% CUP

The CUMEC and CUWG, in collaboration with NCHADS, PAC, PAS, PAO, PHD and the local authority organized a one-day launching for 100% CUP.

**Objective** To make public announcements about the adoption of 100% CUP to be implemented in Sihanoukville and to encourage the support and participation of the public.

**Methodology**

- Formal announcement of 100% CUP implementation through local media in an address by the Governor, as Chairman of PAC/PAS/CUMEC;
- Parades organized around town during the day, with loudspeaker announcements on 100% CUP, IEC material distribution;
- A large public gathering in celebration at night, with key speakers such as the Governor, a policy-maker of the Ministry of Health, the local authority, PLWHAs, brothel owners, sex workers and the public;
- Speech by the Governor, speech by the Ministry of Health policy-maker and PLWHA; music performance, comedy performance, question and answer session with prizes, etc.

# 5 Implementation of the 100% CUP Pilot Project

## Roles and responsibilities: who does what

<b>NCHADS</b>	<ul style="list-style-type: none"> <li>• to ensure technical and financial coordination with CUMEC;</li> <li>• to ensure monthly monitoring and supervision of the STI clinic; and</li> <li>• to provide assistance on programme monitoring and evaluation (both internal and external evaluation).</li> </ul>
<b>CUMEC</b>	<ul style="list-style-type: none"> <li>• to ensure the implementation of the 100% CUP guidelines;</li> <li>• to hold monthly coordination meetings;</li> <li>• to solve any problems occurring, (technical and financial);</li> <li>• to monitor and evaluate the programme;</li> <li>• to ensure condom availability at an affordable cost; and</li> <li>• to issue the necessary administrative measures.</li> </ul>
<b>CUWG</b>	<ul style="list-style-type: none"> <li>• to register all brothels and sex workers;</li> <li>• to hold weekly meetings among group members and monthly meetings with CUMEC;</li> <li>• to report on time to CUMEC;</li> <li>• to support brothels or sex workers when faced with harmful clients;</li> <li>• to ensure regular attendance of sex workers for STI check-ups;</li> <li>• to coordinate with the STI clinic in cases of missed STI check-ups;</li> <li>• to ensure the implementation of administrative measures;</li> <li>• to monitor condom use in each brothel; and</li> <li>• to ensure all administrative papers and IEC are placed in brothels.</li> </ul>
<b>STI Clinic</b>	<ul style="list-style-type: none"> <li>• to provide quality STI care to all sex workers;</li> <li>• to ensure sufficient drugs and equipment for the STI services;</li> <li>• to report on time to CUMEC/NCHADS; and</li> <li>• to follow up with CUWG on regular STI check ups.</li> </ul>
<b>Administrative enforcement</b>	<ul style="list-style-type: none"> <li>• to strengthen administrative enforcement.</li> </ul>

## Monitoring and evaluating the pilot project

The specific goal of this project was to ensure the use of a condom in every sexual act in every brothel. To measure success, indicators were identified, which were used to monitor the progress of the project and to evaluate the whole programme.

**TABLE 3:** Indicators to monitor the progress of the project

Indicator	Measure
Meetings	<ul style="list-style-type: none"> <li>• % of planned meetings organized by CUMEC and CUWG</li> </ul>
Reports	<ul style="list-style-type: none"> <li>• % reports produced by CUMEC and CUWG</li> </ul>
Condom use	<ul style="list-style-type: none"> <li>• % condom use reported by CUWG</li> </ul>
STI check-ups	<ul style="list-style-type: none"> <li>• % sex workers coming for check-ups</li> </ul>
Administrative punishments	<ul style="list-style-type: none"> <li>• number of brothels receiving warnings and closed</li> </ul>
Use of mystery clients	<ul style="list-style-type: none"> <li>• reports of mystery clients</li> </ul>

**TABLE 4:** Indicators to evaluate the programme

Indicators	Measure	Source of Information
Condom use	<ul style="list-style-type: none"> <li>• Condom buy-in</li> <li>• Condom sale</li> </ul>	<ul style="list-style-type: none"> <li>• Condoms sold by PSI</li> <li>• CUWC report</li> </ul>
Incidence of STI	<ul style="list-style-type: none"> <li>• STI incidence reported by STI clinic</li> </ul>	<ul style="list-style-type: none"> <li>• CUMEC report</li> </ul>
HIV Prevalence	<ul style="list-style-type: none"> <li>• HIV prevalence trend</li> </ul>	<ul style="list-style-type: none"> <li>• HSS</li> </ul>
Behavioral Change	<ul style="list-style-type: none"> <li>• Trend of consistent condom use among sex workers</li> <li>• Trend of consistent condom use among clients of sex workers</li> </ul>	<ul style="list-style-type: none"> <li>• BSS</li> </ul>

# 6 Achievements of the Pilot Project

During implementation of the pilot project, the indicators were regularly monitored. After 18 months of implementation, the programme was evaluated using the pre-set programme indicators

## Project monitoring

- Meetings**
- 90% of planned CUMEC meetings were organized regularly
  - 80% of planned CUWG meetings were convened regularly

**T**he reason for being unable to complete all the meetings as scheduled was the busy or overlapping schedules of the chairman and vice-chairman, or National/International holidays

- Reports**
- 98% of weekly and monthly reports updating of number of brothels and sex workers prepared

- STI check-ups**
- 95% of sex workers attended their regularly scheduled STI checkups, which showed a significant decline in STI incidence

**S**ome 5% of sex workers missed their scheduled STI checkups because of having periods or illness

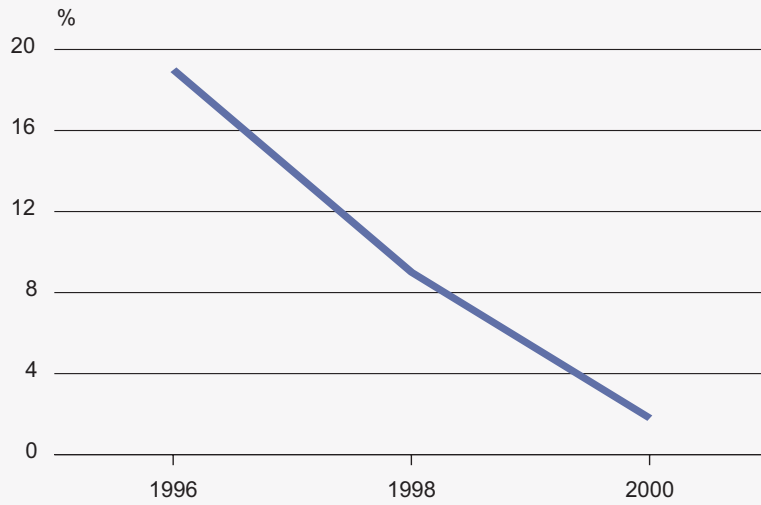
- Administrative punishment**
- All brothels and entertainment establishments remained under CUMEC and CUWG control
  - Administrative punishment was correctly applied: seven brothels received warning and two of those were completely closed after repeated warnings.
  - There were very few cases of physical abuse, exploitation, trafficking or underage sex workers.

- Mystery clients**
- Mystery clients' surveys were conducted regularly every six months to detect brothels not strictly applying the 100% CUP. Clients were selected from different groups of the male population and training was provided on how to negotiate with sex workers.

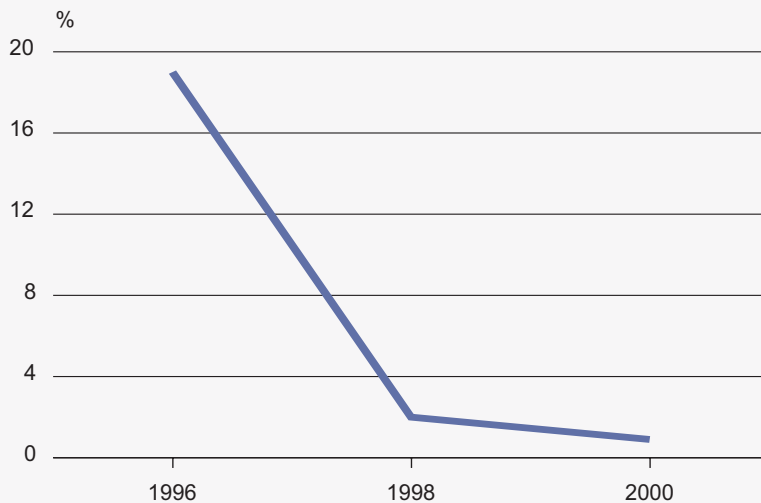
## Programme evaluation

- STI incidence** Treatment of STI among sex workers brought down the incidence of syphilis from 9% in 1998 to 1.8% in 2000. Trichomonas went down from 2% to 0.9%. STI reduction may have contributed to the reduction in HIV transmission.

**FIGURE 6:**  
The trend of syphilis among sex workers in Sihanoukville

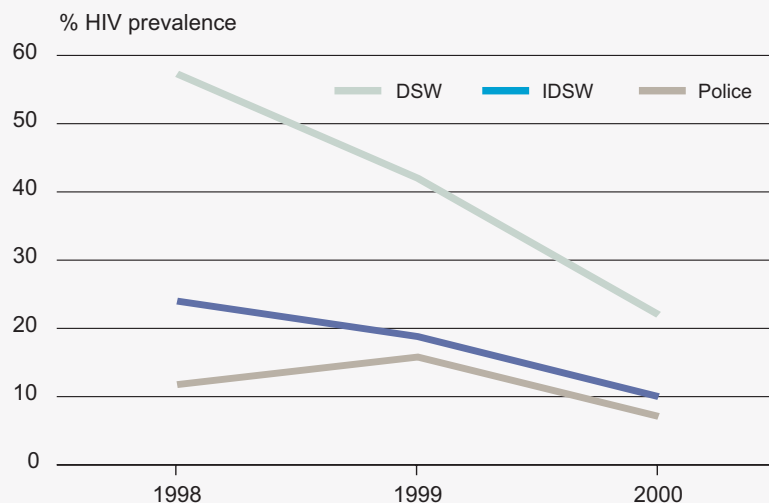


**FIGURE 7:**  
The trend of trichomonas among sex workers in Sihanoukville



The HSS conducted by NCHADS and the PAO in 2000 showed a significant decline in HIV prevalence among sex workers, both nationally and in Sihanoukville.

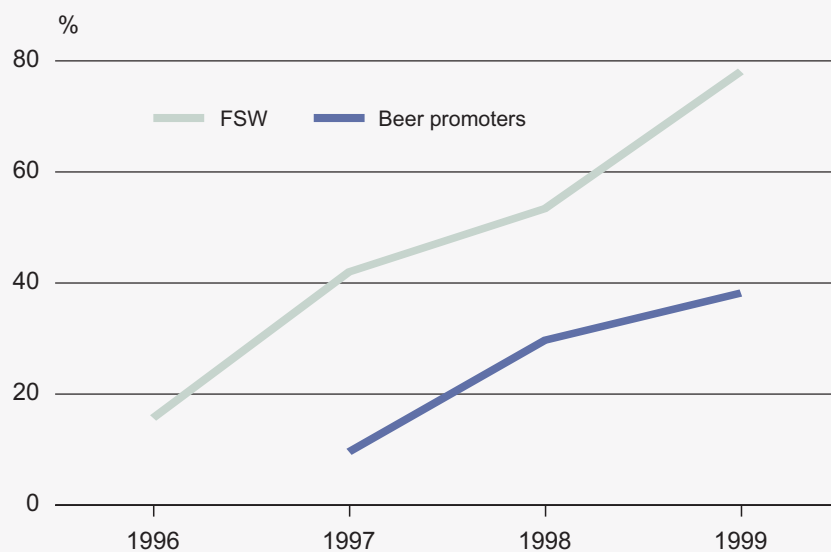
**FIGURE 8:**  
HIV prevalence trend among sentinel group in Sihanoukville



## Behavioural change

Results of the BSS in 1999 show a significant trend in increasing condom use among both group brothel-based sex workers and their clients. Among brothels-base sex workers, condom use increased from 53.4% in 1998 to 78.1% in 1999 as shown in Figure 9 below. Among the police group, it increased from 69.3% in 1998 to 81.3% in 1999, among the military group from 55.3% to 69.6%, and among motor-taxi drivers from 61.8% to 69.8%.

**FIGURE 9:**  
Percentage  
always using  
condoms  
(female group):  
BSS 1999

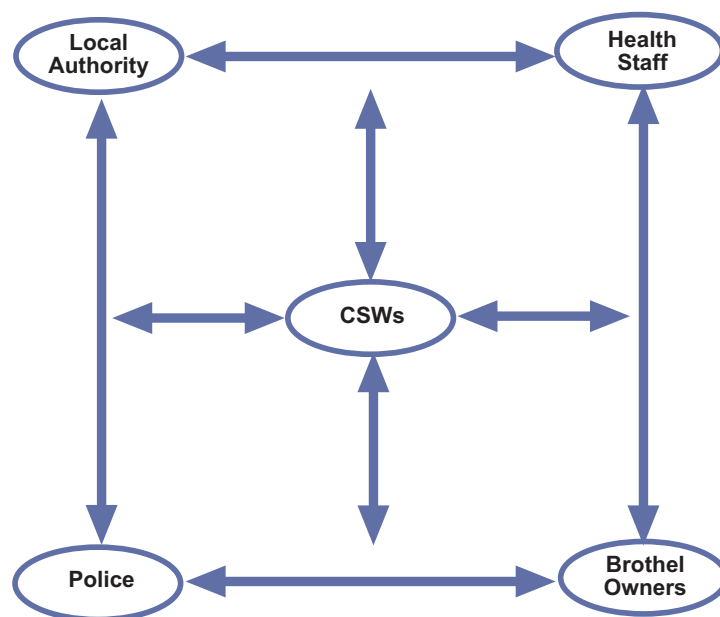


## Administrative management

The experience of the pilot project showed the success of changing the previous unsuccessful practice of periodic crackdowns on brothels to a mechanism to better manage and control them.

## Multisectoral response

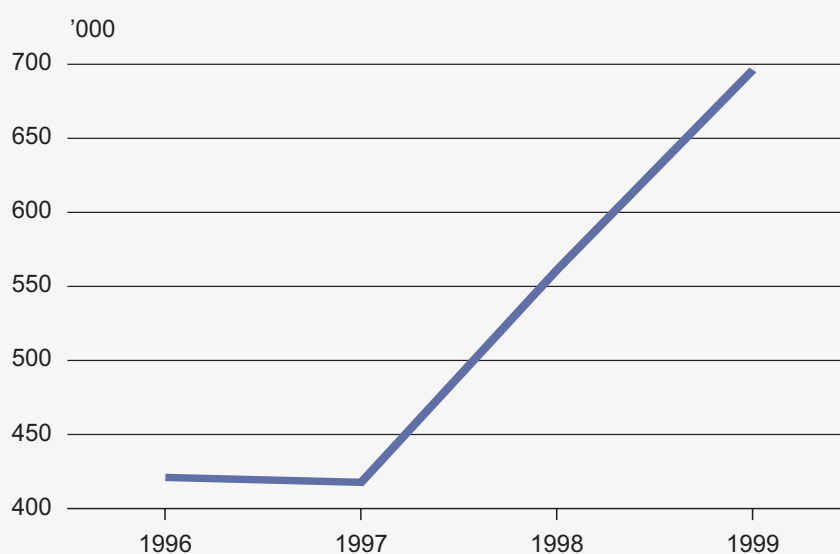
An important aspect of the project was the bringing together of all concerned partners to work and share responsibility. Sex workers and brothel owners are no longer afraid of the police; instead they have joined hands with health care workers and the local authority to make sure that STIs are strictly and regularly checked, and condoms always used, to prevent HIV transmission in brothels.



### Condom use

Based upon the local evaluation in Sihanoukville, 96% of sex workers reported always using a condom with clients. Among the 11% who acknowledged having boyfriends, 64% reported always using condoms. From the BSS conducted by NCHADS, for which Sihanoukville is one site, there are clear indications that condom use has increased significantly from year to year, especially from 1998-99, among both sex workers and their clients.

**FIGURE 10:**  
Condom sales  
in Sihanoukville  
(PSI)



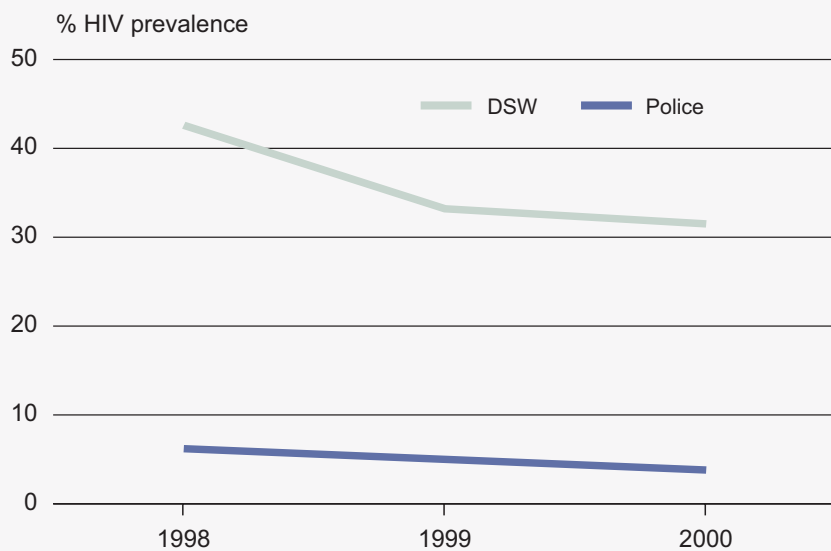
## Impact

The pilot project has turned into an important and successful advocacy tool for political support from the Government. The Prime Minister supported the 100% condom use policy for nationwide use in 1999. In addition, the success of the pilot project has enabled it to be used:

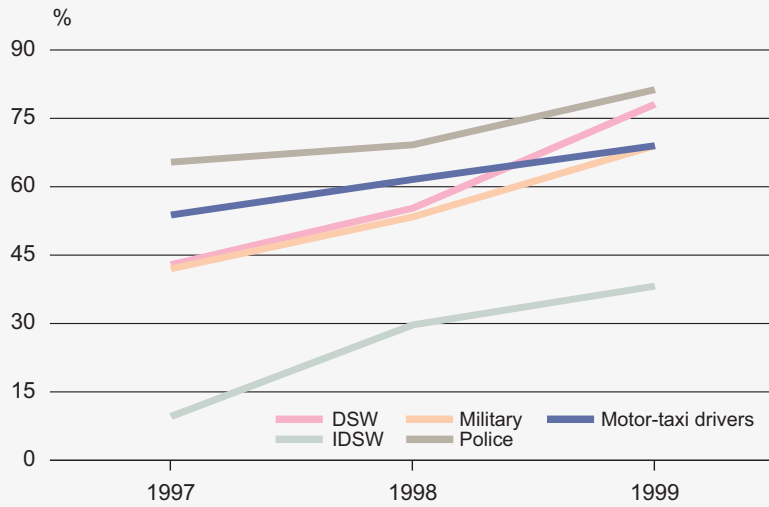
- to advocate for financial support for project sustainability and for programme scaling up;
- as an advocacy tool for other countries in the Region that have similar situations to Cambodia, and are willing to initiate condom promotion;
- as an example of best practice for the country, the Region and for the world; and
- to expect the rapid reduction of HIV prevalence if 100% CUP is implemented nationwide.

Even although it is too early to measure national impact (through reduction of HIV prevalence and an increase in condom use), the 100% CUP seems to have already contributed to the reduction of HIV transmission, as suggested by the result of HSS and BSS 2000 (see Figures 11 and 12).

**FIGURE 11:**  
National HIV prevalence rate among DSWs and police: 1998-2000

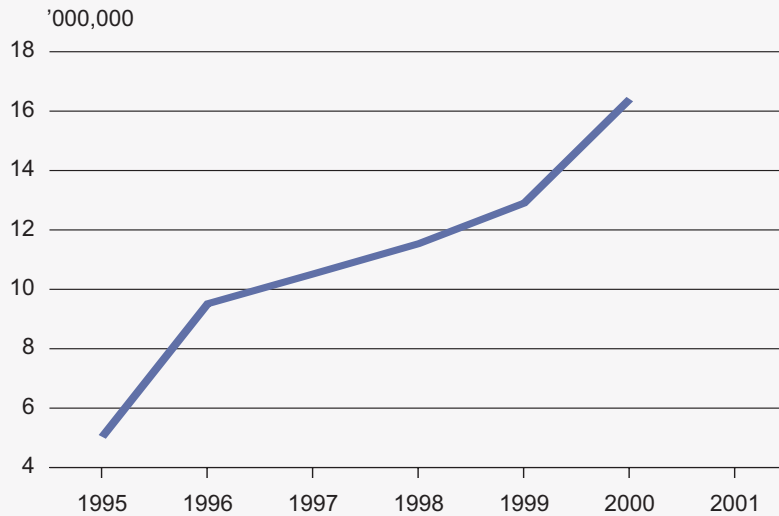


**FIGURE 12:**  
Consistent condom use:  
BSS Sentinel  
Groups,  
1997-1999

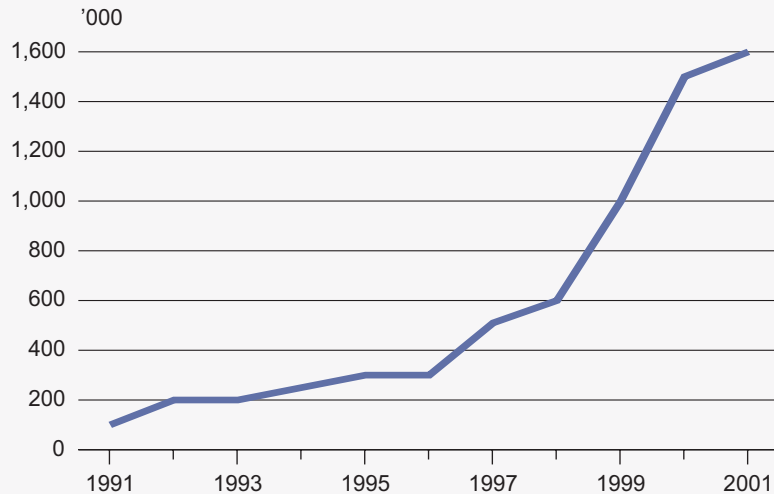


In addition, condom sales through social marketing, operated by the NGO, Population Services International (PSI), increase every year. Free condom supply by the Ministry of Health also increased after 100% CUP pilot project in Sihanoukville.

**FIGURE 13:**  
Condom sales



**FIGURE 14:**  
Free condom supply



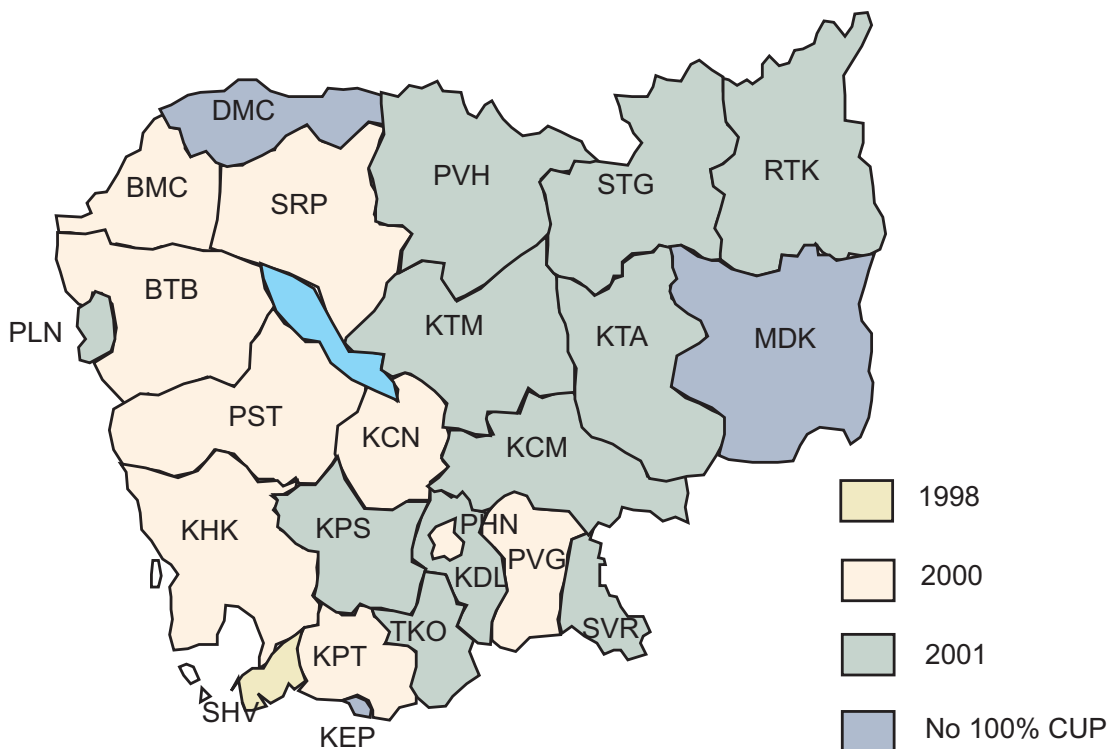
# 7 Expansion of the 100% CUP Nationwide

*With the limited human and financial resources available, a strategy was developed to expand the 100% CUP and put it in place throughout the country over a two-year period*

Once the 100% CUP in Sihanoukville had been evaluated late in 1999 and shown to be a successful programme, the National Policy on 100% condom use was developed by the National AIDS Authority, along with a supporting letter from The Prime Minister. The National Center for HIV/AIDS, Dermatology and STD of the Ministry of Health then established the 100% CUP intervention as the top priority of the Ministry of Health's strategy to prevent HIV transmission, and planned to expand it nationwide.

With the limited human and financial resources available, a strategy was developed to expand the 100% CUP and put it in place throughout the country over a two-year period (2000-2001). In 2000, nine provinces were selected for priority expansion because of their high HIV prevalence among direct or brothel-based sex workers and their clients. Those provinces, Koh Kong, Kampot, Kampong Chhnang, Pursat, Battambang, Bantey Meanchey, Seam Reap, Phnom Penh Municipality and Prey Veng (see Figure 15 below), are mostly located along the Thai-Cambodian border or are major urban centers. The programme will be expanded to cover the rest of the country throughout 2001, with the exception of three provinces and towns, Mundul Kiri, Odor Meanchey (the rural and mountainous area) and Kep Ville (see Figure 15 below), where direct or brothel-based workers are not available.

**FIGURE 15:** Expansion sites for 100% Condom Use Programme in Cambodia



In order to ensure smooth implementation of the 100% CUP expansion, the National Center for HIV/AIDS, Dermatology and STD developed a programme plan by:

- (1) developing national guidelines to implement the 100% CUP adopted by the Ministry of Health;
- (2) advocating for financial support from both national and international resources;
- (3) developing the training curriculum for the 100% CUP;
- (4) organizing a study tour to Sihanoukville for members of different professions in the provinces selected for expansion (provincial authorities, health officers, the military, the police);
- (5) conducting a training course on the 100% CUP for those members after the study tour, to enable participants to:
  - establish a condom use monitoring and evaluation committee;
  - establish a condom use working group;
  - carry out the public launch of the 100% CUP in their area;
  - set up specific STI clinics for sex workers; and
  - completely understand the operation of the 100% CUP;
- (6) producing IEC material to support the whole programme; and
- (7) monitoring and evaluating the programme at provincial and national levels.

# 8 Conclusions and Recommendations

## Conclusions

The implementation of the 100% CUP in Sihanoukville has had a comprehensive, positive impact on HIV/STI prevention among high-risk groups such as brothel-based sex workers.

The main lessons learned from this pilot project are as follows:

- The 100% CUP is the best way to establish an effective programme with sex workers.
- The 100% CUP is the best way to reduce STI among sex workers.
- The 100% CUP benefits all concerned.
- The 100% CUP leads to a significant increase in condom use from year to year.
- The 100% CUP leads to a decrease in HIV prevalence.
- The 100% CUP is cost-effective.
- The 100% CUP produces an effective multisectoral response at all levels.

## Recommendations

- (1) The model should be expanded and extended to other countries.
- (2) The diagnosis of cervicitis should be more carefully reviewed.
- (3) Some operational and quality issues need still to be investigated to answers found to the questions of why some STI still exist among sex workers and why condom use is still below 90%
- (4) Additional approaches are needed to work with sex workers who get STI from their boyfriends or regular partners.

## Further Investigation

# 9

As mentioned above, the following two main issues need to be investigated further:

- (1) Why the incidence of STI continues, and, especially, why the incidence of cervicitis is still high; and
- (2) Why condom use is still less than 90%, even although the 100% CUP has been applied thoroughly. The following need to be specifically considered:
  - the constant turnover of sex workers, with new ones coming into the city continually;
  - the compliance with drug regimens;
  - sex workers who do not use condoms when having sex with their boyfriends or regular partners;
  - the influence of HIV on STI treatment; and
  - the blood cell count for cervicitis.

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# Annex 1

## Map of Sihanoukville



## Annex 2

# Regulation on 100% condom use in Sihanoukville

Kingdom of Cambodia  
NATION RELIGION KING

Ministry of Interior  
Sihanoukville Municipality City Hall

### No 104

The governor of Sihanoukville

- Reference to the letter No 341 of the Ministry of health, dated 2 October 1998;
- Knowing that the HIV epidemic is seriously spreading in Sihanoukville;
- Knowing that it is our responsibility to take care of the health of people living in Sihanoukville, especially to prevent them from being infected by HIV;
- Understanding that the HIV epidemic has an impact on individuals and families and leads to high costs, including direct costs for treatment of the disease and indirect costs to the national economy due to the loss of sexually active population;
- Understanding that the mode of HIV transmission in Sihanoukville is sexual intercourse, and that especially having extramarital sex without using a condom can result in increasing mortality;
- Reference to the meeting of the Governor in Sihanoukville on 5<sup>th</sup> October 1998:

The Authority of Sihanoukville would like to issue the following regulation:

1. The Provincial AIDS Committee and the Provincial Health Department have to educate the general public about the seriousness and impact of the HIV/AIDS epidemic and advise people to protect themselves by avoiding extramarital sex or using a condom whenever they have such sex. This measure is to ensure their safety during sexual intercourse.
2. The 100 per cent Condom Use Programme has to be implemented in the whole Province of Sihanoukville in order to ensure the safety of people while having sexual intercourse within commercial entertainment establishments, including brothels, hotels, guest houses, night clubs and karaoke lounges. It means that condoms have always to be used while having extramarital sex.

3. All involved institutions will use administrative measures to ensure active participation in these measures. The local authority will establish a Monitoring Committee of the 100 Per Cent Condom Use Programme, whose members will comprise the concerned institutions, in order to implement this regulation.
4. The Authority of Sihanoukville will issue administrative measures to ensure that the 100 Per Cent Condom Use Programme will be successfully implemented. These measures may include closure of entertainment establishments, or punishment of individuals who do not follow this regulation.
5. All people involved in the sex trade have to comply with this regulation, and seriously participate in this programme.
6. The Authority of Sihanoukville and all concerned institutions have to cooperate with the Monitoring Committee in order to enforce the administrative measures against people who do not comply with this regulation.
7. The 100 Per Cent Condom Use Programme will go into effect from 10 October 1998.
8. The Monitoring Committee has to submit monthly reports to the Governor, and solve any problems which occur.
9. This regulation will go into effect from the day of my signature.

Sihanoukville, 10 October 1998

for the Governor

Signature and Seal

The First Deputy Governor

cc: Ministry of Interior

Ministry of Health

National AIDS Committee

## Cambodian National Policy on 100% Condom Use

1. The authority of the Municipality of Phnom Penh and provinces must have responsibility for managing and controlling all places providing sex services.
2. All entertainment places providing sex services and other services related to sex are obliged to apply 100% condom use without exception.
3. Local authorities, local concerned agencies and local health care workers must have the direct responsibility for managing and controlling all establishments providing sex services.
4. At municipal and provincial levels, the authorities have a duty to coordinate and collaborate in the application of the National Policy on 100% Condom Use, and to monitor and evaluate it in their area of responsibility. Municipal and Provincial authorities should:
  - manage the provision of STD (sexually transmitted diseases) services;
  - raise the awareness of at-risk people and the general population on HIV/AIDS through all means of communication, to ensure a change in behaviour leading to HIV/AIDS infection; and
  - ensure that condoms are available, affordable and accessible outside and inside all entertainment establishments.
5. The National AIDS Authority, concerned ministries, and the Municipal and Provincial AIDS Committee must closely collaborate with all government institutions, international organizations, NGOs, religious groups and other agencies working on HIV/AIDS in the Kingdom of Cambodia to ensure the effectiveness and sustainability of the application of the National Policy on 100% Condom Use.
6. All activities responding to HIV/AIDS and the situation of this disease should be reported monthly, quarterly and yearly:
  - from the Provincial and Municipal AIDS Secretariat of the Municipality of Phnom Penh and the Provinces to their respective Municipal and Provincial AIDS Committee; and
  - from the Municipal and Provincial AIDS Committee to the National AIDS Authority to compile the report for the Prime Minister.

## Annex 4

# 100% Condom Use in Cambodia:

## *Strategy and Guidelines for Implementation*

Ministry of Health

National Center for HIV/AIDS, Dermatology and STI

### 1. Background

In June 1998, the Ministry of Health endorsed the 100% condom use intervention programme as a central element in the Cambodia National HIV/AIDS Strategy. This programme intervention aims to ensure that condoms are used in every sexual transaction in every brothel in a selected community. This “blanket” use of condoms in very high-risk transmission situations has been shown, both from empirical experience (as in Thailand), and from modelling, to play a very significant role in reducing the incidence of STI and HIV.

In October 1998, the NCHADS launched the pilot “100% Condom Use” project in the port city of Sihanoukville. It was decided to start the pilot project in the province of Sihanoukville for three reasons: Sihanoukville being the main seaport of Cambodia, the sex business was rife; HIV control and prevention interventions, while few, were obviously needed; the prevalence of HIV among sentinel group was very high and the local authorities were enthusiastic about supporting the project.

Based on, but extending the Thai experience, the project had a number of elements: using detailed local data, sensitizing senior local policy-makers (the Provincial Governor, etc.) about the HIV situation, the role of the commercial sex industry, and the proposed 100% CUP in the city; strengthening STI services, especially for sex workers and their clients; getting to know brothel owners and managers, to elicit their help; and empowering outreach education and services to the sex workers themselves

As an integral part of the 100% CUP, the STI clinic in Sihanoukville Provincial Hospital was strengthened with a specific STI management strategy for female sex workers. Sex establishment managers were requested to send in their staff on a monthly basis for STI and related health care at the clinic. The clinic staff made significant efforts to turn the clinic into a “sex worker-friendly” setting.

Drawing on the experience from this pilot project, the NCHADS has identified 100% CUP as a core strategy in its HIV/AIDS prevention programme, and is expanding it in high-risk situations throughout the country. In addition, 100% CUP has been adopted as national policy by the NAA with the support of the Prime Minister.

## 2. Elements and Principles of the 100% Condom Use Strategy

The most important aspect of the establishment of 100% condom use is its involvement of a wide range of people and institutions; it can only work if everyone is committed to it, and all the necessary components that go to make it up are in place. Basically, it is necessary to instruct or require ALL sex workers to use condoms in ALL sexual encounters. If their clients refuse to use condoms, sex workers are urged to withhold services and refund their clients' money. All sex establishments must be involved in the project, so that clients cannot purchase sex in other places without using condoms.

There are five elements or components of the strategy:

- The first component is to gain the **cooperation of government authorities** (local government, police, etc) **and the owners of all sex establishments** (both direct - brothels - and indirect - bar/beer girls, etc). This will ensure that general brothel “crackdowns” and closures do not happen, as this drives commercial sex underground and out of reach. It also ensures that sex workers are able, or assisted to attend STI clinics regularly. Finally, this ensures that the 100% condom use policy becomes an officially mandated strategy. The CUMEC (Condom Use Monitoring and Evaluation Committee) is the critical mechanism for establishing and maintaining the commitment of senior authorities, and making sure the programme continues to work well.
- The second important component in the strategy is to **ensure regular checking and treatment of STI in sex workers**. Effective treatment of all STI in the target populations (sex workers) has been shown to be associated with reductions in the incidence of STI among their clients.
- The third component is ensuring the **availability and accessibility of condoms**.
- The fourth component is **effective IEC through a variety of channels to make condom use the norm**. This means that everyone comes to recognize the risks of unprotected commercial sex, and that condom use protects against these risks.
- Last, **outreach activities** are the critical link that holds the programme together by constantly reinforcing the messages of the programme and helping people involved, at all levels, to understand it better, as well as the roles they can play in it. The CUWG (Condom Use Working Group) is the key element in supporting and monitoring operational activities. The CUWG members also form the POT (Provincial Outreach Team), who manage the outreach programme.

## 3. Implementation of the Strategy

The 100% CUP brings together many of the elements of the HIV/AIDS and STI Prevention and Care Strategic Plan 2001-2005 (IEC, STI services, outreach, monitoring and evaluation, condom distribution) in a coordinated fashion. Within NCHADS, overall coordination is with the Technical Bureau; but each unit of the National Centre and the Provincial AIDS Office has its own part to play. In any situation in which the programme is introduced, the same concerted package of activities is required.

Activities to introduce and implement the programme are required at three levels:

- study tour, planning, sensitization, training, resource mobilization and support and supervision at the **central level** by NCHADS
- preparation, launching, maintenance and monitoring by the CUMEC (Condom Use Monitoring & Evaluation Committee) at **provincial authority level**

- outreach, ensuring condom availability, targeted STI services, recording and reporting by the CUWG/POT (Condom Use Working Group/Provincial Outreach Team) at commercial sex venue level.

### 3.1 Central level planning, sensitization, training, resource mobilization and support and supervision

Each year since 1995, NCHADS has conducted an HIV serosurveillance survey (HSS). In 2000, this covered 21 of the 24 provinces and collected blood from 20 000 subjects. Parallel to this HSS, for the last three years a behavioural surveillance survey (BSS) has been conducted in the five major cities, focusing on specific behaviours among specific groups. STI prevalence surveys are also conducted – one in 1996 and another, more comprehensive survey in 2000/2001. The epidemiological data have been used for targeting the 100% CUP programme: where analysis shows that particular geographical, economic or sociocultural situations present the greatest need.

The 100% CUP is being introduced in major cities where large numbers of brothel-based sex workers can be effectively reached with outreach, STI and health care, condom availability and accessibility, and support from local authorities for the “monopolistic” insistence on condom use in all commercial sex transactions. Prioritization is based upon the identification of situations, essentially major urban areas and those at borders, where the commercial sex industry flourishes.

As an integral element of the 100% CUP, the targeting of STI management in these high-risk situations follows the same logic. While efforts are being made to extend STI services within the context of reproductive tract infection services as an integrated health care approach for all women, targeted services for high-risk situations are a priority. Provinces have been identified where existing government and NGO partners are willing and capable to collaborate in the strengthening of STI services for target populations. In a context of emergency, the Ministry of Health’s pragmatic recommendation has been to strengthen existing services, be they government or NGO.

NCHADS is responsible for arranging sensitization of provincial authorities through such activities as study tours to the pilot project, and other familiarization visits. In addition, NCHADS arranges short training programmes for CUWG and POT members.

NCHADS is also responsible for providing IEC materials and support for campaigns, and launching occasions at provincial level. The STI Unit at NCHADS provides technical support to the establishment of the targeted STI services, through training, renovation and equipment, timely supplies of drugs, and regular supervision.

### 3.2 Provincial preparations, launching, maintenance and monitoring by the CUMEC

#### *3.2.1 Preparation and gaining acceptance*

The first step is the sensitization of provincial authorities to ensure full approval and preparedness to adopt the 100% condom use policy. Data (from the HSS, etc) can be used to make a formal presentation of the objectives, needs, benefits of the 100% CUP policy and programme. This will help ensure strong commitment from the Governor and local authorities.

The organization of the monitoring teams (CUWG) and the monthly coordination meetings (CUMEC) are an essential structural step. Terms of reference (TOR) and lists of members need to be prepared in advance. The 100% Condom Use Monitoring and Evaluation Committee (CUMEC) is the owner and the focal point. It is

chaired by the Governor, and meets once a month.

It is also necessary to sensitize and work with the brothel managers and owners, and those who organize commercial sex services. Everyone must understand and accept that the brothel managers have the obligation to send their sex-workers to the clinic each month. It is necessary to arrange meetings with various local authorities to ensure, for example, that the police accept, to stop racketeering brothels. For this it is important to have a good working relationship between the authorities and brothel managers. With the provincial authorities, a clear/feasible policy for taking action against offenders needs to be established beforehand. It is counter-productive to tell everyone that offending brothels will be closed if it is impossible to do it! Other measures may be more feasible.

### *3.2.2 Launching, maintenance and monitoring*

IEC activities must be organized to sensitise the general public, as well as the sex workers and their clients. A well-organized Launching Day can give visibility and commitment to the programme, especially if there is strong commitment from the Governor and local authorities.

An STI clinic has to become the “sex-workers clinic”; the staff must be (come) sex-worker-friendly; the clinic must be perceived as *theirs* FOR the sex workers. The staff needs to be trained in specific STI management for sex workers. A simple laboratory for STI management (for microscopic examination of smears, RPR Test) is useful, but not indispensable.

The PAC and PAS have an important role in ensuring full coverage, and possible extension of the programme.

## **3.3 Outreach, ensuring condom availability, targeted STI services, recording and reporting by the CUWG/POT**

### *3.3.1 Initial mapping*

While the provincial-level sensitization is taking place, initial mapping must be done at field level: sex establishments must be identified and mapped; and an initial census of sex-workers conducted (direct, beer, bar, karaoke, etc) for estimation of coverage by intervention). This census needs to be repeated periodically if there appears to be marked fluctuations in the sex workforce.

### *3.3.2 Outreach*

The CUWG/POT must maintain peer education and outreach IEC activities for 100% condom use and STI treatment with the target audiences, so all target populations know what is expected. They must maintain logistic support to sex establishments (ensuring adequate supplies of IEC materials, coordinating condom availability, etc). The outreach staff are the link between target groups, clinics and monitoring of 100% condom use.

The Condom Use Working Group (CUWG) must visit brothels on a regular, weekly basis to advise and monitor the performance of sex workers and owners concerning 100% use of condoms in sex establishments. It is recommended that this working group consist of 4 people: 1 police representative, 1 representative from the local authority, and 2 representing the other local sectors involved.

### *3.3.3 Targeted STI services*

Co-ordination with other service providers is very important; especially when it comes to establishing STI service provision sites for target populations. As part of establishing these services, key elements will be:

- ensuring adequate and regular supplies of drugs to all service providers;
- establishing patient recording systems;
- establishing baseline KAP, seroprevalence and STI prevalence data for the project area, to the extent possible;
- ensuring proper treatment following National Protocols; and
- ensuring no discrimination or stigmatization towards sex workers.

Men do not seek STI care, and will do so even less if the clinic is full of female sex-workers; so it will be necessary to promote the use of STI services by men, such as seafarers, fishermen and the military.

### *3.3.4 Monitoring and Evaluation*

The CUWG must define in advance what monitoring and evaluation will be used:

- condom sales by PSI (by far the main provider);
- “mystery clients”, i.e. men posing as clients;
- information from sex workers themselves, through STI clinic and outreach teams.

A good process indicator may be the percentage of sex workers with a medical control card out of the total number of sex workers in each brothel. Control cards for each sex worker can be introduced with a reference number or an assumed name. The sex workers’ real names should NEVER be used. There should be no diagnosis on the card. And NO sex worker should be stopped working if she has an STI. The programme should help sex workers to protect themselves.



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