REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL
MISSION REPORT

Subject

Preparation of a draft plan for implementing 100% condom use

Places visited

Phnom Penh, Sihanoukville, Cambodia

Dates of mission

28 April-9 May 1998

Author and designation

Dr Wiwat Rojanapithayakorn
WHO Consultant

Title of project

Sexually Transmitted Disease including AIDS

Participating agencies

Government of Cambodia

Source of funds

World Health Organization
Extrabudgetary (UNDP)

Key words
Acquired immunodeficiency syndrome - prevention and control / Sexually transmitted diseases - prevention and control / Condoms / Cambodia

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RS/98/014

26 October 1998

English only
Objective of mission:
In collaboration with the National AIDS Programme in Cambodia:
(1) to assess the situation for the design and implementation of a pilot project to introduce a 100% condom-use policy in one province of Cambodia;
(2) to advise national counterparts on the overall strategy for implementing a 100% condom-use policy in Cambodia;
(3) to collaborate in the preparation of a draft plan for implementing 100% condom-use, including overall strategy, policy formulation and implementation at local level.

Summary of activities, findings, conclusions and recommendations:

The writer undertook the following: (1) discussions with several persons associated with the HIV/AIDS/STD programme in Cambodia, (2) a review of existing reports from several missions, surveys and studies, (3) participation in meetings, as well as presentations and discussions on HIV/AIDS prevention strategies, especially the 100% condom programme, and (4) formulation of a draft plan for implementing 100% condom-use in Cambodia.

Since the first case of HIV infection notified in 1991, the disease has spread very rapidly throughout the country, as witnessed by the very high rates of HIV infection observed in many groups of the population. The main mode of HIV transmission is heterosexual contact between sex workers and their clients, who further spread the disease to housewives and the newborn. Although many interventions are implemented to prevent the transmission of HIV, the rapid spread still continues to increase. The effective control of HIV seems to rely on the prevention of HIV spreading between sex workers and their clients. Thus it is recommended that the policy to promote 100% condom use in sex establishments should be considered for implementation in Cambodia. The outcome of the project can be used for nationwide expansion of the policy.

Recommendations include the following:

1. An attempt should be made to implement a 100% condom-use project in Sihanoukville, in accordance with the plan of action developed during this mission.
2. Special working groups should be formed both in the National AIDS Programme and the province to implement the project. The members should conic from agencies dealing with AIDS prevention, STD services and condom promotion.
3. Guidelines for implementing the 100% condom-use project should be developed to include details of the education material, record and report forms required for the project.
4. The National AIDS Programme should work with organizations supplying condoms in Cambodia, to ensure a sufficient supply of condoms for the project.
5. STD services should be strengthened so as to be capable of conducting interviews with clinic attendees (especially males and sex workers), in order to obtain information on the location of sex establishments and the use of condoms.

Keywords: Acquired immunodeficiency syndrome - prevention and control / Sexually transmitted diseases - prevention and control / Condones / Cambodia
CONTENTS

1. PURPOSE OF MISSION ................................................................. 1
2. BACKGROUND ........................................................................... 1
3. ACTIVITIES AND FINDINGS .................................................. 2
   3.1 Activities .............................................................................. 2
   3.2 Findings ............................................................................... 3
4. CONCLUSIONS AND RECOMMENDATIONS ............................ 6
   4.1 Conclusions ......................................................................... 6
   4.2 Recommendations ............................................................... 6
5. ACKNOWLEDGEMENTS ............................................................. 7

ANNEXES:

ANNEX I - SCHEDULE OF VISITS ................................................. 9
ANNEX 2 - LIST OF PERSONS MET .............................................. 13
ANNEX 3 - LIST OF DOCUMENTS REVIEWED .............................. 15
ANNEX 4 - A DRAFT PLAN FOR IMPLEMENTING 100% CONDOM USE
           IN CAMBODIA .................................................................... 17
1. PURPOSE OF MISSION

The writer visited Phnom Penh and Sihanoukville in Cambodia from 28 April to 9 May 1998 with the following terms of reference:

In collaboration with the National AIDS Programme in Cambodia:

(1) to assess the situation for the design and implementation of a pilot project to introduce a 100% condom-use policy in one province of Cambodia;

(2) to advise national counterparts on the overall strategy for implementing a 100% condom-use policy in Cambodia;

(3) to collaborate in the preparation of a draft plan for implementing 100% condom use, including overall strategy, policy formulation and implementation at local level.

2. BACKGROUND

AIDS was first identified in Cambodia in 1991 and HIV infection continues to spread at an alarming rate. The disease has been observed in various groups of the population; primarily contracted through sexual transmission. At present, various government and non-governmental agencies are becoming more involved in interventions to prevent the spread of HIV, and to promote care for those already infected. During the period April to June 1997, there was collaborative effort between the National AIDS Programme and many international and local nongovernmental organizations to review the HIV/AIDS situation in the country. One recommendation that came from the review is the promotion of a 100% condom-use policy in the country.

The 100% condom programme was implemented for the first time in one province of Thailand in 1989. After successful implementation, the programme was expanded throughout the country in 1991.

The main objective of the 100% condom programme is to increase the rate of condom use in sex establishments, in order to prevent heterosexual transmission of HIV among sex workers and their clients. This will definitely result in further prevention of HIV transmission in the general population. The main strategy of this programme is to gain the cooperation of the government authorities and the owners of all sex establishments (both direct and indirect types) to instruct or require sex workers to use condoms in all sexual encounters, and to refuse the sex service to customers who do not want to use condoms. This measure must be taken by all sex establishments so that sex seekers will not be able to purchase sex services without using condoms.

After a few years of implementation, it was found that the rate of condom use in sex establishments in Thailand had increased from 14% in January 1989 to over 90% in 1992, and has continued at a very high rate since then. As a result, the incidence rate of sexually transmitted diseases (STDs) dropped significantly from 6.5 per 1,000 population in 1989, to 0.49 per 1,000 in 1996, and the prevalence of HIV was found to have decreased in both sex workers and men.
visiting STD clinics in Thailand. In the 11th International Conference on AIDS in Vancouver in July 1996, Noah Jamie Robinson from INSERM, France, and his team reported the results of his simulation study, which found that the 100% condom programme might have already prevented more than two million HIV infections in Thailand.

Realizing the success of the 100% condom programme in Thailand, WHO is supporting the National AIDS Programme of Cambodia in implementing a similar condom-promotion project in Cambodia. The project comprises three phases:

Phase 1: to assess the current situation and to collaborate in the preparation of a draft plan to implement the 100% condom-use project in Cambodia;

Phase 2: to implement the plan of action for the 100% condom-use project, and to monitor; evaluate and advocate the programme in order to enhance the implementation;

Phase 3: to assess the progress and outcome of the project in order to make decisions on the expansion of the project nationwide.

3. ACTIVITIES AND FINDINGS

3.1 Activities

The activities performed during this mission are listed in Annex 1. These include reviews of existing documents, and participation in meetings, as well as presentations and discussions on the HIV/AIDS prevention strategies and the 100% condom-use project.

3.1.1 Meetings

The writer had discussions with several persons involved in HIV/AIDS/STD programme in Cambodia, including responsible persons from government agencies, international and local NGOs within Phnom Penh and Sihanoukville (see Annex 2).

3.1.2 Presentations and discussions

The writer participated in a meeting with the Provincial AIDS Committee of Sihanoukville Province and gave presentations on (1) the HIV/AIDS situation in Asia, (2) strategies to prevent HIV spreading, (3) the 100% Condom Programme in Thailand, and (4) the feasibility of establishing a 100% condom project in Sihanoukville. At the end of the presentation; the writer also participated in a discussion for experience sharing and exchange of opinions on many questions and issues relating to the 100% condom project implementation, such as the different forms of indirect sex business (e.g. beer promotion girls), the national policy on the crackdown on brothels, the joint work of the health and police sectors, the quality of condoms, etc.

The writer also gave a presentation on the 100% condom programme in the 5th HIV/AIDS Coordination Meeting at the Office of the National AIDS Programme, which was participated in by representatives of governmental and non governmental agencies working in HIV/AIDS in Cambodia. Most of the participants agreed that it is worth initiating this type of programme in this country.
3.1.3 Review of related documents

The writer reviewed relevant reports from several missions, surveys and studies, available at the offices of Western Pacific Regional Office, Office of the WHO Representative in Cambodia, UNAIDS and National AIDS Programme (see Annex 3).

3.1.4 Development of a plan for implementing 100% condom use in Cambodia

During the mission, the writer advised the Manager of the National AIDS Programme on the overall strategy for implementing a 100% condom-use policy in Cambodia. A draft plan was jointly prepared for implementing 100% condom-use, including overall strategy, policy formulation and implementation at the provincial level (see Annex 4).

Based on the discussions and reviews, the following findings were highlighted.

3.2 Findings

3.2.1 HIV/AIDS/STD situation in Cambodia

The first case of HIV infection was notified in Cambodia in 1991, and the first case of AIDS was reported in 1993. Since then, the numbers of reported HIV and AIDS cases have been growing very rapidly. By the end of 1996, there were 978 cases of AIDS and 11,807 cases of HIV infection reported in the country. It is estimated that, at the end of the year 1997, a cumulative total of 117,000 persons might have already been infected with HIV. In addition, data from many studies revealed that a high prevalence of sexually transmitted diseases (STDs), a facilitating factor for HIV transmission, existed in the country, even in low risk groups.

A recent HIV surveillance survey conducted by the National AIDS Programme among various target groups revealed very high rates of HIV infection in Cambodia. According to the 1997 sentinel surveillance survey, the median prevalence rates of HIV were 39% for direct sex workers, 7% for military personnel, 6% for police, 4% for blood donors, and 3% for pregnant women. In some provinces, the HIV prevalence was found to be extremely high, for example. 58% of sex workers in Banteay Mean Chey Province were found to be infected with HIV, as well as 21% of police personnel in Koh Kong Province, 14% of military personnel in Sihanoukville, and 19% of pregnant women in Koh Kong.

It is projected that the number of HIV infected persons in Cambodia will continue to increase significantly in the next few years. By the year 2000, the number of persons living with HIV could exceed 150,000. Thus, effective interventions are urgently needed to stop the spread of the disease.

3.2.2 Underlying causes of the HIV epidemic in Cambodia

The main mode of HIV transmission in Cambodia is heterosexual contact. The infection spread first among sex workers and their clients, and is now diffusing within the general population. Half of the HIV-infected individuals are women, and there is a clear sign of prenatal transmission in the country, with 20% of reported AIDS cases being in children aged under 13 years.

It is very difficult to obtain the exact figure of sex workers in Cambodia. Within Phnom Penh alone, one document describes that there are 1,000-2,000 sex workers, while another source estimates the number to be as high as 17,000. In 1996-1997, UNICEF estimated that there were around 80,000-100,000 sex workers throughout the country, 20,000 of these aged under 18 years. According to a survey by the University of Washington in 1996, the mean number of
clients of each sex worker varies from 3.25 in Sihanoukville to 4.44 in Phnom Penh and 4.97 in Battambang.

By a conservative calculation, if the number of sex workers in the country is only 20,000, with three customers per night and 40% median prevalence of HIV, there will be over 8,000,000 exposures of men to HIV in a year. The risk of HIV infection can be greatly reduced if condoms are used consistently among sex workers and their clients. However, the rate of condom use in Cambodia, (reported rates in many behavioural surveys ranging from 20%-70%) is still not sufficient to stop the spread of HIV. It would be very interesting to know how many men are involved in this very high number of contacts. AIDS Control and Prevention (AIDSCAP) estimated that men visited sex establishments twice per month. If so, there would be over 330,000 men engaging in commercial sex in a year. With the high prevalence of STDs in the country, a considerably high percentage of them will contract the MV infection and, once infected, will further spread the virus to their regular sexual partners and uninfected new sex workers.

3.2.3 Strategies to combat the HIV epidemic in Cambodia

At present, many interventions are implemented to prevent heterosexual transmission of HIV in Cambodia. These include AIDS education, STD clinical services and condom promotion. These efforts have resulted in an improved general knowledge of HIV and changes in risk behaviour in the population. However, the rapid spread of HIV still continues to increase, as reflected by the increasing prevalence of HIV infection in various groups of the population observed in the national sentinel surveillance surveys in the last few years.

Recently, authorities began to control prostitution by cracking down on brothels, especially in the capital city. It is expected by the authorities that this activity will be an effective means of controlling prostitution, which is illegal in the country, and thus reduce the sexual transmission of the disease. However, there is great concern that such activities, instead of reducing the sex business, will drive sex workers underground, which would make it more difficult to prevent or control the HIV infection.

It is recommended that the policy to promote 100% condom use in sex establishments, which has been successfully and effectively implemented in Thailand, a country with a similar social pattern regarding the sex business, should be considered for implementation in Cambodia.

3.2.4 Feasibility of implementing the 100% condom-use project in Cambodia

Implementation of a programme nationwide will require strong support from high-ranking policy makers and administrators, which may be difficult for any intervention without proof of success. Therefore, it is necessary to begin implementing the 100% condom project in one province and subsequently; if proved effective, develop a policy to expand the project throughout the country.

The National AIDS Programme plans to initiate the 100% condom-use project as a pilot intervention in Sihanoukville. In a meeting of the Provincial AIDS Committee during this mission, most committee members agreed that the initiation of this project in Sihanoukville would be a great challenge in the effective prevention of the HIV epidemic in the province.

The two essential factors or conditions required for the implementation of a 100% condom project are the availability of condoms and the availability and accessibility of STD care facilities:
(a) Condoms

Population Services International (PSI) began a condom social marketing programme in Cambodia in December 1994. At the present time, the programme is very successful in distributing approximately 1,000,000 condoms per month. Condoms are also distributed through various programme activities of the National AIDS and the Maternal and Child Health Programmes. Also many non government organizations have taken part in distributing condoms to rural areas.

(b) STD care

At present many international and local non governmental organizations are actively involved in the development and provision of STD care throughout the country, as both special STD service facilities and integrated health care services. Examples of such facilities are the STD and AIDS Care Section of the National AIDS Programme, the National Maternal and Child Health Center, the Reproductive Health Association of Cambodia, the European Community's project on "Care and Prevention of Sexually Transmitted Diseases in Cambodia" and the STD/AIDS Project of Medicins sans Frontieres.

Thus, it is feasible to conduct the 100% condom-use project in one province of Cambodia, namely Sihanoukville. The project will be initiated in the second half of 1998. More attention will be given by the provincial authorities and the National AIDS Programme to monitoring and evaluating the project in order to assess the effectiveness of the project so as to support the decision on the nationwide expansion of the 100% condom-use policy.

3.2.5 Constraints

Some elements are required in order for the 100% condom-use project to be successful. These include:

1. commitment from high level authorities
2. reduction of political, legal and social barriers
3. participation and coordination of all responsible parties
4. a good STD programme
5. wide availability of condoms (condom supply).

Such requirements may not be easy to fulfil in Cambodia. The commitment and reduction of barriers to the condom promotion programme in the sex business may seem like a contradiction of the policy to control prostitution in the country. Likewise, cooperation among the different sectors at provincial level may be difficult, due to the contrast in policies and mandates given by different ministries.

STD care is an essential component of the 100% condom project for obtaining information on condom use and for monitoring the incidence of STDs as indicators for the extent of condom use in target populations; i.e. the success of the project. However, the STD programme in Cambodia (still at an early stage) may not be capable of effectively supporting the 100% condom project.

Any programme to promote condom use will fail if there is an insufficient supply of condoms. A study estimating condom coverage and future needs in Cambodia, carried out by AIDS CAP/Family Health International in 1997, reported that the condom coverage of commercial
sex was 46.2%, and the requirement for 90% coverage would be approximately 1.85 million condoms per month. Another source (Task Force on Condoms 9tipply and Distribution in Cambodia) estimated that the monthly requirement of condoms would be 6.6 million pieces. Such amounts of condoms are too great to obtain from any individual organization in the country. Furthermore, logistical management of condoms needs special attention, especially as regards transportation to all parts of the country.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

The current HIV/AIDS epidemic in Cambodia is one of the most serious situations in Asia. Since the detection of the first case of HIV infection in 1991, the disease has spread very rapidly throughout the country, as witnessed by the very high rates of HIV infection observed in many groups of population, even in groups at low risk such as pregnant women.

The main mode of HIV transmission in Cambodia is heterosexual contact between sex workers and their clients who further spread the disease to housewives and the newborn.

Although many interventions are implemented to prevent heterosexual transmission of HIV in Cambodia, the rapid spread still continues to increase. The effective control of HIV seems to rely on the prevention of HIV spreading between sex workers and their clients. Thus it is recommended that the policy to promote 100% condom use in sex establishments should be considered for implementation in Cambodia.

It is feasible to conduct the 100% condom-use project in one province of Cambodia, the results of which can be used for nationwide expansion of the policy.

4.2 Recommendations

Recommendations to the National AIDS Programme

(1) An attempt should be made to implement the 100% condom-use project in Cambodia as soon as possible to stop the spread of HIV in the country.

(2) In order to implement the project effectively, a working group should be formed within the National AIDS Programme. It should comprise concerned members from the National AIDS Programme, other relevant ministries such as the Ministry of Interior (police), Ministry of National Defence (military), Ministry of Social Action, Labour and Veteran Affair (social welfare service), and international and national non-governmental organizations, as well as outreach volunteers dealing with AIDS prevention, STD services and condom promotion. A similar working group at provincial level should also be formed.

(3) Guidelines for implementing the 100% condom-use project should be developed as a technical document for each party to follow during the project implementation. Education materials required for the campaign, and essential record and report forms should also be developed.

(4) As the availability of condoms is essential for the project, the National AIDS Programme should work with organizations supplying condoms in Cambodia, such as Population Services International, the World Bank, the French Corporation, UNFPA, and
some commercial sources, to make available sufficient condoms in the project area (Sihanoukville), both for free distribution and for users to purchase.

(5) There is a need to collaborate with the STD services providers in the project area (Sihanoukville), especially those who work closely with sex workers, in order to facilitate the implementation of the 100% condom use in sex establishments. There is also a need to further strengthen STD services to enable them to conduct interviews with clinic attendees (especially males and sex workers) in order to obtain information on the location of sex establishments and the use of condoms. This information will be useful in monitoring the effectiveness of the project.

(6) The possibility of immediate expansion of the 100% condom project to other provinces should be explored. Concurrent implementation of the project in different provinces would be useful for the National AIDS Programme, to improve the implementation and to advocate the nationwide expansion of the project.

Recommendations to WHO

(1) WHO should continue to provide technical support to Cambodia to initiate the 100% condom-use approach in the region.

(2) WHO should support the National AIDS Programme of Cambodia to facilitate the pre-implementation preparation of the project, particularly the development and production of IEC materials and the record and report forms, as proposed in the UNDP ‘Support Services for Policy and Programme Development (SPPD)’ document.

(3) WHO should proceed with the recruitment formalities for consultation on "the Implementation of the 100% Project in Sihanoukville" (Phase 2), which is planned to begin in September 1998.

5. ACKNOWLEDGEMENTS

The writer gratefully acknowledges the friendly cooperation of the staff of the National AIDS Programme of Cambodia, especially Dr Tia Plialla, Dr Seng Sopheap. The author is also extremely grateful for the valuable information provided by all persons met during the mission.
ANNEX 1

SCHEDULE OF VISITS

28 April 1998

1230 Arrive in Phnom Penh
1400 Hotel to WHO
1415 Meeting with Dr. A. Macarry, WHO Medical Officer, discussing on the tentative schedule of activities of the mission
1430 WHO to National Center for HIV/AIDS/STD and Dermatology
1445 Meeting with Dr. Tia Phalla, the National AIDS Programme Manager
1515 Meeting with Dr. Seng Sopheap, STD and AIDS Care, National Center for HIV/AIDS/STD and Dermatology
1530 Meeting with Dr. Francois Crabbe, Technical Adviser, Project on "Care and Prevention of Sexually Transmitted Diseases in Cambodia", the European Union & Institute of Tropical Medicine of Antwerp
1630 Meeting with Ms. Pawana Wienrawe, Country Programme Adviser; UNAIDS Cambodia
1730 National Center for HIV/AIDS/STD and Dermatology to Hotel

29 April 1998

0730 Briefing with Mr. Sardana, PAO, WHO
0800 Briefing with Dr. G. Petersen, WR, WHO
0830 Briefing With Dr. A. Macarry and Ms. H. Wells, WHO Officers in charge of STD/AIDS Programme
0945 WHO to National Center for HIV/AIDS/STD and Dermatology
1000 Meeting with Dr. Seng Sopheap, STD and AIDS Care, National Center for HIV/AIDS/STD and Dermatology
1200 National Center for HIV/AIDS/STD and Dermatology to Hotel
1400 Attend WHO staff meeting
1445 WHO to Calmette Hospital
Annex 1

1500 Meeting with Dr. Bernard Fabre-Teste, AIDS Project Director
French Cooperation, Cambodia

1600 Calmette Hospital to WHO

30 April 1998

0800 Meeting with Dr Chhun Long, National Programme Manager of
Reproductive Health and Deputy Chief Technical Bureau, National
Maternal and Child Health Center and
Ms Fleischl Juliet, Senior Training Adviser, UNFPA

0945 National Maternal and Child Health Center to Office of Population
Services International (PSI)

1000 Meeting with Mr John M. Deidrick, Director, Population Services International

1430 Meeting with Dr Catherine Van Surell Seyler, Medicins Sans Frontieres (France)

4 May 1998

0730 Meeting with Dr. Tea Phaully, Technical Adviser, UNDP

0900 Meeting with Dr Koum Kanal, Director of National Maternal and Child Health Center

1100 National Maternal and Child Health Center to National Center
for HIV/AIDS/ STD and Dermatology

1300 Departure for Sihanoukville

1630 Meeting with Dr Kiu Bunsany, Director, Department of Health, Sihanoukville

1700 Department of Health to Seaside Hotel, Sihanoukville

5 May 1998

0800 Meeting with Mr. Sun Heng, Deputy Governor and the Chairman of Provincial
AIDS Committee, Sihanoukville

Meeting of the Provincial AIDS Committee, the Provincial AIDS Secretarate Team
and the Provincial AIDS Office Staff

1000 Presentation on (I) HIV/AIDS Situation in Asia, (2) strategies to prevent HIV spreading
(3) the 100% Condom Programme in Thailand and (4) feasibility to establish a 100%
condom project in Sihanoukville

1115 General Discussion

1215 Closing of the Provincial Committee Eleeting

1330 Departure to Phnom Penh
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<td>830</td>
<td>WHO to National Center for HIV/AIDS/STD and Dermatology</td>
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<td>1130</td>
<td>Meeting with Dr. Heng Sopheab, Outreach Programme and Behavioural Survey</td>
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<td>National Center for HIV/AIDS/STD and Dermatology</td>
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<td>Attending a meeting of the STD Subcommittee, National AIDS Programme</td>
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<td>7 May 1998</td>
<td>900</td>
<td>WHO to National Center for HIV/AIDS/STD and Dermatology</td>
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<td>1200</td>
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<td>Ms Pawana Wienrawe, UNAIDS Cambodia</td>
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<td>Participation at the 5th HIV/AIDS Coordination Meeting</td>
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<td>Ms H Wells, Technical Officer, WHO.</td>
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<td>9 May 1998</td>
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**LIST OF PERSONS MET**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Details</th>
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<tr>
<td>Dr Mean-Chhi Vun</td>
<td>Deputy Director General of Health and Director of National Center for HIV/AIDS, STD and Dermatology, Ministry of Health</td>
</tr>
<tr>
<td>Dr Tia Phalla</td>
<td>National AIDS Programme Manager, Ministry of Health</td>
</tr>
<tr>
<td>Dr Seng Sopheap</td>
<td>National AIDS Programme (STD and AIDS Care), Ministry of Health</td>
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<tr>
<td>Dr Heng Sopheab</td>
<td>National AIDS Programme, Ministry of Health</td>
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<td>Dr Chhun Long</td>
<td>National Programme Manager of Reproductive Health and Deputy Chief Technical Bureau, National Maternal and Child Health Center, Ministry of Health</td>
</tr>
<tr>
<td>Dr Koum Kanal, Dr Tea Phaully</td>
<td>Director of National Maternal and Child Health Center, Ministry of Health</td>
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<tr>
<td>Ms Fleischl Juliet</td>
<td>Technical Adviser, National Programme Office for HIV - AIDS / Health, UNDP</td>
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<tr>
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<td>Country Programme Adviser, UNAIDS Cambodia</td>
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<tr>
<td>Dr Francois Crabbe</td>
<td>Project Technical Adviser, Project on &quot;Care and Prevention of Sexually Transmitted Diseases in Cambodia&quot;, the European Union &amp; Institute of Tropical Medicine of Antwerp</td>
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<tr>
<td>Dr Bernard Fabre-Teste</td>
<td>AIDS Project Director, French Cooperation, Cambodia</td>
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<td>Medicins Sans Frontieres (France), Cambodia</td>
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<td>Deputy Governor and Chairman of the Provincial AIDS Committee, Sihanoukville</td>
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<td>Director, Department of Health, Sihanoukville</td>
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<tr>
<td>Dr Geore Petersen</td>
<td>WHO Representative, Cambodia</td>
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<td>Dr Annie Macarry</td>
<td>Medical Officer, WHO Cambodia</td>
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<td>Ms Henrietta Wells</td>
<td>Technical Adviser (HIV/AIDS Care), WHO Cambodia</td>
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LIST OF DOCUMENTS REVIEWED


3. Friel P. Condom Programming: Exploratory Needs Assessment, the Royal Kingdom of Cambodia, 30 April - 6 May 1995


5. Mills S. An Estimation of Current Condom Coverage of Commercial Sex and Future Needs in Cambodia


10. UNTWG. Task Force on Condoms supply and Distribution in Cambodia.

11. WHOAVPRO. AIDS and HIV Cases, Cambodia.

12. WHO/WPRO. Summary of Rates for Sexually Transmitted Diseases, Cambodia.

A DRAFT PLAN FOR IMPLEMENTING 100% CONDOM USE IN CAMBODIA

Rationale

AIDS was first identified in Cambodia in 1991 and HIV infection continues to spread at an alarming rate. The disease had been observed in various groups of population, primarily through sexual transmission. At present, various government and non-government agencies are becoming more involved in interventions to prevent the spread of IRV and promote care for those already infected. During April to June 1997, there was a collaborative effort among National AIDS Programme, many international and local NGOs to review the HIV/AIDS responses in the country. A recommendation that comes from the review is to promote a 100% condom-use policy in Cambodia.

The 100% condom programme was implemented for the first time in one province of Thailand in 1989. After successful implementation, the programme was expanded throughout the country in 1991. Within a few years of implementation, it was found that the rate of condom use in sex establishments in Thailand had increased from 14% in January 1989 to over 90% in 1992 and continued to sustain at this very high rate since then. As a result, the incidence rate of sexually transmitted diseases (STDs) dropped remarkably from 6.5 per 1,000 population in 1989 to 0.49 per 1,000 in 1996 and the prevalence of HIV was found to decrease in both sex workers and men visiting STD clinics in Thailand.

Realizing the success of the 100% condom programme in Thailand, the National AIDS Programme is developing a plan to implement a similar condom promotion programme in Cambodia. To begin the programme for the first time in Cambodia, it is necessary to develop a pilot project to be conducted in one province and utilize the outcomes for the nationwide expansion of the policy. After analysis of situation, strengths and weaknesses of the provinces, Sihanoukville is selected to implement the project.

Objective

To increase the rate of condom use in sex establishments in Sihanoukville to 100%.

Strategies

The main strategy of the project is to gain the cooperation of the government authorities and the owners of all sex establishments (both direct and indirect sex business) in order to instruct or require sex workers to use condoms in all sexual encounters. If their clients refuse to use condoms, they are urged to withhold services and refund those clients' money. All sex establishments will be managed to follow the same AIDS control policy (100% condom use) so that clients of sex services will not be able to purchase the services without using condoms.

Project Implementation

1. Meeting of provincial authorities to propose the implementation and get approval of the 100% condom project in the province.

2. Meeting of the Provincial AIDS Committee to approve the final plan for the implementation of the project.
Annex 4

3. Meeting of Provincial AIDS Secretariat to delegate responsibility and jobs for the project. The main tasks include the following:

- information, education and communication (IEC) activities including IEC distribution of education materials essential for the project;
- provision of STD care;
- coordination on condom availability and supply;
- data collection on condom use rate and incidence of STDs in target groups;
- management or sanction of uncooperative sex establishments;
- peer education to sex workers on the necessity and the practice according to the 100% condom project.

4. Preparation of handbooks, guidelines, education materials, record and report forms required by the project.

5. Meetings of individual sectors involved in the project

- Holding meeting among STD service providers to participate in the project on data collection concerning the use of condoms among clinic attendees as well as the incidence and trend of STDs.
- Holding meeting with owners of sex establishments (both direct and indirect) on the initiation and implementation of the 100% condom policy in the province.
- Holding meeting with sex workers to exchange opinions and to participate in the project.

6. Formation of task forces comprising of field officers to visit sex establishments on a regular basis to advise and monitor the performance of sex workers and owners concerning the 100% condom use in the sex establishments. The task forces are also responsible for investigating condom use in the target groups by:

(1) Interviewing men attending STD clinics.
(2) Observing STD infections among sex workers receiving health examination at STD clinics.
(3) Monitoring the quantity of condoms utilized by each establishment.

7. Provision of logistic supports to the sex establishments.

The Provincial AIDS Secretariat will make available materials (IEC materials, condoms, record and report forms) required for the continuous implementation of the project.

Workplan

The project will be implemented in September 1998. The details of the workplan will be developed by the National AIDS Programme.
Project Evaluation

The project will be evaluated by the Provincial AIDS Secretariat and the National AIDS Programme, and the results of the project will be reported to the provincial AIDS Committee on a regular basis. The following indicators will be used for the project evaluation:

1. The prevalence of STD in different target population: as reported by STD clinics and sentinel surveys.

2. Prevalence of HIV in different target population: from sentinel surveillance

3. Rate of condom use in the target groups: from behavioural surveys

4. Number of condoms utilized by the sex industry.
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