WORLD HEALTH ORGANIZATION
Regional Office for the Western Pacific

REPORT

MEETING ON 100% CONDOM USE PROGRAMME
FOR PREVENTION OF HIV/AIDS AND STI

Vientiane, Lao People's Democratic Republic
18-21 August 2003

Manila, Philippines
September 2003
NOTE

The views expressed in this report are those of the participants in the Meeting on 100% Condom Use Programme for Prevention of HIV/AIDS and STI and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of member states in the Region and for those who participated in the Meeting on 100% Condom Use Programme for Prevention of HIV/AIDS and STI, 18 to 21 August 2003.
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SUMMARY

The WHO Western Pacific Regional Office organized a four-day meeting in Vientiane, Lao People's Democratic Republic (from 18 to 21 August 2003) to share experiences about the 100% condom use programme (CUP) that is being implemented in many countries in Asia. The meeting was attended by 45 participants including country representatives working in the national 100% CUP from Cambodia, China, the Lao People's Democratic Republic, Mongolia, Myanmar, the Philippines, Thailand and Viet Nam and a broad range of professionals, WHO staff and technical advisers as well as representatives from sex worker support groups, international organizations and partners.

Participants discussed the STI/HIV situation in their countries; the extent, types and evolution of sex work; the status of the 100% CUP including the policies in place, sites where the programme is ongoing, implementing strategies, lessons learnt, problems being encountered and future plans; and challenges.

A broad range of conclusions were reached at the meeting including recognition that (1) HIV transmission associated with sex work remains a great concern for many countries in the Region; (2) all evaluations of the 100% CUP in countries have thus far given good evidence that the programme is effective, replicable across different settings and scalable; (3) countries must implement the 100% CUP within local and national contexts but that there are essential elements of the programme that must be given priority; (4) political commitment both nationally and locally are vital to the success of the 100% CUP; (5) all stakeholders including sex workers should participate in the planning and implementation of the 100% CUP; and (6) the 100% CUP plays a complementary role to other ongoing or evolving programmes that seek to promote condom use and address the problems of sex workers in their communities.

Participants recommended to national governments and partners that they will continue to accord a high priority to the 100% CUP and to support national plans to strengthen and expand the programmes.
1. INTRODUCTION

The “Regional Meeting on 100% Condom Use Programme for Prevention of HIV/AIDS and STI” was held in Vientiane, Lao People's Democratic Republic from 18 to 21 August 2003. The meeting was organized by the Western Pacific Regional Office of WHO.

1.1 Objectives

The objectives of the meeting were:

(a) to share and discuss the experiences and lessons learnt from the 100% CUP and to obtain consensus on appropriate approaches or practices for the implementation of the 100% CUP;

(b) to review the findings of assessments and evaluations conducted in the different countries;

(c) to establish a support mechanism through partnership networks for the expansion of the 100% CUP; and

(d) to increase political and financial support from member countries, partners and donor agencies for implementing and expanding the 100% CUP.

1.2 Participants and resource persons

There were a total of forty-five (45) persons who participated in the meeting (please refer to Annex 1 of this report) including:

1. eighteen (18) participants from six (6) selected countries of the WHO Western Pacific Region: Cambodia, China, the Lao People's Democratic Republic, Mongolia, the Philippines, and Viet Nam. Participants represented a broad range of officials involved in the design and management of the 100% CUP in their respective countries;

2. three (3) Temporary Advisers from Myanmar, Thailand and Cambodia to assist with reports on 100% CUP activities in these countries;

3. four (4) Temporary Advisers from associations of sex workers in Thailand and Cambodia;


5. two (2) consultants to assist with media and documentation; and

6. five (5) WHO staff from offices in Western Pacific Region, Geneva, China, Mongolia and Myanmar.
1.3 Organization of the meeting

The meeting was held at the Lane-Xang Hotel, Fangum Road, Vientiane, Lao People's Democratic Republic from 18 to 21 August 2003. It incorporated (1) country presentations on status of their 100% CUP, (2) evaluation of three countries 100% CUP, (3) working groups and working group reports on selected issues, (4) technical presentations and (5) plenary discussions.

Please refer to Annex 2 for the daily detailed agenda.

1.4 Welcome statement

Dr Giovanni Deodato, WHO Representative in the Lao People's Democratic Republic delivered a welcoming statement to the meeting on behalf of Dr Shigeru Omi, Regional Director, WHO Regional Office for the Western Pacific. Dr Omi observed that there had been remarkable results with the 100% CUP in Thailand and Cambodia and that WHO is advocating this strategy elsewhere in the Region in view of the fact that the sex industry is widespread and growing in many countries.

1.5 Opening of the meeting

H E Dr Ponmek Dalaloy, Minister of Health of the Lao People's Democratic Republic, formally opened the meeting with a statement observing that although Laos currently has a low prevalence of HIV/AIDS, the country was worried about the level of STI and recognized the need to do more. He looked forward to sharing ideas about strategies needed to promote condom use and pledged support to the 100% CUP in the Lao People's Democratic Republic.

2. PROCEEDINGS

2.1 Introductory presentations

Dr Bernard Fabre-Teste, WHO Regional Adviser, Sexually Transmitted Infections including HIV/AIDS, led an introduction of all participants and observers. A rotation of Chair and Co-chairpersons for the meeting was also agreed.

Ms Gaik Guo Ong, WHO Technical Officer, WHO Sexually Transmitted Infections including HIV/AIDS, presented a brief history of the 100% CUP in the Asia region. Ms Ong also discussed the objectives of the meeting stressing the need to strengthen and indeed expand efforts through collaboration and sharing of experiences.

Dr B. Fabre-Teste presented an overview of the HIV/AIDS and STI situation in the Western Pacific Region. Noting that it is the largest WHO Region, he stressed that the “high potentiality” of HIV/AIDS was a source of great concern.

Dr Wiwat Rojanapithayakorn, WHO Short Term Professional, currently working with the Ministry of Health in Mongolia, made a presentation on the principles of the 100% CUP observing that sexual transmission, most linked to sex work, was the principal mode of HIV spread in many Asian countries. He observed that general education on condom promotion has shown only limited results but that the 100% CUP had shown remarkable results in increasing
condom use and reducing STI when first implemented in Thailand in 1989. Dr Wiwat expressed confidence that the programme was one of the most effective and efficient ways to reduce HIV transmission linked to sex work that was applicable to a broad spectrum of countries in the Region. Dr Wiwat had added that there were some recent controversies about the programme which were the results of misunderstanding about the programme strategies. A document to clarify the controversies was distributed in the meeting.

Mr Ichiro Kamoshita, Senior Vice-Minister of Health, Labour and Welfare, and leader of the Special Japanese Delegation to the Meeting, addressed the meeting, observing that HIV/AIDS is not only a health care problem, but also a great obstacle for social development. Expressing confidence that promoting condom use will also be useful in Japan, he thanked the Government of the Lao People's Democratic Republic and WHO for hosting this useful meeting.

2.2 Country presentations

Representatives of the countries attending the meeting made presentations on the status of the 100% CUP in their respective countries. Special attention was given to lessons learnt and future challenges within the programmes.

2.2.1 Thailand

Dr Anupong Chitwarakorn, Senior Expert in Preventive Medicine, Department of Disease Control, Ministry of Public Health, reviewed data from Thailand’s long experience with the 100% CUP, beginning first as a pilot project in 1989 in Ratchburi Province and then expanded nationwide from 1991. Evaluation of the programme showed almost immediate increases in reported regular condom use by sex workers and their clients and a corresponding reduction of STI and HIV in these two groups. More general indicators of the population burden of HIV (e.g. seroprevalence among military recruits and pregnant women) have also declined in Thailand, a result that stands in contrast to a continuing increase of HIV seroprevalence among injecting drug users.

Although 80% of men with STI are still a result of exposure to sex workers, there has been a noteworthy reduction in visits to STI clinics by both men and sex workers since 1992. Also noteworthy in Thailand has been a steady reduction in the number of men who report visiting sex workers (from almost 60% in 1993 to less than 5% in 1999).

Looking to the challenges of the future, Dr Anupong observed that more sex workers in Thailand were shifting from direct to indirect types of employment (which required stronger efforts in working with indirect sex establishments) and that more persons were engaging in “casual” rather than commercial sex. Dr Anupong also worried about the impact that vaccines and Highly Active Antiretroviral Therapy (HAART) might have on encouraging more risky sexual practices.

2.2.2 Cambodia

Dr Ly Penh Sun, Deputy Chief of Technical Bureau, National Center of HIV/AIDS, STD and Dermatology, Ministry of Health, reviewed Cambodia’s experience with the 100% CUP. Dr Ly reported that 90% of HIV transmission in Cambodia was the result of heterosexual exposure and that, according to 2002 data, 30% of direct sex workers were HIV positive.
The 100% CUP was piloted in the harbour town of Sihanouk Ville in 1998. Data presented from Sihanouk Ville showed a dramatic reduction in STI between 1996 and 2000 with continuing downward trends since then. It was concluded that the decline was the result of a “combination” of interventions (including both the 100% CUP and improved STI care) and it was decided to expand both services nationwide.

Based on initial results of Sihanouk Ville, the Cambodian Prime Minister endorsed the nationwide expansion of the programme in 2000. Twelve provinces were selected for priority expansion because of their HIV prevalence among direct or brothel-based sex workers and their clients. The programme was further expanded to cover the rest of the country throughout 2001 and 2002.

Cambodia is looking forward to the challenges of (1) ensuring proper monitoring and supervision; (2) extending services to both direct and indirect sex workers; and (3) providing for a greater involvement of sex workers in the programmes.

2.2.3 Myanmar

Dr Tun Myint, Assistant Director/Medical Epidemiologist, National AIDS Programme, reported on Myanmar’s 100% Targeted Condom Promotion (100% TCP) programme launched in 2001. Currently being implemented in 58 townships, the 100% TCP started initially in four pilot townships and expanded to 11 additional townships in 2002, and an additional 43 townships in 2003. Dr Tun explained that six agencies (UNAIDS, WHO, UNFPA, United Nations Development Programme, Fund for HIV/AIDS in Myanmar and Japanese International Cooperation Agency) have been providing financial assistance to this expansion.

Early evaluations of the 100% TCP programme have demonstrated an ongoing and consistent increase in the condom use rate among sex workers and a concurrent decrease in the STI rates in this same population in one area (Tachileik) as well as a general conclusion that the 100% TCP programme is feasible, culturally acceptable and sustainable in the Myanmar context.

Myanmar is now looking towards enhancing its cooperation with donors and UN agencies so as to expand this programme nationwide, to expand the availability and distribution of condoms and to translate information, education and communications materials into national languages.

2.2.4 China

Dr Wang Xiaochun, Director, Department of International Cooperation of National AIDS Centre (NCAIDS), presented a review of the 100% CUP in China. Beginning with a pilot project at two sites (Wuhan and Jiangsu) in 2000, the programme expanded to Hainan and Hunan in 2002.

Despite the problems confronted in the initial phase of the pilot programme (including the high mobility of sex workers and difficulties in verifying condom use), Dr Wang presented 2003 evaluation data which clearly demonstrated an increase in condom use and decrease in STI among sex workers in Wuhan, Jingjiang of Jiangsu and Lixian of Hunan. Data collection from Danzhou of Hainan was interrupted by the severe acute respiratory syndrome epidemic.

The focus at the pilot sites was on fostering the 100% CUP policy, especially at the local level, and in drafting national strategies. Dr Wang also recognized that the four project sites are attempting to institute firm policies to ensure the achievement of the final stage of implementation of “No Condom – No Sex.”
Chinese programme staff are currently looking toward the potential of expanding and integrating its 100% CUP with the National HIV/AIDS Comprehensive Care and Prevention Project targeting 100 counties (China CARES). Other international partners such as UNFPA (one site in Guangxi) and Future’s Group under project funded by Department for International Development (four sites in Sichuan and Yunnan) have started or are under planning for the replication of the CUP. NCAIDS is also putting on agenda to mobilize sufficient resources from both central and provincial levels to support scaling up in the current four provinces.

2.2.5 Viet Nam

Dr Nguyen Van Kinh, Programme Officer, Administration for Preventive Medicine and HIV/AIDS Control, Ministry of Health, discussed Viet Nam’s nascent, but growing efforts, with the 100% CUP strategy.

With support of WHO, Luxembourg, FHI, Asian Development Bank and the World Bank, Viet Nam now has 100% CUPs in 17 sites around the country, beginning first in 2001.

Thus far, Viet Nam’s 100% CUP is being built around advocacy and IEC, condom social marketing and cooperation with STI services. Baseline data on HIV, STI and condom use have been established and, in data presented by Dr Nguyen, there has been initial indication that HIV and STI declined among sex workers between 2001 and 2002.

Challenges for the future of Viet Nam’s 100% CUP include strong anti-prostitution laws in the country, unavailability of condoms in some places and maintaining quality STI services.

2.2.6 Mongolia

Dr Bavuu Enkhjin, Officer in Charge of HIV/AIDS and STI, Ministry of Health, reported on Mongolia’s initial experience with the 100% CUP in its pilot site in Darkhan aimag which began with WHO assistance in July 2002.

Noting that Mongolia has only four reported cases of HIV between 1992 and 2003, Dr Bavuu observed that all were linked to heterosexual exposure. The pilot site in Darkhan was selected because STI rates in the area were above national averages, local authorities were cooperative, STI services and condom social marketing were already in place and it was estimated that there were at least 300 freelance sex workers. Mongolia’s 100% CUP has the distinction of working with freelance sex workers through a registration process (issuance of “green cards”) which renders them immune from arrest by police as long as they continue to collaborate with the programme. Between 2002 and 2003, Dr Bavuu presented evaluation data that showed a reduction of STI rates among sex workers.

Mongolia has plans to expand the 100% CUP to an initial two sites (aimags) in 2004 with support from the WHO and Global Fund. There is also hope that four more aimags can be included in the programme in 2004 and an additional five aimags” a year can be initiated each year between 2005 and 2007.

2.2.7 Lao People's Democratic Republic

Dr Chansy Phimphachanh, Director, National Committee for the Control of AIDS Bureau, Ministry of Health, reported on Laos initial plans for the 100% CUP. A pilot site in Savannakhet Province was initiated several weeks before the meeting.
Observing that prostitution is illegal and that there are no brothels in the Lao People's Democratic Republic, it was nonetheless recognized that sex is negotiated in a variety of places (night clubs, guesthouses, bars, etc.) and by street workers. Baseline data on sites and number of sex workers has been documented for the pilot site.

The future challenges and plans for the Lao People's Democratic Republic revolve around effectively implementing their pilot project within a context of the distinctive cultural and legal climate of the country.

2.2.8 Philippines

Dr Roderick Poblete, Medical Specialist II, Philippine National AIDS Council, discussed the 100% CUP in the Philippines. Building on a long history of routine STI screening of females working in registered entertainment establishments, and a sentinel surveillance system that has been in place since 1997, authorities launched a 100% CUP in three pilot sites in January 2003.

The 100% CUP in the Philippines will include a comprehensive package of STI/IEC services and condoms will be promoted and distributed largely through the country's ongoing system for condom social marketing.

The greatest problems confronting the programme in the Philippines include the low level of public visibility of HIV in the country, opposition from important conservative groups and the general political unattractiveness of working with sex workers. Despite these constraints, authorities have plans to expand the 100% CUP into additional towns and areas.

2.3 Other presentations

2.3.1 Research on the 100% CUP in the Dominican Republic

Dr Gilles Poumerol, Department of HIV/AIDS, WHO Geneva, reported on the results from a recent academic investigation to determine the “Impact and Cost-Effectiveness of Two ‘100% Condom Use’ Models in Dominican Republic”. Investigating the impact of the programme using a voluntary “community-and solidarity-based” approach and a programme that used also a 100% CUP “policy”, investigators concluded that there was a “more intense impact and better cost-effectiveness when government policy is added.” Investigators also concluded that the 100% CUP policy had relevance in non-Asian countries.

2.3.2 Sex worker support groups

Representatives of sex worker support organizations from Thailand (Ms Chantawipa Apisuk, Ms Phenjan Khamkhanan and Ms Siriporn Sriphen from Empower Foundation) and Cambodia (Ms Mang Chrep from the Cambodian Women for Peace and Development with assistance from Ms Nith Sopha of Family Health International) presented their views and concerns about sex work in their national context. Both groups were concerned with the illegal status of sex work and the discrimination they often endure in the hands of governmental authorities. They look forward both to being recognized as a legitimate “entertainment professionals” and also to programmes that will give sex workers training to expand their vocational opportunities.
2.3.3 POLICY Project

Mr David Lowe, Senior Technical Adviser, POLICY Project, presented the results of a study this organization conducted on the Cambodian 100% CUP based on the perceptions of sex workers. While the POLICY Project was overall supportive of the programme’s efforts to help sex workers to protect their own and the public health, they were concerned that the 100% CUP in Cambodia had both conceptual and implementation problems that handicapped its effectiveness and compromised the human rights of sex workers.

2.3.4 100% CUP partners

Participating agencies from UNFPA, UNAIDS, USAID, FHI, PSI, DKT, Policy Project, Empower and Futures Group shared their experiences, and the possible support to the 100% CUP.

2.4 Group Work

At two junctures of the meeting, the plenary was divided into working groups. The first group work considered some cross-cutting problems in implementing the 100% CUP that were revealed in the country reports. The second group work brought country representatives together to elaborate on the next steps and resource needs for expanding the 100% CUP in their respective countries.

The active plenary discussions that followed the group presentations contributed directly to the conclusions and recommendations.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Participants at the meeting reached the following conclusions regarding the status and future of the 100% CUP in the Asian region:

The meeting recognized that:

(1) HIV transmission associated with sex work remains a great concern for countries in the Asian region that have both widespread as well as local concentrations of entertainment establishments and sex work;

(2) the experience of countries that have been implementing the 100% Condom Use Programme (100% CUP) in the Asian region, supported also by a recent academic study in the Dominican Republic, continues to offer good and growing evidence that the 100% CUP is:
(a) effective in increasing consistent condom use and decreasing the transmission of STI and HIV associated with establishment-based sex workers;

(b) a prevention strategy that is feasible across a diverse spectrum of both localities and countries when tailored to the local political, cultural and epidemiological needs; and

(c) capable of expanding rapidly to a large scale;

(3) the successful experience with the 100% CUP in Thailand and Cambodia has served as an effective model appropriate for use in other countries seeking to address HIV transmission associated with establishment-based sex work; the Asian experience with designing and implementing the 100% CUP has grown substantially in the last two years to include China, the Lao People's Democratic Republic, Mongolia, Myanmar, the Philippines and Viet Nam;

(4) most countries implementing the 100% CUP have noteworthy achievements in condom promotion in sex establishments, and recognize the need for more intensive work to achieve the final policy goal of “No Condom - No Sex.”

(5) all countries with 100% CUP activities were encouraged by the results of efforts to date, and are exploring actively the potential to strengthen and expand their programmes while recognizing that:

(a) strong commitments of political support from local, provincial and national leaders is critical for the success of programmes; and

(b) additional human and financial resources will be required from local and national levels as well as from bilateral and international partners and NGOs;

(6) in areas where there is establishment-based sex work, it is critical to assure that essential policy and strategic components of the 100% CUP is given priority attention;

(7) in the implementation of the 100% CUP, attention should be paid to assure that programme activities are directed only at public health objective and:

(a) do not compromise the rights and safety of sex workers and clients; and

(b) do not become misconstrued as efforts to legalize or promote prostitution or to encourage promiscuity;

(8) the 100% CUP is focusing primarily at establishment-based sex work and there is a need to complement and support other strategies addressing the prevention of HIV/AIDS and STI; and, encourages what efforts governments and partners can undertake especially to:

a. assure access of sex workers and clients to high quality STI care;

b. promote condoms generally; and,

c. reduce stigmatisation and discrimination of sex workers that serve to increase their vulnerability to HIV/AIDS and STI transmission and care.
3.2 Recommendations

3.2.1 All countries confronting a significant level of STI and/or HIV transmission associated with establishment-based sex work should consider the potentials for implementing a 100% CUP in the context of the local situation and needs.

3.2.2 Governments, with the support of national and international partners should:

   (1) recognize the need to accord a high level of political support for the 100% CUP that is vital to its implementation and expansion;

   (2) assure a good balance of resources between prevention and care activities;

   (3) assure the coordinated multi-sectoral involvement in the 100% CUP;

   (4) ensure that there is participation of all stakeholders, including sex workers, in the planning and implementation of the 100% CUP at all levels (local, provincial and national); and

   (5) seek out opportunities to encourage and support sound scientific research and evaluation with regard to:

      a. the changing dynamics of sex work;
      b. public health interventions essential to preventing STI/HIV transmission through sex work; and,
      c. the perceptions and needs of sex workers and clients relating to the protection of health and prevention of disease transmission.

3.2.3 WHO should:

   (1) increase efforts to assist countries to identify and implement those components that are essential to the most efficient implementation of 100% CUP;

   (2) work more broadly to assure that there is good understanding among some sectors that the 100% CUP is not an effort to promote or legalise prostitution or to encourage promiscuity; and

   (3) continue to place a priority on HIV/AIDS and STI prevention programmes.