STI HIV

100% CONDOM USE PROGRAMME IN ENTERTAINMENT ESTABLISHMENTS

2000
# 100% Condom Use Programme in Entertainment Establishments

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ACKNOWLEDGEMENTS

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## ABBREVIATIONS AND ACRONYMS

<table>
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<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<tr>
<td>CUP</td>
<td>condom use programme</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>INSERM</td>
<td>Institut National de la Sante et de la Recherche Medicale</td>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infections</td>
</tr>
<tr>
<td>SWs</td>
<td>sex workers</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WPRO</td>
<td>Western Pacific Regional Office</td>
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INTRODUCTION

Since 1981, more than 47 million people have been infected with HIV, many of whom have now died. The epidemic continues to grow in many parts of the world. Sex is already the major transmission route for HIV in a number of countries. A key factor in the sexual transmission of HIV is the lack of condom use in commercial sex work or prostitution.

Female sex workers (SWs) usually become infected with HIV from infected male clients who do not use condoms with them when having sex. Once infected with HIV, sex workers may then transmit the virus to other male clients, who may infect their wives, girlfriends or other sex workers. This is directly due to low levels of condom use in commercial sex.

In an effort to reduce the spread of HIV, many countries have tried to increase condom use in commercial sex. Most interventions have focused on educating SWs and providing condom supplies. These efforts have included community education campaigns and the provision of STI treatment.

These programmes have sometimes succeeded in raising SWs’ awareness of the seriousness of HIV and AIDS and teaching techniques for negotiating condom use with their clients. However, many men continue to have sex with sex workers without using condoms. This is resulting in an increasing number of sex workers and male clients becoming infected with HIV, and the expansion of the epidemic into the general sexually active population.

As outlined in this paper, the 100% Condom Use Programme is multisectoral and involves many government departments. This guide is written for decision-makers and technical staff in the different departments, including Ministries of Health. It sets out the rationale for the programme and describes the steps for its initiation and expansion.

Technical support and additional information for implementing a 100% Condom Use Programme may be requested from the HIV and Sexually Transmitted Infections (HSI) Focus of the WHO Western Pacific Regional Office.
WHY THE 100% CONDOM USE PROGRAMME WORKS

An example of the effectiveness of the programme is given below. Condom use has already begun to increase in response to the HIV epidemic. However, the epidemic is continuing to spread and has increased from 2% to 25% prevalence among sex workers over a ten-year period. This example is fairly typical of the experience of many Asian cities.

Table 1: Example of the impact of a 100% condom programme in an Asian city

<table>
<thead>
<tr>
<th></th>
<th>Routine Condom Promotion</th>
<th>With 100% CUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a city with 1000 sex workers, suppose that each sex worker has one customer per night</td>
<td>1989 1993 1998</td>
<td>2000</td>
</tr>
<tr>
<td>Number of clients</td>
<td>1000 1000 1000</td>
<td>1000</td>
</tr>
<tr>
<td>Prevalence of HIV among sex workers</td>
<td>2% 5% 25%</td>
<td>25%</td>
</tr>
<tr>
<td>Number of infected sex workers</td>
<td>20 50 250 250</td>
<td>250</td>
</tr>
<tr>
<td>% of condom use</td>
<td>5% 10% 50% 90%</td>
<td>90%</td>
</tr>
<tr>
<td>Number of clients exposed to HIV per night</td>
<td>19 45 125</td>
<td>25</td>
</tr>
</tbody>
</table>

In this example, condom use in commercial sex increased from 5% to 50% of sexual acts. However, due to the increasing HIV prevalence among sex workers, an increasing number of male clients may have been infected with HIV.

This example is based on conservative assumptions. Most SWs have more than one customer each night. In addition, an increase in condom use from 5% to 50% of sex acts is an ambitious achievement. Therefore, the numbers of male clients being infected with HIV would be much higher in many cities.

Also, many male clients of SWs have other sexual partners, including other sex workers, wives and girlfriends. After becoming infected, the clients can transmit HIV to these other partners, and then to the children of these women.
This is a common pattern for the spread of HIV from sex workers and male clients to the rest of the population.

By implementing the 100% Condom Use Programme, which dramatically reduces the numbers exposed to HIV, we can control the spread of HIV infection among SWs, their clients and the general population.

The 100% Condom Use Programme is a practical, low-cost and effective approach which can prevent HIV infections on a major scale.
3
BENEFITS OF THE PROGRAMME

The 100% Condom Use Programme provides benefits to countries, governments and political leaders, SWs and their clients, and owners of entertainment establishments.

Benefits to countries
The 100% Condom Use Programme can benefit countries by reducing STI rates and lowering the risk of HIV transmission. This in turn lessens the burden placed on health care systems and reduces the social and economic impact of the HIV epidemic.

Benefits to governments and political leaders
The 100% Condom Use Programme works rapidly and effectively. Political leaders advocating the programme are seen by the public as forward-looking, responsible leaders who are taking effective action to protect the health of the people, particularly their reproductive health.

Benefits to sex workers
Sex workers are likely to be sceptical about the programme initially. They know that, in the past, their clients have gone elsewhere if they objected to an SW’s insistence on condom use. Under the 100% Condom Use Programme, however, the customer does not have this option. With the 100% Condom Use Programme, SWs must refuse unprotected sex with clients on the instructions of the owners and managers of their entertainment establishments. SWs, knowing that they have the support of their employers, can insist on condom use and refuse a customer if he does not agree to use a condom.

SWs know that they are at risk of becoming HIV-infected. In countries with high HIV prevalence rates, they may have friends who have died as a result of AIDS. They may suspect that they or their friends are infected with HIV. With the 100% Condom Use Programme, SWs benefit by being protected from the dangers of HIV and other STI.

Benefits to male clients of sex workers
Protection from HIV and other STI
In most cultures, men may believe that using a condom is unpleasant and unacceptable. The 100% Condom Use Programme shows that condom use
is acceptable, expected and required. By using condoms, male clients are themselves protected from STI, including HIV.

Protection of loved ones from HIV and other STI
Male clients, by minimizing their own exposure to HIV, also minimize the risk to their wives and other sexual partners. Without condom use, male clients may spread the HIV virus into the broader community. By preventing this transmission, the 100% Condom Use Programme protects spouses, girlfriends and future children.

Positive public perception
In communities where HIV is widespread, entertainment establishments may be blamed for the problem. SWs are presumed to be infected, leading to pressure to close entertainment establishments. The 100% Condom Use Programme creates a more positive perception and tolerance for entertainment establishments to continue operating.

Maintaining revenues
With all entertainment establishments in the area implementing 100% Condom Use Programme, owners will not lose money. Male clients can no longer go elsewhere to avoid condom use. The number of paying clients, and level of revenue, remain the same.

Reduced expenses
The 100% Condom Use Programme improves the health of SWs by protecting them from all types of STI. They do not have to stop working for treatment, potentially increasing income for themselves and the owners of entertainment establishments.

Improved relationships with law enforcement, public health, and other authorities
Effective advocacy can convince owners of entertainment establishments to become part of the solution rather than part of the problem. Regular contacts with local authorities are no longer negative or punitive. Instead, owners can work together with health officials and others to prevent the spread of HIV.
ESTABLISHING A PILOT PROGRAMME

The main strategy of the 100% Condom Use Programme is to gain the agreement of the owners and managers of all entertainment establishments to enforce condom use as a condition of commercial sex. By reaching an agreement with everyone, each owner and sex worker benefits—and HIV transmission is dramatically reduced.

Local leaders, police and health workers need to work together to develop the 100% Condom Use Programme, and to ensure the agreement and cooperation of the owners of entertainment establishments. If establishment owners do not cooperate with the programme, they face sanctions, including warnings and the temporary or permanent closure of their establishments by the local authorities.

This chapter describes how to establish a pilot 100% Condom Use Programme, including programme planning and preparation, implementation and evaluation.

Phase I: Planning and preparation

The planning and preparation phase begins by making all aware of the benefits of the programme. The benefits are an important advocacy tool to mobilize the cooperation of the government, the general public, owners of entertainment establishments, and sex workers. The provincial AIDS committee or a similar group should organize a joint meeting with government officials to present the rationale for the 100% Condom Use Programme, initiate planning and preparation, delegate responsibilities, and explain the benefits of the programme.

Prior to the implementation of the programme, a series of activities should be completed.

1. A pilot site should be selected where there is: strong political commitment for the programme; cooperation among local political officials, law enforcement, the health sector, and owners of entertainment establishments; a supply of condoms; and available STI services.
2. A situation analysis of the HIV/AIDS epidemic should be prepared, as well as projections of future infections and the impact of the epidemic on the health, education and economic sectors.

This information should be used to advocate the 100% Condom Use Programme and to educate local political, health, and law enforcement officials, as well as sex workers and the owners of entertainment establishments, on the risk of HIV infection.

3. A monitoring committee should be formed. Members should include local leaders, public health officials, representatives of law enforcement, and health workers. The committee should supervise implementation of the programme, make regular site visits to entertainment establishments, follow up on compliance, organize outreach educational activities with SWs, and enforce sanctions against owners and managers of entertainment establishments who do not cooperate with the programme.

4. A 100% Condom Use Programme policy statement should be developed. The highest local authority should approve a policy on the 100 % Condom Use Programme. This policy should be posted prominently in all entertainment establishments after the programme begins.

5. STI services should be strengthened to support the programme by providing treatment, counselling and education to SWs and their male clients. STI clinics may need to be reinforced with additional staff, equipment and drugs. Clinical training and counselling courses may be needed to upgrade staff skills. Standard medical forms should be introduced to simplify case reporting. Further training in analysis and reporting may also be needed for selected staff.

6. Logistical support should be planned to provide a regular supply of condoms and vaginal lubricants. Arrangements should be made with social marketing programmes, private vendors and public distribution systems to provide these supplies.

**Phase II: Implementation**

Implementation of the 100% Condom Use Programme should begin with a public meeting to officially launch the programme. This meeting should involve political, health and law enforcement officials, as well as the owners of entertainment establishments and SWs. This may be a popular community event with media coverage, parades and IEC activities. However, launch activities can be modified as appropriate to any local situation.

A senior officer, such as the governor, secretary of health, or provincial health official, should lead the meeting. This official should announce the official start of the 100 % Condom Use Programme, citing the benefits of the programme and reminding the owners and managers of entertainment establishments of the consequences of not cooperating with the programme.
The monitoring committee should supervise the implementation of the programme. This committee should also issue warnings to uncooperative establishments and impose sanctions, including closure of establishments, if necessary. During the initial planning meetings in Phase I, the committee should define the sanctions and methods to be used to enforce them. Owners of entertainment establishments should be informed of the sanctions and other programme regulations during preparatory meetings prior to the official launch of the programme. However, experience with the 100% Condom Use Programme, indicates that, once the programme is in place, sanctions are rarely necessary.

The monitoring committee should meet regularly to review programme progress and to address any identified problems. They should report monthly to the provincial governor or another appropriate authority.

Working groups from the monitoring committee should make regular visits to entertainment establishments to monitor the use of condoms. Monitoring condom supplies is crucial. The number of condoms provided or sold in entertainment establishments should be tracked. This number should match or closely approximate the number of encounters between SWs and clients. Other ways of monitoring condom use include interviews with STI clients and “mystery clients” who deliberately try to purchase sex without condom use.

The working groups should also ensure that the STI clinic staff are trained to conduct thorough medical examinations of SWs, implement basic data-reporting procedures, and reinforce the message of 100% condom use. The working groups should also prepare and distribute health education materials, including posters. These posters should be prominently displayed in all entertainment establishments.

The working groups may also train SWs as peer educators or counsellors. More articulate, willing and supportive SWs can educate their friends. Experienced and older SWs can educate younger SWs, or those new to sex work.

### Table 2: Requirements for a successful 100% condom use programme

- Cooperation of police, political and health authorities
- Collaboration with owners of entertainment establishments and sex workers
- Availability of condoms
- Accessibility of STI services
1. Continuous supply of condoms
The 100% Condom Use Programme dramatically increases the number of condoms used. The success of the programme depends on a guaranteed and regular supply of condoms. National AIDS programmes must work together with social marketing programmes, donors and commercial suppliers to ensure a sufficient supply of condoms.

2. Providing STI services
STI services play an important role in supporting the 100% Condom Use Programme. They provide treatment to SWs and their male clients, as well as information about condom use among SWs and male STI patients. They also educate the target population about the risk of HIV infection, and reinforce public awareness of the link between condom use and the prevention of STI and HIV infections. The 100% Condom Use Programme can, however, be implemented in countries with limited STI programmes. In such conditions, other indicators, such as condom use and behavioral surveillance, will be used to monitor the programme.

3. Extending the programme to different types of sex workers
The entertainment industry takes many different forms and it is important that all sex workers are included in the programme. However, monitoring compliance with the 100% Condom Use Programme is easier in settings like brothels, than in bars, nightclubs, massage parlours, teahouses and karaoke lounges.

Implementing the programme with freelance sex workers is linked to how the SWs are organized. While some solicit clients themselves, others rely on intermediaries (pimps). Activities to implement the programme include educating and enlisting the support of the intermediaries, educating SWs about 100% condom use, supplying condoms, and improving access to STI services. Peer educators can teach freelance SWs how the 100% Condom Use Programme can provide the same benefits to them as to other SWs.

4. Anticipating the mobility of sex workers
Many sex workers move in and out of the profession frequently and unpredictably, and also change location frequently. Some SWs remain steadily employed at a particular establishment for months or even years, while others move from place to place, or leave to go back home. Young girls may not work for long, and women who have children may work for a month or two and then stop for several months.

Sex workers change their work location regularly, often across administrative boundaries. SWs who move into an area covered by the pilot programme may not have been educated about 100% condom use. The owners of entertainment establishments or trained sex workers should be required to immediately inform new SWs that the 100% Condom Use Programme is enforced at their entertainment establishments.
To respond to this challenge, peer educators in entertainment establishments can be taught to approach new workers and provide them with information on the 100% Condom Use Programme and to encourage them to comply. Owners should be educated about the importance of informing new workers about the programme and ensuring that they receive a medical check-up soon after their arrival.

Once the 100% Condom Use Programme is implemented nationwide, the issue of sex workers’ mobility becomes less important.

Phase III: Evaluation

The goal of the 100% Condom Use Programme is to prevent the heterosexual transmission of HIV among SWs and their clients, resulting in further prevention of HIV infection in the general population. The objective of the programme is to enforce condom use in any sexual intercourse taking place in entertainment establishments, increasing the rate of condom use to 100%.

Evaluation of the 100% Condom Use Programme focuses on three indicators:

- condom use;
- incidence of STI among SWs; and
- behavioural change.

Condom use is checked through interviews with SWs and male clients, visits by the monitoring team to check the number of condoms purchased or supplied to entertainment establishments, sales data and distribution reports, and the use of “mystery clients”. The incidence of STI is observed among sex workers undergoing routine medical examinations. Increased condom use is monitored through behavioural surveillance studies.
### Table 3: Evaluating the 100% condom use programme

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Source of information</th>
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<tbody>
<tr>
<td>Condom use</td>
<td>• Sales data</td>
<td>Social marketing programme, local vendors</td>
</tr>
<tr>
<td></td>
<td>• Distribution figures</td>
<td>Ministry of Health, local vendors</td>
</tr>
<tr>
<td></td>
<td>• Trends in number of condoms used per sex establishment</td>
<td>Report of local 100% condom use monitoring committee after visits to sex establishments and interviews of owners</td>
</tr>
<tr>
<td>Incidence of STI</td>
<td>• Proportion of sex workers who have STI</td>
<td>Records of STI services (public or private) serving female sex workers</td>
</tr>
<tr>
<td></td>
<td>• STI ad hoc prevalence surveys</td>
<td>Ministry of Health of research institutions</td>
</tr>
<tr>
<td></td>
<td>• STI trends in routine screening programmes (e.g., premarital or prenatal syphilis testing).</td>
<td></td>
</tr>
<tr>
<td>Behavioural change</td>
<td>• Proportion of female sex workers consistently using condoms with non-regular sex partners in the past month</td>
<td>Behavioural surveillance studies</td>
</tr>
<tr>
<td></td>
<td>• Proportion of males consistently using condoms in commercial sex encounters</td>
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Expanding the 100% Condom Use Programme from a local pilot to a national programme requires the highest level of political commitment. This national commitment is created through:

- demonstrating the effectiveness of the pilot programme;
- promoting the programme to other provinces; and
- advocating the programme through presentations at national conferences on HIV/AIDS, at regional meetings for provincial governors, and at HIV/AIDS policy workshops for senior level officials within the Ministry of Health, the Ministry of Defence, other ministries, and parliamentarians.

The timeline for expansion varies from country to country. In one setting, the government led a rapid national expansion within a few months after the end of a two-year pilot programme. The successful implementation of a pilot programme, as demonstrated by increased condom use and reduced incidence of STI, will often lead to enthusiastic support for nationwide expansion.

The basic steps for national expansion include:

- communicate the success of the pilot programme through local and national meetings, press releases, media coverage, and presentations at national and international conferences.
- advocate the programme at the highest levels of government.
- organize a national policy workshop for senior officials from ministries, the police and the military, and the national assembly. Country-specific information on HIV and AIDS can be presented, and the rationale for the programme clearly explained.
• develop a national policy statement for ratification by the highest political authority.

• establish a national task force to oversee the implementation and expansion.

• prepare a strategic plan to mobilize resources and establish the 100% Condom Use Programme throughout the nation, based on the experience of the pilot programme.
## ANNEXES

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<td>2</td>
<td>Case study: Cambodia</td>
<td>20</td>
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<tr>
<td>3</td>
<td>Instruments</td>
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<tr>
<td>4</td>
<td>Guidelines for the closure of entertainment establishments who do not comply with the 100% condom use programme</td>
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<td>5</td>
<td>Outline of a plan of action for the introduction of the 100% condom use programme for entertainment establishments</td>
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</table>
HIV/AIDS is one of Thailand’s most serious public health problems, with an estimated 900 000 persons having been infected with HIV at the end of 1998. The primary mode of transmission is heterosexual sexual contact, with one of the greatest concerns being the commercial sex or “entertainment” industry. There are about 100 000 sex workers in the country, and many Thai men frequent entertainment establishments regularly. Most male patients treated for STI report that they contracted the infection from SWs.

Early in the AIDS epidemic, condom promotion in Thailand relied largely on IEC activities. Although most sex workers wanted their clients to use condoms, many clients refused. Many owners of entertainment establishments pressured sex workers to accommodate clients’ wishes. Poverty, poor education, and the subordinate social status of women made it difficult for sex workers to refuse sex or to insist on the use of condoms. Many SWs in Thailand, as throughout the developing world, work in the entertainment industry for economic survival and to support their families.

By 1989, despite large-scale IEC programmes and supplies of free condoms, the prevalence of HIV infection was continuing to grow in Thailand. Much of HIV the spread was through heterosexual transmission, largely related to commercial sex. From research studies, it was clear that the epidemic would continue to grow, and very large numbers of people would be infected, unless the transmission of HIV through commercial sex was halted.

An important breakthrough in the prevention of AIDS in Thailand was in August 1989 in Ratchaburi province: the launch of the first pilot programme for 100 % condom use. The 100 % Condom Use Programme was developed to enforce condom use in commercial sex in brothels and other settings. This innovative programme required the owners and managers of entertainment establishments to enforce condom use in any sexual intercourse taking place in their establishment. Sex workers were instructed to refuse sex to any customer who would not use a condom during sex. If all sex work establishments enforced this policy, then clients had no choice: they either had sex with a condom, or they did not have sex. The programme was piloted in Ratchaburi and several other provinces over a two-year period. The programme was different from anything that had been tried before, and hard work was required for full implementation.

Evaluation of the pilot programme was based on four indicators:

- incidence of STI in the province;
- prevalence of HIV infection in specific target populations;
- attitudes and practices regarding condom use; and
- rate of condom use in entertainment establishments.
Programme evaluation showed significant improvements in each of these areas.

Based on this evidence of programme effectiveness, Thailand’s National AIDS Committee called for the nationwide expansion of the programme in August 1991. The official proclamation stated that the governor, provincial chief of police, and provincial public health officer would “work together to enforce a condom-use-only policy that requires all sex workers to use condoms with every customer.”

Although commercial sex is illegal in Thailand, it is very much a reality. The authorities’ willingness to express their political, social, and legal commitment to the programme acknowledged the reality of sex work. It also provided the basis for ongoing cooperation between the owners of entertainment establishment and the government in fighting HIV/AIDS.

Results nationally have been very encouraging, as reflected in empirical research. The WHO Global Programme on AIDS and UNAIDS supported an external evaluation of the programme by a research team at Mahidol University. The team concluded that “the 100 % Condom Programme appears to have been very successful”. At the XI International Conference on AIDS (Vancouver, 1996), Dr. Noah Jamie Robinson of France’s Institut National de la Sante et de la Recherche Medicale (INSERM) reported on the impact of the 100 % Condom Use Programme in Thailand. He concluded that, “although results are preliminary, they suggest that (from 1989 to 1995) the 100 % Condom Programme adopted by the Thai government may have already prevented more than 2 million HIV infections in Thailand.” It is also estimated that the programme has prevented over 200,000 cases of STI annually.

Although the 100 % Condom Use Programme has not achieved full 100% condom use, improved condom use has had a dramatic impact on the prevalence of HIV and STI (see Figures 1 and 2). By the end of 1993, the condom-use rate in entertainment establishments had increased to as high as 95% of all sexual encounters (see Table 1). The incidence of STI decreased from 6.5 infections per 1000 population in 1989 to 2.07/1000 in 1992. The incidence of 0.38/1000 observed in 1997 was the lowest for 30 years.

**Figure 1:** Male sex work clients using condoms and STI cases reported in Thailand, 1982-1997

Source: Ministry of Public Health, Thailand
### Table 4: Rate of condom use in entertainment establishments and the incidence of major sexually transmitted infections in Thailand, 1989-1997

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate of Condom Use</th>
<th>Incidence of STI</th>
<th>Number of STI cases</th>
<th>Rate per 1000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>na</td>
<td></td>
<td>410 406</td>
<td>7.69</td>
</tr>
<tr>
<td>1988</td>
<td>na</td>
<td></td>
<td>383 163</td>
<td>7.04</td>
</tr>
<tr>
<td>1989 (Jan)</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1989 (Jun)</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1989 (Dec)</td>
<td>50%</td>
<td></td>
<td>361 229</td>
<td>6.50</td>
</tr>
<tr>
<td>1990 (Jun)</td>
<td>56%</td>
<td></td>
<td>252 263</td>
<td>4.48</td>
</tr>
<tr>
<td>1990 (Dec)</td>
<td>65%</td>
<td></td>
<td>182 024</td>
<td>3.21</td>
</tr>
<tr>
<td>1991 (Jun)</td>
<td>73%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1991 (Dec)</td>
<td>84%</td>
<td></td>
<td></td>
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</tr>
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<td>1992 (Jun)</td>
<td>90%</td>
<td></td>
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</tr>
<tr>
<td>1992 (Dec)</td>
<td>93%</td>
<td></td>
<td>119 752</td>
<td>2.07</td>
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<td>1993 (Jun)</td>
<td>94%</td>
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<tr>
<td>1993 (Dec)</td>
<td>95%</td>
<td></td>
<td>94 500</td>
<td>1.64</td>
</tr>
<tr>
<td>1994</td>
<td>92%</td>
<td></td>
<td>66 102</td>
<td>1.13</td>
</tr>
<tr>
<td>1995</td>
<td>na</td>
<td></td>
<td>42 983</td>
<td>0.73</td>
</tr>
<tr>
<td>1996</td>
<td>na</td>
<td></td>
<td>29 362</td>
<td>0.49</td>
</tr>
<tr>
<td>1997</td>
<td>na</td>
<td></td>
<td>22 765</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Remark: na = not available

Source: Rate of condom use: Epidemiology Division, Ministry of Public Health, Thailand

STI incidence: Venereal Disease Division, Department of Communicable Disease Control, Ministry of Public Health, Thailand

### Figure 2: Trends of HIV prevalence rates in military conscripts and pregnant women in Thailand, 1990-1998

![Prevalence rate (%)](image_url)

Source: Ministry of Public Health, Thailand
In April 1998, at the request of the Ministry of Health, WHO explored the feasibility of implementing a 100% Condom Use Programme in Cambodia. Preliminary assessment confirmed that the HIV situation in the country was very serious. Existing programmes appeared unable to combat the rapid spread of HIV. The recommendation of the exploratory mission was that the 100% Condom Use Programme was both necessary and feasible in Cambodia. This led to implementation of a pilot project in Sihanoukville province in October 1998. Sihanoukville was selected as the pilot programme site because of its high HIV prevalence and good cooperation among the provincial authorities.

After advocacy efforts had shown them the benefits, the owners of entertainment establishments supported and actively participated in the programme. Regular meetings of owners provided an important forum for sharing information and maintaining support for the programme. One brothel owner appointed a sex worker to monitor condom use in his establishment. She even checked for the presence of sperm in used condoms. Owners shared information about how to deal with clients who refused condom use, for example: “the money you’re paying for these sex services is not enough to buy drugs when someone gets infected, so please use a condom.” Owners also actively helped in developing methods to monitor the 100% Condom Use Programme, including maintaining records of condom sales and supporting outreach activities to the identified “customer” population (e.g. military, police).

The programme appears to have had a positive impact. A survey of sex workers in Sihanoukville showed an increase in those who always used condoms during sexual encounters from 43% prior to the programme to 93% after full implementation.

Initial analysis suggests that the programme worked in Sihanoukville because:

- the highest local authority representatives (governor, deputy governors, chief of police commissariat, chief of military and other members of Municipal AIDS Committee) were convinced that the programme was needed to save the city from the HIV/AIDS epidemic. Programme emphasis was placed on building cooperation between local authorities, outreach workers, health care workers, entertainment establishments owners and sex workers to promote and monitor condom use in the establishments.
• a monitoring system was established, which aimed at detecting uncooperative entertainment establishments through:
  − regular STI check-ups of all sex workers in the city;
  − reports of condom use in each establishment (by subtracting the number of condoms remaining in stock from the total regular record of condoms bought in a certain period of time) province;
  − contact-tracing of the partners of the partners of men attending the STD clinic; and
  − the use of “mystery clients”.

Since 1999, the National AIDS Authority of Cambodia and the National Center for HIV/AIDS, Dermatology and STI have collaborated with interested bilateral and multilateral agencies to expand the programme nationwide. A workshop was conducted to introduce the programme to provincial health directors in 1999.

In July 1999, the National AIDS Authority sponsored a National Policy Workshop attended by high-ranking officials from 11 concerned ministries. They reached a consensus about the importance and value of the programme and drafted a National Policy Statement for Cambodia’s 100% Condom Use Programme.

At the end of 1999, the Cambodian Prime Minister signed a letter to all provincial and municipal governors encouraging them to identify resources to implement the 100% Condom Use Programme nationwide.

Preparations for nationwide expansion are now underway.
## INSTRUMENTS USED IN THE CAMBODIAN PROGRAMME

<table>
<thead>
<tr>
<th>Sequence of activities</th>
<th>24</th>
</tr>
</thead>
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<td>Geosocial mapping of the network related to HIV/AIDS and STI</td>
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<tr>
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SEQUENCE OF ACTIVITIES
GEOSOCIAL MAPPING OF THE NETWORK RELATED TO HIV/AIDS AND STI
### MONITORING SHEET: MONTHLY REPORT FORM FOR ENTERTAINMENT ESTABLISHMENTS

#### REPORT ABOUT 100% CONDOM USE PROGRAMME

<table>
<thead>
<tr>
<th>Province</th>
<th>Type of establishment</th>
<th>Classification based on STD rate of former SWs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ba: Bar</td>
<td>Category I: 0% to 10%</td>
</tr>
<tr>
<td></td>
<td>Be: Beer Company</td>
<td>Category II: 10% to 20%</td>
</tr>
<tr>
<td></td>
<td>Br: Brothel</td>
<td>Category III: More than 20%</td>
</tr>
<tr>
<td></td>
<td>K: Karaoke</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D: Discotheque</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M: Massage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>S: Snooker</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Establishments Ba, Be, Br, K, D, M, S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

- Name of the establishment: ________________

#### COMPiled INFORMATION IN THE SEX ESTABLISHMENT

| Name of owners: | ________________ |
| Contact:        | ________________ |
| Name of assistant: | ____________ |
| Contact:        | ________________ |
| Name of taipan *: | ____________ |
| Contact:        | ________________ |
| Date for outreach education | ROUND From__to__ |
| Date for outreach education | ROUND From__to__ |
| Date for outreach education | Classification |

* Looks after brothel when owner is not around.
INTERNAL MONITORING FORM FOR ENTERTAINMENT ESTABLISHMENTS

(Serves to compile form on previous page - Monitoring Sheet: Report form of entertainment establishment to be produced every month)

REPORT ABOUT 100% CONDOM USE PROGRAMME

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Commune</th>
<th>Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract</td>
<td>Name of assistant</td>
<td>Contract</td>
<td></td>
</tr>
</tbody>
</table>

STI CHECK UPS

<table>
<thead>
<tr>
<th>ROUND 1</th>
<th>ROUND 2</th>
<th>ROUND 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working</td>
<td>Leaving on</td>
<td>Working</td>
</tr>
<tr>
<td>Name of sex worker</td>
<td>ID Number</td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</table>
REGULATION ON ONE HUNDRED PER CENT CONDOM USE IN SIHANOUKVILLE

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 5th 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 authorities 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 authorities 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 Municipal and Provincial AIDS Committees 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 Committees, and
   - from Municipal and Provincial AIDS Committees to the National AIDS Authority to compile the report for the Prime Minister.
GUIDELINES FOR THE CLOSURE OF ENTERTAINMENT ESTABLISHMENTS WHO DO NOT COMPLY WITH THE 100% CONDOM USE PROGRAMME

1. Introduction

Although prostitution is illegal in most countries, it is also quite widespread. Sex work is often undertaken through hotels, and entertainment establishments such as bars, massage and sauna services, barber shops, and karaoke bars. Brothels are also common in some countries. Many sex workers operate on the street, with clients and sex workers approaching each other directly, or through pimps.

Many countries have made attempts to eradicate prostitution. This has often included the wide-scale closure of entertainment establishments that are linked with sex work. These seldom result in reductions in prostitution. However, such closures can have negative consequences for public health efforts. Faced with arrest, sex workers will often become more concealed or go underground, making it more difficult to reach them with STI education and services.

However, there is an important role for the selective closure of establishments which fail to comply with the 100% condom use programme. Such selective closure, policies have been found to be effective in:

i.) controlling prostitution-related problems; and
ii.) in ensuring that STI transmission is reduced as a part of sex work.

2. The Thai experience in the selective closure of establishments to enforce the 100% condom use programme

In 1993, the Thai Police Department issued a set of regulations* for sex work in entertainment establishments, requiring that:

- sex workers must be at least 18 years old;
- all sex work must be voluntary (i.e., no forced prostitution);
- sex workers must be Thai, or foreigners legally in the country; and
- all establishments participate in the 100% condom use programme

Once the regulations were published, entertainment establishments that did not abide by the regulations were closed down.

Overall, the experience of the selective closure of entertainment establishments has been positive, and establishment owners have complied with the 100% condom use programme. This has been due to three reasons:

1. most entertainment establishments try to maintain good relations with the police and so accept the police regulations;

2. the 100% condom use programme is applied to all establishments. So, individual establishments do not loose business by insisting on condom use in sex work. Most owners have found that they continue to have the same level of business, while still complying with the requirements.

3. sex workers have experienced real benefits from the programme. They generally continue to receive the same amount of money from their clients. Yet, with 100% condom use, they are now protected from STI, including HIV. By preventing STI, sex workers do not need to spend money for STI treatment, nor do they have to stop work while under treatment.

In Thailand, a few entertainment establishments were closed in the early phases of the 100% condom use programme. This was necessary to demonstrate that the government was serious about the programme, and to ensure compliance. However, after some time closures became unnecessary, as the establishment owners and customers became used to the programme.

3. Strategies in using selective closure to promote the 100% condom use programme

The following strategies are important:

- **the closure policy should be written and agreed with all entertainment establishments at the beginning of the programme**: the 100% condom use programme is most effective with the voluntary compliance of the owners of the entertainment establishments. However, once agreed, the authorities must make it clear that following an investigation, any establishment not complying with the programme will be closed.

- **a written warning document should be sent to all entertainment establishment before applying closure strategy**: this alerts the entertainment establishment owners that the authorities are going to take action against unsafe sex work. The entertainment establishments should be informed that the authorities have a system to detect the condom use practice of the establishments, and that subsequent non-compliance will result to the closure of their business.

- **closure should be done based on a clear evidence of sex services being provided without condom use**: This evidence includes data on condom use obtained from (1) men attending Government, STI clinics; in some settings, information on condom use can be obtained through cooperation with private STI clinics or drug stores; (2) outreach surveys on condom use in selected groups such as military personnel, factory workers, etc.; and (3) reports of “mystery shoppers” (health workers trying to obtain commercial sex without condom use), if this method of investigation is applied.
This data does not include evidence of STI in sex workers who could have contacted infections from spouses, boyfriends, or from the rupture of a condom during sex work. The use of such data to close entertainment establishments will have negative effects because sex workers will no longer come for regular health checks, and they will not give true information concerning their condom use rate.

- **decisions on closure should be made by the monitoring committee**: if establishments are closed down by the police, there may be suspicions that the police are more strict with some establishments than others. To avoid such problems, closure decisions should be made by a civilian committee and not an individual police officer. To maintain the credibility of the programme, efforts should be made to ensure that closure decisions are based on clear evidence of non-compliance.

- **There should be different closure periods, based on a first or repeat breaking of the regulations**: there should be different levels of closure to reflect different degrees of compliance. For example, a three-day closure for the first episode, seven days for the second episode, and a one-month closure for subsequent episodes.

- **all entertainment establishments in the programme area should be informed about any closure**: this alerts the establishment owners and sex workers about the consequences of breaking the 100% condom use regulations.

4. **Using selective closure strategies in different types of sex work**

   A. **For direct entertainment establishments**: such as brothels, massage or sauna parlours:

      - the procedures outlined above can be applied. However, approach to the entertainment establishment by the whole monitoring team will be more beneficial than having the police sector alone.
      - a written agreement among the authorities and the owner may be developed to be used as a record for subsequent actions.

   B. **For indirect entertainment establishments**: such as bars and karaoke:

      - closure of indirect entertainment establishment may be more difficult than for direct establishments. In many cases, these sex workers are not under direct control of owners of the entertainment establishments. However, the owners can exert some influence on sex workers because they allow the workers to work in their places. Thus, the owners can emphasize the 100% condom policy in order to avoid closure of their businesses.
      - if there is clear evidence that an indirect entertainment establishment does not comply with the regulation, then the above procedures for closure can be applied. However, the authorities can utilize some indirect measures of control if necessary. For example, uniformed officials (police, health workers) could check the identification cards of customers at the entrance of the establishment in order to enforce condom use in the place.
OUTLINE OF A PLAN OF ACTION FOR THE INTRODUCTION OF THE 100% CONDOM USE PROGRAMME FOR ENTERTAINMENT ESTABLISHMENTS

A. Background

A rapid assessment should be undertaken, to include:

- description of the intervention site;
- mapping of local entertainment establishments;
- information on the STI and HIV situation in the intervention site;
- information on current condom use by sex workers in local entertainment establishments; and
- assessment of local condom availability.

B. Objective of the intervention

- to increase condom use among individuals with high risk behaviour with a special emphasis on sex workers and their clients.

C. Expected impact of the intervention

- to stabilize or reduce STI (including HIV) prevalence and incidence in individuals with high-risk behaviour and in the general sexually active population in the intervention site.
- to reduce the impact of STI (including HIV) on individuals and the health sector.

D. Strategies

1. Obtain the commitment of the local authorities to the intervention
2. Obtain the commitment of the owners of entertainment establishments and sex workers to the intervention
3. Ensure regular detection and treatment of STI among sex workers
4. Promote condom use, and ensure the availability and accessibility of condoms
5. Ensure effective intervention management, monitoring and evaluation

E. Activities

1. Obtain the commitment of the local authorities to the intervention
   a) presentation of the intervention proposal by public health officials for discussion and endorsement by the local authorities, police/security, key NGOs or mass organizations (women and youth unions), other key groups
b) obtain official local government statement endorsing the intervention

c) develop policies for owners of establishments who do not comply with the intervention

2. Obtain the commitment of the owners of entertainment establishments and sex workers to the intervention

   a) development of health education campaigns and production of materials (leaflets, posters, mass media)
   b) mapping of entertainment establishments in the intervention area; undertake a census of sex workers in each of them (to be updated every month)
   c) organize meetings with the owners of entertainment establishments to explain the intervention and to obtain their agreement. Explain and agree the policies for owners who do not comply with the intervention. Obtain a formal statement of support from the owners
   d) organize meetings with sex workers to explain the programme and its benefits to them

3. Ensure regular detection and treatment of STI among sex workers

   a) organization of STI services to ensure regular monitoring of sex workers
   b) training the STI clinic staff in STI services for sex workers
   c) patient recording system
   d) STI monitoring system
   e) medical equipment for clinics
   f) health education equipment for clinics
   g) condom supplies for clinics

4. Promote condom use, and ensure the availability and accessibility of condoms for sex workers in entertainment establishments

   a) regular distribution of condoms and health education materials
   b) outreach work, especially to new sex workers

5. Ensure effective intervention management, monitoring and evaluation

   a) establishment of an intervention steering committee, which should meet monthly
   b) collection of baseline data on condom use among sex workers (and among clients, if possible)
   c) monitoring condom use among sex workers
   d) collection of baseline data on STI among sex workers
   e) monitoring STI among sex workers
   f) organize monitoring visits to entertainment establishments
   g) monitoring condom sales and condom use in entertainment establishments
   h) “mystery clients” to monitor condom use compliance
   i) take necessary action if some establishments do not comply with the intervention
6. **Time frame**

This will vary from place to place, but is likely to include:

- about 6 – 9 months preparatory phase
- 1-2 years pilot intervention phase, including evaluation of the pilot expansion phase

7. **Budget**

This will vary from place to place, but is likely to include the following items:

- baseline and monitoring surveys of STI and risk behaviour (including condom use)
- meetings and workshops with local officials, owners of entertainment establishments, sex workers
- steering committee monthly meeting costs
- workshops;
- per diems for local travel, and allocation for evening work
- production of health education materials
- medical and health education equipment for STI clinics
- STI drugs and laboratory supplies
- evaluation costs
WHO
WPRO

100% Condom Use Programme in Entertainment Establishments

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