



# RESPONDING TO QUESTIONS ABOUT THE 100% CONDOM USE PROGRAMME

## An Aid for Programme Staff



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**Responding to questions about the 100% condom use programme: an aid for programme staff**

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## INTRODUCTION

This document is intended to support the 100% condom use programme (CUP) technical staff to:

- anticipate the kinds of questions that may be asked about the programme; and,
- begin to plan the approach and to identify points of information that may help to respond in their settings.

Contained in this document are a sample of 25 questions that have, at one point or another, been posed to programme staff about the 100% CUP. Points that might be addressed in a response to these questions are also suggested.

In real-life situations, questions are invariably formulated within the context of the situation. Several issues may also be combined within a lengthy statement. Sometimes there are “hidden questions” in what may appear as a simple straightforward query. It is imperative that responses to questions are attentive to these features. It may be useful in situations to “disaggregate” a compound question into its several parts, restate what is interpreted as the second or third separate question and then respond to each separately. In the situation of a “hidden question” e.g. *“I hear that most sex workers are getting infected with STI by their boyfriends and husbands. What is the 100% CUP doing about this?”* it will be useful perhaps to back up and say, *“I think I can best answer your question if I clarify first ‘What is the 100% CUP?’ and describe how it works.”*

In responding to questions, it is imperative that attention be paid to the person who is asking the question, to his or her educational background, the extent of knowledge they have about the 100% CUP generally, and the underlying perspectives that they may be bringing to the conversation.

Language must be tailored accordingly, such as using or avoiding acronyms e.g. STI (sexually transmitted infections), VCT (voluntary counselling and testing), BSS (behavioural surveillance survey), HSS (HIV sentinel surveillance), or technical words.

Though a rigorous separation is not possible, an attempt has been made to categorize questions in this document to (1) persons seeking basic information about the 100% CUP, and (2) more knowledgeable persons who are perhaps critical of one or another aspect of the programme.

# I. Basic questions about the 100% CUP

## 1. 1 What is the 100% CUP?

The 100% CUP is a collaborative programme between local authorities (health, police and Governor/Mayor's office) and all "sex entertainment establishments" (owners/managers and sex workers) that aims to reduce the sexual transmission of HIV and STI by assuring that condoms are used:

- 100% of the time;
- in 100% of risky sexual relations;
- in 100% of the sex entertainment establishments in a large geographic area such as a town, district, province or country.

Several key concepts in this definition may need clarification.

"100%" is a clear goal and not a critical numerical objective. The 100% CUP has been shown to work with a high level (90% plus) of compliance.

"Risky sexual relations" refers to sexual practices that involve "penetration" and/or the risk of exposure to bodily fluids that spread disease. There are some sexual practices (e.g. kissing, fondling, masturbation) that are not "risky" and that do not necessarily require condom use.

"Sex entertainment establishments" refers to places where commercial sex is negotiated and sometimes conducted in the context of a place of business under the general supervision of an owner or manager.



## 1.2 What is the basic strategy of the 100% CUP? How does it work?

The 100% CUP is a strategy to reduce the transmission of STI and HIV where it is associated with transmission linked to sex work that is taking place in the context of “sex entertainment establishments” like brothels and, in some cases, beer halls, bars, karaoke bars, massage parlours, etc.

Though there are other programmes that “promote” the use of condoms generally for high risk sexual relations in these types of places, the 100% CUP is designed to address a serious difficulty that has been observed: that sex workers may lose clients to other persons or places where condoms are not required when they insist that a client use a condom. In effect, there is a perception that it is an “economic disincentive” for owners and workers of sex entertainment establishments to promote condom use.

An essential strategy of the 100% CUP is that it is implemented on a “regional basis” (town, province or country) and requires that ALL sex entertainment establishments in the area must require condom use. The result is that customers simply will have little opportunity to go elsewhere.

### 1.3 How can a sex worker require that a customer use a condom if he does not want to? Won't the man just force her to have unprotected sex?

The 100% CUP involves a number of strategies to “empower” sex workers in their negotiations with customers about condom use. Basically, it employs strategies that provide:

- 1) Motivation for sex workers to insist on condom use as a result of both educational programmes, and the knowledge that she will probably not suffer economically in making such demands since there is existing regulation on 100% condom use from local authorities that apply to all sex entertainment establishments. (See also response in Question 1.2 about the removal of economic disincentives.)
- 2) Skills for sex workers on how to better negotiate condom use with reluctant clients. In many programmes, these skills also include ways to make condom use itself more sexually stimulating or techniques for proposing alternatives to risky sex that will not require a condom to be used.
- 3) Support for sex workers in assuring condom use in risky sex relations by creating an “enabling environment” for the sex worker in these negotiations through:
  - having a 100% condom use policy for all sex entertainment establishments;
  - increasing the responsibility of establishment owners and managers to support sex workers in negotiating condom use with very reluctant clients; and,
  - assuring that high quality condoms are accessible to sex workers and clients.

#### **1.4 How can you be sure that the sex worker and customer are using a condom all the time? This is taking place behind closed doors. How can you monitor condom use in this kind of situation?**

The 100% CUP can monitor condom use in a number of ways. [Answer here must be tailored to how the 100% CUP is being implemented in the locality. See also response to Question 1.13 (5) for further discussion of this issue.] The simplest and most effective method is:

- by questioning every male client (regardless of their STI status) at STI clinics about where they may have acquired their infection with questions like: “*Which sex entertainment establishment have you visited?*” and “*Did you use a condom?*” Information from male clients of STI clinics can be associated with sex at a particular establishment and authorities could work with the staff and managers to encourage compliance with the 100% condom use regulation under the possible risk of temporary or permanent closure of the establishment. This type of monitoring does not require that the clinics have to see the majority of male STI cases in the community. Only a few cases are sufficient for monitoring purposes. In places where a specialized STI clinic is not available, it is advised to seek collaboration from general health and private medical facilities, where male clients of STI attend for diagnostic and treatment services, in order to get the information on the location of sex establishments their clients visited and the use of condoms. Confidentiality should be ensured in the process.

Other monitoring methods include the following:

- In places where regular STI check-ups of sex workers are required, the 100% CUP can be an integral component of such programmes. When a sex worker from an establishment is diagnosed with an STI, health staff will inquire into the possible source of the infection. It is possible that a particular sex worker could acquire her STI from a regular partner (e.g. husband, “sweetheart” or boyfriend) apart from contacts in a sex entertainment establishment. In these cases, she will be encouraged to have her partner seek care. But, if health workers at the STI clinic begin to notice a pattern of STI infected women coming from a particular sex entertainment establishment, without any incident of condom breakage during use, it can safely assume that the establishment is not effectively practising the 100% condom use policy and a visit to the establishment will be made. In these contacts with sex entertainment establishments, the owners will not be informed of which sex workers have become infected (there should be strict confidentiality), only that a pattern of problems has been observed.
- Using a technique called “mystery client”, a male volunteer visits a sex entertainment establishment pretending to be a client. He then insists to have sexual relations without a condom. If the sex worker agreed to have sex without a condom, remedial actions will be undertaken with the establishment.
- Programme staff closely monitor the number of condoms that are provided to or procured by sex entertainment establishments. This can be an indirect monitoring method as customers may use their own condoms.

- Studies among sex workers and their clients (e.g. second generation surveillance surveys including HSS, BSS and STI studies) are able to uncover, with fair reliability, how regularly sex workers are in fact using condoms and whether sex entertainment establishment owners are assisting in enforcing the 100% condom use policy in their establishments. This method can be used for indirect monitoring as well as for evaluation of the programme. (See also Question 1.13 (6))

### 1.5 How can the 100% CUP possibly succeed?

- (a) If a sex worker insists on using a condom, customers can go to another entertainment establishment where condoms will not be required.
- (b) Owners of sex entertainment establishments are interested in making money. Why would they cooperate with authorities when customers could go elsewhere where condoms are not required?

By design, the 100% CUP is a programme that works over a large geographic area such as a town, district, province or country. If all sex workers in all the entertainment establishments in the whole area require condoms to be used, customers would not be able to easily find another establishment where condoms would not be required. With this 100% CUP policy, owners of sex establishments will still make the same level of income. In addition, their participation in the programme will provide benefit of being recognized as active partners of the HIV prevention programme and reduction of HIV and STI in their workers. In the opposite, uncooperative establishments may be considered as risky places, and be subjected to possible sanction by the authorities (including closure or discontinuation of business permit).

### **1.6 Does this 100% CUP really work? Do you have “evidence” that it works?**

YES. There have been very good evaluations of the 100% CUP in several countries that have been implementing this programme over a number of years. Good evidence has come from Thailand, for example, which has been implementing the 100% CUP since 1989 and in Cambodia, which has been working with the 100% CUP since 1998. In both of these countries, when the programme was being piloted in one or a few “provinces” and later when the programme was implemented nationally, careful evaluations of the programmes revealed that there was a dramatic increase in the use of condoms by sex workers and an equally dramatic decrease of STI and HIV infections in sex workers and their clients. In Thailand, the incidence of STI dropped from almost 400 000 cases per year before the programme to less than 15 000 annually in the recent years, and the decline of HIV prevalence has been observed in all sexual risk populations.

### **1.7 Can we be sure that the 100% CUP will work in our community and consistent with our legal and cultural traditions?**

Nobody can be 100% sure about anything in the future. That is why the 100% CUP has been tested in one or two pilot projects in every country in which it has been implemented. The 100% CUP is now being implemented in a number of different Asian countries. Though many of these programmes are newer and have not yet built up a strong base of evidence about the efficacy of the programme in the different areas, all of the initial studies strongly suggest (and in some cases are quite convincing) that the programme is achieving notable results. Feasibility and effectiveness of the programme as observed in pilot areas have successfully convinced these countries to scale-up the programme with a target for nationwide expansion.

Also, a recent academic study in the Dominican Republic in Latin America indicated that the 100% CUP programme was also feasible and effective there.

Overall, it is quite clear that the 100% CUP is a strategy that can work in many different countries and cultures in increasing condom use, and decreasing the toll of STI and HIV among establishment-based sex workers and their clients.

**1.8 I keep hearing such terms as “direct,” “indirect,” “establishment-based” and “freelance” when referring to sex work. Can you explain these terms? With which kind of sex worker or establishment is the 100% CUP working?**

In the 100% CUP these terms are defined as follows:

- a) A “direct sex establishment” is a place where sex is the primary service for sale and often takes place on site, e.g. brothels.
- b) An “indirect sex establishment” is a place where sexual services are offered/negotiated in the context of other services, e.g. massage parlour, karaoke, bar or beer hall, and where sex usually, but not always, takes place at some other site.
- c) Sex workers are classified by the type of establishments: direct sex workers for direct sex establishments and indirect sex workers for indirect sex establishments.
- d) A “freelance sex worker” is someone who works relatively independently and is not formally involved with an “establishment”. This may be a streetwalker on the corner or a student who sometimes visits a hotel or bar to meet prospective clients between semesters. Some of these women

are probably working for someone else, i.e. a pimp, or are in a network of organized prostitution. Their “managers”, however, are often unapparent and/or inaccessible.

In this context, the 100% CUP is designed to work in situations involving “entertainment-based sex workers”. It is a programme that, in one essential component, is designed to engage the cooperation of the owners and/or managers of establishments where sex is negotiated and sold and where these owners/managers have a business relationship with or influence on their workers (such as permitting some but not all to work in the establishment, receiving a fee or percentage of what clients pay the workers for sexual relations, paying workers a percentage of the money if they convince clients to order high-priced drinks, etc.). Efforts should be made to ensure that both types of establishments (direct and indirect) are covered in the programme.

### **1.9 As the 100% CUP is mainly dealing with sex entertainment establishments, how can it solve the problem of mobility of sex workers?**

Mobility of sex workers should not be a problem. New sex workers coming to work in sex entertainment establishments will be informed by the owners/managers or peers on the local requirement of “No condom – No sex”. For those sex workers moving to other areas where the 100% CUP is not implemented, they should be able to continue their condom negotiation practice and educate other sex workers on the need to use condoms. In the long run, when the 100% CUP is implemented nationwide, issue of mobility may not be relevant as all establishments will practice the same rule of “No condom – No sex”.



### **1.10 Do condoms really work in preventing the spread of disease? Don't they leak sometimes and fall off? I have the impression that there are many low quality condoms in our country?**

A good quality condom that is properly used is almost 100% effective in preventing the spread of most STI and virtually all HIV. Analysis of the impact of the 100% CUP in Thailand, revealed very strong correlation between the percentage of condom use and the decline of the national incidence of STI. The 100% CUP is collaborating with other national programmes that are assuring the availability of good quality condoms in sex entertainment establishments and in helping to train sex workers on the proper use of condoms.

### **1.11 Can the 100% CUP really eliminate the threat of HIV/AIDS in our country (or community)?**

No, the 100% CUP cannot eliminate entirely the threat of HIV/AIDS for communities. It is not a 100% solution programme. However, where establishment-based sex work is present, the 100% CUP has proven to be very effective in reducing the spread of HIV among sex workers and clients as well as the general population. This type of transmission is common in many countries in Asia.

There are other important sources of HIV infection in communities such as among injection drug users (IDUs), men who have sex with men (MSM), and those exposed to improperly protected blood supplies. The 100% CUP is not a solution to the whole problem of STI and HIV/AIDS, but it is an effective way to reduce the spread from at least one kind of sexual behaviour.

**1.12 Doesn't the 100% CUP deal with more than establishment-based sex? This programme sounds like a very narrowly conceived idea that affects only a small part of the HIV/AIDS problem. Does it have any indirect benefits?**

It is true that the 100% CUP is primarily designed to reduce the transmission of STI and HIV associated with establishment-based sex. And this is where it will have its greatest impact.

However, in the evaluations that have been conducted in countries with longer experience with the 100% CUP, it is being recognized that there are indeed some important indirect benefits derived from the programme. It appears probable that the 100% CUP:

- a) prevents indirectly the sexual transmission of STI and HIV in the general population. As with some other infectious diseases, it is recognized that there are “bridge populations”, i.e. persons with high-risk behaviours or exposures to an infectious disease (e.g. clients of sex workers), who then serve unfortunately to transmit the disease to those with low-risk behaviours or are otherwise unsuspecting (spouses). In Thailand, for example, the prevalence of HIV among pregnant women has been found to be gradually declining without any significant increase in condom use among husbands and wives. This decline is most probably related to the increased use of condoms among husbands where they have been involved with establishment-based sex. Their protection to exposure also protects their wives from being exposed;

- b) shows good example of multisectoral collaboration in HIV/AIDS programmes. It has resulted in strong cooperation among various sectors in the society including the health sector, the police, the local administration authorities and the entertainment business sector;
- c) contributes to the increase of condom use by freelance sex workers which has been documented in some places. Information about the programme and use of condom circulates among sex workers of all types and influences everybody's practices. It is also recognized that there is some mobility of women between different types of sex work. It is supposed that the information and skills they learn in the establishment-based 100% CUP programmes have some spillover effect if and when these women change their venue of operation (See also Question 2.8). To be sure, there are other programmes that work primarily with freelance sex workers, but it is thought that the 100% CUP is assisting in these programmes indirectly;
- d) associates with a general reduction of entertainment-based sex work in some communities. The 100% CUP has played a role in generally changing "social norms" regarding sex work, and sensitizing prospective clients to the health risks of commercial sex;
- e) contributes to a reduction of stigmatization and abuse of sex workers by some law enforcement authorities, and reduces corruption, which may have existed between authorities and sex entertainment establishment owners. Policies are planned and implemented cooperatively with the involvement of multisectoral committees and

teams. Communication between law enforcement is facilitated and understanding on both sides is increased; and

- f) sensitizes decision-maker and community leaders to the issues of sex work and HIV/STI and the need to take action.

Though these indirect effects are not primary objectives of the 100% CUP, they have been recognized in some of the programme results in different countries and localities.

### **1.13 I keep hearing about “the” 100% CUP, but it seems to me that the programmes that are being implemented in countries have many differences. What are the similarities or essential components of the 100% CUP that tie these different programmes together?**

Differences in how the 100% CUP is being implemented in different areas are inevitable. Many countries have different cultural groups, social traditions, legal settings and epidemiological conditions even within their borders. There are also differences between countries and areas in terms of their existing health care infrastructure and the kinds of public health programmes that may already be in place and how the 100% CUP will interface and coordinate with them.

Also, some countries are in fact “phasing in” the 100% CUP so all of the components of this strategy may not be in place in the early stages.

Although there is not a “one size fits all” approach to the 100% CUP, there is at least one common strategy that underlies all these programmes, that is, the mobilization of local authorities to empower sex workers to refuse unprotected risky sexual practices that are a danger to their health. Supporting this common approach are six essential strategic

components of the 100% CUP that are, or soon will be, an integral part of virtually all 100% CUP efforts in different countries. These are:

- 1) high level political commitment;
- 2) multisectoral institutional structures;
- 3) promotion and accessibility of quality condoms;
- 4) identification and collaboration with sex entertainment establishments;
- 5) monitoring of condom use in sex entertainment establishments; and,
- 6) evaluation of the outcomes.

These components will be elaborated upon in turn.

1) High level political commitment

The 100% CUP is a somewhat “non-traditional” public health programme. It requires the close collaboration of governmental agencies in sectors that do not have a lot of experience in working together, namely the local administrator (Governor/ Mayor’s office), health sector and public security sector. And these sectors must collaborate around a subject -sex work- that has significant political and cultural sensitivities in most communities.

Thus, before any 100% CUP can be initiated, there must be a high level of political commitment to ensure that:

- governmental agencies understand better the realities of sex work in their communities, and their need to work together effectively to deal with the complex issues of HIV prevention associated with sex work;

- the programme is implemented fairly and equitably over a large geographic area (e.g. town, province or country)
- community members, if and when they become aware of it, and clients understand clearly that high levels of the government are behind the programme; and
- sex entertainment establishments are on notice that their cooperation and compliance are expected.

Since the 100% CUP is essentially implemented at the local level, it is especially important that a high level of political commitment is obtained at this level so that local government units and communities can indeed “take charge”.

How this political commitment is expressed or “documented” will depend upon the locality: proclamation, decree or regulation. However it is done, it must be done in a manner that achieves the necessary effects.

2) Multisectoral institutional structures and mechanisms

The 100% CUP must have structures that meet the management requirements of this unique programme. This will include, especially, the assignment of leadership for the programme in a “focal agency” and multisectoral committees and mechanisms to facilitate coordination of policy development and implementation plans.

Committee structures generally include participation from a broad spectrum of those involved in the implementation and impact of the programme, such as representatives from:

- community, political, business and professional leaders;
- technical and professional staff from government agencies, especially local administrator, health and public security;
- sex work industry, especially establishment owners/managers and sex workers involved in sex worker associations or peer education programmes; and
- nongovernmental organizations (NGOs), especially those involved in condom promotion or condom social marketing programmes with sex workers.

These committee structures must be involved especially in the formulation of critical policies for the programme such as:

- assignment of responsibilities and ground rules for the different parties;
- coordination with other policies and programmes in the community such as those involved with public security, building and business codes, condom social marketing, VCT, STI clinics, health surveillance, etc.
- identification of the types of “sex entertainment establishments” to be included in the programme, how the programme may be phased in and the kind of 100% condom use policies (e.g. No Condom – No Sex) and education programmes that are to be instituted in these establishments. (See #4); and,

- establishment of the mechanisms, which will assure compliance with programme policies including the possibility of “sanctions” that will be applied to non-compliant sex entertainment establishments. (See also Question 2.7)

Clearly there are many aspects of fielding a programme like the 100% CUP that will need to reflect the legal and organizational traditions of the communities in which it is implemented. The names of structures, membership on committees and precise mechanisms that are used in different countries or areas may be different. But the essential strategic component will be similar in all.

3) Promotion and accessibility of condom in sex entertainment establishments

In the context of a 100% CUP, the promotion of condom use has several components. Physically, high quality condoms must be readily accessible to sex workers and clients within sex entertainment establishment. In addition, establishment workers (both managers and sex workers alike) must be adequately trained in how to ensure that condoms will be used. A 100% condom use policy (probably requiring such things as the posting of signs saying “No Condoms – No Sex”) is also typically a component of the programme. Adequate training of sex workers in negotiating condom use and in using condoms is also an essential part of this programme.

Again, there are likely to be differences between countries on how condoms are made available within entertainment establishments. They may be given away free in some, or sold in others. Differences between countries will also exist on



how sex workers or managers are trained. Health Ministry staff may conduct the training in some places, while “peer education” may take place in others.

However it is done in a locality, the 100% CUP requires that good quality condoms are accessible to sex workers and their clients.

4) Identification and collaboration of sex entertainment establishments

The 100% CUP must clearly identify the “places” where commercial sexual relations are negotiated and/or conducted. The “place” where these activities take place will vary between localities and, depending upon the policies that are established for the programme, may include establishments such as brothels, beer halls, massage parlours, karaoke, bars and hotels.

All places where sex is negotiated and/or conducted should be included in the programme in order to ensure that clients have no access to condom-free sex services. The primary targets are establishments where the owner or manager is able to exercise sufficient “supervisory” and “support” functions vis-à-vis the sex workers and their relationship with clients. This is important because it is ultimately the entertainment establishment owner or manager who will need to play an important role in assuring that sex workers use condoms in their work and that they are supported when confronting a non-compliant customer. In places where sex work is not under control of the owner or manager, effort should be made to identify

persons who would be able to supervise sex workers to comply with the 100% CUP policy. These persons may include pimps, senior workers (Mama San) or peers.

5) Instituting a way in which compliance with the 100% CUP can be monitored

A way must be found and instituted by which compliance with the 100% CUP can be monitored. Ultimately, this boils down to verifying that condoms are used in all risky sexual relations conducted in an establishment that is part of the 100% CUP.

This is the area where one finds the most variation in how the 100% CUP is being implemented in different countries (See also Question 1.4).

In several of the countries where the 100% CUP was first implemented, there were already well established facilities to diagnose and treat STI in males. This turned out to be the most convenient and effective way to monitor condom use in sex entertainment establishments “by proxy”. These programmes then instituted procedures to question all male clients about their recent visits to sex entertainment establishments and whether they used condoms (regardless of STI status). If it was found that a particular sex entertainment establishment appeared to provide sex service without using condoms, authorities could revisit the entertainment establishment to inform them of problems and discuss remedies. The strategy of using clients of male STI clinics as a way to monitor entertainment establishments was especially attractive as it was easy to maintain the anonymity of sex workers who might be identified by owners of establishments. In places where specialized STI

clinic is not available, such information can be obtained from other collaborative general health and private medical facilities where male clients seek STI services.

Some countries utilize information on STI in sex workers obtained from routine health screening services. A precaution should be kept in mind as STI in sex workers may not solely result from no condom use in sex services. Other programmes have also adopted survey and research procedures to assess the use of condoms within individual establishments or have used “mystery clients” to test practices. Some of these other ways to monitor the success of the programmes have been controversial at times and are sometimes criticized for being less than ideally effective.

However it is done in a country or locality, the essential component of the 100% CUP is to have a credible system in place that is capable of monitoring the impact of the programme in assuring that condoms are used in all risky sexual relations.

6) Evaluation of Outcomes

In #5 above, the principal objective and design is to monitor condom use or STI levels at the level of individual sex entertainment establishments so as to assure their cooperation/compliance with the 100% CUP policies. In addition to this essential management component, the 100% CUP must have procedures to evaluate the impact or outcome of the programme goals of reducing the transmission of STI and HIV associated with entertainment establishment sex work - among sex workers, their clients and ultimately among the general population.

The 100% CUP invariably documents the “baseline” level of HIV, STI and condom use among sex workers, clients and the general population before the programme is instituted and then at time intervals after it has been implemented. These evaluations of outcome of the 100% CUP are usually (and should be) coordinated with other ongoing systems in place for the surveillance of health status, such as the HSS, BSS and monitoring of condom supply. These programmes may be organized and implemented differently in different countries. Where the 100% CUP is piloted in one or two areas, the programme itself may institute procedures to more closely assess its outcome regarding STI levels among sex workers and clients, but as programmes mature, they will likely rely increasingly on these other established surveillance programme to evaluate outcome.

## II. Criticism of the 100% CUP

### 2.1 The impact of the 100% CUP has been greatly exaggerated. Aren't some of its alleged results really the consequence of many things that were going on?

It is absolutely correct to observe that the 100% CUP is only one part of the many strategies that are being undertaken to reduce the sexually related transmission of HIV and STI. Other strategies to reduce HIV transmission include: (a) universal screening of blood donations; (b) harm reduction programme among injecting drug users; (c) improvements in STI care; (d) behavioural change communication as is found in the promotion of traditional values and public education; (e) improvements in the promotion and availability of condoms generally; and (f) programmes with outreach, advocacy and IEC activities to sex workers. The 100% CUP is supportive of and complementary to these activities.

It is also clear that techniques used in evaluations are not capable of clearly identifying the role that each and every strategy plays in, for example, decreasing the toll of STI and HIV among sex workers or their clients. These are deficiencies in all evaluations.

However, observations in Thailand revealed that during the initial implementation of the 100% CUP in 1989-1991, only the 100% CUP pilot provinces showed a rapid decline in STI although all other educational and service delivery strategies were available everywhere. This finding was the basis on which the programme was expanded nationally.

Therefore, it would be incorrect to deny that the 100% CUP has contributed significantly to improving condom use and decreasing STI and HIV transmission among sex workers, their clients and the general population. There have just been too many evaluations in too many programmes in too many places to deny this conclusion.

## **2.2 What is all this talk about how the 100% CUP is helping to “empower” sex workers? Isn’t this programme really “empowering” the managers of entertainment establishments to exert even more control over the women working in them? Aren’t you distorting the power relationships and the truth here?**

“Empowering sex workers” is a useful concept here although it does take some explanation. And it might also be useful to think of the strategy as a “redistribution of power.”

The 100% CUP strategy is taking power away from clients of sex workers and entertainment establishment owners/operators. It is establishing external rules and procedures (sometimes also called “creating an enabling environment”) that require 100% condom use related to establishment-based sex.

It is giving power to sex workers to better negotiate condom use with clients with full support from owners/managers and local authorities, both through the establishment of “No Condom – No Sex” rules as well as giving them training on how to negotiate.

It is also helping sex workers by placing the primary responsibility for condom use in an establishment on the owner/managers. They will be motivated to help sex workers in their negotiations if customers are really reluctant or abusive.

### **2.3 Who will pay for the cost of condoms? We heard that sex workers were forced to absorb the cost of condoms. Is it true?**

This issue can be different from country to country. In Thailand, condoms are provided free-of-charge to sex workers and other target groups (such as male STI clients). Other countries with limited budget for condom procurement may be unable to provide condoms for free. However, this should not be a barrier of the programme. Countries are advised that for sustainability, the clients of sex services should be responsible for the cost of condoms. In practice, the price for sex services is much higher than the cost of a condom; the clients will not mind paying a few cents more. The owners or sex workers can set the price of sex service to a level that absorbs the cost of condoms. There is no intention to sell condoms to sex workers, unless they want to get more income from selling condoms to their customers.

### **2.4 The 100% CUP is improperly blaming and targeting sex workers. They are the victims of social ills and are being abused by reckless men. They are being stigmatized and discriminated against in ways that increase their vulnerability to HIV/AIDS and STI. Why is not the 100% CUP doing more about the root causes of this situation?**

The 100% CUP is NOT blaming and targeting sex workers. If there is any “targeting” going on in this programme, it can only be properly concluded that the 100% CUP is “targeting” the owners/managers of sex entertainment establishments. The programme is working with owners/managers in ways that encourage them to help sex workers to protect their health, the health of clients and the public health in general.

It is admitted that the root cause of sex work is very complicated with many competing views on how it should be addressed in different communities. The 100% CUP, in itself, is neither a proponent nor opponent to any of these views. On a professional level and as citizens, all health care workers are indeed concerned with combating social ills, stigmatization and discrimination that affect people's health and health care negatively. But the 100% CUP is concerned primarily to prevent the spread of important diseases that are associated with entertainment-based sex work. This programme is not designed to solve all the problems related to sex work in a community.

### **2.5 The 100% CUP is requiring that sex workers be registered and carry ID/health cards, and requiring that they undergo regular examinations for STI. Isn't this a violation of human or civil rights of sex workers?**

For the 100% CUP to work most efficiently, the programme DOES NOT necessarily require sex workers to be registered. This activity is NOT an essential component of the 100% CUP (See also Question 1.13).

It is true that in many countries and localities, the 100% CUP is operating within an environment in which other authorities have decided also to register sex workers and require health checks. The 100% CUP may utilize the data on STI in sex workers as a strategy to monitor condom use (see also Question 1.4 for further elaboration.). These activities are not in themselves unethical or a violation of human rights when properly administered.

Ethics and human rights are complicated subjects. It may be useful though to step back and indeed look at some relevant ethical principles and their application in this programme.



Within medicine and public health, three ethical principles have long been identified as underlying activities and programmes: (a) beneficence, (b) equality and (c) respect for person. This means basically that health activities are clearly beneficial to people's health, the interventions and care are equally administered to all people and that individual rights are respected. These individual rights, within the context of health care, are most commonly related to being treated with respect, being informed about the care/interventions being proposed, privacy of health records or clear information about how health records will be used and the voluntary consent to the care/interventions before it is administered.

In the case of the 100% CUP, this is a programme that is designed to be administered as many other occupational health programmes. It is designed to meet the special individual and public health problems that result from a person's occupation. It is similar to well recognized occupational health programmes that, for example, require factory workers to be screened for exposure to dangerous industrial solvents, or restaurant workers in some areas to be tested for TB and/or hepatitis.

Looking at the 100% CUP in the paradigm of an occupational health programme and in light of well recognized ethical standards, it can be seen that, with regard to (a) beneficence, the 100% CUP interventions are beneficial to the health of sex workers, clients and to the public. With regard to (b) equality, the programme is designed to address ALL establishment-based sex equally in the areas it is being implemented. With regard to (c) respect for person, the programme is predicated upon the proposition that sex work is voluntary, (i.e. sex workers can leave, go home to their communities, take up another line of work or move their work to another area if they do not agree with the policies and procedures prescribed by the 100% CUP that are designed primarily to protect individual and public health. Further in this regard, the programme expects all staff to treat sex workers respectfully, to have sex workers fully informed about how

the programme works and how their health records will be used (for decisions about treatment to be administered and, where applicable, to monitor condom use in entertainment establishments). It has been observed that active participation of sex workers is necessary for a successful programme.

In summary, there is nothing that is inherently unethical or an abuse of human rights in the design and intent of the 100% CUP.

**2.6 But wait a minute. The 100% CUP is adding to the abuse and plight of sex workers. There are all kinds of corruption in the programme. Owners can just pay a bribe to police to keep their establishment open. When an STI is found in a sex worker, the sex entertainment establishment owner can find out whom, and punish the sex worker. And, sex workers are not really free to leave a sex establishment. These are often poor women who have “debts” to establishments because they have really been sold by their families to work in the establishment. How can you allege that they have “voluntarily agreed” with the 100% CUP policies just because they are sex workers in the community?**

In most situations corruption exists either with or without the 100% CUP.

The personal medical records of sex workers are not to be shared with the owners/managers of sex entertainment establishments. Where official contact is made with entertainment establishment owners about evidence that the use of condoms is not being routinely enforced, it is based on information from male STI clinic clients and/or “trends” in the number of STI that are associated with sexual relations in the establishment. Where there is any evidence that information

from personal medical records is being released to owners, this should and will be dealt with promptly.

With regard to situations where women are not working voluntarily and are sold into the sex trade, this is a clear violation of human rights and well-recognized international agreement forbidding trafficking in women. These situations do not relate to the 100% CUP and should be dealt with by legal authorities.

Corruption and bribes involving entertainment establishments and local authorities have indeed sometimes been reported in communities where the 100% CUPs are implemented. But these practices existed before the programme and were not caused by it. In any case, this programme involves transparent multiagency actions that have been recognized to reduce the potential for corruption.

**2.7 Why does the 100% CUP have provisions to punish sex entertainment establishments with the threat of being closed down. Is this really necessary and an essential part of the 100% CUP strategy? I've heard that it is rarely used in other programmes? Why can't the programme just work with entertainment establishments cooperatively?**

“No” is the simple answer to the underlying question as to whether sanctions are an essential part of the 100% CUP.

“Maybe” is the simple answer to whether sanctions may be a necessary part in the 100% CUP.

“Yes” is the simple answer to whether the programme can work cooperatively with entertainment establishments.

An essential component of the 100% CUP is the application of a mechanism to assure a high level of compliance to the programme's policies (especially 100% condom use) at the level of entertainment establishment owners and managers. How this is done may vary between localities. Whether the threat of sanctions will be necessary will depend on the localities involved and the programme's success with strategies to encourage the voluntary cooperation of entertainment establishments and sex workers.

In all programmes to date, compliance is encouraged through a number of strategies to gain the cooperation and even participation of owners/managers in the planning and implementation of the programme. Owners/managers also have an economic incentive to assure that everyone cooperates, as non-compliant establishments may be able to profit unfairly by skimming customers wanting sex without a condom.

In some of the initial country experience with the 100% CUP (especially Thailand and Cambodia) provisions for sanctions were also an integral part of the programme, along with other techniques to encourage cooperation. In these cases, the sanction was the threat of closure of establishments, temporarily or permanently, that were not complying with 100% condom use policies. This was a "carrot and stick" approach as is found in many other public health and safety programmes. And in these early 100% CUP experiences with sanctions, as in many other public health and safety programmes, the application of sanctions was needed only rarely, mainly in the early stages of the programme.

The possibility of sanctions cannot simply be ruled out completely nor can they be simply adopted without careful consideration of the national and local context, including the possibility that their implementation could be perverted and contribute to corruption.

In principle, “sanction” can be administered fairly and have been a traditional tool in effective public health programmes. It should also be noted that a recent and highly academic study of the 100% CUP strategy in the Dominican Republic examined the question, among others, of whether the use of sanctions was necessary. This study quite clearly concluded that, in the Dominican Republic, interventions were more effective in several important aspects when administered with sanction plus cooperative strategies than they were with cooperative strategies alone. Whether study or experience will show this to be true for other countries remains to be seen.

### **2.8 What about streetwalkers and freelancers who don't work in establishments? Why are they not included in the 100% CUP? Are you just ignoring the risks they endure and present? Can't a customer who wants to have sex without a condom just go to them and maybe pay more?**

Sex workers who do not work in establishments are indeed a more difficult problem.

The strategy of the 100% CUP is to first address the easier situation of sex workers who are based in establishments with a programme that has proven EFFECTIVE for them, both in terms of reducing their risk of contracting dangerous STI and HIV as well as spreading it to their customers.

Freelance sex workers are not being ignored. The personal and public health problems associated with freelance sex work are being addressed in other programmes. In some countries, the 100% CUP cooperates with other agencies/nongovernmental organizations working with freelance sex workers. There are also some indirect benefits of the 100% CUP (See Question 1.12 c).

It is true that a customer who insists on having high-risk sexual relations without using a condom does have the option of seeking out a freelance sex worker on the street. In general though, customers who visit sex entertainment establishments usually do so because they do not like the public exposure and other risks associated with negotiating sex on the street. The option of freelance sex workers is available only to the most determined clients who will insist on having high-risk sexual relations.

### **2.9 Isn't this 100% CUP just going to drive sex workers into the street to work as freelancers where they can make more money selling sex without condom use?**

Some countries have seen changes in the distribution of sex work and relations in their communities after a 100% CUP is administered, especially a decline in establishment-based sex. But there has been no evidence to date that the 100% CUP is simply driving sex workers into the street and freelance work.

Studies of sex workers have generally recognized that there is a significant level of mobility. Sex workers move between towns or provinces, and they may indeed move between street and establishment-based work. Both types of sex work have their advantages and disadvantages, the money that can be made being only one of them. Studies have, for example, revealed that sex workers often gravitate to establishment-based venues for their work because of the housing usually provided, the camaraderie they may enjoy with other women in the trade, more protection they have from violent clients, and the ability to borrow money from owners in time of need. Moving from an establishment to the street is apparently not a decision that is taken lightly.

## **2.10 Sex work is illegal and spreads diseases? Why are not health authorities and police cooperating to eliminate prostitution? Shouldn't sex workers just be arrested?**

All societies have approached sex work with a great measure of ambivalence. Almost everyone agrees that sex work is often associated with many troublesome and undesirable underlying aspects of society such as poverty, low social status of women, lack of education, limited job opportunities - and now the risk of transmitting a dangerous disease like HIV/AIDS. Criminal conduct like trafficking in women and “slave like practices” also sometimes surrounds the sex work industry. It is formally illegal in many countries, though most people also agree that given these underlying social circumstances, sex workers themselves are often as much victims as they are “criminals”.

Though sex work may be formally illegal, no country has been successful at completely eliminating it through laws and police enforcement. Indeed, at the local level, law enforcement officials often permit or ignore a low level of sex work to take place in selected areas of towns. As with some situations, authorities have found it more practical to “selectively enforce” laws so as to limit the most dangerous aspects of some behaviour but not to waste vast resources in pursuing what will likely be a failed effort.

Notwithstanding laws, religious teaching and family-oriented social goals, this is the reality of the situation; and this is the reality in which the 100% CUP has been organized and implemented.

In itself, the 100% CUP is NOT encouraging nor discouraging the legalization of prostitution. It is also NOT encouraging or discouraging more police actions against prostitution. These are social decisions that are beyond the immediate purview of medical and public health authorities. However, in the context of current realities, the 100% CUP is

seeking to work cooperatively with police so as to limit one of the new and very dangerous health aspects of sex work - the risk of acquiring and spreading HIV and STI.

**2.11 Isn't this 100% CUP promoting condom use among young people and encouraging promiscuity? All this talk about sex work and condoms is undermining the traditional family values of our culture.**

The 100% CUP is NOT promoting condom use among young people, encouraging promiscuity or undermining family oriented values. It is a programme to work with the owners of sex establishments to enforce the use of condoms (No Condoms – No Sex) to protect the public health threat that is caused by people who have already decided to engage the services of a sex worker, whether they are young or old, conservatives or liberals.

**2.12 Many believe that sex workers and their clients are bad people. They deserve to suffer the threat of disease and death if they behave immorally. Why are you trying to protect their health?**

Almost everyone agrees that sex work is often associated with many troublesome and undesirable underlying aspects of society such as poverty, low social status of women, lack of education, limited job opportunities - and now the risk of transmitting a dangerous disease like HIV/AIDS. Criminal conduct like trafficking in women and “slave like practices” also sometimes surrounds the sex work industry. Many people also agree that given these underlying social circumstances, sex workers themselves are often as much victims as they are simply being implied as “bad people”.



The situation is equally complicated with regard to the clients of sex workers who may be people who are separated from their families for long periods because of their work or displaced status (migrant labourers, minors, truck drivers, refugees, etc.). In these situations, access to commercial outlets for sexual activity is a somewhat “understandable” situation.

No matter how one thinks about sex workers and clients, whether they are themselves “victims” or “evil”, everyone must recognize that it is useful to protect individual and public health where possible. Some of the clear victims of the HIV/AIDS pandemic include people like the spouses and children of clients of sex workers and the spouses or regular sexual partners of those engaged in sex work. The 100% CUP has been demonstrated to have an impact on these populations.

The 100% CUP is a programme that works to protect everyone’s health, the public’s health, as well as the individual health of sex workers and their clients.



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