HIV prevention and anti-trafficking in conflict? The public health consequences of Cambodia’s fight against trafficking

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On behalf of health development partners FHI, PSI, CARE and UNAIDS
HIV Prevalence among Adults Aged 15-49, Cambodia

![Graph showing the trend of HIV prevalence among adults aged 15-49 in Cambodia from 1995 to 2006. The prevalence peaks in 1997 at 3.0% and decreases to 0.9% in 2006.](image-url)
HIV Prevalence among Sex Workers by Survey Year

Results: HIV prevalence among female sex workers, by survey year
HIV Prevalence among Sex Workers by Province

Results: HIV prevalence* among FSWs, by province

*HIV prevalence data represents the percentage of sex workers tested positive for HIV.

Province | HIV Seroprevalence Percent
---|---
Banteay Meanchey | 30.7
Sihanoukville | 26.7
Kampong Speu | 25.8
Koh Kong | 20.7
Battambang | 20.6
Siem Reap | 20.4
Oddar Meanchey | 12.5
Kampong Chhnang | 12.5
Stung Treng | 11.5
Phnom Penh | 11.3
Kampong Cham | 11.1
Preah Vihear | 11.1
Pailin | 10.5
Pursat | 10.4
Kampot Thom | 10.1
Svay Rieng | 10.0
Kratie | 9.1
Kampot | 5.6
Ratanakiri | 5.3
Prey Veng | 4.4
Takeo | 4.2
Kandal | 3.1
Some Important Dates for HIV Prevention Work

• **1999:** Prime Minister Hum Sen signs 100% condom use administrative order

• **July 2007:** launching of trafficking suppression campaign

• **February 2008:** promulgation of Law on the Suppression of Trafficking and Sexual Exploitation
Impacts of anti-trafficking measures – a decline in reach

FHI’s implementing agencies working across 7 key provinces report 10-40% reductions in reach in FY08 (October 2007 to September 2008)
Impacts of anti-trafficking measures – an increase in vulnerable street-based work

Implementing agencies report a 46% increase in the numbers of women working on the street – these women often work late at night and are vulnerable to sexual violence.

![Bar chart showing the increase in the number of freelance ESWs in target area from Q1-08 to Q4-08.](chart.png)
Impacts of anti-trafficking measures – less service uptake

26% reduction in women seeking STI diagnosis and treatment at Family Health clinics (NCHADS); MEC reported a 16% decrease in VCCT uptake

![Bar chart showing number of female clients receiving testing]

- Q1-08: 455
- Q2-08: 439
- Q3-08: 394
- Q4-08: 381

Number of female clients receiving testing
Impacts of anti-trafficking measures – reduced access to OI care and treatment

Chhouk Sar reported 19% of EW OI patients were lost to follow up in FY08.
Impacts of anti-trafficking measures – reduced access to HIV care and treatment

Chhouk Sar reported 7% of EW ART patients were lost to follow up in FY08.
Impacts of anti-trafficking measures – reduced condom penetration in entertainment establishments

PSI’s 2007 condom penetration survey shows much lower condom availability in entertainment establishments which are not brothels

<table>
<thead>
<tr>
<th>Entertainment Establishment</th>
<th>Condom penetration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brothel</td>
<td>95%</td>
</tr>
<tr>
<td>Guesthouse</td>
<td>88%</td>
</tr>
<tr>
<td>Karaoke parlor</td>
<td>48%</td>
</tr>
<tr>
<td>Massage parlor</td>
<td>37%</td>
</tr>
<tr>
<td>Beer garden</td>
<td>25%</td>
</tr>
</tbody>
</table>
General impacts of anti-trafficking measures

• *Fear to carry condoms or have condoms within establishments; fear to collaborate with outreach teams*

• *Loss of trust* between outreach teams, EWs and entertainment establishment owners

• *Questions about applicability of the 100% CUP* as anti-trafficking measures take hold and the nature of entertainment work changes

• *Evidence of human rights abuses of EWs* who are taken to detention centers or “rescued” against their will

• *Increased closures of entertainment establishments*, from brothels to karaoke/massage parlors, etc.
Moving forward in a changing environment

• Ensuring the availability and accessibility of condoms in all high risk environments: is an expanded administrative order a possibility? How can we safeguard the rights of entertainment establishment owners and EWs to carry, keep or use condoms?

• Reaching a diverse group of EWs: as we move out of brothels, we need to remember that not all karaoke workers, beer promoters, etc. sell or engage in transactional sex. Where do we reach EWs? When do we reach EWs? What messages do we give that do not stigmatize all EWs?

• Promoting service uptake: even with 100% CUP, STI service uptake among brothel-based EWs was 59% and among non-brothel-based EWs stood at 17% (NCHADS 2007). How do we promote service uptake when we cannot and should not mandate forced STI screening or HIV testing?

• Protecting human rights: the difficulties applying the anti-trafficking law have led to human rights abuses. How can we minimize these abuses and work with law enforcement officials to prevent arbitrary arrests and to sensitize officials that EWs are not criminals?

• Working with anti-trafficking partners: health development partners would like to protect EWs from trafficking and HIV. How can we better harmonize our interests?
Thank you for your attention