



**Ministry of Health
Mongolia**



100% CONDOM USE PROGRAMME: Experience from Mongolia



**World Health
Organization**

Western Pacific Region



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ACKNOWLEDGEMENTS

The WHO Regional Office for the Western Pacific wishes to thank all the national professionals who provided information used in this report particularly those from the following organizations: Division of HIV/AIDS/STI of the National Center for Communicable Diseases (NCCD), HIV project supported by the Global fund to fight AIDS, Tuberculosis and Malaria, Ministry of Health, Trust and Hope NGO of Darkhan-Uul city, National AIDS Foundation and Marie Stoppes International. Special thanks to Dr Wiwat Rojanapithayakorn (HIV/AIDS Team Leader, WHO China) for his invaluable input in the introduction and expansion of the 100% condom use programme in Mongolia and for his comments and suggestions in documenting this report.



ABBREVIATIONS

100% CUP	100% Condom Use Programme
AIDS	Acquired immune deficiency syndrome
DOH	Department of Health
HIV	Human immunodeficiency virus
IEC	Information, education and Communication
NAC	National AIDS Committee
NAF	National AIDS Foundation
NCCD	National Center for Communicable Diseases
NCDP	National Communicable Disease Programme
NGO	Nongovernmental organization
NPHC	National Public Health Committee
STI	Sexually transmitted infections

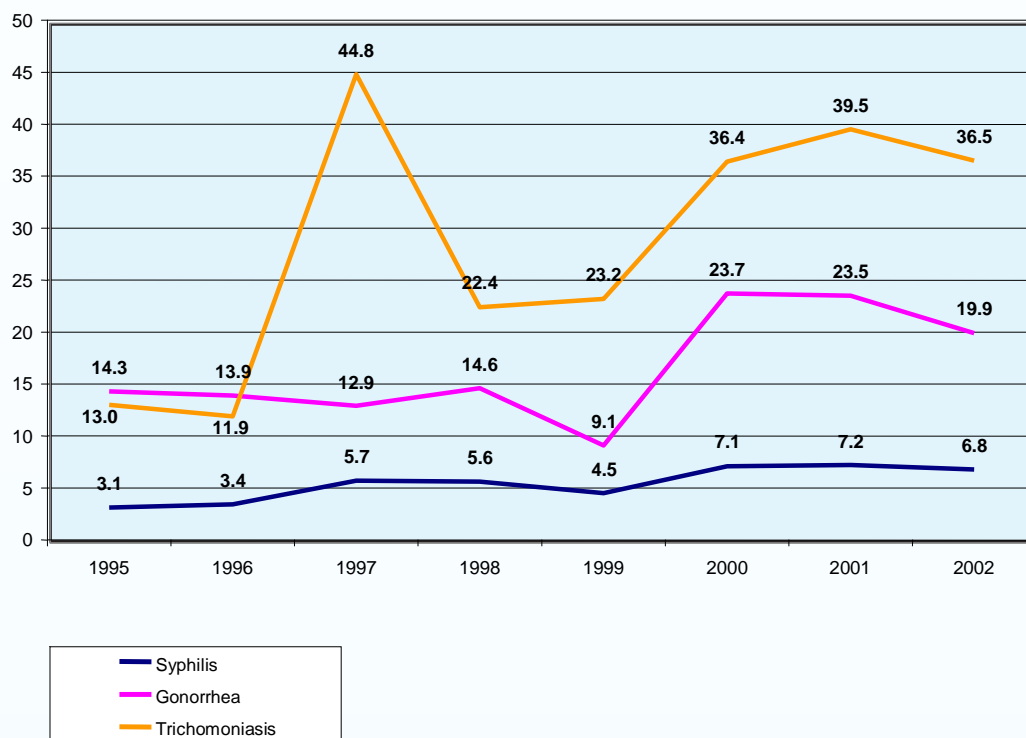


BACKGROUND

HIV/AIDS/STI context in Mongolia

Transformation of the political system of Mongolia in the early 1990s from a totalitarian regime with a centrally planned economy to a democratic and market-oriented society, brought freedom and democracy to the people of Mongolia. On the other hand, it also caused a catastrophic deterioration of social and economic foundations of the society. Thus, the country faced new problems, such as unemployment, internal and external migration of the population, and increasing poverty. Funding for social and health services shrunk to levels that disrupted their normal functioning. In particular, sexually transmitted infections (STI) control efforts were no longer adequate or appropriate. Significant shortcomings in contact tracing, contact reporting and active case finding of STI in addition to socioeconomic factors have resulted in rapid increase of STI rates in Mongolia since the mid-1990s (Figure 1).

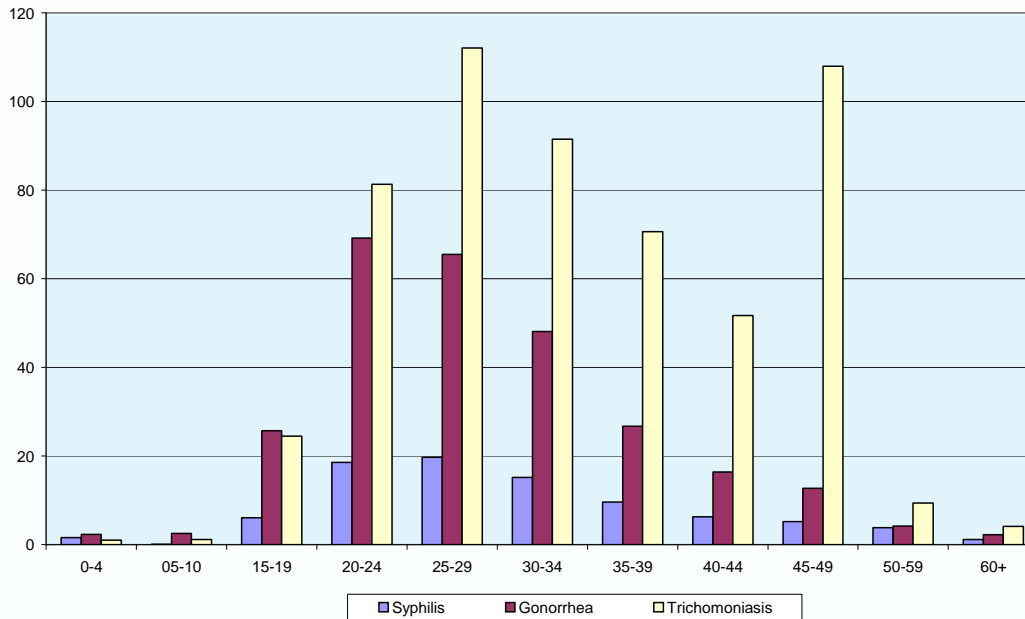
Figure 1. STI rates, Mongolia 1995-2002





In 2001 the Health Statistics Office of the Ministry of Health received reports of STI as much as three times more than in 1990, and 2.8 times more than in 1995. Trichomoniasis accounted for the majority of cases (47.3%), followed by gonorrhoea (28%), genital candidiasis (9.5%), syphilis (8.6%), genital herpes (0.7%), and other STI (5.9%). According to the official statistics of the last five years, about half of STI cases (49%-52%) were unemployed, and young people 15-25 years of age accounted for 35%-48% of cases (Figure 2).

Figure 2. Reported STI cases by age groups, year 2003



An increase in the number of cases of congenital syphilis is yet another sign of high prevalence of STI in the country. Before 1990, approximately five cases of congenital syphilis were reported annually; there were 33 in 2001.

Mongolia is a low HIV/AIDS prevalence country. Every year there are 30 000 to 60 000 tests performed on high- and low-risk populations, including blood donors and pregnant women.

As of October 2005, the cumulative number of confirmed HIV/AIDS cases is 13. There was one in 1992, one in 1997, one in 2001, one in 2003, one in 2004, and there were eight cases identified from March to October 2005. The mode of transmission is sexual for all 13 reported cases.

Mongolia is a country with high vulnerability to HIV/AIDS. The current socioeconomic situation drives more and more women into the sex trade every year. Currently, it is estimated that there are around 2000 to 3000 sex workers in the country. Majority of them are freelance sex workers though many others are working in entertainment establishments such as bars, nightclubs, saunas, massage parlours, and hotels. A number of studies in 1997-1999 showed that 70%-78% of sex workers had at least one STI and each had approximately two to three



clients per day; thus, sex workers became the group with the highest potential of spreading HIV among the population of Mongolia.

The vulnerability of Mongolia to the HIV epidemic has been increased by the high rates of STI, which facilitate HIV transmission, and the mobility of the population within and outside the country. In both neighbouring countries, the Russian Federation and China, the epidemic of HIV/AIDS has been rapidly escalating among high-risk populations and is now spreading into the general population.

In June 2002, the AIDS/STI Department of the National Center for Communicable Diseases (NCCD) conducted a study among sex workers, which found that 72% of study participants had at least one STI, and 88% had never used condoms.

The low levels of knowledge and attitudes of the general population and the population at risk regarding prevention of HIV/AIDS/STI in addition to insufficient access to condoms significantly increase the risk of sudden spread of the epidemic in the country.

National policies on prevention of HIV/AIDS and STI

The Government of Mongolia is strongly committed and involved in the prevention of HIV/AIDS.

In 1987, the Ministers' Council issued Resolution No 171 that established an AIDS Reference Center at the National Institute of Hygiene and Epidemiology. Later, in 1994, Government Resolution No 153 and a joint order of the Minister of Health and the Governor of Ulaanbaatar City expanded the AIDS Reference Center into an AIDS/STI Reference Center by joining the former with the STI Department of the Dermatology and Venerology Center.

The National AIDS Committee (NAC) and its branches at provincial and capital city levels were established in 1992 by Government Resolution No 18. The NAC approved the first National AIDS Programme for the period of 1992-2000 during its first meeting on 27 September 1992.

In 2003, the NAC headed by the Deputy Prime Minister was re-organized into a National Public Health Committee (NPHC) headed by the Prime Minister with a broader composition to ensure a multisectoral participation in the prevention of HIV/AIDS.

The Law on AIDS Prevention was adopted in 1993 to strengthen HIV/AIDS prevention and control. This law was revised in 2004 with an aim at strengthening the protection of human rights, confidentiality and equality.

In 2002, the Government revisited programmes and strategies of national response to communicable diseases and established a National Center for Communicable Diseases



(NCCD) along with the approval of a new, integrated National Communicable Disease Programme (NCDP). One of the subprogrammes of the NCDP is the programme for Prevention and Control of HIV/AIDS/STI. The main goal of this programme is to prevent HIV/AIDS through better health education of the population and control of STI.

The National HIV/AIDS Prevention Strategy was formulated and approved by the NPHC in 2003 to realize the goals and objectives of the NCDP and its subprogramme on HIV/AIDS/STI. In addition, national HIV/AIDS and STI diagnostic and treatment standards MNS-5349-49-2003 and MNS-5349-50-2003 were developed and adopted in 2004.

STI services are provided through public and private health service providers nationwide. In all of the 21 provinces of Mongolia there are public STI clinics with one to two doctors and one to three mid-level health personnel – nurses and laboratory technicians. All of the provincial districts in the country have small public hospitals with two to five general practitioners who provide services at the primary level. The majority of private STI clinics are located in Ulaanbaatar city, and only a few provinces have private STI clinics.

INTRODUCTION TO THE 100% CONDOM USE PROGRAMME

Experience from other countries

The 100% Condom Use Programme (CUP) is a public health programme that aims to prevent HIV/AIDS/STI among the general population through the promotion and support of condom use among sex workers and their clients.

The 100% CUP was implemented for the first time in Thailand in 1989. The programme was rapidly scaled up in 1991 when the National AIDS Committee delivered a resolution to make it nationwide.

“The governor, the provincial chief of police and the provincial health officer of each province will work together to enforce a condom-use policy that requires all commercial sex workers to use condoms with every customer.

All concerned ministries will issue directives that comply with this policy.

In case of Bangkok, the Bangkok Metropolitan Administration and the Police Department are the operating agencies.”

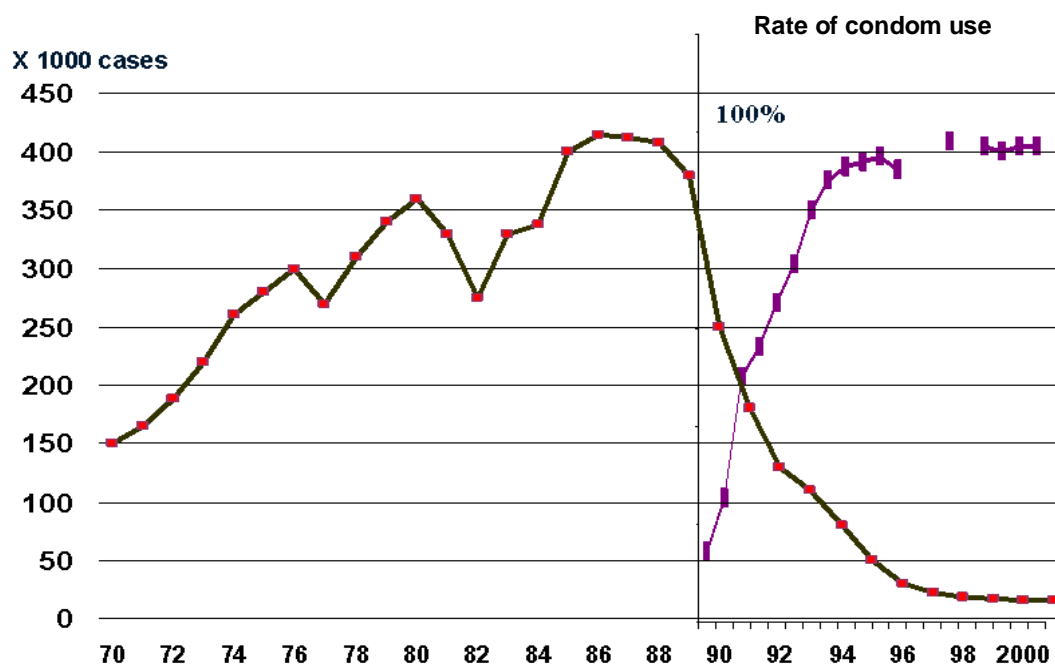
From the resolution of the National AIDS Committee of Thailand, the first country that implemented the 100% CUP, on the approval of nationwide expansion of the 100% CUP in Thailand, 14 August 1991.



The 100% CUP has been recognized as the main strategy responsible for curbing the HIV epidemic in Thailand.

“The 100% Condom Use Programme has already prevented over 5 million HIV infections in Thailand” said Mr. Thaksin Shinawatra, Prime Minister of Thailand, in his opening address at the 15th International AIDS Conference in Bangkok on 11 July 2004.

Figure 3. STI cases and condom use rates in entertainment establishments (Thailand, 1970-2001)



The graph in Figure 3 presents an impressive impact of the 100% CUP in Thailand – the rate of STI among sex workers (green line) drops significantly as the rate of condom use (violet line) increases.

At the moment, the following countries in the Western Pacific and South-East Asia Regions are implementing 100% CUP:

- ▶ Cambodia
- ▶ China
- ▶ Lao People’s Democratic Republic
- ▶ Mongolia
- ▶ Myanmar
- ▶ Philippines
- ▶ Thailand
- ▶ Viet Nam



Justification of implementing the 100% CUP

- ▶ Most of the cases of sexual transmission of HIV have direct or indirect connection with sex workers.
- ▶ General condom promotion or social marketing of condoms alone are not capable of preventing the spread of HIV epidemics.
- ▶ The negotiating power of sex workers is too small. Thus, teaching sex workers the negotiation skills alone is not effective in ensuring condom use.
- ▶ 100% CUP is feasible, effective, and can be expanded nationwide in a short time. Compared to other public health programmes, it requires less funding but is very effective.

Main strategies of the 100% CUP

- ▶ Collaboration of local authorities with owners of all entertainment establishments and all sex workers in order to create conditions that help to ensure condom use during every commercial sexual encounter.
- ▶ Clients refusing use of condoms should not be able to purchase sex services (“no condom – no sex”).
- ▶ Creating an easy access to condoms at all hotels, night clubs and other entertainment establishments.
- ▶ Conducting advocacy activities among key stakeholders and all other relevant organizations for their involvement and collaboration.
- ▶ Some forms of sanction/warning will be placed to the noncooperative entertainment establishments.

Factors influencing successful implementation of the 100% CUP are:

- ▶ commitment of high- and medium-level policy- and decision-makers;
- ▶ supportive political, social and legal conditions;
- ▶ participation and coordination of all key stakeholders, both governmental and non governmental—local authorities, police, owners of entertainment establishments, non governmental organizations (NGOs) and sex workers;
- ▶ better access to quality STI services;
- ▶ regular assessment of social and behavioral characteristics of the target populations, i.e. sex workers and owners of entertainment establishments that constantly change;
- ▶ regular assessment of relevant characteristics of entertainment establishments;



- ▶ efficient condom promotion programme as well as logistic management, adequate supply and quality control; and
- ▶ benefit-sharing nature of the programme (win-win situation).

First pilot site in Mongolia - Darkhan-Uul province

Darkhan-Uul province is located 219 kilometers north of the capital city, Ulaanbaatar, and has a population of 83 000 (2002). Up to 2002, STI rates in the province were higher than the national average. Among those with STI, 74.2% were women, of whom 32.2% were pregnant. The high percentage of STI cases detected found among pregnant women was associated with good antenatal care coverage and low levels of case detection among the general population. There are more than 20 night clubs, bars, hotels and other types of entertainment establishments and approximately 300 sex workers, according to police records. Most of the sex workers pick up clients around the train station, and most of the clients are young men involved in trans-border mobile trade. In addition, there are 12 colleges and universities in Darkhan-Uul province with more than 11 000 students. Some female students are known to be involved in sex work when in need of money to cover their tuition fees, living and other expenses. In 2002, the average fee for sex service was 1000 Mongolian tugriks (roughly 1 USD) for one hour and 3000-5000 tugriks for the whole night. As of 2005, the fees have increased by three to five times. However, there are instances of selling sex for 500 tugriks, or even for food.

Justifications of piloting the 100% CUP in Darkhan-Uul province

- ▶ provincial authorities give very strong commitment and support to public health programmes.
- ▶ A local NGO “Railway Women’s Union of Darkhan-Uul” is already involved in the out reach work with sex workers and has established a good contact with 120 sex workers.
- ▶ Access to condoms through drug stores, kiosks, bars and night clubs is good.
- ▶ Youth account for about a half of the population of Darkhan-Uul province.
- ▶ The province is located at the intersection of main international railway and auto transport routes.
- ▶ Active mining, construction and light industry plants in the province, attract foreign investments.
- ▶ As a result of the economic devastation of the early 1990s, most of the plants went out of business and unemployment became a major problem in the province, causing an increase in alcoholism, sex work and crime.
- ▶ High rates of mechanical growth of the population due to increased in-migration from rural areas.



PROGRAMME IMPLEMENTATION

In January 2002, the Ministry of Health and NCCD jointly with WHO organized a meeting on 100% CUP with the participation of governmental and nongovernmental organizations in Ulaanbaatar city. Subsequently, the Ministry of Health issued a recommendation to pilot the programme in Darkhan-Uul province. A proposal was developed by the NCCD, submitted to WHO and was approved for funding and technical support.

In September 2002, a team of specialists from the Ministry of Health, NCCD and WHO visited Darkhan-Uul province and organized an advocacy meeting with the provincial government, law enforcement agencies and other organizations involved in the prevention of HIV/AIDS/STI; they reached a consensus on the implementation of the programme in the province. Shortly after this meeting the provincial Governor issued Decree No 316 that has obligated provincial organizations to participate in the implementation of the 100% CUP.

The Governor's decree has established a Provincial Programme Coordination Committee with two working groups on programme implementation and monitoring, and has spelled out their terms of reference. The decree also includes a standard agreement to be established with the participating entertainment establishment owners.

Roles and Responsibilities of implementing partners in the 100% CUP

A. Roles and responsibilities of government institutions

Provincial Governor's Office

- ▶ Monitoring of the implementation of the 100% CUP
- ▶ Decision making and problem solving
- ▶ Coordination of the activities of the key players of the programme

Provincial Professional Control Agency

- ▶ Monitoring of the implementation of the agreement established between entertainment establishment owners and the Provincial Programme Coordination Committee
- ▶ Monitoring of the availability and access to condoms in hotels
- ▶ Monitoring of IEC activities at hotels
- ▶ Promotion of collaboration and adherence to the agreement terms and conditions, training of owners of entertainment establishments



Law enforcement agencies (courts, provincial attorney's office, police department)

The representatives of law enforcement agencies used to believe that their participation in the programme conflicted with the current Penal Law and Law on Prostitution and Pornography. It took time and effort to convince the police to become an important part of the programme. Many training sessions, seminars and advocacy meetings were conducted at all levels of law enforcement entity. Training courses are still being continued on a regular basis because of a high staff turnover. As a result, the attitude of police officers towards sex workers has changed and they give more importance to the participation of sex workers in the programme, and the prevention of the involvement of sex workers in crime. The principles of police involvement in the programme include the following:

- ▶ avoiding arrests of women performing sex work;
- ▶ checking “green cards” of sex workers for their validity to ensure collaboration of sex workers with the programme;
- ▶ finding sex workers who are new or who work out of sight of the programme staff; and
- ▶ preventing sex workers from getting involved in crime, advocating for their human rights.

Health organizations

The responsibilities of health organizations include:

- ▶ providing technical and professional assistance to partner organizations;
- ▶ organizing relevant training courses, seminars, meetings and discussions;
- ▶ training sex workers as peer educators and outreach workers;
- ▶ providing free monthly check-ups, testing and treatment for sex workers, and provision of condoms;
- ▶ issuing “green cards” for sex workers to encourage participation of sex workers in the programme;
- ▶ monitoring the correct and regular use of condoms;
- ▶ monitoring and evaluating the programme implementation; and
- ▶ quarterly reporting to the Provincial Programme Coordination Committee on the status of the programme implementation.

B. Roles and responsibilities of nongovernmental organizations

In 1998, the Railway Women's Union started a project called “Healthy Future” to prevent sex workers from contracting HIV/AIDS/STI in Darkhan-Uul province. As a result of the project, a self support group of sex workers was established. In 2003, this group was expanded into an NGO named “Trust and Hope”. The NGO has been actively participating in the 100% CUP implementation and performs the following tasks:



- ▶ involving sex workers in the programme through outreach workers and peer educators;
- ▶ facilitating regular check-ups and testing of sex workers;
- ▶ monitoring the correct and regular use of condoms;
- ▶ regularly conducting information, education and communication (IEC) and behavioral change activities; and
- ▶ actively collaborating with other partners, and sharing information and experience.

C. Roles and responsibilities of private organizations

Bars, night clubs, hotels

Roles and responsibilities include:

- ▶ adopting and enforcing internal guidelines regarding the implementation of the 100% CUP in their organizations;
- ▶ assessing the demand of condoms at their respective organizations, and procuring condoms from suppliers;
- ▶ creating conditions for easy access to condoms for their clients;
- ▶ conducting IEC activities;
- ▶ putting forward requests to Provincial Programme Coordination Committee to resolve any problems and issues that may arise during the implementation of the programme; and
- ▶ obtaining relevant information regarding the implementation of the 100% CUP from appropriate partner organizations.

Agreements established with hotel owners include activities that help to ensure condom use by sex workers and their clients. These include availability and accessibility of condoms, and establishment of IEC corners. These have also been included in hotel service standards that have been strictly adhered in the province.

Sauna and massage parlours

Roles and responsibilities include:

- ▶ collaborating with the Provincial Programme Coordination Committee based on a bilateral agreement;
- ▶ involving staff in HIV/AIDS/STI prevention trainings and regular medical examinations and testing; and
- ▶ informing health organizations and the “Trust and Hope” NGO about staff changes.



Night shops and kiosks

Roles and responsibilities include:

- ▮ ensuring proper storage and sale of condoms; and
- ▮ keeping the price of condoms within the limits recommended by the Provincial Programme Coordination Committee (100 to 150 tugriks).

Monitoring and evaluation of the programme

Programme monitoring and evaluation is performed by the monitoring and evaluation working group of the Provincial Programme Coordination Committee, and its responsibilities include the following:

- ▮ evaluating the reports and activities of the programme staff, discussing possible solutions of problems, referring to higher level decision makers;
- ▮ on-site monitoring and supervisory visits;
- ▮ assessing the knowledge, attitude and practice of condom use among sex workers;
- ▮ monitoring the supply of quality condoms;
- ▮ monitoring the participation of hotels, bars, and other types of entertainment establishments in the programme, and their compliance with the terms and conditions of the agreement signed with the Programme Coordination Committee; and
- ▮ discussing at the Provincial Programme Coordination Committee meetings and searching for possible solutions of any problems and issues found through monitoring and supervisory activities.

The impact and outcome of the programme is measured by the prevalence of STI in the general population and among sex workers, as well as the rates of condom use. Data on STI prevalence can be found in health statistics reports. However, finding reliable data on condom use can be somewhat problematic. Monitoring and evaluation of condom use can be done in several ways:

- ▮ monthly examination and testing of sex workers for STIs (not routinely recommended);
- ▮ use of “mystery clients” who demand sex without condoms in exchange for more money or threat of not paying;
- ▮ interviews with male STI clients regarding time and venue of their contacts with sex workers;
- ▮ surveys and interviews with sex workers; and
- ▮ numbers of condoms distributed through hotels, bars and other entertainment establishments.



Regular monitoring and evaluation of the programme is a key to successful implementation of the programme. The following **process indicators** should be used to track the implementation of the programme:

- ▶ number of supervisory visits of the programme staff to hotels, bars and other types of entertainment establishments;
- ▶ number of condoms supplied and distributed;
- ▶ number and percentage of hotels with IEC materials;
- ▶ number and percentage of hotels, bars and other types of entertainment establishments participating in the programme;
- ▶ number and percentage of sex workers involved in the programme; and
- ▶ number and percentage of sex workers regularly coming for medical examinations and testing.

Outcome indicators: (from survey of sex workers)

- ▶ number and percentage of sex workers reporting condom use during last commercial sex;
- ▶ number and percentage of sex workers reporting regular condom use; and
- ▶ number and percentage of sex workers reporting clients who refused to use condoms.

Impact indicators include:

- ▶ prevalence of HIV/AIDS/STI among the general population (available from health statistics reports and sentinel surveillance reports);
- ▶ prevalence of HIV/AIDS/STI among sex workers; and
- ▶ prevalence of HIV/AIDS/STI among clients of sex workers.



RESULTS OF IMPLEMENTATION

During the first three years of the pilot project, the provincial team has conducted the following meetings and seminars:

- ▶ three meetings and three training seminars for the provincial governor and other senior officers of the provincial government and its agencies;
- ▶ six meetings of the provincial working group;
- ▶ three meetings with the police authorities and six training seminars for the police officers;
- ▶ two meetings and six training seminars for the owners of entertainment establishments;
- ▶ four meetings with the NGOs and community-based organizations involved in reproductive and sexual health and prevention of HIV/AIDS/STI in the province; and
- ▶ more than 15 meetings/discussions with sex workers and five training seminars on issues related to HIV/AIDS/STI.

Out of the total estimated number of sex workers some 66% (200 out of approximately 300 sex workers) were involved in the programme on a regular basis (as of the end of 2004). Fifty to 60 sex workers are tested and examined for STI every month, thus making every sex worker involved in the programme to be tested at least once in three to four months.

The provincial team pays regular visits to all entertainment establishments involved in the programme – the monitoring team visits all entertainment establishments at least once in a quarter to check their compliance with the terms and conditions of the contract established between the entertainment establishments owner and the provincial working group. The STI doctors visit entertainment establishments every month.

The number of condoms distributed in Darkhan-Uul province has increased from 140 000 in 2003 to 200 000 in 2004.

Achievements

As a result of implementation of 100% CUP:

- ▶ STI prevalence in the general population in Darkhan-Uul province has declined during last two years (Figures 4, 5 and 6).



Figure 4. Prevalence of syphilis in Darkhan-Uul province

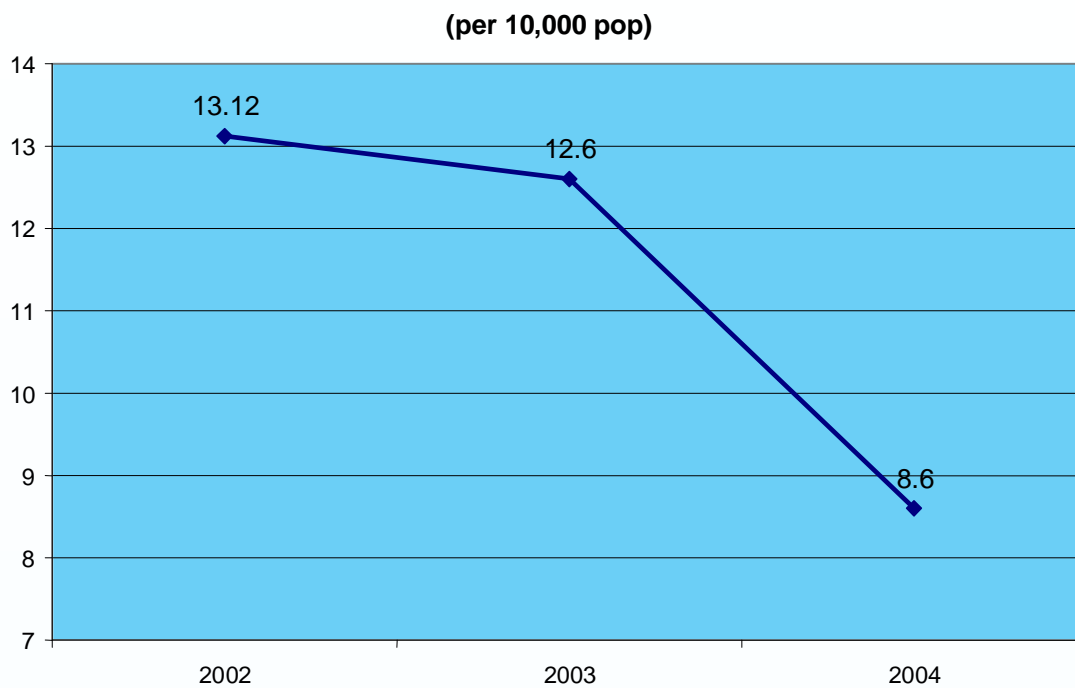


Figure 5. Prevalence of gonorrhoea in Darkhan-Uul province

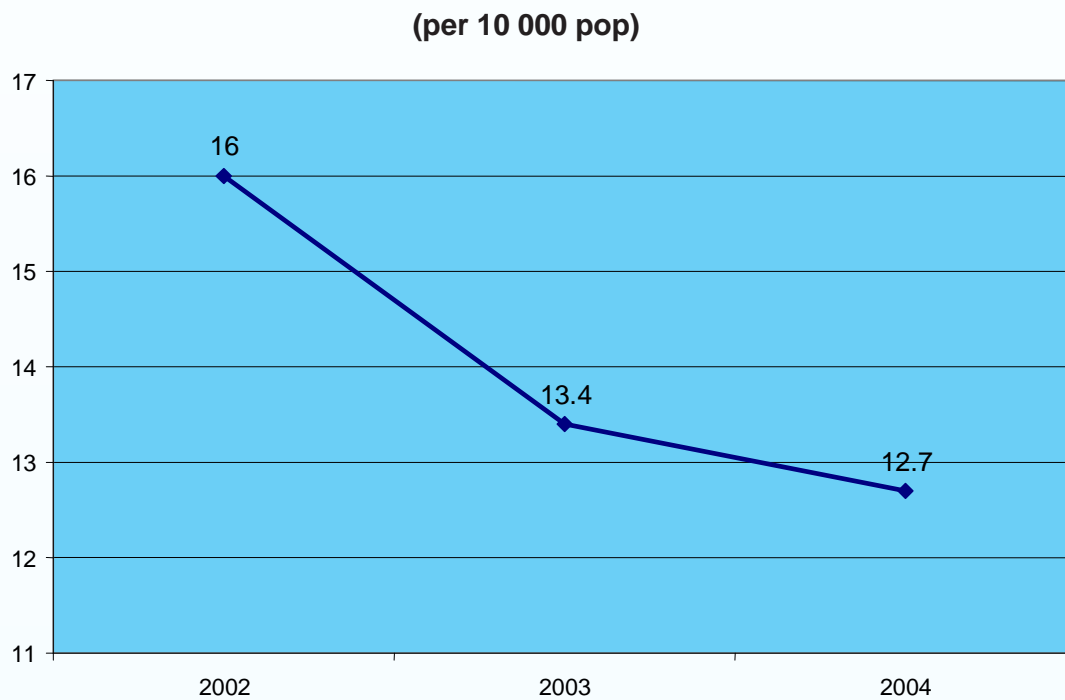
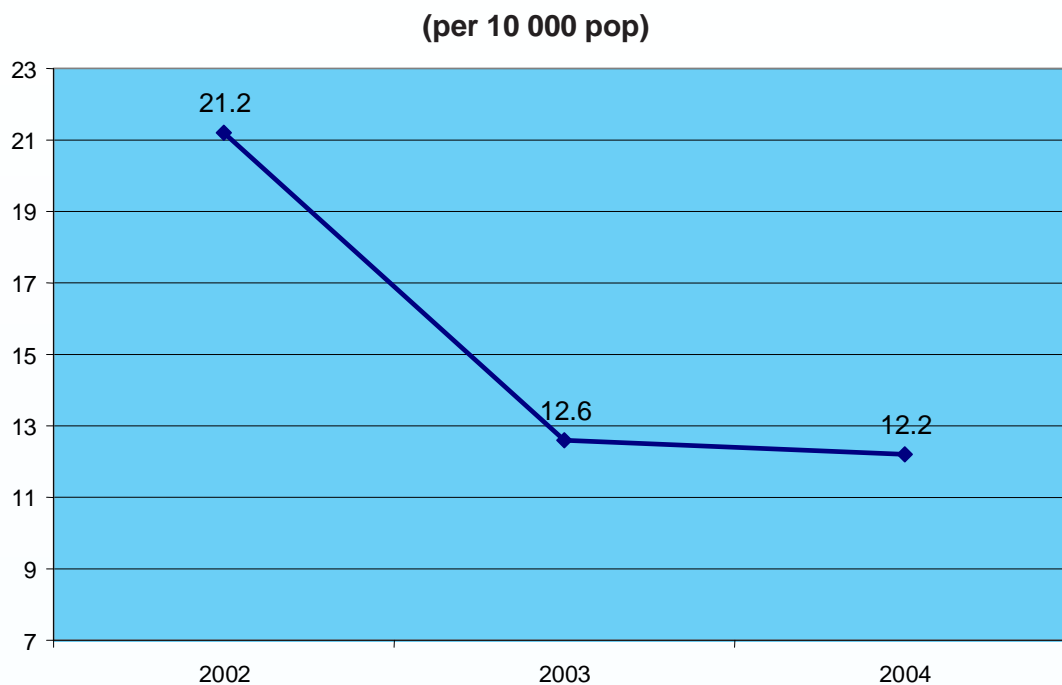


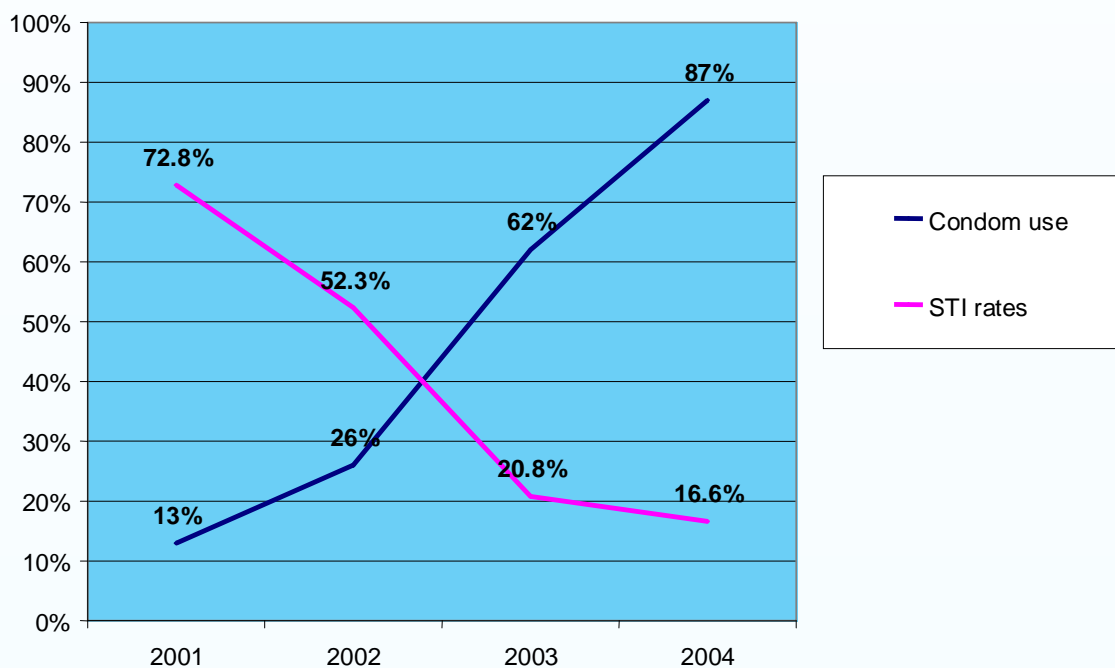


Figure 6. Prevalence of trichomoniasis in Darkhan-Uul province



▀ Prevalence of STI among sex workers of Darkhan-Uul province has declined during the same period while the condom use rate has increased (Figure 7).

Figure 7. STI Prevalence and condom use rates among sex workers in Darkhan-Uul province





- ▶ The number of condoms sold by the social marketing programme increased by 57% in 2004 compared to 2002.
- ▶ Police harassment has reduced as a result of changes in attitudes of police officers. Crime prevention activities among sex workers have already paid off by decreased number of violations of laws and regulations by sex workers – no sex worker has been charged with any kind of crime since 2002.

Constraints

There are several problematic areas, of which the following have been found to be especially challenging:

- ▶ finding and involving new sex workers in the programme – covering 100% of sex workers in the area;
- ▶ obtaining detailed information from male STI clients regarding their contacts with sex workers;
- ▶ monitoring of sex workers due to their and their clients' mobility;
- ▶ monitoring regular and correct use of condoms by sex workers; and
- ▶ preference of sex without condoms among clients of sex workers.

Lessons learnt

- ▶ Collaboration of the police in the enforcement of the use of “green cards” has been proven to be very effective in involving sex workers in the programme.
- ▶ Most of the sex workers in Mongolia are freelancers and are not affiliated with any entertainment establishments. This is different from the sex work situation in most other countries of the Region. Collaboration with NGOs to reach freelance sex workers is found to be effective.
- ▶ The health sector alone could have not succeeded in achieving current results. The success of the pilot programme is due to a coordinated collaboration of provincial authorities, professional control agencies, police, private sector, NGOs and health sector.
- ▶ It is important to conduct effective advocacy and behaviour change interventions among implementing organizations and individuals in order to improve their knowledge of and change attitudes towards prevention of HIV/AIDS/STI among sex workers and their clients.
- ▶ There is a need to conduct IEC activities with design and contents that match the needs of specific target groups (decision makers, police officers, entertainment establishment owners, sex workers, health personnel, pharmacists, etc.).
- ▶ Producing and distributing a sufficient quantity of IEC materials to hotels, bars, and



other types of entertainment establishments may be an effective way of giving HIV/AIDS/STI prevention information to high-risk populations.

- ▶ It is advisable to establish condom revolving funds using condoms that are granted by United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria in order to ensure the sustainability of high-quality condom supply. In addition, the revolving funds may bring revenue that could be used for funding of prevention interventions in high-risk situations.
- ▶ Conducting regular training sessions and meetings with partner organizations have been useful given the high staff turnover in the public sector.
- ▶ It has been useful to have regular roundtable discussions, official consultations, experience-sharing meetings, seminars, workshops and brainstorming sessions involving all participating organizations.
- ▶ 100% CUP interventions should be carried out along with the activities aimed at clients of sex workers, such as IEC activities aimed at the general population, general condom promotion, client friendly STI services, contact tracing, etc. This should be considered during the expansion phase of the programme.

Expansion of the 100% CUP

The NPHC has reviewed the status and results of implementation of the 100% CUP in Darkhan-Uul province, and has made a decision to expand the programme to other provinces and the capital city of Mongolia. In May of 2005, the NPHC issued an Official Statement of Obligation number 01 of 2005 endorsing the nationwide expansion of the 100% CUP: “expand the implementation of the 100% Condom Use Programme at the national level starting the second quarter of 2005 with active collaboration with the international organizations and non-governmental organizations”

With funding support from the Global Fund Project Round 2 (2003-2008) and the Global Fund Project Round 5 (2006-2011), it is expected that nationwide implementation will be accomplished by 2008.