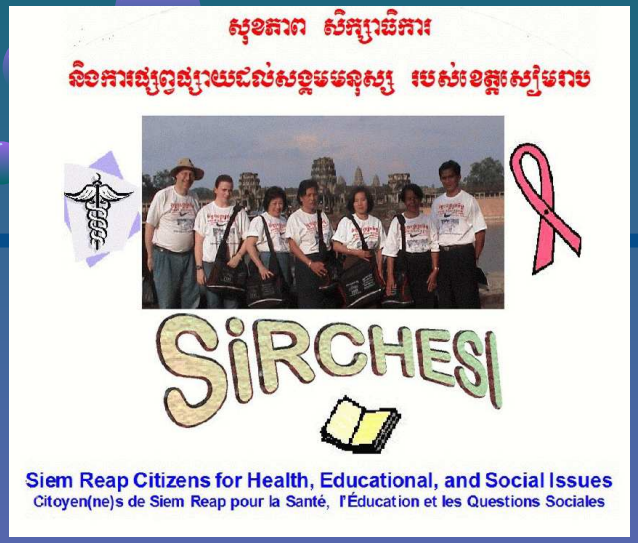
In 2000, we formed a local NGO "SiRCHESI"(Siem Reap Citizens for Health, Educational and Social Issues) to bring together all local stakeholders, health providers, etc.



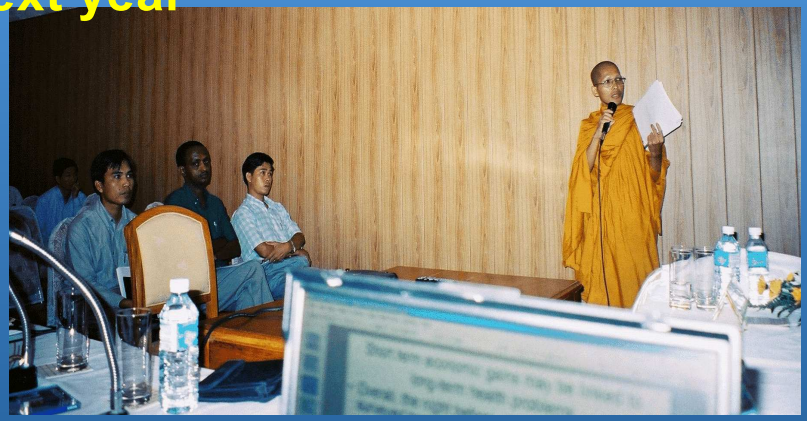
Dr. Sarath Kros meets with SiRCHESI staff, 2003.

Beer sellers and hospital workers at annual meeting, May 2002.

SiRCHESI, a local NGO, delivers health services using evidence-based research

- i) on the ground local staff delivers health services, education and trains others
- ii) international researchers, students and interns visit to help create and evaluate new interventions
- iii) continuous monitoring of health behaviours and attitudes through systematic data gathering, interviews, workshops, focus groups, questionnaires
- iv) international support from foundations (M.A.C. AIDS Fund, Elton John AIDS Foundation) and private and corporate donors
- v) attempts to make health interventions self-sustaining through partnerships with local industries
- vi) Research model is Participatory Action Research, emphasizing cultural and gender sensitivity

- A day-long annual HIV/AIDS conference brings together health workers from NGOs, hospitals, agencies alongside representatives of community groups at risk, as well as members of the business community in an interactive community forum
- This conference, and the NGO Annual Business meeting which follows, has played an important PAR feed-back loop role, as priorities are set for the next year



SiRCHESI and PAR activities

The local NGO, SiRCHESI (Siem Reap Citizens for Health, Educational and Social Issues), implements "Participatory Action Research" health-related activities in Siem Reap. It targets HIV/AIDS, alcohol and other health and social risks/inequalities

- Longitudinal study of community health behaviour changes of 4 risk groups (2001-2007) with in depth questionnaires (N=560, annually) ; our medical colleagues confidentially monitor blood serology,HIV/AIDS status, and since 2003, may offer anti-retroviral therapy
- "Peer educator" training workshops make use of questionnaire and risk data to confront ongoing risky behaviours and prevent HIV/AIDS
  - Beer promotion women, May 2002, Dec. 2006, August, 2007
  - Married women, May 2002, Dec. 2006
  - NGO workers, May 2002
  - Men, August, 2003, Dec. 2006
  - Young vendors (Angkor Wat), Aug. 2003+trimestrially (2004-7)
- Total Peer educator outreach:
  - **2002 (N=880)**, 2003(N=1848), 2004 (N=2678) , 2005 (N=3460),
  - **2006 (N=4164), 2007:6480 2008:Target N=7800**
- Beer-sellers' workshops:Alcohol overuse and HIV/AIDS May,Aug.,2006
- Men's workshop on Alcohol overuse and HIV/AIDS, May, 2006
- Focus groups for Restaurant Managers/Beer Distributors:May,Oct. 2006
- Public march/demonstration of beer promoters, during International Campaign of 16 Days Against Violence To Women, Siem Reap , Nov. 27,2005.
- Launch of "Primary Prevention" "Hotel Apprenticeship" Program, shifting beer sellers from dangerous workplaces into safer careers (Nov. 2006; Aug.2007)

The program described today takes a community approach to HIV/AIDS, alcohol abuse and other risks to health, safety and wellbeing. We try to have evidence guiding practice, with respect for community priorities.

In this community we learned that the spread of HIV/AIDS cannot be conceptualized only in terms of virus infection: it's personal, it's social, it's communal, it's economic, it's political, it's gendered and it's culturally situated.

- Paul Farmer's multi-disciplinary works demonstrate how the spread of HIV/AIDS and other infections in Haiti, Peru and Boston are intricately interconnected with political systems, structural variables such as poverty, illiteracy, and gender , and local cultural practices about health and healing [Farmer, P. (1999) *Infections and Inequalities: The Modern Plagues.* Berkeley, CA.: The University of California Press.]

- Catherine Campbell's work in South Africa also shows how local cultural and political contexts, and local specificities of community infra-structures, can affect HIV/AIDS and intervention programs, custom-designed in the UK. [Campbell, C. (2003). *Letting them Die: Why HIV/AIDS prevention programmes fail.* Oxford: The International African Institute/James Curry.]

- Stephen Lewis, UN envoy for HIV/AIDS in Africa (2000-2006) shows how an astute political and gender analysis, a crticial sense of justice, and passionate discourse can help creatively turn knowledge into practice and policy for Africa: *Race against Time*:-*Second Edition: Searching for Hope in AIDS-Ravaged Africa.* Toronto:House of Anansi/Groundwood Books.

SiRCHESI's Multi-disciplinary, multi-method research and multi-sectorial Intervention strategies

Top-down approach

International/global advocacy level

- - Ask international beer companies and other globalized corporations doing business in Cambodia to honour international policies on worker safety and health
- -Ask international consumers and investors to consider "fare-trade"/ethical practices of beer companies when making brand choices (www.fairtradebeer.com)
- Find international donors/resources to complement government efforts
- Seek additional medical resources and treatments for the community (e.g., affordable anti-retroviral medications)

Community/Institutional (Political, Economic) levels:

- Sustainability of interventions: Mobilize local/international businesses to support educational interventions and followups (hotels, brothels, beer restaurants, etc.)
- Co-ordinate with government and other NGO programs in promoting condom use and HIV/AIDS and STI prevention, reduction of violence to women
- Modify workplace health, safety and security to remove risk of HIV/AIDS through: education, proper salaries, and provision of anti-retroviral therapy where needed
- Provide safer alternative career employment opportunities, through training and apprenticeship programs in growth industries, to remove risks for HIV/AIDS

Group level:

–Peer education through Pyramidal training among groups at risk

-Transfer of training skills/materials to local practitioners in workshops (HIV/AIDS and Alcohol abuse prevention, "street proofing" against sexual exploitation)

-Evaluations of effectiveness

Individual level:

- –Continual annual monitoring (interviews/questionnaires) of changes in sexual practices, attitudes, behaviours and condom use in groups at risk for HIV/AIDS
- -Condom use promotion: providing concrete behavioural strategies for 100% consistent behavioural change, based in part upon current, specific data of local cultural and gendered practices + followup evaluations re personal behaviour changes

Grass-roots, bottom up

How did Siem Reap, with its Angkor Wat World Heritage tourist site, become such an unhealthy, dangerous place? Tourism can bring business and wealth; It can also bring infections and health and safety risks.

- With the arrival of the UN's UNTAC force (1991) came the first documented case of HIV/AIDS
- Brothels, discotheques, beer gardens served the soldiers and the de-miners who followed; demining paved the way for tourists after 1997
- Siem Reap is the largest tourist site in Cambodia; it hosted 354.000 in 2001, 1,055,000 in 2004, 1,400,000 in 2005,1,700,000 in 2006.
- Many male tourists are "sexual tourists" , some seek younger persons and virgins, believing there is less HIV risk or (Chinese) that sex with virgins cures AIDS
- In 2001, 23 Brothels were registered in the 100% condom use program, with 250 direct sex workers.
- An additional 350 indirect sex workers are "beer promotion women" for international brands, or work as massage workers, and KARAOKE singers.
- **Infection patterns reflect a " bridging" pattern involving sexual tourists, young persons and "virgins", indirect and direct sex workers, local men, their wives and newborns, MSM. (For the moment, little or no transmission is through needle-sharing in Siem Reap)**

We originally thought that getting more people to use condoms would result in a reduction of HIV/AIDS transmission, and that this would be a simple exercise in community health behaviour change

Nine years later, we are trying to further reduce HIV/AIDS, alcohol abuse, and violence in the workplace;
reduce poverty and gender inequity,
create a school for women's literacy and career mobility,
lobby international globalized companies to create better working conditions ;
reduce sexual exploitation and trafficking of children,
empower women, ...

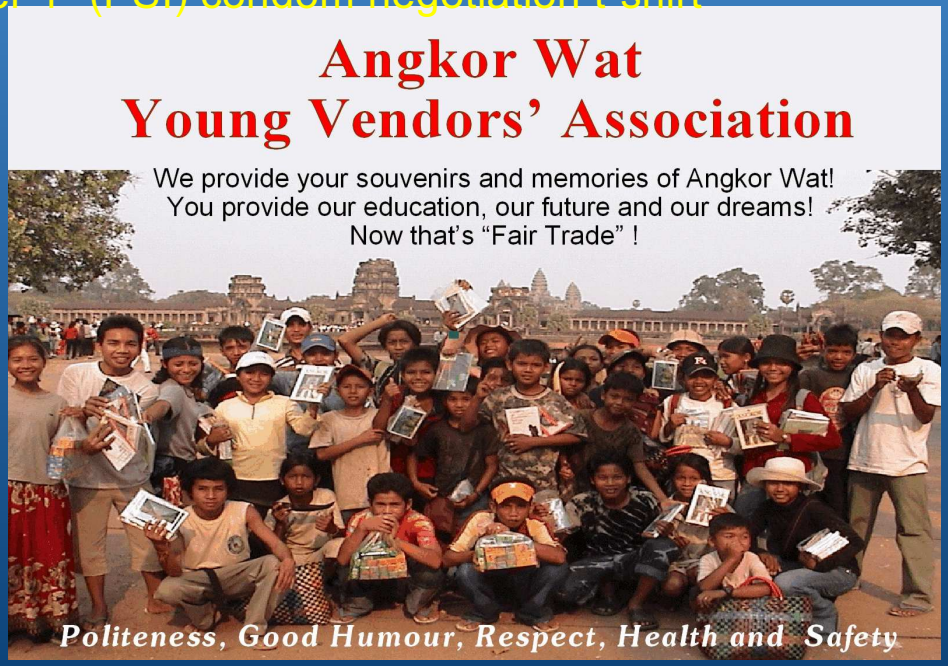
When children are trafficked to brothels, or exploited sexually by tourists, health and safety risks greatly increase.

How many people under 18 in Cambodia are HIV+?

- No systematic surveillance data exist for HIV/AIDS prevalence among young persons under 18, although one article (Vanaphon et al, 2004) claims the rate for 15-19 year olds in Cambodia is the highest in South-East Asia
- There are a growing number of “AIDS Infants” or “AIDS orphans” in local orphanages, unequipped for their needs
- There are a growing number of very young “street children” appearing in the “downtown area” who seem to be homeless and without family
- The Angkor Children’s Hospital reported that from 2000-2004, about 23% of infants whose parents gave consent for HIV testing were sero-positive.
- A program recently started at the private hospital, Khanta Bhopa III, run by a Swiss foundation, offers a drug trial (Nevirapine)to prevent mother-child transmission of HIV/AIDS. Data to mid-2004 indicate about 1.6% of all infants entering the Siem Reap hospital were HIV+.

Young Vendors, 2001. Oldest, 15, wears "Number 1" (PSI) condom negotiation t-shirt

Young vendors, 2002.



2004