A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China

Jointly prepared by

China Ministry of Health

and

UN Theme Group on HIV/AIDS in China

Representing the nine Cosponsors of UNAIDS:

United Nations Children's Fund

World Food Programme

United Nations Development Programme

United Nations Population Fund

United Nations Office on Drugs and Crime

International Labour Organization

United Nations Educational, Scientific and Cultural Organization

World Health Organization

World Bank

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF•WFP•UNDP•UNFPA•UNODC
ILO•UNESCO•WHO•WORLD BANK

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
BCC	Behaviour Change Communication
CBO	Community Based Organization
CCTV	China Central Television
CNY	Chinese Yuan
FPD	Former Plasma Donors
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
IDU	Injecting Drug User
KAP	Knowledge, Attitude and Practice
MOC	Ministry of Commerce
MOE	Ministry of Education
MOF	Ministry of Finance
MOPS	Ministry of Public Security
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NGO	Non-governmental Organization
NPFPC	National Population and Family Planning Commission
PLWHA	People Living with HIV/AIDS
RTI	Reproductive Tract Infections
SARS	Severe Acute Respiratory Syndrome
SDRC	State Development and Reform Commission
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SW	Sex Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNTG	United Nations Theme Group
USD	United States Dollar
WB	World Bank
WHO	World Health Organization

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EXECUTIVE SUMMARY

The HIV/AIDS epidemic in China has changed greatly since the first UN Theme Group-Ministry of Health joint assessment report “China Responds to AIDS” was published in 1997. During this time, the epidemic has changed substantially and efforts on HIV/AIDS prevention and control in China have made much progress. However, due to the particularity and complexity of HIV/AIDS prevention and control, many problems and numerous challenges remain. How to assess the situation accurately and resolve the problems quickly will be the key to the realization of target objectives stated in the China Long - and Medium Term Plan on HIV/AIDS Prevention and Control (1998-2010) and the China Plan of Action to Contain and Control HIV/AIDS (2001-2005). Thus, the Chinese Government and the Theme Group on HIV/AIDS in China are working together to make a systematic and comprehensive assessment of the HIV/AIDS epidemic and prevention, treatment and care efforts.

1 The overall HIV/AIDS epidemic in China at present can be summarized as:

1.1 The epidemic is increasing dramatically

Concurrently, there is a low prevalence nationally but a high prevalence in specific populations and certain regions. The main transmission routes are through intravenous drug use and, in the past, through the sale of blood and plasma.

In 2003, according to a China CDC survey supported by WHO, UNAIDS and US CDC, China has 840,000 people living with HIV/AIDS, among which 80,000 are AIDS patients. Although the adult prevalence rate is less than 0.1%, the epidemic has spread to 31 provinces (autonomous regions and municipalities) and the number of reported HIV/AIDS cases has increased significantly.

1.2 Increasing number of AIDS patients and AIDS related deaths

According to the annual case reports on HIV/AIDS, there has been a significant increase in the cumulative number of HIV/AIDS cases reported. Since 2001, China has approached a peak of AIDS cases and AIDS related deaths. In the 15 years from 1985 to 2000, the cumulative number of AIDS cases re-

ported was 880, with 496 deaths, while the number of AIDS cases and related deaths between 2001 and 2002 were 1,742 and 716 respectively. The reported number of AIDS cases in 2002 increased by 44% compared with 2001. In some villages in counties of Henan and Anhui provinces where the HIV epidemic is acute, concentrations of AIDS cases and deaths have occurred since 2001.

1.3 The HIV/AIDS epidemic is spreading from high-risk populations to the general population

Although sharing injection equipment among IDUs is the main transmission route, the proportion of sexually transmitted HIV infections also increased from 5.5% in 1997 to 10.9% at the end of 2002. Data from sentinel surveillance indicated that the HIV prevalence among sex workers is increasing, and Mother to Child Transmission (MTCT) has continued to increase since the first reported case of MTCT in 1995.

1.4 Risk factors exist for a generalised HIV epidemic

High risk behaviour has increased, including sharing needles and syringes; there is a low rate of condom use; there is a lack of HIV/AIDS related knowledge and severe social discrimination; a high reproductive tract infection (RTI) prevalence rate among rural women is increasing the risk of HIV transmission; there is risk of HIV infection through blood transfusion and iatrogenic infection; there is an imbalance in economic development which has produced poverty in different areas. If we are not able to impact these risk factors, the AIDS epidemic will not be controlled and there will be both serious individual and socio-economic repercussions. The AIDS epidemic will become a serious problem threatening national security and prosperity, social stability and economic development.

2 Achievements in the containment of HIV/AIDS in China

To prevent the epidemic from spreading and to mitigate the impact of AIDS, enhanced HIV/AIDS prevention and control has been seen at a national level in recent years following the guiding principles: “focus on prevention; strengthen information and education for the general public and vulnerable groups; emphasize comprehensive prevention and care approaches”.

2.1 The central government announced its political commitment to respond to HIV/AIDS at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). A series of policies and regulations have been promulgated. Investment in AIDS

treatment and care has been increased dramatically.

2.2 A coordinating body was set up at the State Council level. In the key epidemic areas, the local governments have established leading groups and working mechanisms. Mechanisms led by the central government for multi-sectoral cooperation and public participation have been implemented. One of the recent breakthrough achievements is the exemption of import duties for imported ARV drugs and the availability of domestically produced anti-retroviral drugs through increased cross-sectoral cooperation.

2.3 A series of laws and regulations have been constituted and promulgated to ensure the security of blood supply since 1995. Illegal blood donation agencies have been effectively banned, and plasma donation is now properly regulated. HIV testing in blood banks and the promotion of free voluntary blood donation is on-going. 459 blood collection stations have been established or rebuilt. These measures have resulted in a significant improvement in the safety of blood and blood products.

2.4 There has been a marked improvement in public information and education about HIV/AIDS. Around the “World AIDS Day” on December 1 every year, there have been several national campaigns aimed at increasing awareness.

2.5 Targeted behavioural interventions among groups with high risk behaviour have been implemented: e.g., condom promotion, needle social marketing, prevention of MTCT in pilot locations.

2.6 A comprehensive care pilot project has been carried out, including anti-retroviral therapy. In 2002, the MOH set up a “127 County Community-based HIV/AIDS Comprehensive Care and Treatment Pilot - China CARES” in key regions.

2.7 An HIV/AIDS surveillance system has been set up, but is still at an early stage of development.

At the high level HIV/AIDS meeting of the UN General Assembly in September 2003, in New York, the Executive Vice Minister Dr Gao Qiang , on behalf of the Chinese Government, made the following five commitments. These commitments will further enhance the current HIV/AIDS prevention and control efforts:

1. Strengthening government efforts by clarifying targets, identifying responsibilities and improving evaluation, supervision and monitoring; holding persons or departments accountable for negligence if HIV/AIDS is spread by ineffective work.

2. Providing free ARV medicines to low-income HIV/AIDS patients in urban areas and all patients in rural areas; to provide medical assistance to people suffering from infectious diseases and train people in HIV/AIDS prevention and treatment.
3. Improving laws and regulations, intensifying interventions, launching public awareness campaigns, promoting drug-free communities and healthy sexual life, and cracking down on illegal activities.
4. Protecting the legitimate rights of HIV/AIDS patients and opposing social discrimination against them; integrating antiretroviral treatment, care and financial aid to HIV/AIDS patients living in poverty.
5. Increasing international cooperation on HIV/AIDS by welcoming continued financial and technical support from other countries and international organizations.

3. Issues and recommendations

3.1 Government Leadership and Coordination

The increasing demand for strong political leadership and coordination on HIV/AIDS prevention and control from the various levels of government is still far from being met. As a result, weaknesses in coordination and collaboration continues to create bottlenecks for the progress and development of such work.

Recommendations

- Develop and perfect mechanisms on HIV/AIDS prevention and control, headed by the government, with the participation of all sectors of society;
- Strengthen coordination with international organizations;
- Continue with the strategy on HIV/AIDS prevention and control in various localities and sectors.

3.2 Perfecting the Surveillance and Testing Systems

The current surveillance system has not yet been perfected and its information not fully utilized.

Recommendations

- Develop and perfect the general framework for HIV/AIDS surveillance and implement a plan for comprehensive surveillance;
- Work out clear regulations with operational guidelines for information release, making timely public announcements about the HIV/AIDS/STD epidemic with relevant information;
- Intensify resource-sharing between various sectors and develop mechanisms for information exchange;
- Enhance the capacity of professional staff for surveillance data collection, management, analysis and utilization.

3.3 Information, Education, Communication, Behaviour Change Communication and Interventions

Systematic and effective IEC/BCC and interventions need to be established and improved. Currently, the depth and breadth of behaviour change interventions are inadequate. STD management is not well developed and the market is in disorder. The danger of iatrogenic transmission still exists.

Recommendations

- Develop national publicity campaigns, information exchange and strategies on HIV/AIDS;
- Focus on education for drug users and people working in entertainment settings;
- Strengthen management of STDs;
- Continue improving the safety of the blood supply.

3.4 Comprehensive Care and Treatment

There is a visible lack of professionals in HIV/AIDS control and prevention, both in terms of number and capacity; some health workers still discriminate against or have prejudices towards people living with HIV/AIDS.

Recommendations

- Promote the work of the “127 County Community-based HIV/AIDS Comprehensive Care and Treatment Pilot - China CARES”;
- Set up a supervision and guiding system;
- Reinforce training of health workers, strengthen the technical guidance on care and treatment;
- Develop fund-raising strategies and approaches for providing HIV/AIDS treatment.

3.5 Information Sharing and Utilization

There is no overall plan for the gathering, storage and usage of HIV/AIDS information. A clear strategy and guidelines are needed for overall data collection, sorting, analysis and exchange. Adequate networking techniques and mechanisms for sufficient information collection, sorting, analysis, exchange and usage are vital, as well as horizontal exchange and integration between programs.

Recommendations

- Develop a national strategy and guidelines for overall information management on HIV/AIDS;
- Facilitate, promote and perfect the establishment of national and local AIDS resource centres, e.g., China HIV/AIDS Information Network (CHAIN);

- Consolidate and promptly disseminate successful experiences and lessons learned from various HIV/AIDS pilots.

3.6 Implementation and Supervision

There is still a low level of awareness of the two national plans among some of the government leaders as well as a lack of suitably qualified personnel, resources and absence of necessary supervision and assessment plans.

Recommendations

- Strengthen advocacy aimed at government leaders at both provincial and city levels to enhance their awareness of HIV/AIDS prevention and control;
- Strengthen guidance and supervision of local authorities on AIDS related work;
- Establish and improve the monitoring and evaluation system on HIV/AIDS that adapts the standards of international practice to the Chinese situation;
- Reinforce the implementation of the guiding principle of AIDS prevention and control in China “prevention first, and integrate treatment with prevention”.

3.7 Laws and Regulations

The laws and regulations which play an important role are no longer applicable to the present situation and are sometimes in contradiction with current prevention strategies.

Recommendations

- Undertake wide-ranging research and discussion regarding controversial topics associated with HIV/AIDS in order to pave the way for legislative reform of relevant laws and regulations after broad consultations with all sectors of society and government.

3.8 Resource Mobilization and Utilization

The funds for HIV/AIDS fall far short from the actual needs. Existing funds are not properly allocated or used and feasible fund-raising strategies are lacking.

Recommendations

- Appropriately increase input of government resources;
- Develop a comprehensive fund-raising policy and strategy;
- Conduct applied health economic studies;
- Enhance the effectiveness of fund utilization;
- Strengthen supervision on the use of funds.

CHAPTER 1 THE HIV/AIDS EPIDEMIC IN CHINA

The HIV/AIDS epidemic in China has gone through three phases: the Entry Phase (1985 -1988), the Spreading Phase (1989-1994) and the Expansion Phase (1995-Present). In recent years, the HIV/AIDS epidemic has become more serious. By June 2003, the accumulated number of reported HIV cases in the whole country was 45,092, of which 3,532 were AIDS patients, with 1,800 deaths. According to estimates by experts from the Chinese Centre for Disease Control and Prevention, the accumulated number of HIV infections and of AIDS patients has reached 840,000 and 80,000 respectively. The estimation process was spported by WHO, UNAIDS and US CDC in 2003.

Currently, an overview of the overall HIV/AIDS epidemic situation can be captured in a few points:

- Low prevalence nationally, but high prevalence clusters that continue to increase at a rapid rate;
- The HIV/AIDS epidemic has not been effectively controlled among high risk populations and has started to spread to the general population;
- It is felt that some regions in China are entering a period where the number of HIV infections and related deaths are escalating;
- HIV risk factors widely exist, so there is a great danger of the epidemic becoming more widespread;
- In areas with a serious HIV epidemic, HIV/AIDS has brought about different degrees of social and economic impacts, including severe social and economic burdens.

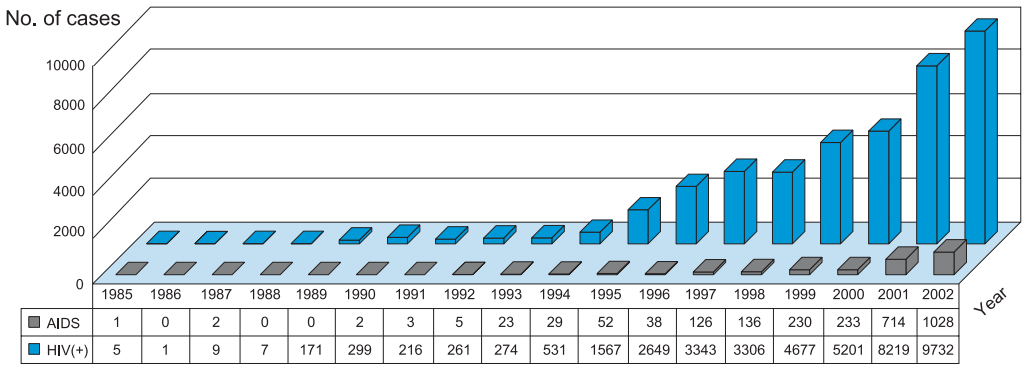
The HIV/AIDS epidemic in China can be summarized as:

1.1 Low but Increasing Overall National Prevalence and Clusters of High Prevalence

According to Chinese HIV/AIDS case reports, the number of HIV/AIDS cases has increased significantly since 1985, and has spread to 31 provinces (autonomous regions and municipalities). The HIV infection rate among high-risk groups

such as IDUs and SWs has increased dramatically. Results from surveillance and specific surveys (2000-2002) showed that the HIV infection rate among high-risk groups in previous low level epidemic areas had gradually increased. For instance, the HIV prevalence among IDUs in some areas of Guizhou is 34%. Despite the overall low prevalence rate (an adult infection rate of less than 0.1% (Table 1)) compared with other nations, China has a large number of infections and the epidemic continues to spread widely.

Chart 1 Annual reported cases of HIV/AIDS in China (1985-2002)



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
AIDS	1	0	2	0	0	2	3	5	23	29	52	38	126	136	230	233	714	1028
HIV(+)	5	1	9	7	171	299	216	261	274	531	1567	2649	3343	3306	4677	5201	8219	9732

Source: MOH of China, Chinese CDC Annual HIV/AIDS Case Report

Table 1 Adult HIV data and estimates for China

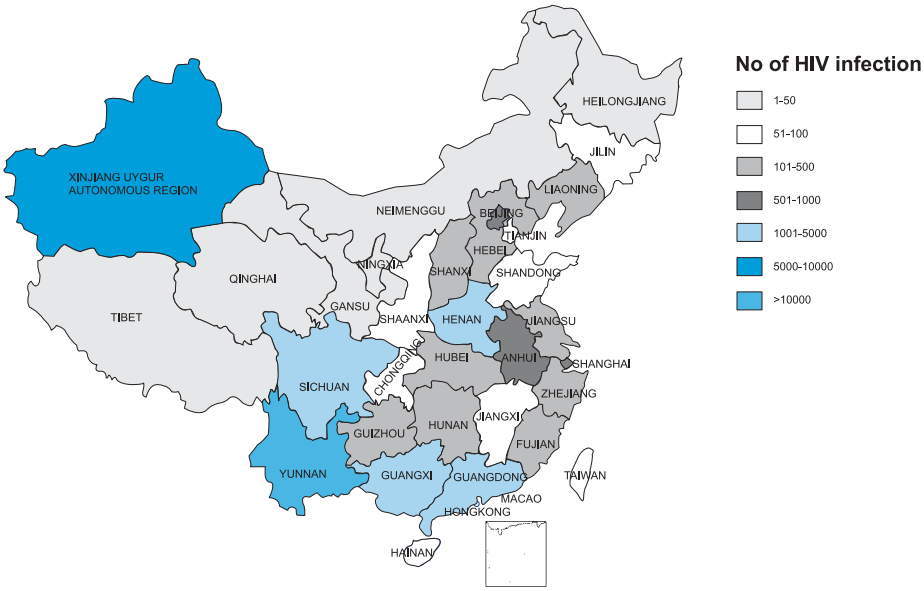
Variable	By 1997	By 1999	By 2001	By 2002
Estimated total HIV/AIDS*	300,000	500,000	850,000	1,000,000
Male/Female ratio**	5:1	5:1	4:1	4:1
Estimated total adult HIV/AIDS	289,500	479,000	815,000	960,000
Adult HIV prevalence	<0.03%	<0.05%	<0.08%	<0.10%
Male HIV prevalence	<0.04%	<0.06%	<0.10%	<0.12%
Female HIV prevalence	<0.008%	<0.01%	<0.03%	<0.03%

* Past estimates are from MOH

**China HIV/AIDS Case Report

The status of the HIV/AIDS epidemic is quite different in different areas (Chart 2). The HIV epidemic is more severe in certain areas and among specific populations. For example, Yunnan has cumulatively reported 12,000 HIV infections. In 2002, Yunnan, Xinjiang, Guangxi, Sichuan, Henan and Guangdong had over 1,000 reported HIV infections and an estimated number of infections of more than 40,000 each. The main transmission routes are related to intravenous drug use and, in the past, blood/plasma sale.

Chart 2 The geographic distribution of reported HIV/AIDS cases in China



Source: China HIV/AIDS Case Report, December 2002

1.1.1 High HIV prevalence among Injecting Drug Users (IDUs)

In 1989, Yunnan reported the first HIV infection among IDUs. After 1995, Sichuan, Xinjiang and other provinces (municipalities and autonomous regions) have also reported HIV infection among IDUs. By the end of 2002, all 31 provinces (municipalities and autonomous regions) have reported HIV infection among this population.

In recent years, the HIV epidemic has spread widely among IDUs (Table 2) in some provinces (municipalities and autonomous regions). Data from sentinel surveillance and epidemiological investigations showed that 9 provinces (municipalities and autonomous regions): Yunnan, Xinjiang, Guangxi, Guangdong, Sichuan, Hunan, Guizhou, Jiangxi and Beijing reported an HIV prevalence rate exceeding 5% among IDUs. In 2001, 5 of the 24 sentinel sites reported an HIV prevalence of

over 10%. According to another investigation, in certain areas of Sichuan, Guangxi, Guizhou, HIV prevalence among IDUs reached 50%, 43% and 34%, respectively. In some areas in Yunnan and Xinjiang, the HIV prevalence among IDUs was reported to be as high as 80%.

Table 2 Provinces and years when HIV was reported among IDUs

Year	Provinces
1989	Yunnan
1995	Sichuan, Xinjiang
1996	Guangdong, Guangxi, Beijing, Shanghai, Guizhou
1997	Inner Mongolia, Liaoning, Zhejiang, Gansu, Chongqing
1998	Hunan, Qinghai, Jiangsu, Tianjin, Shanxi, Fujian, Jiangxi
1999	Hebei, Shandong, Hubei, Hainan, Ningxia
2000	Shaanxi
2001	Tibet, Heilongjiang, Henan
2002	Jilin, Anhui

Source: China HIV/AIDS Case Report

1.1.2 Severe HIV epidemic among Former Plasma Donors (FPD)

Since 1995, a large number of HIV infections have been reported among former plasma donors (FPD) in many provinces, especially in central China. According to epidemiological investigations, the HIV prevalence rate among FPDs in Henan, Anhui, Shanxi, Shaanxi, Hubei, Hebei, Shandong and Guizhou provinces has reached an average of 10%-20%, with the highest being 60% in certain communities. A survey undertaken in 2001 in Henan by the MOH AIDS Prevention and Control Centre (now called NCAIDS of the Chinese CDC) showed that selling plasma/blood was quite a common phenomenon in certain areas.

Among adults under the age of 60, 21.6% have donated plasma, while among people between 20-59 years old, the percentage of former plasma donors is 42.8%.

1.2 Increasing Number of AIDS Patients and AIDS Related Deaths

According to data from the annual HIV/AIDS case reports, there has been a significant increase in the number of HIV/AIDS cases reported. From 1985 to 2000, the cumulative number of AIDS cases reported was 880, with 496 related deaths, while the number of AIDS cases and related deaths reported from 2001 to 2002 were 1,742 and 716, respectively. The reported number of AIDS cases in 2002 increased by 44% compared to that of 2001, and increased by 206% in 2001 compared to that of 2000. This data represents a significant increase in morbidity and mortality due to HIV/AIDS. In some counties in provinces such as Henan and Anhui, there were particularly high numbers of AIDS cases and deaths in 2001. This not only had a severe impact on individuals and their families, but has also affected the social fabric, both in terms of stability and development.

Without ARV treatment, AIDS patients usually live for only 2.5 years after the onset of symptoms, which indicates that some areas could have mounting numbers of AIDS-related deaths.

1.3 The Spread of HIV/AIDS from High-risk Populations to the General Population

1.3.1 In certain areas, a relatively high rate of HIV prevalence is found among premarital youth

The HIV/AIDS epidemic is spreading from high-risk populations into the general population.

In 1997, anonymous, un-linked HIV testing of premarital youth was started in Yining, Xinjiang autonomous region. Findings showed a prevalence rate of 1.7% that year. In 2001, of the 2,024 people tested, the overall prevalence rate was 1.14%, and 1.78% among males (NCAIDS, 2001).

1.3.2 Mother to Child Transmission (MTCT) of HIV has increased at a steady rate

Since the first case of mother to child transmission was reported in 1995, the proportion of MTCT has increased year by year. The case report data show that the proportion of MTCT increased from 0.1% in 1997 to 0.4% in 2002 (Table 3).

In Yunnan and Xinjiang, the HIV prevalence among pregnant women in certain areas reached 1.3% and 1.2%, respectively, similar to levels of high prevalence neighbouring countries.

Table 3 The proportion of MTCT among reported HIV/AIDS cases (1997-2002)			
Year	Annual total	MTCT NO.	%
1997	3,343	4	0.1
1998	3,306	3	0.1
1999	4,677	3	0.1
2000	5,201	10	0.2
2001	8,219	32	0.4
2002	9,732	41	0.4

Source: China HIV/AIDS Case Report

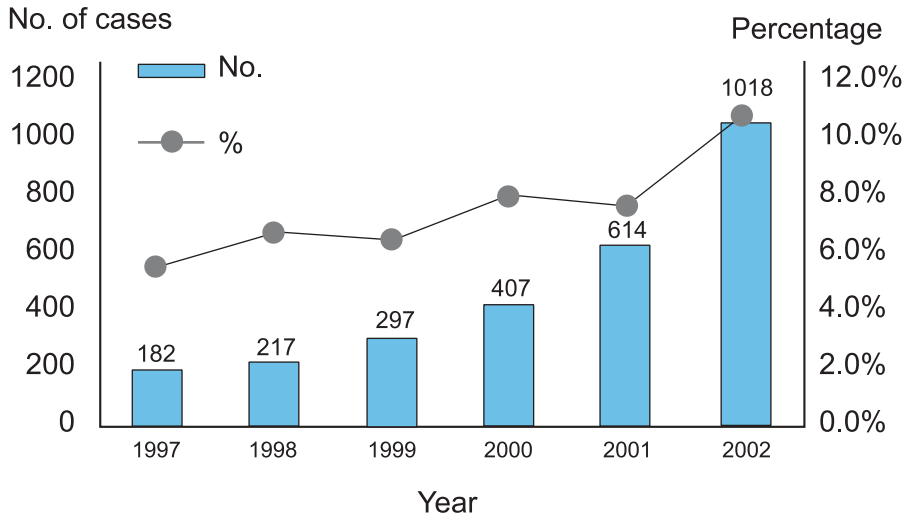
1.3.3 Increase in the proportion of sexually transmitted HIV infections

International experience has shown that the spread of HIV is mostly due to sexual transmission. The data from HIV/AIDS case reports in China show that the proportion of sexually transmitted HIV infections increased from 5.5% in 1997 to 10.9% by the end of 2002 (Chart 3).

The national STD surveillance data has shown that the number of STDs has increased during the past decade. The HIV prevalence rate among STD patients is relatively low (in the provinces where HIV infection is reported among STD patients, the prevalence rate was less than 1.8%), but in some individual HIV sentinel surveillance sites in Yunnan, the prevalence rate among STD patients was as high as 8%. The above figure suggests that HIV transmission is currently spreading into the general population through unsafe sexual behaviour, which might possibly become one of the dominant risk factors of a generalized HIV epidemic in China.

Previous data from HIV/AIDS case reports show that the proportion of HIV infection among men who have sex with men has been relatively low (in the 2001 cumulative report, the proportion of HIV infections accounts for 0.2%). However, in certain areas, results from surveys show a 1-5% prevalence.

Chart 3 The number and proportion of reported HIV infections through heterosexual transmission in China (1997-2002)



1.3.4 HIV transmission through iatrogenic infection should not be neglected

HIV transmission through iatrogenic infection is one of the ways that HIV could spread from certain groups to the general population.

1.4 The Widespread Risk of an HIV Epidemic

1.4.1 An increase in high risk behaviour increases the risk of HIV transmission

There is a relatively concentrated geographic distribution of drug abuse in China, and sharing needles and syringes is a dominant HIV transmission route. Injecting is less expensive and more effective than smoking, so more and more drug users are changing their mode of drug use from smoking to injecting. According to specific surveys in certain areas, more than 50% of intravenous drug users share needles and syringes.

Commercial sex is illegal in China. But in some entertainment establishments, prostitution occurs. Although their consistent condom use has increased, condom use is still very low. This greatly increases their risk of contracting sexually transmitted diseases, including HIV.

According to limited surveys, high-risk sexual behaviour is common among men who have sex with men (MSM) in China.

1.4.2 Lack of knowledge about HIV/AIDS and severe social discrimination

The general public, especially vulnerable groups, lack knowledge about HIV/AIDS. According to a knowledge, attitude and practice (KAP) survey among 202 sex workers in entertainment settings, despite the fact that most SWs knew that HIV could be transmitted through sexual intercourse, they seldom knew

that a condom could prevent HIV infection (between 14%-30% did know). Only 2%-30% of those surveyed considered themselves at risk for HIV infection, but 70%-92% expressed willingness to learn more about HIV and STDs.

A survey conducted by a social survey company in four big cities, found that 75% of the surved people said they would try to avoid contact with PLWHAs, and 45% believed HIV/AIDS was the result of low morals. A survey among 1,148 people in Neijiang, Sichuan Province reported that 88% of people surveyed thought that PLWHAs should not be in contact with other people in society. In addition, 30% thought that PLWHAs should be cared for in a closed sanatorium, but almost all of them, 97%, expressed their willingness to acquire more HIV/AIDS-related knowledge. Lack of knowledge and misunderstanding are two of the main reasons behind discrimination towards PLWHAs which, in effect, accelerates the spread of the HIV epidemic.

1.4.3 High prevalence of reproductive tract infections among rural women

According to one report, 60% of rural women report reproductive tract infections (RTIs) in certain rural areas of China. Due to high service charges, long distances from clinics and a shortage of female doctors, most of them do not receive prompt and quality treatment. The high prevalence rate of RTIs puts these women at a higher risk of HIV infection.

1.4.4 HIV infection risk with blood transfusion and iatrogenic infection

The risk of HIV infection through blood transfusion in remote areas of China still exists. Since 1995, China has developed strict guidelines regarding clinical blood usage. All blood must be screened for HIV and other blood-borne diseases before clinical use. However, there are still HIV cases reported through blood transfusions in rural areas. The MOH and the Red Cross have conducted training and education on blood safety and voluntary non-paid blood donation, but awareness among the general public towards safe blood donation and transfusion still needs to be improved. Training on safe and rational clinical usage of blood should also be strengthened.

In China, several reasons exist for iatrogenic infection e.g., poor sanitation in remote areas, shortage of proper equipment, ineffective sterilisation of medical equipment and lack of training in universal precautions. In addition, the risk of exposure by medical staff is another problem that needs to be addressed. Medical institutes in some cities still do not properly destroy disposable needles and syringes in accordance with government regulations, hence, increasing the risk of iatrogenic infection. However, up to now, China does not have estimates on iatrogenic HIV infection. Evidence shows that unsafe practices related to injections, blood trans-

fusions and deliveries have a close relationship with the spread of Hepatitis B, C and HIV. Improper sterilization and non-standard medical procedures by medical staff occasionally occur.

1.4.5 Imbalance in economic development and poverty between different areas

In the process of economic reform and growth, the unevenness of the social and economic development is becoming more and more striking. In particular, the difference between the urban and rural wealth is growing. As a result, many rural people migrate to cities to make a living or to enhance their opportunities. Lacking the competitive power in the urban market, most of these rural and marginalized people have to engage in high risk jobs that are harmful to their health.

Poor economic status, psycho-physiological pressure, and lack of medical knowledge make migrant workers more vulnerable to many risks, including HIV infection. Once infected with HIV, they may act as a bridge to carry the virus back to their village, thus, increasing the risk of an HIV/AIDS epidemic in rural areas.

1.4.6 The migrant population

Currently in China, the migrant population is estimated to be around 120 million, mostly of a sexually active age. This population has left their original place of residence, customs and norms and faces enormous changes and pressures in morality, life style, scope of contact and sexual behaviour. The physical pressures, increased liberty and opportunity, combined with ignorance, present them with greater chances to engage in unsafe sex. Due to their fear of discrimination and the high cost of medical care, most are unwilling to seek treatment for STDs in hospitals or clinics, thus increasing chances of STD and HIV transmission.

1.5 The Socio-economic Impact of HIV/AIDS

1.5.1 The impact of HIV/AIDS on individuals, families and the macro-economy

The impact of HIV/AIDS on the micro-economy is reflected primarily in decreased household income and huge medical expenses, which bring about social issues such as families living in poverty, raising orphans and caring for elderly living on their own.

The impact of HIV/AIDS on the macro-economy should include the direct and indirect impact. The direct impact is the medical cost of AIDS patients, the indirect impact is the decreased economic contribution due to loss of manpower.

1.5.2 The economic effect of AIDS on the health services

As the number of AIDS cases has increased worldwide, it has brought about unprecedented pressure on health departments in all countries. According to estimates, the medical cost of the

first batch of AIDS patients (10,000 persons) in the USA was USD 1.5 billion. The economic losses related to adult death cost the country an estimated USD 4.7 billion.

According to (incomplete) statistics, by the end of 1992, the cumulative expenditure on HIV/AIDS prevention and control in China spent by the central government and international agencies was 30 million CNY. From 1993 to 1998, the MOH budget for HIV/AIDS prevention and control was 55 million CNY. In 1998, the central government increased the annual HIV/AIDS prevention budget to 15 million CNY, and in 2001 the AIDS budget increased again to 100 million CNY per year. In order to deal with the rapid increase of AIDS patients, the government again significantly increased its budget.

Interventions, for example, in reviewing some of the present successful AIDS projects and effective interventions in high-risk populations for 6 months, with the aim of improving the AIDS knowledge level from 30% to 50% among the target population and increasing their condom use by 30%-50%, would cost 200-400 CNY per person. If China provides interventions to 10% of the estimated number of high-risk populations (considering that the cost for expanding the intervention would be reduced), the annual budget would be 60-120 million CNY. If China were to conduct effective interventions nationally, the interventions need to reach at least 60% of the target population and will require a budget of at least 360-720 million CNY. Therefore, the present budget for HIV/AIDS prevention and control, even if provincial inputs are included, is far from meeting the actual investment needed for HIV/AIDS prevention and care.

In addition, AIDS will not only drain the health resources, but also other resources, such as those used to look after AIDS orphans and the elderly who live on their own.

1.5.3 AIDS-related social problems influencing social stability

AIDS brings with it a large number of orphans. According to a survey among 143 PLWHAs in selected parts of China, 16% have children under 5 years, and these children are likely to become orphans before reaching maturity.

The HIV/AIDS epidemic will increase the number of the poor and increase the disparity between the richest and the poorest. Most PLWHAs in China live in underdeveloped areas where there are few natural resources, where health and education resources are in short supply and where poverty is relatively high.

Families affected by AIDS have a lower income and higher medical expenditures. These factors will exacerbate poverty in these areas. It was found recently that people in certain areas who have just risen out of poverty and begun to have a secure income, returned to poverty because of the AIDS epidemic. This disease-induced poverty not only increases the disparity between rich and poor areas but also greatly influences local social stability. Besides HIV/AIDS related discrimination and stigma, the loss of jobs and schooling are also factors that would bring about social instability. If HIV/AIDS cannot be controlled effectively, not only will social stability and economic development be affected, but national security and prosperity would be threatened.

The prevention and control of HIV/AIDS in China is an integrated part of the worldwide campaign against HIV/AIDS. HIV/AIDS will have an impact on China's stability and development, and undermine the realization of the global targets for HIV/AIDS prevention and control.

CHAPTER 2 ACCOMPLISHMENTS IN HIV/AIDS PREVENTION AND CONTROL IN CHINA

In recent years, national HIV/AIDS prevention and control efforts have been growing significantly. This has been demonstrated by improved policy-making and multi-sectoral and societal participation and investment from society and sectors outside the health sector. Prevention and care measures have been strengthened. In those areas with low HIV/AIDS prevalence, major measures include surveillance, epidemiological surveys and efforts to raise public awareness. Meanwhile, in areas where the epidemic has lasted for a long period, or where the epidemic is severe and fast developing, and where local leaders have attached great importance to this issue, AIDS prevention and care work has developed into pilot interventions in high-risk populations, health education for young people, as well as treatment and care of people living with HIV/AIDS.

2.1 Increased Political Recognition and Commitment by the Government

The central government is giving more and more attention to HIV/AIDS prevention and control. Respective local governments and sectors are all requested to implement HIV/AIDS prevention and control work from the perspective of protecting public health and economic development, and the future state of the nation. Chen Minzhang, Ex-Minister of Health, participated in the AIDS Summit in Paris, France in 1994. As the delegate of the Chinese Government, Chen Minzhang signed the “Paris Declaration”. In 2001, Zhang Wenkang, Ex-Minister of Health, signed to the “Declaration of Commitment on HIV/AIDS” at UNGASS and announced China’s on-going political commitment.

At the high level HIV/AIDS meeting of the UN General Assembly in September 2003, in New York, the Executive Vice Minister Dr Gao Qiang , on behalf of the Chinese Government, made the following five commitments. These commitments will further enhance the current HIV/AIDS prevention and control efforts:

1. Strengthening government efforts by clarifying targets, identifying responsibilities and improving evaluation, supervision and monitoring; holding persons or departments accountable for negligence if HIV/AIDS is spread by ineffective work.

2. Providing free ARV medicines to low-income HIV/AIDS patients in urban areas and all patients in rural areas; to provide medical assistance to people suffering from infectious diseases and train people in HIV/AIDS prevention and treatment.

3. Improving laws and regulations, intensifying interventions, launching public awareness campaigns, promoting drug-free communities and healthy sexual life, and cracking down on illegal activities.

4. Protecting the legitimate rights of HIV/AIDS patients and opposing social discrimination against them; integrating antiretroviral treatment, care and financial aid to HIV/AIDS patients living in poverty.

5. Increasing international cooperation on HIV/AIDS by welcoming continued financial and technical support from other countries and international organizations.

2.1.1 A series of policies and documents have been constituted by governments at different levels

In 1995, the State Council authorised the Ministry of Health to distribute the document "Suggestions for Enhancing the Prevention and Control of HIV/AIDS". This document confirms the guidance and principles on HIV/AIDS prevention and control in China, and states "prevention first, public health education as a major means, dealing with deeper causes together with superficial problems and comprehensive management".

In 1998, the State Council released "China's Long - and Medium Term Plan for HIV/AIDS Prevention and Control (1998-2010)". In 2001, the "China Plan of Action for Containment and Control of HIV/AIDS (2001-2005)" was issued. These two documents propose targets for HIV/AIDS control in 2002, 2005, and 2010, respectively. As of today, all provinces (including municipalities and autonomous regions) with the exception of Tibet have established their own Long - and Medium Term Plan and Plan of Action. Five sectors including the Railways, sectors under the Ministry of Justice, the Trade Unions, the Women's Federation, and the Youth League have completed a strategic planning process. In addition, the Ministry of Education (MOE) has promoted a Sectoral "Plan of Action".

To guide the implementation of the "Long - and Medium Term Plan", government departments have released a series of documents particularly referring to functional responsibility, promotion of education, STD management, interventions in high risk populations, management of PLWHAs, and HIV surveillance and testing.

2.1.2 A dramatic increase in investment

The principle of government funding as the major resource and raising resources through various channels, has been established. In 1996, the Ministry of Finance set up a special fund for HIV/AIDS prevention and control. The first contribution was 5 million CNY. Between 1998 and 2000, the contribution was 15 million CNY per year. Since 2001 this contribution has been increased to 100 million CNY per year.

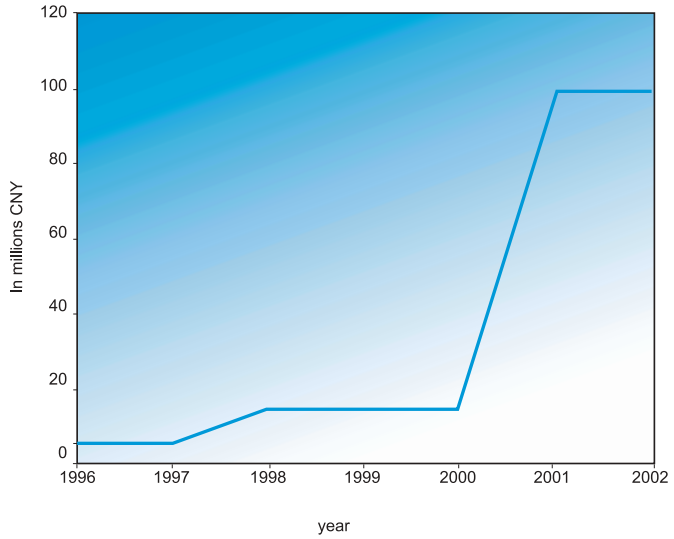
In 2001, the State Development and Reform Commission (SDRC, former SDPC) transferred 1.25 billion CNY from national bonds, combined with 1 billion CNY from local governments to improve the basic construction and equipment of blood banks in mid-west China.

In 2002, the SDRC allocated a further 2.9 billion CNY from national bonds in order to support the capacity building of the Centres for Disease Control at the provincial, prefecture and county level in mid-west China.

The central government is considering the possibility of providing free ARV drugs to AIDS patients who are not covered by health insurance.

At the high level HIV/AIDS meeting of the UN General Assembly in September 2003, the Executive Vice Minister Dr Gao Qiang declared that China will provide free ARV drugs to AIDS patients living in poverty. In cities, the Government will provide free ARV drugs to AIDS patients with low income. In rural areas, the Government will provide free ARV drugs to farmers. At the same time, the central and local government will invest more than 10 billion CNY to strengthen the health care system and professional capacities on HIV/AIDS prevention and control.

Table 4 Direct investment on HIV/AIDS prevention and control by the central government (1996-2002)



Local governments at different levels have also increased their budget for HIV/AIDS prevention and control to some degree. More than half of the provinces have set up a special fund for HIV/AIDS. The amount from the local governments is almost the same as that of the central government. Henan was the province that allocated the largest amount of money to HIV/AIDS in 2001 and 2002, with 14 million CNY each year. Since 2002, Guangdong province started to allocate 10 million CNY for HIV/AIDS each year. In 2001, there were five provinces whose input to HIV/AIDS reached more than 5 million each.

2.2 Coordination of Multi-sector Cooperation and Public Participation

The central government established the State Council Coordination Mechanism on AIDS/STD in 1996. This coordination mechanism includes Vice-Ministers from 34 ministries and commissions as well as related departments. The Vice-Premier of the State Council leads this board. It convenes once a year to study and resolve the most important problems arising from HIV/AIDS prevention and control. In 2001, the Coordination Mechanism established a functional standing office. The purpose of this office is to coordinate the different sectors and supervise daily work during the implementation of the " Long - and Medium Term Plan" and the "Five Year Plan of Action".

Under the coordination of the central government, numerous policy documents have been issued by various sectors. In 2002, joint supervision and field investigation was conducted in 14 provinces. Leaders and delegates from the National People's Congress, the Chinese People's Political Consultative Conference and a further ten departments participated in this undertaking.

Establishment of a Country Coordination Mechanism (CCM)

In order to meet the requirements of the Global Fund to Fight Against AIDS, TB and Malaria (GFATM), a Country Coordination Mechanism (CCM) was established in 2002. It is based on the State Council Coordination Mechanism on AIDS/STD. The CCM is composed of 54 members representing not only government sectors, but also international organizations, NGOs, PLWHA, academic institutions and pharmaceutical companies. Since its establishment in early 2002, five meetings have been organized to furthur strengthen the coordination among relevant institutions and to mobilize all the sectors to the maximum to take part in the HIV/AIDS prevention and control efforts.

2.2.1 A significant amount of work has been undertaken by sectors of government and mass organisations

Since 1996, different Ministries have carried out training courses for their staff and since 2001, several departments have carried out their own strategic planning. Moreover, some departments have already developed their internal coordination system for their own branches and started systematic work. For example:

The Ministry of Education released the documents “Guidance on Enforcing the Actions on Preventing HIV/AIDS in China (2001-2005)”, “Notification of Reinforcing HIV/AIDS Control in Schools”, and “Outline of HIV/AIDS Prevention in Schools”. These documents aid in defining clearer standards for school HIV/AIDS training materials, curricula and indicators for monitoring and supervision;

Since 2002, the Chinese Central Communist Party School has launched a series of lectures for senior cadres, and presented an exhibition as well as other awareness-raising activities on HIV/AIDS prevention and control;

The Ministry of Railways printed HIV/AIDS prevention information on the back of train tickets and an IEC campaign was carried out in nine major railway stations targeting migrant workers;

The National Population and Family Planning Commission established the “Reproductive Tract Infection, HIV/AIDS and STD Comprehensive Prevention and Care Project” in 2002. HIV/AIDS control is included in national reproductive health education and interventions;

The All-China Federation of Trade Unions carried out training courses within their different sections. In 2002, five provinces and cities including Beijing conducted awareness raising campaigns for trade union staff and distributed education materials;

In 2002, a national campaign entitled “HIV/AIDS Prevention, Health for the Whole Family”, was initiated by the All China Women’s Federation and the MOH. This was echoed by local Women’s Federation sections nation-wide.

Breakthrough on Duty Exemption and Domestic Production of Anti-retroviral Drugs through Multi-sector Coordination

In 2002, under the jurisdiction of the MOH, the MOF, the State Administration of Taxation, and the General Customs Administration, the State Council sanctioned exemption of imported anti-retroviral drugs from duty and VAT for five years. This action will lower the price of imported anti-retroviral drugs in China by one half to two-thirds.

The State Development and Reform Commission has organized domestic drug producers to produce anti-retroviral drugs where the patent has expired. The State Food and Drug Administration (SFDA) has setup a fast track to expedite anti-retroviral drug examination and sanction. Currently, four kinds of anti-retroviral drugs (AZT, d4T, DDI, NVP) made by two domestic drug producers have been approved by SFDA. These drugs will make up 2 kinds of combination regimes. Drug costs will be reduced to about 3,500 to 4,000 CNY per year per AIDS patient. Such actions will dramatically enhance the availability and affordability of treatment. In order to develop pilot treatments for HIV/AIDS patients in targeted areas effectively and scientifically, the MOH has prepared “Guidelines for the Management of Anti-retroviral Drugs Used on HIV/AIDS (temporary)”.

2.2.2 Increased number of NGOs and community participation

Since 1993, a number of AIDS-related associations and NGOs have been set up, including the China Association of STD and AIDS Prevention and Control and the Chinese Foundation for the Prevention of STD and AIDS. These newer emerging associations have joined together with some previously established organizations, such as the Chinese Medical Association and the China Preventive Medicine Association, to form a network. Their endeavours have greatly helped in the raising of public awareness, interventions in high-risk populations, patient care and treatment, as well as promotion of social concern on HIV/AIDS prevention, treatment and care.

In recent years, NGOs and civil society have become more and more important. They are involved in a variety of activities including training courses and education at the primary stage to encourage community participation, interventions in high-risk populations and patient care and treatment.

2.2.3 International agencies and NGOs actively join in HIV/AIDS prevention, treatment and care

China is actively involved in collaborating with both multi-lateral and bi-lateral organizations. Through this collaboration, China has gained much support and assistance, both technically and financially. China’s relationship with the UN Theme Group on HIV/AIDS is an example of a long term and effective partnership. Similarly, China also collaborates on technical issues with Australia, the United Kingdom, the United States, Germany, Japan, Luxembourg and South Korea, as well as several other countries.

Several NGOs have developed many helpful projects in China. These include the Ford Foundation, MSF, Save the Children UK, the Salvation Army, the Red Cross Society of Australia, the Futures Group and the Amity Foundation. Examples of collaborative projects are:

- Capacity-building for planning in local areas;
- Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) on HIV/AIDS;
- Peer education and life-skills based HIV/AIDS education;
- Poverty reduction;
- Participation of PLWHAs;
- Campaigns against discrimination;
- Strategic planning;
- Review and assessment of existing laws and policies on HIV/AIDS;
- Development of a national condom promotion strategy and encouraging condom use in high risk populations;
- Condom social marketing and quality assurance;
- Use of the mass media in the education and awareness-raising on HIV/AIDS and STDs;
- HIV/AIDS surveillance and enhancement of surveillance skills, etc.

2.3 Improvement in the Safety of Blood and Blood Products

Central and local governments now pay close attention to the security of blood and blood products. Since 1995, a series of laws and codes have been constituted to address this issue. For example, the “Law of Blood Donation”, the “Ordinance on Blood Product Management”, etc. Illegal blood donation agencies have been banned. Both blood and plasma donation has been standardized and a national blood donation system has been established at all levels nation-wide. Blood banks are required to test all blood and blood products for HIV. Voluntary free blood donation has been implemented. Blood bank construction and blood quality management have both been improved. In 2001, 1.25 billion CNY from national bonds and 1 billion CNY from local funds were added to the construction of blood banks in mid-west China and for equipment purchase. A

total of 459 blood banks were either newly built or rebuilt. The safety of blood and blood products is now guaranteed.

2.4 Increased Health Education and Public Awareness

There are several aspects relating to public education on HIV/AIDS. Firstly, national AIDS awareness raising campaigns are held on and around "World AIDS Day" on December 1st every year and organized by local health agencies. Activities include conferences, entertainment, interviews with experts, on-site consultations, hotlines, distribution of educational materials and activity reports. In recent years, "World AIDS Day" has evolved into a regular and continuous activity in many regions.

Secondly, health education and BCC have been implemented among certain target populations, which include students, migrant workers, and people who engage in high risk behaviour. Health education for young people takes up the strategies of curricula and lectures in schools and peer education through volunteer groups. In 2002, the Youth League jointly with the MOE and the MOH organized the "Red Ribbon Action" and offered services in rural areas during the summer holidays of college students. This "action" gave positive results. IEC and BCC projects among migrant workers and people at high risk were also conducted by government departments, NGOs, universities and civil society.

Thirdly, ministries of the State Council have conducted HIV/AIDS training and education activities within their own systems.

The First China AIDS and STD Conference

In 2001, the First China AIDS and STD Conference was jointly organized by multiple partners. Delegates from the central and local government, NGOs, enterprises, experts and PLWHA participated in this meeting. In order to enhance public attention to HIV/AIDS and the care of patients, a concert called "Fluttering Red Ribbons" was held after the meeting and became a highlight. China Central Television broadcast this performance during prime time on "World AIDS Day". Meanwhile, a VCD was made and distributed to local sections. Good results have been achieved.

Action on AIDS Publicity Campaign in Zhejiang Province

The HIV/AIDS Coordinating Board in Zhejiang Province advocated a movement on HIV/AIDS prevention and control which includes representatives from 34 member sections. Beginning in 2000 and lasting for three years, a roving performance on HIV/AIDS covering the whole province has been performing in counties, villages, markets, train/bus stations, docks, airports, local squares, and workplaces. The public has welcomed these activities.

2.5 Interventions among Populations with a High Risk of HIV Infection

Ways of effective behaviour intervention have been explored jointly by the Ministry of Public Security and Ministry of Health within high-risk populations. Pilot interventions have been developed in many provinces in China and gained useful experience by the end of 2001.

2.5.1 Pilot of promoting condom use at places of entertainment

In 2001, with support from WHO, Wuhan and Jingjiang began a pilot study to promote 100% condom use. This project is supported by the local government. Owners of local entertainment establishments, employees and project personnel worked together to prepare and implement this project. A mid-term assessment showed a rapid increase in condom use among girls who worked at the targeted entertainment establishments, and also showed that STD incidence decreased. Hunan, Hainan and other regions are also promoting 100% condom use.

In 2002, the China Association of STD and HIV/AIDS Prevention and Control developed an HIV/AIDS education project, which targets taxi drivers and passengers in Shenyang. A campaign promoting condom use proved successful among employees at entertainment establishments.

2.5.2 Pilot work in social marketing of syringes and needles

In 2002, a pilot project for the social marketing of syringes and needles was conducted in Guangxi and Guangdong. Staff from the local CDC supervised the collection of used needles and syringes. These projects enabled drug users to buy sterile injection equipment at designated pharmacies at a discounted price. Local health agencies also strengthened BCC among drug users and encouraged them to stop sharing needles and other injection equipment.

2.5.3 Education and intervention among men who have sex with men

The China Association of STD and HIV/AIDS Prevention and Control conducted a project in Beijing, Harbin, Nanjing and Shenyang aimed at promoting health education and safer sex among MSM. In February 1998, doctors, sociologists and vol-

unteers at the Affiliated Hospital of Qingdao Medical College began publication of a newsletter called “Friends Exchange”. The circulation is now 5,000 per year. They also carry out research on MSM and offer six hotlines that provide health education and behaviour intervention information.

2.5.4 Pilot work on the prevention of MTCT

In 2002, the MOH and China CDC jointly with UNICEF conducted a program for prevention of MTCT in Henan and released a strategy and guidelines. Voluntary counselling and testing for HIV were provided by the MOH in heavily affected areas to promote pilot work for the prevention of MTCT.

2.6 Pilot Projects in Comprehensive Care and Anti-retroviral Therapy

In 2003, the MOH began the China Cares Program by establishing 51 community-based HIV/AIDS comprehensive care pilot centres in regions with the greatest number of HIV/AIDS cases. This program includes the initiation of treatment with domestically produced anti-retroviral drugs, health care and education, intervention, MTCT prevention and voluntary counselling and testing. Pilot sites will be increased to 127 within one year. With support from WHO, health departments have developed frameworks for HIV/AIDS therapy and care. Anti-retroviral therapy has been developed. It is now possible to provide anti-retroviral therapy in some regions. The model of combined therapy using Chinese traditional medicine and Western medicine and health care is being explored.

Recently, community development capacity building in local communities has been implemented in areas with a high level of HIV/AIDS. The main work includes poverty reduction, education, nutrition, livelihood and health support. The China-UK AIDS Project provides support so children living in families with PLWHA family member(s) can attend school and supports agricultural tax-exemption and micro-credits.

“Hope and Help”

With support from UNICEF, Henan, Guizhou, Shanxi, and Jilin have all developed “Hope and Help” programs. These successful projects encourage patients to be independent, advocate family participation, and reduce the negative effect on families and on children.

"Warm Heart Centre"

In August 2000, in Wenxi, Shanxi, the first drop-in centre for HIV/AIDS treatment and care was established. The "Warm Heart Centre" provides care for PLWHA and is supported by the local government. Patients and volunteers participate in and carry out counseling and training courses. The "Warm Heart Centre" forms a healthy atmosphere and encourages patients to help themselves. Hubei and other provinces also plan to set up such "Warm Heart Centres".

Mangrove Support Group

The Mangrove Support Group (MSG) under the China Association of STD and HIV/AIDS Prevention and Control, is the first network organization created by people living with HIV/AIDS (PLWHA). Its main purpose is to improve the quality of life for PLWHA through life-skills training and undertake activities to publicize messages relating to HIV/AIDS prevention and control. The organization has so far been involved in a number of beneficial events held in Beijing and its program has now reached Guangdong, Sichuan and Henan.

Holistic Community-based Care Project in Ruili, Yunnan

Based in the Dehong Women's and Children's Health Care Centre, Save the Children - UK has set up a comprehensive HIV/AIDS care project in Ruili, Yunnan, which specializes in HIV/AIDS advocacy, education and care in rural areas.

2.7 The Development of an HIV/AIDS Surveillance System

China started its HIV/AIDS surveillance in 1986 and the official notification of HIV infection and AIDS cases became a legal requirement on infectious disease in 1989. Supported by WHO, the MOH and NCAIDS established 42 national sentinel surveillance sites in 23 provinces in 1995. By 2002, the number of sentinel surveillance sites had reached 158, covering 31 provinces (including autonomous regions and municipalities). Furthermore, several provincial surveillance sites were also established directly under the central government.

In 1999, China began conducting behavioural surveillance (BS), both under the World Bank Loan Project and in the China-UK AIDS Project provinces, targeting high-risk groups, vulnerable groups and the general public. This was then followed successively by special surveys in 22 provinces among the same high-risk groups.

In 2001, several provinces carried out comprehensive surveillance combining HIV/AIDS, STD and serum surveillance with behavioural surveillance. The "Standards for HIV/AIDS Surveillance", and the "Comprehensive Surveillance Guidance and Plan for HIV/AIDS/STD (trial)" were issued in 2002 by the MOH and the China CDC as the documentation for technical guidance on HIV/AIDS surveillance in China.

A surveillance network has now been established and covers all 31 provinces, including autonomous regions and municipalities. A professional team for surveillance and monitoring has been formed and more information is available on epidemiology and risk behaviour, which has contributed significantly to the promotion of HIV/AIDS prevention and control.

2.8 Scientific Research on HIV/AIDS

Central and local research institutes have conducted both basic and applied research. Examples include national level HIV molecular epidemiology surveillance to detect the HIV sub-type distribution in the population; HIV vaccine research; development of the laboratory network; strengthening the research and development of HIV/AIDS reagents; clinical trials for both antiretroviral and herbal drugs and the establishment of a five-level laboratory network. Continuing to improve laboratory research will help further the development of HIV/AIDS prevention and care.

CHAPTER 3 CHALLENGES AND RECOMMENDATIONS

Although China has shown some considerable achievements in HIV/AIDS prevention and control, there are still several issues and challenges to be faced. If these challenges are not handled appropriately, the goals set in the “Long - and Medium Term Plan “ and the “Plan of Action” risk not being achieved, and a more widespread HIV epidemic could result.

3.1 Government Leadership and Coordination

Current issues

Strong political commitment from all levels of government is an essential precondition to break through the silence and contain the spread of HIV. In recent years, authorities at different levels have strengthened their leadership and coordination on HIV/AIDS prevention and control, but the increasing demands are still far from being met. As a result, weaknesses in coordination and implementation still create bottlenecks for the development of such work.

At the central level, although there is a State Council Coordination Mechanism on AIDS/STD, greater participation from higher authorities, collaboration between the various sectors and coordination of resources are still urgently needed. At the local level, after the promulgation of the “Long - and Medium Term Plan” and the “Five Year Plan of Action”, some provinces and cities followed up with their own HIV/AIDS coordination mechanisms or leading groups. However, their role in HIV/AIDS prevention and control has not been highly effective due to a weak organizational structure, a lack of supervision, insufficient number of professional staff and low technical ability of staff. There are, furthermore, still weaknesses in the areas of coordination and linking international cooperation projects with national projects and planning.

Recommendations

- Develop and perfect mechanisms of HIV/AIDS prevention and control headed by a National Committee for AIDS Control through multi-sectoral participation. Extend the participation to the whole of society and include the Ministry of Agriculture and the State Ethnic Affairs Commission. Mass organizations and community-based organizations need capacity-building supported by well-planned policies and

adequate funding. Communities need to be vigorously encouraged and supported to undertake such activities that will provide mutual aid and assistance to grass-roots level NGOs and organizations of PLWHA.

- Strengthen coordination and information exchange between both the national and international programs. Develop an overall framework for nation-wide HIV/AIDS prevention, treatment and care to ensure more effective integration between international projects and national needs.
- Continue implementation of the strategy on HIV/AIDS prevention and control at the local and sectoral levels. Ministries and commissions, provinces and key counties which have not yet come up with a plan, should undertake strategic planning processes relevant to their specific situation.

3.2 Surveillance and Testing Systems

Current issues

The current surveillance system is still in need of improvement. A comprehensive surveillance plan needs to be developed and also implemented. Results from the BSS indicate the behavioural surveillance system is weak and the number of surveillance sites is insufficient. The selection and location of the sentinel sites and the population groups selected for observation are not appropriate. Data collection methods are not standardized, which makes it difficult to compare the data across sites.

Epidemiological surveillance and collected data are not used to their capacity. At present, the HIV/AIDS and STD surveillance system is mainly comprised of case reports, site surveillance and monographic surveys. The information gathered by the case reporting system is insufficient to guide the work of prevention, treatment and care. Sentinel surveillance, including behavioural surveillance and monographic surveys, are assumed to be representative. However, the amount of data is limited, the quality is not very high, there is a lack of awareness and there are varying degrees of administrative mistakes. Not all available data can be fully utilized for analysis.

The laboratory diagnosis network is also under-developed and capacity is low. Equipment and the capacity of staff in testing laboratories, as well as the techniques employed, all appear to be weak both at the prefecture and county level. Furthermore, the national technical standards for nucleic acid and immunological testing are still far behind those of international standards.

Recommendations

- Develop and perfect the general framework for HIV/AIDS surveillance. Carry out the implementation plan for comprehensive surveillance that integrates biological surveillance with behavioural surveillance. Scientifically design and properly arrange the number of surveillance sites and their locations both at central and provincial level. Improve the methodology to achieve reliable sources of behavioural data collection at community level. Monitoring and sorting the data collection should follow international practice so as to strengthen scientific assessment and prediction of the HIV/AIDS epidemic.
- Work out clear regulations with operational processes for information sharing, making timely announcements to the public about the HIV/AIDS epidemic with relevant information. Enhance the awareness of the public to be alert about HIV/AIDS and the significance of information given.
- Intensify resource-sharing between various sectors and develop mechanisms for information exchange.
- Enhance the capacity of professional staff for surveillance data collection, management, analysis and utilisation, to ensure prompt information sharing.
- Reinforce both the inputs and capacity building of the terminal/county wide laboratory network, continue with research and development of testing techniques, especially those of confirmative testing.

3.3 IEC, BCC and Interventions

Current issues

Systematic and effective IEC and BCC remain a challenge because the timing and coverage areas are not properly arranged. Most publicity activities are held on or around 1st December, World AIDS Day, in medium and large cities only. The frequency of activities is insufficient and ignores most rural areas. Both the content and style of these activities are often generic, lack a clear aim, and overlook the differences among various target groups. There is also a lack of approaches that target and take into consideration minority populations and those living in more remote, poverty stricken areas. The needs of audiences are not well considered in advocacy. Advocacy targeting key population groups is not on the agenda of the relevant departments. These deficiencies, in turn, impact on the efficiency of the advocacy work. Insufficient advocacy work targets decreasing HIV associated stigma and discrimination. The mass media also

lacks initiative in publicizing HIV/AIDS according to the requirements set out in the “Long - and Medium Term Plan and the “Plan of Action”.

There have only been pilot models for HIV/AIDS health education and life-skills training in schools. Nationwide coverage has yet to happen. In addition, there are no signifcant HIV/AIDS interventions being implemented among school drop-outs and adolescents not attending school.

Workplace HIV/AIDS prevention and care programs are in preliminary stages. IEC and health services targeting vast numbers of migrants and farm labourers are far from sufficient.

The depth and scope of behavioural intervention is inadequate. Most interventions in targeted groups are at an initial stage and are not yet ready for replication. The initiatives to promote condom use, needle exchange, methadone maintenance, etc., still require a supportive environment and relevant policies.

Medical services for STDs are not well developed and the market is disorganized. There is a lack of efficient collaboration between the health service agencies and institutions. Initial programs are not well developed in areas such as health education and condom promotion. Medical staff are poorly trained in some areas and the standards of diagnosis and treatment tend to be low. Medical costs for STD treatment are too high to be afforded by most patients. Some medical staff are judgmental of the morality of their patients. There is a lack of psychological counselling services and satisfactory services are not provided. There is a lack of awareness in terms of confidentiality and anonymity; more and more STD clinics are being contracted by either the commercial sector or individuals with neither strict controls nor effective supervision.

The danger of iatrogenic transmission still exists. Voluntary free blood donation in rural and remote areas still falls far short from the requirements demanded in the big cities.

Recommendations

- Develop a national strategy on the overall publicity and communication concerning HIV/AIDS. Identify the key advocacy points, frequency of activities, and ways of communication appropriate to different groups of people in different geographic areas (e.g., policy makers, youth and adolescents, migrant workers, etc.). Special attention needs to be given to remote, rural and minority areas. The anti-discrimination aspect of the publicity needs to be emphasized.

- Conduct as soon as possible, a nation-wide large-scale teacher training program in accordance with the regulations of the “Long - and Medium Term Plan” and the requirements set by the MOE. Carry out education on HIV/AIDS in schools focusing on life-skills training. Actively support HIV/AIDS pilots targeting school drop-outs and out of school adolescents. Explore dynamic mechanisms to support the development of the “Plan of Action for the Education of All”.
- Strengthen the advocacy on HIV/AIDS prevention and control by the key mass media. Explore the possibility of establishing a TV channel to cover health education, including HIV/AIDS.
- Provide policy and technical support for AIDS prevention and care in workplaces. Encourage relevant agencies and professionals to provide outreach services in workplaces for AIDS prevention and care. Encourage all relevant circles of society to provide information and services to migrant workers in the places of their origin, during travel and in the places where they live.
- Encourage pilot schemes for methadone maintenance therapy, needle social marketing and needle exchange among drug addicts. Develop operational guidelines for intervention and promptly replicate the successful experiences from pilots. Encourage relevant sectors and communities to conduct the above mentioned intervention activities. With the increasing trend of the drug users becoming younger and younger, reinforce the publicity and education of AIDS, with the focus on anti-drug abuse and life-skills training for adolescents.
- Scale up, at places of public entertainment, 100% condom use measures.
- Strengthen the standardised management of STDs. Reinforce the compliance of STD clinics with proper standards and guidelines to be worked out and implemented as soon as possible. Devise a number of efficient managerial and monitoring programs and conduct further training of health workers to improve the standards of STD treatment. Actively encourage people to seek proper medical care.
- Continue striving for blood security. Vigorously combat any illegal blood collecting and push strongly for voluntary non-paid blood donation by the public. Continue capacity building for local HIV/AIDS surveillance, and solve, step by step,

the problem of self-collection (by local clinics) and hazardous blood supplies in remote and poor areas.

3.4 Comprehensive Care and Treatment

Current issues

Although the China CARES Program for overall care and treatment has already been launched, its development is hindered to a degree by the following facts: poverty among the majority of farmers, a lack of resources and low capacity of rural medical services and the undeveloped medical system. Although China has locally produced four ARV drugs for two combination therapy regimes, it is far from sufficient both in terms of quantity produced, and in the number of different ARV drugs available, to maximize the options for treatment.

Nationally there is an evident lack of professionals for HIV/AIDS care, both in terms of quantity and capacity. In many areas with an HIV/AIDS epidemic, there are no effective voluntary counselling and testing (VCT) services. Many patients are not aware of their own HIV status compounding the lack of adequate medical services. Furthermore, even with the available medical services, patients still cannot afford the high costs of drugs and treatment.

Often, those living under the shadow of HIV/AIDS cannot access social assistance programs and some health workers are still discriminatory and biased against people living with HIV/AIDS. It has happened from time to time, that people living with HIV/AIDS are denied health care by medical institutions, while some could not provide care and treatment as they lacked proper facilities.

Providing HIV/AIDS care and treatment still needs efficient collaboration with other efforts, e.g., the integration of surveillance, information sharing, VCT and care and the integration with family planning, education and poverty alleviation.

Recommendations

- Strive for the replication of pilot sites for overall prevention and care with a stress on care and treatment. The establishment of pilot communities should encourage the participation and involvement of people living with HIV/AIDS together with their families and the general public.
- Establish monitoring and supervision and technical guidance for care and treatment. Treatment should be standardized, and technical guidance given at all levels, especially in terms of diagnostics, treatment and care; appropriate testing technology and the promotion of universal precautions should

be emphasized. Promote overall voluntary testing and counselling on the basis of current pilot experience.

- Reinforce the training of health workers on standardized diagnosis, treatment and care.
- Develop fund-raising approaches for HIV/AIDS treatment. Encourage various approaches (government, relatives, community, social welfare and domestic or foreign charities) to share the burden of medical expenses for AIDS patients.
- Encourage multiple approaches to ensure that vital social services are provided to AIDS orphans.
- Continue research on an HIV/AIDS vaccine and explore the potential of traditional Chinese medicine in care and treatment.

3.5 Information Exchange and Utilization

Current issues

In the course of STD and HIV/AIDS prevention and control, information sharing and effective application of available materials, best practices, lessons learned and results-based replication would be of great assistance to understanding and responding to HIV/AIDS. However, at present, this is still very underdeveloped in the following aspects:

There is no overall plan for HIV/AIDS information management. There is a lack of strategy and guidelines for overall data collection, sorting, analysis and exchange, making the sharing of available information difficult.

There is no adequate networking, techniques or mechanisms for sufficient information collection, analysis and exchange of relevant HIV/AIDS research and studies. The current journals and number of networks are very limited to cover all the needs and demands of the field.

There is no horizontal exchange or integration between programs. Currently, programs have been conducted by various local governments and institutions in many areas, but there were many overlaps and gaps due to the lack of information-sharing, so that overall control and prevention cannot work as one organic body. Experience gained and lessons learned from pilot projects also need to be shared.

Recommendations

- Develop a national strategy and guidelines for the overall information management of HIV/AIDS, share information openly, transparently, promptly and effectively.
- Further promote and perfect the establishment of HIV/AIDS information and resource centres at national and local levels e.g., China HIV/AIDS Information Network (CHAIN), empowered with the capacity for overall collection, analysis and dissemination of national and international IEC materials; tracking lessons learnt from different projects; and the latest developments in HIV/AIDS research. Monitor the mass media reports and provide technical support to AIDS-related communication conducted by various localities and sectors.
- Synthesize promptly the experiences and lessons learned from the various HIV/AIDS pilots, replicate widely the best practice through exchange meetings, papers and magazines, networking and the mass media.

3.6 Implementation and Supervision

Current issues

There is overall low awareness, weak coordination and supervision in the implementation of the two national plans. Leaders in some local governments and institutions do not fully understand the strategy papers issued by the State Council on HIV/AIDS prevention and control and are not aware of the risk of a generalized HIV/AIDS epidemic in large areas of China and its severe impact on the development of the economy. Meanwhile, the lack of clear guidance or sound implementation plans are leading to inadequate implementation in some provinces and departments.

Recommendations

- Strengthen the advocacy targeting leaders at both provincial and city levels to enhance their awareness on HIV/AIDS prevention and control. Have AIDS work included in the performance assessment of the relevant leaders, develop sound training materials and include AIDS training in party schools at various levels.
- Strengthen guidance for local authorities on AIDS related work. Devise guiding principles and regulations for local and institutional implementation. Strengthen the Provincial Leading Groups of HIV/AIDS Prevention and Control and AIDS-related management teams, empower them with capacity building and allocate the necessary professional staff.
- Establish a supervision and monitoring system on HIV/AIDS, matching the standards of international best practice and

appropriate to the Chinese situation, so as to achieve the objectives set in the “Long - and Medium Term Plan” and the “Five Year Plan of Action”.

- Further improve the accessibility of antiretroviral drugs in China according to the increasing demands for treatment. Reinforce the basic strategy of “prevention first, and integration of treatment and prevention, and comprehensive management”.

3.7 Laws and Regulations

Current issues

A number of laws, policies and regulations have been issued at various levels of government and institutions since 1985. With the evolution of HIV/AIDS prevention and control and the in-depth knowledge gained, the laws and regulations which used to play an important role no longer match the current situation, and may even contradict current prevention strategies.

There exists incongruity or even contradiction between the relevant policies and regulations on HIV/AIDS currently in action. For example, the contents of “Perspectives of Management for People Living with HIV/AIDS and AIDS Patients” and the “Law on Maternal and Infant Health Care” are different in terms of the right to work, school enrolment, access to medical care and the right of participation in social activities.

The policies and regulations issued by local government and the MOH, also appear in contradiction with some of the contents on HIV/AIDS and STD prevention and control. For example, some local policies state that AIDS patients should accept quarantined treatment and if necessary, the security agencies should intervene, which is obviously in contradiction with the “Perspectives of Management for People Living with HIV/AIDS and AIDS Patients” issued by the MOH.

Some of the early laws and regulations no longer fit the current situation. For example, the “Law on Infectious Disease Prevention and Control” issued in 1989, identified HIV/AIDS as a “Category B infectious disease”. This required people to be identified and tested, which aroused public panic and discrimination against people with HIV/AIDS, which in turn affected the treatment acceptance of those living with HIV/AIDS, and hindered the development of HIV/AIDS prevention, treatment and care.

Recommendations

- Carry out wide ranging research on the controversial topics related to HIV/AIDS on the basis of which to push forward legislative reform to improve and promote relevant laws and

regulations. For example, whether or not to isolate people living with HIV/AIDS? Whether or not to conduct compulsory testing in different scenarios? Is it necessary to treat an HIV-positive person differently in public settings? Consider having clauses relating to HIV/AIDS exposure, prevention and compensation included in the occupational health law or the labour law, etc.

3.8 Resource Mobilization and Utilization

Current issues

In recent years, the central government has significantly increased its budget on HIV/AIDS prevention and control. But, in some cases, local governments do not have any long-term commitment or guarantee of budget for HIV/AIDS prevention and control and do not have sufficient financial input. According to preliminary estimates by both international and national experts, China will need about US$400 million in the next five years for nation wide HIV/AIDS advocacy and prevention activities.They appear, in varying degrees to wait for and rely upon or request either the central government or international organizations. In general, there exits a big gap between government input and the actual needs for HIV/AIDS prevention and control. The current allocation and use of available funds might not be cost-effective and there is not yet a cost-benefit analysis.

Besides all these constraints, the mobilization and utilization of current available social resources is far from enough, due to a lack of policy or stimulating mechanisms for the mobilization of social resources. There is also no clear and operational fund-raising plan.

Recommendations

- Accurately estimate the overall need for resources for short-term and long-term HIV/AIDS prevention and control in China, so as to ensure an appropriate increase in government input accordingly.
- Develop an overall fund-raising, resource allocation and utilization policy and strategy. The fund-raising and resource allocation and utilization policy should clearly identify the responsibilities of central and local governments, stimulate and mobilize social resources, encourage participation and involvement of people from all walks of life in the work of HIV/AIDS prevention and control.

- Conduct research on the applicability of health economics. Facilitate the study of the impact of HIV/AIDS on the social economy in different areas and regions, and conduct applied research on the cost-effectiveness of different prevention and care strategies. The subsequent results should be used as the basis for resource allocation and policy-making.
- Identify responsibilities and strengthen supervision on the use of funds.

The work of HIV/AIDS prevention and control requires arduous and systematic engineering. Using the opportunities and managing it well is something that will have great influence on the stability of society, which is a great challenge to governments at every level. The government should draw on the successful experience of its fight against SARS, maintain governmental commitment, ensure information sharing, timely responses, multi-level collaboration, public participation, and seize the fast-disappearing window of opportunity for prevention, treatment and care, to keep the losses caused by HIV/AIDS as low as possible.

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