

A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2004)

Jointly prepared by

State Council AIDS Working Committee Office

and

UN Theme Group on HIV/AIDS in China

Representing the ten Cosponsors of UNAIDS:

United Nations High Commissioner for Refugees

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

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CARES	Comprehensive AIDS Response
CCM	Country Coordinating Mechanism (of GFATM)
CDC	(Chinese) Centre for Disease Control
CHAIN	China HIV/AIDS Information Network
CUP	Condom Use Programme
DFID	Department for International Development (United Kingdom)
ETG	Expanded United Nations Theme Group on HIV/AIDS
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Use
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
JAR	Joint Assessment Report
M&E	Monitoring and Evaluation
MMT	Methadone Maintenance Treatment
MSM	Men who Have Sex with Men
MTCT	Mother-to-Child Transmission
NCAIDS	National Center for AIDS/STD Prevention and Control
NGO	Non-Governmental Organization
NPC	National People's Congress
OI	Opportunistic Infections
PLWHA	People Living with HIV/AIDS
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SCAWCO	State Council AIDS Working Committee Office
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WAD	World AIDS Day
WHO	World Health Organization

EXECUTIVE SUMMARY

On December 1, 2003, the China Ministry of Health and the UN Theme Group on HIV/AIDS jointly issued an Assessment of HIV/AIDS Prevention, Treatment and Care in China. Given the rapid changes that have occurred since that date, it was decided that an update of the Joint Assessment Report would be prepared by representatives of the State Council AIDS Working Committee Office and the UN system, covering the period to December 1, 2004.

1. The Overall HIV/AIDS Situation in China

Generally, national HIV prevalence remains low, but clusters of high prevalence exist, both geographically and among specific sub-groups.

By the end of 2003, the cumulative number of HIV cases was estimated 840,000, corresponding to a total prevalence rate of 0.07%. By the end of September 2004, the cumulative number of reported HIV positive cases was 89,067, with significant increases in reported infections since 2002. This reflects the more rigorous HIV screening conducted among former commercial blood and plasma donors in Henan and injecting drug users in Yunnan during this period, as well as the ongoing expansion of the epidemic.

HIV prevalence is particularly high among sub-groups in some areas of Yunnan, Xinjiang and Henan. The HIV case reports indicate that the HIV/AIDS epidemic is spreading into the general population. There is emerging evidence that the proportion of sexually transmitted HIV infections is increasing and the proportion of female HIV cases has increased considerably in recent years.

Based on the observed patterns and trends, the future course of the epidemic may continue to increase rapidly over the coming years, or it may start stabilizing. This will depend to a large extent on the coverage and effectiveness of prevention programmes, treatment and care throughout the country.

2. Achievements in Containing HIV/AIDS in China

The past year has seen considerable achievements in the response to the HIV/AIDS epidemic in China, particularly in terms of commitment by the national leadership, the establishment of a supportive national framework, improved understanding of the key elements of the epidemic, and provision of treatment, care and support. Key steps have been the establishment of a new State Council AIDS Working Committee in February, 2004 and the subsequent State Council Document No.7 (March 2004), which sets out a comprehensive policy framework for HIV/AIDS prevention and control in China. These were accompanied by firm demonstrations of commitment by key Chinese Government leaders to the HIV/AIDS crisis through actions such as public handshakes with people living with HIV/AIDS and visits to

communities hard-hit by the epidemic.

A significant achievement has been the initiative to undertake a national mid-term evaluation of China's Medium-and Long-Term Programme for the Prevention and Control of AIDS (1998-2010) and the 5-Year Action Plan to Control HIV/AIDS (2001-2005). This has contributed to stronger evidence-based assessments of accomplishments now evident in the overall programme. The number of national sentinel surveillance sites has increased, a national HIV/AIDS epidemiological survey was completed and behavioural surveillance has been further strengthened.

Progress has also been made toward more comprehensive HIV/AIDS prevention interventions. Information, education and communication efforts have involved a range of ministries across sectors in extensive campaigns using posters, face-to-face communication and other channels to raise awareness of HIV/AIDS transmission and prevention. A national condom promotion strategy was jointly issued in July 2004 by six ministries and departments to encourage 100% condom use among high-risk behaviour populations. There was a dramatic change in policy and response strategies for the prevention of HIV transmission through IDUs, covering methadone maintenance treatment of drug users and clean needle exchange programmes, while a range of interventions aimed at men who have sex with men have also been initiated in several provinces. A range of prevention initiatives seek to reduce high-risk behaviour among China's huge mobile population, particularly young male workers, while further measures were taken to improve the safety of blood supplies. Blood donated by volunteers increased from 22 per cent in 1998 to 88 per cent of the total clinical blood consumption in June 2004.

The major treatment, care and support initiatives during the year were the launch of free antiretroviral therapy (ART) for rural and poor urban patients and the continued expansion of the China CARES Programme. Technical care and treatment guidelines for the Free ART Programme have been finalized, while a rapid increase in the number of health units able to provide ART resulted in the delivery of ART to over 10,000 patients. Eleven antiretroviral drugs were included in the list of medicines covered under the national health insurance plan from September 2004. The number of centres providing voluntary testing and counselling services has been expanded rapidly. The plight of children orphaned through AIDS has been recognized with new policies to provide care and support for these children.

The allocation of resources to the national response to HIV/AIDS continues to expand. The total central government investment on HIV/AIDS amounted to approximately 390 million Yuan in 2003. The central government HIV/AIDS budget for 2004 was 810 million Yuan, more than double that of the previous year, while budgeted international support jumped from 256 million in 2003 to 421 million Yuan in 2004. For the first time, a detailed analysis of national HIV/AIDS budget allocations and trends is presented in Chapter 2.

Efforts to strengthen the effectiveness of international cooperation

continue under the overall coordination of the Expanded UN Theme Group on HIV/AIDS. Funds from the Global Fund to fight AIDS, TB and Malaria for HIV/AIDS began to flow in September 2004 and are expected to contribute significantly to an expanded response in Henan and six surrounding provinces in Central China.

3. Challenges and Recommendations

While the national policy framework for HIV/AIDS has been considerably strengthened during 2004, the core challenge remains that of achieving the effective implementation of these policies at the local level. Chapter 3 presents the key challenges and recommendations for the five identified strategic areas of the national response: (1) strengthening leadership and clarifying responsibilities; (2) strengthening surveillance and information systems; (3) comprehensive HIV/AIDS prevention responses; (4) providing treatment, care and support, and; (5) strengthening investment and international cooperation. Three cross-cutting themes are recognized, namely: (i) information integration and dissemination; (ii) capacity building to ensure that priority programmes are effectively carried out at each level and across sectors; and (iii) strengthening monitoring and evaluation of all interventions.

The key recommendations put forward cover:

- Raising awareness and defining clearly responsibilities at different levels, intensifying monitoring and evaluation of performance, and strengthening implementation of HIV/AIDS prevention, treatment and care efforts.
- Improving the environment for NGOs to operate, including the policy and legal framework, building capacity of community-based organizations and mobilizing NGO involvement.
- Strengthening the integration and utilization of information, increasing the analytical capacity and use of surveillance data, and conducting additional research on the socio-economic impact of HIV/AIDS.
- Promoting the implementation of HIV/AIDS prevention, information, education and communication guidelines and anti-discrimination to create a better environment of social support. Expanding the coverage of condom promotion, methadone maintenance treatment and needle exchange, and exploring intervention models among men who have sex with men.
- Introducing more effective mechanisms to strengthen the communication and coordination within the health system, improving the capacity of lower level health structures to improve treatment and care, and enhancing the quality and expanding the scale of treatment.
- Increasing resource investments, improving cost-effectiveness, and strengthening international cooperation as part of an overall national HIV/AIDS plan.

CHAPTER 1 THE HIV/AIDS SITUATION IN CHINA

The 2003 Joint Assessment Report concluded that since 1985, when the first HIV cases were diagnosed, national HIV prevalence remains low, but clusters of high prevalence exist, both geographically and among specific sub-groups. There were indications that the disease is spreading from high incidence groups to the general population. The overall picture remains the same in 2004, but the past year has brought forward a significant improvement in the quantity and quality of surveillance data, which has in turn contributed to a better understanding of the nature of the epidemic and its dynamics.

Epidemiological data has been obtained from HIV/AIDS case reports, sentinel surveillance and behaviour surveillance across the whole of China. At the same time, specific studies have been conducted among high risk populations in some regions, thus providing more in-depth epidemiological data.

The emerging picture is one of an epidemic that has reached high HIV prevalence levels among sub-groups in some areas of Yunnan, Xinjiang and Henan. In at least one instance, the prevalence among some high risk population groups is over 5 per cent and in another the prevalence rate among pregnant women is over 1 per cent. Based on UNAIDS standards, some localities have now entered the generalised epidemic stage. The main transmission route is still injecting drug use (IDU). Infection through commercial blood and plasma donors primarily occurred before 1996, so the number of AIDS patients and AIDS-related deaths may have reached its peak already in this group. There is now some evidence that the proportion of sexually transmitted HIV infections is increasing and that men who have sex with men are a particularly high-risk group.

The national estimate of the number of people living with HIV/AIDS at the end of 2003 was 840,000 (650,000-1,020,000), with a prevalence rate in the general population of 0.07% (0.05-0.08%).

1.1 Characteristics of the Epidemic

Since 1998, the HIV/AIDS epidemic had spread to all 31 provinces (autonomous regions and municipalities), with HIV/AIDS cases being found in 48 per cent of all counties by the end of 2003.

1.1.1 Geographic distribution

The epidemic is characterized by a wide disparity between high and low prevalence regions. Henan province has reported over 20,000, Yunnan and Guangxi have reported over 10,000, while four provinces/autonomous regions, Inner Mongolia, Ningxia, Qinghai and Tibet, still have less than 100 reported HIV/AIDS cases. Figure 1 shows the number of reported cases by province to September 2004.

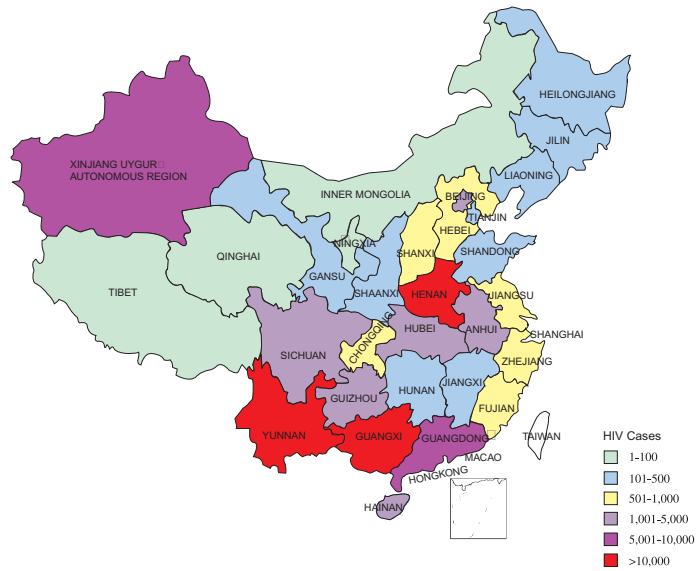
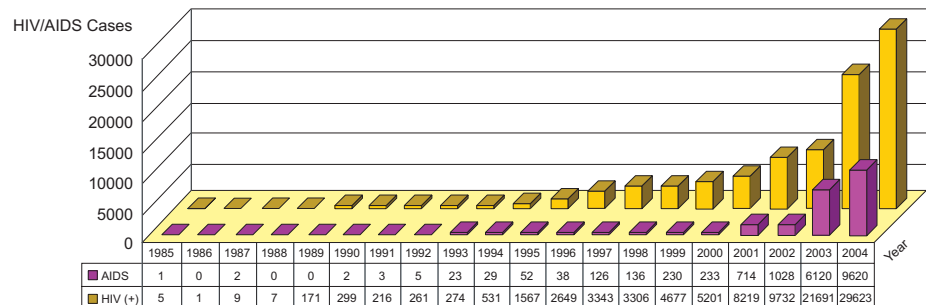


Figure 1: The geographic distribution of cumulative reported HIV cases in China 1985- 2004 (September)

Geographic differences within sub-populations are more startling. For example, the prevalence rate among IDUs is over 50 per cent in some areas of Xinjiang, Yunnan and Sichuan; but it is lower than 5 per cent in Jiangsu, Zhejiang, Inner Mongolia and Liaoning. In most regions the prevalence rate among sex workers is less than one per cent, but it is higher in Yunnan, Chongqing, Hunan, Guangdong, Guangxi and Sichuan. The high levels of infection among former commercial blood and plasma donors in Central China have resulted in a prevalence rate of over 30 per cent among this group in certain areas of Henan and Hubei provinces, but in other provinces the prevalence rate is less than 5 per cent. All provinces, autonomous regions and municipalities report cases of transmission among IDUs and sex workers.

1.1.2 The epidemic is becoming more severe

The number of reported HIV cases show significant increases in reported HIV infections (see figure 2). This reflects the more rigorous HIV screening conducted among former commercial blood and plasma donors in Henan and IDUs in Yunnan during this period, as well as the ongoing expansion of the epidemic.



Note: The number of HIV cases reported in or before 2003 has been reduced by 2,715 to adjust for results of HIV screening conducted in Henan in 2004.

Figure 2: Reported HIV/AIDS cases in China 1985-2004 (September)

1.1.3 Transmission modes

Although AIDS cases infected via former commercial blood and plasma donation is still the largest group overall, most of these cases were infected before 1996. Currently, the main HIV transmission route is through injecting drug use, with the proportion of sexually transmitted HIV infections and mother-to-child transmission (MTCT) increasing in recent years. Data from sentinel surveillance shows the prevalence rate among IDUs increased between 1995 and 1999, but has evened off since then, while there has been a recent increase in the prevalence rate among sex workers and a slight increase among pregnant women (Figure 3 and 4).

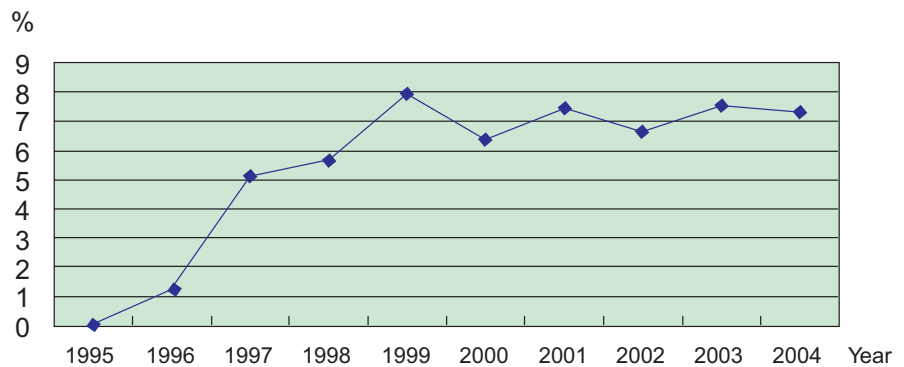


Figure 3: HIV prevalence among injecting drug users 1995-2004 (national sentinel surveillance data)

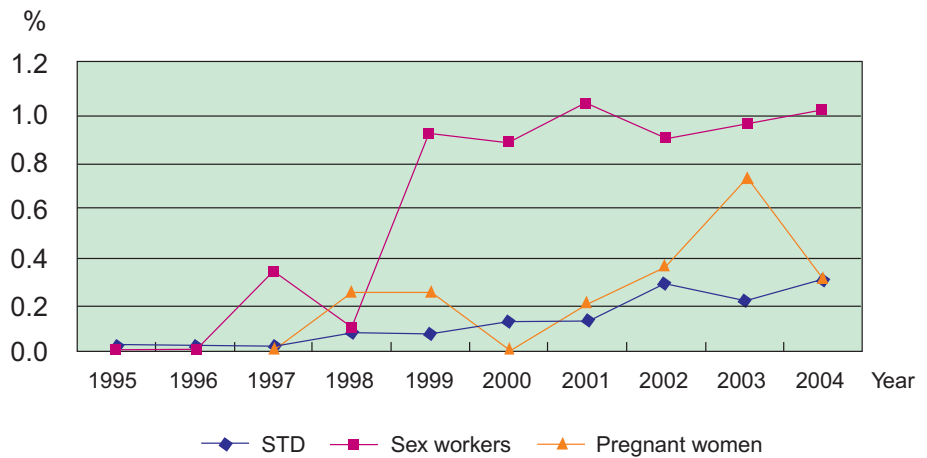


Figure 4: HIV prevalence among sex workers, STD out-patients and pregnant women 1995-2004 (national sentinel surveillance data)

Reported HIV cases. The cumulative number of reported HIV positive cases from 1985 to September 2004 was 89,067. IDU-related transmission accounts for 41 per cent of these, followed by 31 per cent of cases infected via former commercial blood and plasma donation, 7.9 per cent by heterosexual transmission and 0.2 per cent by MSM.

Estimated HIV cases. As indicated in figure 5, the proportion of estimated number of HIV infections and reported HIV cases related to IDU and former commercial blood and plasma donation are very similar. However, the estimates of heterosexual transmission (20 per cent) and transmission via MSM (11 per cent) are much higher, suggesting significant under-reporting of cases within these groups.

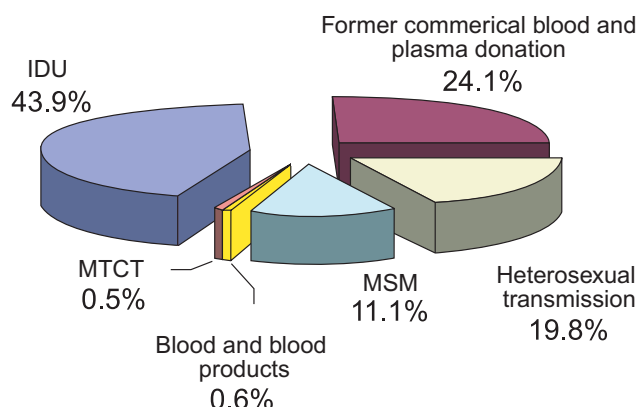


Figure 5: Modes of transmission among HIV/AIDS cases (2003 estimates)

1.1.4 The number of AIDS-related deaths is increasing

Many people living with HIV have developed symptoms of AIDS in the regions with the earliest epidemics. AIDS case reports show that the number of AIDS cases is increasing rapidly (Figure 2). There were 6,120 AIDS cases reported in 2003, while the 7,801 AIDS cases reported in the first six months of 2004 suggests that the total for the year may be more than double the 2003 figure. As noted in the 2003 Joint Assessment Report, AIDS prevalence clusters are high in some provinces and AIDS-related deaths have increased rapidly since 2001.

1.1.5 HIV/AIDS is spreading to the general population

Surveillance data suggest that the HIV/AIDS epidemic is spreading into the general population in areas with high prevalence among high-risk behaviour groups, notably IDUs and sex workers. Epidemiological data collected in 2003 and provincial sentinel surveillance showed that HIV prevalence among pregnant women, anonymous and pre-marital testing of youth increased in certain areas, while the proportion of mother-to-child transmission (MTCT) is also increasing. For example, the HIV prevalence rate indicated by anonymous testing among pre-marital youth was over one per cent and the HIV prevalence among pregnant women has reached 5 per cent in some high prevalence areas. This is similar to the figures recorded in neighbouring high prevalence countries.

1.1.6 The proportion of female HIV cases is increasing

According to case reports, the proportion of female to total HIV cases has increased rapidly in the recent years (Table 1). This reflects the increase in HIV cases reported among former blood and plasma donors through mass HIV screening in Henan, together with higher numbers of HIV cases found among sex workers. Such high HIV rates among females have implications on the vertical transmission of HIV from mother to child.

Table 1: Proportion of female HIV cases 1998-2004 (September)

Year	1998	1999	2000	2001	2002	2003	2004
Reported female HIV cases as a proportion of all cases (%)	15.3	14.3	19.4	22.7	25.4	35.6	39.0

1.2 The Epidemic within Sub-groups

1.2.1 Drug users

By 2002, HIV cases were found among drug users in all 31 provinces, autonomous regions and municipalities. The average prevalence rate among this group is 5-8 per cent according to data from national sentinel sites. 2003 sentinel data shows HIV cases among injecting drug users at 36 sites with increased prevalence at 13 sites compared with 2002. The prevalence rate among IDUs has been increasing since 1995 (see Figure 3). In Yili, Xinjiang it has reached 89 per cent, while those in Yunnan and Guangxi are over 20 per cent. Results from the 2003 epidemiological survey show a prevalence rate among IDUs of 7 per cent in 16 provinces (see Figure 6). There are big differences in the proportion of injecting drug use and needle sharing among drug users in different regions, with the proportion of IDUs among the total number of drug users ranging from 4 to 99 per cent, the average is 54 per cent. The proportion of IDUs sharing needles ranged from zero to 93 per cent, the average being 45 per cent. AIDS-related deaths have appeared among the IDU group.



Figure 6: HIV prevalence rate among IDUs in different regions

1.2.2 Sex workers

The average prevalence rate among sex workers across the whole country is 0.5-1.0 per cent (Figure 7). According to data from national sentinel surveillance sites in 2004, the average prevalence rate among this group is 1 per cent. Results from the 2003 epidemiological survey indicated prevalence rates of between 3.3 per cent and 6.7 per cent at four sites.

Behavioural surveys show that unprotected sex is still common among this group. The proportion of sex workers not using condoms decreased from 24.5 per cent in 2002 to 20.5 per cent in 2003, but the proportion claiming 100 per cent condom use is only 19 per cent (an improvement from 16 per cent in 2002). In the 2003 survey, 62 per cent of respondents said they used a condom in their last

commercial sex, but this figure varied from 8 to over 90 per cent.

Drug use is another factor increasing the risk of sex workers being infected with HIV. The results of the epidemiological survey among sex workers showed 1.4 per cent of these injected drugs in the past half-year, with 38 per cent of them sharing needles. At sentinel surveillance sites, the proportion of HIV positive sex workers who injected drugs was between 25 and 100 per cent in Guangxi, Hunan and Chongqing.

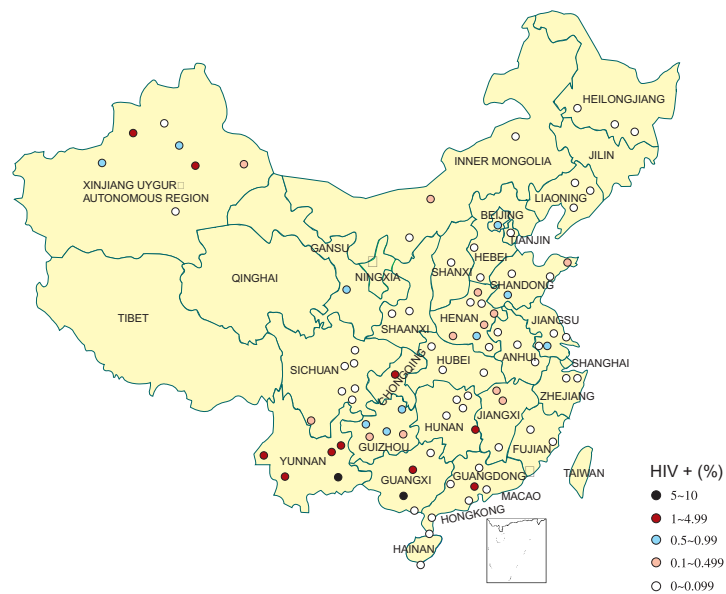


Figure 7: HIV prevalence rate among sex workers in different areas

1.2.3 Former commercial blood and plasma donors

By September 2003, HIV cases infected through former commercial blood and plasma donation were reported in all provinces, autonomous regions and municipalities, except Tibet.¹ The 2003 epidemiological survey covering 30 areas of 14 provinces/autonomous regions showed an overall prevalence of 2.7 per cent. There are wide variations in prevalence between areas. The HIV prevalence among this group is more than 40 per cent in some areas of Henan, while Shuizhou, Hubei has 33.7 per cent, Heze of Shandong 8.9 per cent and Jilin city of Jilin 5.8 per cent. Prevalence is relatively low in other regions. It is estimated that around half of these HIV cases have become AIDS patients as most infections occurred between 1992 and 1996.

1.2.4 Men who have sex with men (MSM)

There is only very limited data available relating to HIV among men who have sex with men (MSM). One-off survey results suggest that HIV prevalence among this group is over 1 per cent in Beijing, Harbin, Guangzhou and Shenyang. The 2003 national epidemiological survey showed the proportion of non-condom use by MSM is relatively high with 43 and 38.5 per cent of MSM in Changde and Xi'an respectively. Given the estimated large size of this group, the number of infected MSM and their continuing level of high risk behaviour, they represent a high potential for an HIV epidemic.

¹ This includes individuals who went to other provinces to donate blood, then returned home.

1.2.5 General population

HIV cases are now found among the general population in regions where the HIV epidemic commenced early and has become serious. HIV cases were found at antenatal clinics in eight of the 18 sentinel surveillance sites in 2003. The percentages of HIV positive cases ranged from 0.3 per cent to 5.3 per cent. The 2003 national epidemiological survey also included anonymous testing in 21 areas of 13 provinces/autonomous regions. HIV cases were found in nine areas of seven provinces/autonomous regions, with less than one per cent HIV positive cases.

Infections with HIV through normal blood transfusion remain a matter of concern. A number of HIV infections via blood transfusion have been reported during 2004 in areas where former commercial blood and plasma donation in the 1990s was common.

1.3 Estimation of HIV/AIDS Cases

1.3.1 Overview

The estimation uses the UNAIDS/WHO recommended methodology based on the data from the national HIV/AIDS case reports, sentinel surveillance, epidemiological surveys and behaviour surveillance. First, the basic size of different groups is estimated at provincial level, following which the numbers of HIV cases among these groups are predicted based on HIV prevalence levels as determined by specific surveys. Finally, the total number of HIV/AIDS cases for China is arrived at by aggregating the estimates for each group.

1.3.2 Geographic distribution

There are seven provinces with more than 50,000 HIV cases and 15 with more than 10,000 HIV cases among China's 31 provinces/regions. There are five provinces with an estimated HIV prevalence above 0.1 per cent, and seven provinces in which the HIV prevalence is estimated at 0.05-0.1 per cent.

1.3.3 Future trends of the epidemic

Based on the observed patterns and trends, the future course of the epidemic may continue to increase rapidly over the coming years, or it may start stabilizing. It will depend on whether prevention and treatment interventions are extensive and effective.

Overall, the relative proportion of HIV cases infected through IDU and former commercial blood and plasma donation is expected to decrease, with a corresponding increase in the proportion of HIV cases infected through sexual transmission. In the future, MSM may become a high prevalence group due to the large number of men who have sex with men and their continued high-risk behaviour.

CHAPTER 2 ACCOMPLISHMENTS IN HIV/AIDS PREVENTION, TREATMENT AND CARE IN CHINA

The 2003 Joint Assessment highlighted a number of challenges hindering effective HIV/AIDS prevention, treatment and care in China. These included the need for strong leadership and political commitment from all levels of government, legislative reform, information exchange and use, improved surveillance and testing systems, more effective advocacy and education interventions, strengthened monitoring and evaluation and increased financial support.

The year 2004 has seen a dramatic improvement in these areas. Key steps have been the establishment of a new State Council AIDS Working Committee and the subsequent State Council Document No.7 (March 2004), which sets out a comprehensive policy framework for HIV/AIDS prevention and control in China. The State Council framework is structured around key policy areas for addressing the epidemic which - with some rationalisation - provide the basis for an assessment of achievements in the response to HIV/AIDS in China, summarized as follows:

1. Strengthened leadership and clarifying responsibilities;
2. Strengthened surveillance and information systems;
3. Comprehensive HIV/AIDS prevention responses;
4. Providing treatment, care and support for AIDS patients; and
5. Strengthened investment in HIV/AIDS and international cooperation.

This report outlines achievements in these strategic areas since December 1, 2003.

2.1 Strengthened Leadership and Clarification of Responsibilities

As outlined in Chapter 1, the response to HIV/AIDS in China is now at a crucial stage with the epidemic evidently spreading beyond high-risk groups to the general population and generating significant socio-economic impacts. This in turn requires new strategic approaches to policy formulation and action plans. During the past year, a series of important strategies and policies have been adopted by the central government. Key accomplishments in terms of national commitment and policy responses at the national level and the take-up of these initiatives across sectors and at lower levels are described in the following sections.

2.1.1 Strengthened commitment at the national level

Over the past year there has been a firm demonstration of commitment by key leaders of the Chinese Government to the HIV/AIDS crisis. On World AIDS Day in December 2003, Premier Wen Jiabao and Vice Premier Wu Yi visited people living with HIV/AIDS at Ditan Hospital in

Beijing and announced the 'Four Frees and One Care' Policy. Vice-Premier Wu Yi, subsequently visited AIDS patients in their homes in Wenlou, Shangcai county, one of the villages hardest hit by HIV/AIDS in Henan province and visited Hubei province where she was briefed about the response to HIV/AIDS. In July, Premier Wen Jiabao signed an important proclamation "Joint Efforts for Effective Prevention and Control of HIV/AIDS" outlining the Chinese Government's new initiatives in response to HIV/AIDS. These public gestures and announcements have been supported by pledges of increased funding and resource mobilization for HIV/AIDS by the Chinese Government.

Four Frees and One Care Policy

1. Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas;
2. Free Voluntary Counselling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS;
5. Care and economic assistance to the households of people living with HIV/AIDS.

2.1.2 Effective national coordinating mechanism

The State Council Coordinating Mechanism, put in place for STD/AIDS initiatives in 1996, has played an important role in China's response to HIV/AIDS. A new State Council AIDS Working Committee was established in February 2004 to further strengthen the leadership and coordination of the response to HIV/AIDS, with Vice Premier and Minister of Health Wu Yi as director. It comprises the Vice-Ministers of 23 key ministries and mass organizations, together with the Vice-Governors of the seven most HIV/AIDS affected provinces as outlined below.

AIDS Working Committees (or AIDS Prevention and Control Leading Groups) have been established in all provinces, autonomous regions and municipalities to coordinate HIV/AIDS responses across sectors.

State Council AIDS Working Committee

Director: Wu Yi, Vice Premier

Vice Directors: Gao Qiang, Executive Vice-Minister of Health
Xu Shaoshi, Vice-Secretary General of the State Council

Members: Publicity Department, Central Committee of the Chinese Communist Party; State Development and Reform Commission; Ministries of Science and Technology, Education, Public Security, Civil Affairs, Justice, Finance, Labour and Social Security, Railways, Agriculture, Commerce, and Health; National Population and Family Planning Commission; General Administration of Quality Supervision, Inspection and Quarantine; General Administration of Civil Aviation of China; State Administration of Radio, Film and Television; State Food and Drug Administration; All China Federation of Trade Unions; All China Youth League; All China Women's Federation; Red Cross Society of China; and Henan, Hubei, Guangdong, Guangxi, Sichuan, Yunnan and Xinjiang.

The Committee's Responsibilities:

- Develop the key guidelines, strategies and plans for HIV/AIDS interventions;
- Coordinate and help solve problems in the national programme for HIV/AIDS prevention, treatment, care and support; and
- Mobilize and promote multi-sector responses and the participation of the whole society.

2.1.3 Sound national policies, strategies and guidelines

State Council Document No.7 (March 2004) sets out the national policy framework for responding to HIV/AIDS, and identifies the strategic approach of "prevention first, integration of prevention and treatment, and comprehensive prevention and control." It recognises that effective HIV/AIDS responses are linked to economic development, and to national security and prosperity, and requires government at all levels develop concrete objectives and plans of action on HIV/AIDS prevention, treatment and care. Leaders are held accountable and their work in relation to HIV/AIDS will be assessed as part of their job performance. Annual monitoring and evaluation will be conducted and those who are responsible for misconduct will be brought to account.

In order to implement the State Council Document No.7 (March 2004), eleven national policy initiatives have been drafted by different sectors at central level, thus establishing a new policy framework for HIV/AIDS in China since December 1, 2003. The eleven new policies are outlined in the following box.

National HIV/AIDS Policy Initiatives in 2004

1. Notice on HIV/AIDS Prevention IEC Guidelines 2004-2008 (State Council AIDS Working Committee Office)
2. Notice on Key Messages on HIV/AIDS Prevention and Control (Publicity Department of the Central Committee of the Chinese Communist Party and Ministry of Health)
3. Notice on Free Voluntary Counselling and Testing (Ministry of Health and Ministry of Finance)
4. Notice on ARV Treatment Management (Ministry of Health and State Administration of Traditional Chinese Medicine)
5. Notice on Implementing the Policy on ARV Treatment (Ministry of Labour and Social Security)
6. Notice on Strengthening Assistance to Poor People Living with HIV/AIDS (PLWHA), Families of PLWHA and Orphans (Ministry of Labour and Social Affairs)
7. Notice on Establishing a Task Force on Interventions among High Risk Groups by Centres of Disease Control at All Levels (Ministry of Health)
8. Implementation Guidelines on Condom Promotion for Preventing HIV/AIDS (Ministry of Health and Five Other National Departments)
9. Notice on Directive Principles of Protecting Medical Staff from Occupational Exposure to HIV/AIDS (Ministry of Health)
10. Notice on Professional Training on Infectious Diseases, including HIV/AIDS for Medical Staff (Ministry of Health)
11. Notice on Strengthening HIV/AIDS Prevention and Control in All Places for Re-education through Labour (Ministry of Justice and Ministry of Health)

2.1.4 Sectoral responses to HIV/AIDS

At the April Conference of the State Council AIDS Working Committee, Vice-Ministers from key sectors made presentations on their new programmes. A significant initiative of the central government is the China CARES Programme, which focuses on delivering an integrated and comprehensive response covering areas such as health education, treatment and care. It has expanded the initial 51 demonstration sites to 127 sites nationwide which implement the 'Four Frees and One Care' policy.

The Publicity Department of the Central Committee of the Chinese Communist Party developed a video on HIV/AIDS for dissemination all over China and requested TV stations at county level to broadcast it.

The Ministry of Labour and Social Security issued a list of six ARV drugs covered under the national health insurance plan, and identified five additional ARV drugs to increase the range of medicines available.

The Ministry of Science and Technology established a special grant on HIV/AIDS, and conducted research on HIV/AIDS treatment, ARV drugs, diagnostics reagents as well as epidemiological studies in Henan and Yunnan in collaboration with other sectors. Some new AIDS drugs have been developed to the stage of clinical trials.

The Ministry of Education developed and disseminated a notice on the implementation of the AIDS prevention and care guidelines of the State Council, as well as strengthened supervision and inspection. Seven provincial training centres were established to conduct provincial teacher training workshops. A set of teaching materials for junior and senior high schools was produced and printed.

The Ministry of Commerce assisted in seeking financial support from international and bilateral donors, and participated in discussions on public health issues related to the World Trade Organization. A supervision group, led by the Ministry of Commerce, evaluated the reform of illegal commercial blood and plasma collection practices in 12 provinces/autonomous regions.

The railways, communications and civil aviation sectors conducted different kinds of information, education and communication (IEC) activities at airports, railway stations, subway stations and harbours, using TV, radio broadcasts, billboards and electric posters. The Ministry of Communications conducted a training of trainers workshop on HIV/AIDS prevention and control in Changjiang Navigation Administration Bureau. The Ministry of Railways issued a notice concerning an action plan on HIV/AIDS prevention and control and strengthened the monitoring and supervision. An IEC campaign on HIV/AIDS and condom social marketing was conducted in Henan and Yunnan.

The National Population and Family Planning Commission evaluated HIV/AIDS IEC campaigns for women of child-bearing age and organized an international seminar on social behaviour and discrimination relating to HIV/AIDS. HIV/AIDS IEC campaigns were conducted through the family planning network, the internet and newspapers, and condom use was promoted among at risk populations.

The Ministry of Agriculture prepared a notice on implementing HIV/AIDS prevention and control and conducting IEC activities at each level.

The State Administration of Radio, Film and Television enhanced publicity on HIV/AIDS through news reports and special programmes, as well as IEC campaigns around World AIDS Day.

2.1.5 Legislative reform to support the national response

The General Administration of Quality Supervision, Inspection and Quarantine undertook surveillance among long distance truck drivers, and waiters and waitresses in entertainment establishments at border crossings, and conducted education campaigns on HIV/AIDS at exit and entry points and transport means.

The State Food and Drug Administration assisted in the early stages of research on innovative ARV drugs through the implementation of a high-speed examination and approval of ARV drugs to promote the development of ARV drugs. An AIDS vaccine received permission to move into clinical trials.

The amendments made to the Law of Communicable Diseases Prevention and Control in August 2004 are based on in-depth assessment and review of the impacts of existing legislation on HIV/AIDS prevention and care involving the Standing Committee of the National People's Congress (NPC). These are seen as a significant step towards achieving a more compatible legislative framework for effective HIV/AIDS responses, as well as strengthened measures to standardize blood collection and transfusion practices, and overcome discrimination against patients and carriers of communicable diseases. Regulations covering the Management of HIV/AIDS Prevention and Control are currently being finalized and will be forwarded to the State Council for discussion as part of the process of becoming legislation.

Several provinces have also adopted revised laws and regulations, such as:

- The Yunnan HIV/AIDS Prevention and Control Law (described below)
- The Jiangsu HIV/AIDS Prevention Regulations

2.1.6 Local governments responding to the HIV epidemic

The mid-term evaluation of China's Medium-and Long-Term Programme for the Prevention and Control of AIDS (1998-2010) and the 5-Year Action Plan to Control HIV/AIDS (2001-2005) found that governments at all levels have started to develop work objectives and plans. Some 89 per cent of provinces had such plans, with all provinces and just over 74 per cent of prefectures stating they have annual plans. A number of local level initiatives announced since March 2004 support for the new national strategic framework for HIV/AIDS. Examples include:

- Henan's 'Six Ones' policy, under which it is committed to build one road, one water well, one school, one standardized clinic, one orphanage and one education room at villages hard hit by HIV/AIDS, and provide housing, clothes, food, basic health care, and access to schooling for all school-aged children.
- Yunnan's 'Six Frontage' programme, which aims to (a) create a supportive social environment for HIV/AIDS prevention, treatment and care; (b) raise public awareness on HIV/AIDS among all citizens; (c) promote condom use; (d) reduce drug-related harm through needle exchange and methadone maintenance therapy; (e) establish AIDS care and support centres; and (f) strengthen

2.1.7 NGOs and mass organizations in the response to HIV/AIDS

HIV/AIDS surveillance and research.

- Hubei launched a programme to enhance coordination and strengthen capacity across the 24 agencies represented on its HIV/AIDS Working Committee with the Vice-Governor as director and initiated 22 new policies relating to HIV/AIDS.

During the year, Vice Premier and Minister of Health Wu Yi stated:

"We should mobilize all the partners in the society to participate in the fight against HIV/AIDS. We need to improve our policies and strategies to build a better environment for all the forces in the society to participate in the response, and try our best to facilitate the involvement of all sectors."

Local NGO contributions have expanded from providing education and training activities to interventions among high risk groups and the provision of care and support for PLWHA. PLWHA have themselves established a number of self-support groups in Xinjiang, Shaanxi, Shanxi, Guizhou, Shanghai, Beijing, Guangdong, and Sichuan, etc.

China's key mass organizations are members of the State Council AIDS Working Committee and are actively joining in the response to HIV/AIDS. The All China Women's Federation and the All China Youth League, in collaboration with Ministry of Health, conducted "Face to Face" publicity activities targeting women and young people in China CARES Programme sites, and positive results have been generated. The Chinese STD/AIDS Prevention and Control Association, the Chinese Foundation of STD and AIDS, the China Preventive Medicine Association, the Chinese Family Planning Association and the China Family Education Society have all undertaken prevention interventions among high risk behaviour groups, and provided care and support for PLWHA initiatives.

2.2 Strengthened Surveillance and Information Systems

Collecting and managing reliable information on the HIV epidemic and the response to it, including the effective application of available materials, lessons learned, best practices and results-based replication play key roles in the national response. There has been encouraging progress in addressing these challenges over the past year, particularly in strengthening HIV/AIDS surveillance as well as monitoring and evaluation systems.

2.2.1 Improved information utilization and exchange

A significant step was the initiative of the State Council AIDS Working Committee to undertake a National Mid-Term Evaluation of HIV/AIDS Prevention and Control in China, which was launched in June 2004. The evaluation assesses the progress made under the China's Medium-and Long-Term Programme for the Prevention and Control of AIDS (1998-2010) and the 5-Year Action Plan to Control HIV/AIDS (2001-2005), which sets up the foundation for a national monitoring and evaluation system on HIV/AIDS.

The experts' group of the China CARES Programme also undertook monitoring and evaluation of 18 of 51 demonstration areas during 2004. The report, which identified the progress achieved and lessons

learned, was submitted to the Ministry of Health and the General Office of the State Council and distributed to demonstration project sites to provide feedback on issues to be addressed.

The HIV/AIDS Strategic Information Framework (SIF) formulated with support from UNAIDS and WHO, sets out a series of potential indicators for measuring progress at the policy level and in various programme areas that can be revised and adjusted in the light of practical experience, and can be valuable reference for improving national monitoring and evaluation (M&E) systems.

Information collection and exchange at both national and local levels was strengthened during the year. The China HIV/AIDS Information Network (CHAIN) has made initial progress as an Internet resource centre and in its media coverage of HIV/AIDS related issues.

With more rigorous data becoming available on the nature of the epidemic and the response to it, there has also been an expansion of opportunities for the exchange and utilization of information. Policy-makers, experts and scholars, PLWHAs and good-will ambassadors on AIDS, participated in domestic and international conferences to exchange lessons learned, acquire new knowledge, improve skills and promote best practices. Some 270 participants from 31 provinces, central level agencies, NGOs and companies attended a conference on international cooperation on HIV/AIDS prevention and care in Chengdu from 17-19 December 2003. The Chinese Delegation to the XV International AIDS Conference in Bangkok from 10-17 July included over 100 representatives from the central government, provinces and NGOs. The need for the active participation by people living with AIDS, and young people was emphasised and NGO exhibition booths on HIV/AIDS in China at the Conference were well-received. A first Chinese NGO satellite meeting was organized during the Bangkok Conference.

2.2.2 An expanded surveillance network

Further progress has been made in establishing a comprehensive and reliable HIV and AIDS surveillance system giving up-to-date and accurate information on the size and trend of the epidemic. The number of national sentinel surveillance sites has increased from 194 in 2003 to 247 at the end of 2004 and 42 behavioural surveillance sites have been established in 19 provinces. A national HIV/AIDS epidemiological investigation was undertaken during 2003. This generated prevalence and behaviour data from drug users, sex workers, men who have sex with men, out-patients in STI clinics, former commercial blood and plasma donors, and anonymous testing among populations in 138 counties across all 31 provinces/autonomous regions.

In addition, provinces and local governments have been actively expanding their surveillance systems. By the end of 2004, over 400 surveillance sites had been established at provincial level covering IDUs, sex workers, MSM, STI clinics, long-distance truck drivers, pregnant women and TB patients. Large-scale HIV/AIDS screening was conducted among former commercial blood and plasma donors in Henan and drug users in Yunnan, providing additional information on the epidemic and giving feedback on the effects of interventions, including antiretroviral treatment. Jiangsu province also strengthened

its HIV/AIDS monitoring network. The province has tested about 3.1 million high-risk people in 5 years, including injecting drug users, commercial blood donors, sex workers and their clients.

The methodology for estimating the national HIV epidemic has been improved. National training workshops were conducted for participants from 31 provinces, autonomous regions and municipalities on estimations and projections since 2003. An Internet-based electronic information system for national HIV/AIDS surveillance is under development and is expected to facilitate timely data collection and better information management.

2.3 Comprehensive HIV/AIDS Prevention Responses

With the HIV/AIDS epidemic in China spreading beyond high-risk groups to the general population, prevention efforts need to be intensified accordingly. The central government has led efforts to launch regular public awareness campaigns, expand pilot programmes to larger scale responses (e.g., condom promotion programmes and methadone maintenance treatment), develop policies on harm reduction, initiate measures to improve blood safety practices, promote measures to prevent mother-to-child transmission (MTCT), conduct education campaigns among young people and migrant populations, and initiate HIV/AIDS workplace policies and programmes. The accomplishments in these areas at both central and local levels are discussed in the following sections.

2.3.1 Enhanced large-scale HIV awareness campaigns

Important progress was made in awareness raising among the general public during 2004. Key leaders at national level advocated care and support for PLWHA in the public to move forward comprehensive prevention and control. State Council Document No. 7 (March 2004) requires all relevant government departments to make available information on AIDS prevention and control to everyone travelling in China.

Chinese Leaders Shatter AIDS Taboo

Premier Wen Jiabao appeared on Chinese state television Monday night and comforted AIDS patients with handshakes, pats on the arm and an appeal for his nation to treat them with "care and love," becoming the first senior Chinese leader to address the country's fast-spreading AIDS epidemic in public.

Wen's visit with three patients at a Beijing hospital broke longstanding political and social taboos, and appeared to signal a new commitment by the ruling Communist Party to fight a disease

Washington Post, Dec. 1, 2003

A series of mass information, education and communication (IEC) activities were undertaken during 2004 to raise awareness of HIV/AIDS transmission and prevention issues. They include:

- A "Face to Face" education campaign was launched by the State Council AIDS Working Committee Office, the Publicity Department of the Central Committee of the Chinese Communist Party, the All China Youth League, Ministry of Science and Technology and other

eight ministries or sectors in July. Posters were distributed to 750,000 villages, 50,000 resident communities, and over 100,000 universities and middle schools. 60,000 posters in Uygur, Kazak and Tibetan minority languages were also distributed.

- Social mobilization and training of grass-root level women cadres and youth leaders to conduct a "Face to Face" campaign on HIV/AIDS among rural women and youth in China CARES areas, organized by the All China Women's Federation and the All China Youth League, which increased the awareness on AIDS and changed the attitude of rural women and young people.
- IEC activities on HIV/AIDS were conducted at workplaces by the Ministry of Labour and Social Security, Ministry of Health, and All-China Federation of Trade Unions.
- An IEC document "Keeping AIDS Away" was developed by the Ministry of Health and translated into Mongolian, Tibetan, Uygur, Kazak and Korean languages, as well as distributed to minority people and middle school and university students.
- Non-profit HIV/AIDS advertisements are increasingly seen in subways, airports and train stations in large cities, public squares at some China CARES sites and at schools across the country. Specific IEC campaigns aimed at mobile populations were conducted by railway, civil aviation and communication agencies.
- A National Health Promotion Project for Hundreds of Million Chinese Farmers was launched by nine central government ministries to advocate a healthy lifestyle and improved awareness of health-related issues, including HIV/AIDS, has reached several hundred million Chinese farm families.
- "Waving Red Ribbon" adapted by the Dachang Opera Group, in Hebei province, integrated HIV/AIDS IEC with local opera, dancing and role play to disseminate HIV/AIDS knowledge and stop discrimination against people living with HIV/AIDS among rural citizens. It was scheduled to be staged in China CARES counties.

2.3.2 Rapid expansion of interventions among high-risk behaviour groups

Significant changes in response strategies and policies have led to a number of important accomplishments in terms of prevention programmes for high-risk groups during the year. New approaches to strengthen capacity at local level to mount effective advocacy and education programmes for high-risk groups are being tried. These include ad hoc teams for intervention among groups such as sex workers, injecting drug users (IDUs) and men who have sex with men (MSM). These teams were established nationwide within the existing Chinese Centre for Disease Control (CDC) system.

Promotion of condom use and STI services in the entertainment establishments. Six national central departments jointly issued a national condom promotion strategy in July 2004. That month, a national seminar was held in Yichang, Hubei to review pilot project experience and plan expansion of the 100% Condom Use Programme. Results from five pilot sites located in Hubei, Hunan, Hainan, Jiangsu

and Guangxi, indicated that condom use by sex workers (at last sex with clients) consistently increased to 90 per cent or above and the decreases in specific STDs (i.e., Chlamydia infections) ranged from about 34 per cent in Hubei to 88 per cent in Hainan. Other significant accomplishments in 2004 include:

- With central and/or local funding, the 100% Condom Use Programme has been expanded from Hainan, Hubei and Hunan to Jiangsu and Guizhou provinces during 2004. Training workshops on the 100% Condom Use Programme were conducted in Shanxi, Xinjiang, Guangxi, Guangdong and Fujian provinces/autonomous regions.
- Yunnan provincial government endorsed a policy to promote and distribute condoms to all entertainment establishments with a target of 60 per cent coverage in 2004 and 100 per cent coverage by 2005, while in Sichuan province, 47 counties also initiated a comprehensive condom promotion programme.
- Comprehensive interventions directed at sex workers including, STI services, peer education and voluntary counselling and testing (VCT), were introduced at around 30 sites during 2004.
- Social marketing programmes for condom promotion were supported by a number of national and international organizations to improve the supply of quality condoms.

Harm reduction among injecting drug users (IDUs). There has been a dramatic change in policy and response strategies for the prevention of HIV transmission through IDU during 2004. A National Task Force comprised of the Ministry of Health, Ministry of Public Security and State Food and Drug Administration was set up for methadone maintenance treatment (MMT) of drug addicts following the new national guidelines for methadone treatment. Significant accomplishments include:

- From March 2004, methadone treatment for IDUs was initiated as a first stage pilot programme. A national seminar in Chengdu reviewed the results from the pilot MMT clinics in September 2004. They indicated that rates of heroin use, intravenous injection, and crime related to drug use had decreased in the pilot areas.
- Clean needle exchange programmes were introduced in approximately 50 sites in Yunnan, Sichuan, Hunan, Xinjiang, Guangxi, Guangdong and Guizhou provinces/autonomous regions.

Accomplishing a Rehabilitated Life

The past 14 years, almost one fifth of my life, was sacrificed to the white devil - heroine. I have lost too much, the most valuable youth as well as the dignity as a human being. After just three months of receiving treatment in methadone clinic, now I feel that my physical condition and psychological status are returning to normal. I can tell that I am much more relaxed with a happier and freer life. I will try my best to stick to the behavioural change. Now the most important thing for me is to develop a new life and reintegration with the society. I believe that if I can stick to doing so, the day of a rehabilitated life will come to me.

Citation from an MMT clinic attendee from Gejiu city, Yunnan province

Men having sex with men (MSM). It is now increasingly recognised that this high-risk group needs to be reached by HIV education and prevention initiatives, with surveys to identify at-risk behaviours by MSM an initial focus. Specific accomplishments include:

- Training workshops were conducted for MSM volunteers in a number of cities covering the feasibility of VCT and care for MSM, such as Hangzhou, Kunming, Nanjing, Shanghai and Shenzhen. Hangzhou city in Zhejiang province, conducted China's first HIV testing and counselling in gay bars to promote effective HIV prevention.
- A comprehensive intervention programme was established to support MSM self-help groups, with hotlines, peer education, safer sex and condom promotion targeting MSM in Chengdu, Sichuan.

2.3.3 Intensified life skills education for youth

Provision of life skills education for young people remains an important task in the fight against HIV/AIDS. Accomplishments during 2004 include:

- HIV/AIDS education was included in curricula of secondary schools throughout the country, with testing of knowledge required by education authorities in some provinces. Relevant education material was developed.
- The Chinese National Committee on Caring for Children initiated IEC activities on reproductive health for adolescents, including HIV prevention, life skills education and anti-drugs messages in vocational schools all over China.
- Production of China's first TV series focusing on sex education for young people entitled "How Can I Tell You This?". The series is centred around a group of junior high school students and aims to provoke a more open discussion on sexual health with adolescents.

2.3.4 Improved blood safety practices

Under the 'China Blood Donation Law' and the 'Administrative Regulation on Blood Products Management', a national campaign was launched to urge blood banks and manufacturers of blood products to buy only laboratory-tested blood. Accomplishments during 2004 include:

- Blood donated by volunteers increased from 22 per cent in 1998 to 88 per cent of the total clinical blood consumption in June 2004.
- Nationwide supervision and examination were conducted to review more than 900 blood collection and supply institutions and 36 blood products manufactures, of which 85 were sanctioned by warning, closure or requirements to improve their standards.
- 283 small blood stations in East, South and Northeast China were closed.

2.3.5 Increased prevention of mother-to-child transmission initiatives

With the spread of the epidemic beyond high-risk groups to the general population, the risk of mother-to-child transmission (MTCT) of HIV has become an area of increasing concern. A task force of experts was established to develop a national policy framework for HIV/AIDS

that requires maternal and health care institutes and health providers at each level to promote measures to prevent MTCT. Accomplishments in 2004 include:

- A national prevention of mother-to-child transmission experts' team was set up to finalize national guidelines on the prevention of MTCT of HIV.
- Maternal and child health related staff, including administrators, doctors and nurses, of 85 cities and counties in 15 provinces completed training of trainers workshops conducted under China CARES Programme.
- Eight project sites in five provinces initiated prevention of MTCT programmes, with counselling services and HIV testing for 290,000 pregnant women at ante-natal clinics. Of over 200 women who tested HIV positive, 90 voluntarily terminated the pregnancy, while 118 were provided with an ARV drug.
- The Hubei government introduced free treatment to prevent MTCT and free milk powder for HIV positive mothers from 1 July 2004, while Shenzhen city of Guangdong province provides free VCT for all pregnant women.

2.3.6 Prevention of HIV in the work place and among migrants

There has been an encouraging response by enterprises in developing HIV/AIDS workplace policies and programmes. Several multinational firms and domestic companies are now incorporating HIV prevention into workplace practices. A coalition of companies supporting the response to HIV/AIDS, the China Business and AIDS Working Group, has been established, together with a UN working group on enterprise and workplace mobilization. There has also been progress toward addressing discrimination against people living with HIV/AIDS in the workplace and enhancing their rights.

With the recognition of the risk of migrant workers to HIV infection and as transmitters of the virus, prevention activities among this group have increased in a number of provinces. Examples of accomplishments during the year include:

- The National Population and Family Planning Commission, the Ministry of Railways and Ministry of Communications carried out education and HIV prevention among migrants through their own networks, aiming at enhancing awareness, promoting condom use and improving access to counselling.
- The "Red Ribbon of Youth" programme provided 1,800 young migrant workers with AIDS prevention education by the All China Youth League. Peer education, information dissemination, condom promotion, social marketing and health services for migrant workers, have been carried out in Shanghai, Zhejiang, Hebei, Hubei, Hunan, Liaoning and Shandong.

2.4 Providing Treatment, Care and Support

The key treatment, care and support initiatives during the year were the launch of free antiretroviral therapy for HIV/AIDS, the training of

2.4.1 Provision of effective and standardized treatment

staff in treatment and care practices at all levels, in order to reduce the rate of AIDS related deaths. The principles of treatment are "management by the authority in the place it is affiliated with" and division of duties between formal centres and home-based treatment.

The central government announced its 'Four Frees and One Care' policy in December 2003, which covers the provision of free antiretroviral (ARV) drugs to poor urban HIV/AIDS patients and to all in rural areas. Subsequently, the central government announced that eleven ARV drugs had been incorporated into the basic urban medical insurance system and the new rural medical cooperative framework. The Ministry of Health, in association with the Ministry of Finance and the State Administration for Traditional Chinese Medicine, issued implementation guidelines in April 2004 to standardize ART. These provide the framework for the evolution of free ART in China from an emergency response to the adoption of a uniformed and standardized nationwide treatment response, specifying that people living with HIV/AIDS should be exempted from expenses for the treatment of opportunistic infections (OI). With facilitation from central government, several provinces have announced schemes for the distribution of free ARV drugs and a clinical experts' group on AIDS was established at national level, followed by prefectures, counties and individual hospitals. Significant accomplishments during the year include:

- By mid-2004, a cumulative total of 10,388 patients had commenced ART in 163 counties/districts in 50 prefectures/cities of 18 provinces/autonomous regions. ART has been provided for MTCT prevention in most provinces and ART programmes for children are under development.
- An experts' team of the Ministry of Health, in cooperation with international partners, completed technical care and treatment guidelines for the Free ART Programme in August 2004. The Manual provides technical guidance to local authorities as they prepare HIV/AIDS treatment and management plans that suit their local conditions.
- A centralized database of free ART patients has been created to ensure the provision of quality treatment services and this system is now operating in a pilot phase.
- A monitoring and evaluation protocol for the Free ART Programme is being developed to standardize monitoring activities among projects and to improve the quality of programming. This protocol will be integrated into the overall national monitoring and evaluation system for HIV/AIDS.
- Provision of new equipment has enabled essential testing, including CD₄ and/or CD₈ T-cell testing, to be carried out in additional areas.

2.4.2 Production and supply of ARV drugs

Five antiretroviral drugs (AZT, d4T, ddI, NVP and IDV) have been put into production over the past year and other ARV drugs (3TC and EFV) are being imported. The first essential drugs have reached the ART standards recommended by WHO for regions lacking medical resources. At the same time, the government has strengthened

2.4.3 Enhancing capacity building and training of trainers

research and development of ART through traditional Chinese medicine. It has funded an intervention programme that supports 11 provinces (including Hebei, Henan, Anhui, Hubei and Guangdong) to trial Chinese traditional and herbal drugs in AIDS treatment and care.

Scaling-up approved standardized treatment and care programmes to a nationwide response is dependent on the capacity of the human resources available to deliver effective treatment and care at the local level. During the year approximately 1100 professional staff were trained in ART techniques and practices. In addition, nine national training centres were established to provide two to three-month ART clinical training courses for 'grass roots' doctors.

Health service facilities at the county, prefectural and provincial levels have moved to strengthen their capacities in providing ART, OI treatment and care and support with in HIV/AIDS (Table 2).

Table 2: Proportion of Institutions Capable of Providing AIDS Treatment and Care at Provincial, Prefectural and County Level

	Provincial Level		Prefectural Level		County Level	
	2002	2003	2002	2003	2002	2003
ART	4.9%	7.3%	0.9%	3.1%	0.7%	1.9%
OI Treatment	10.6%	15.5%	8.0%	10.6%	3.1%	4.7%
Care & support	4.1%	7.3%	2.6%	3.3%	2.0%	3.1%

(Source: The Mid-Term Evaluation of China's Medium-and Long-Term Programme for the Prevention and Control of AIDS (1998-2010) and the 5-Year Action Plan to Control HIV/AIDS (2001-2005))

2.4.4 Provision of community-based care and support with reduced discrimination

Over the past year progress has been made in expanding care and support services and in reducing discrimination against people living with HIV/AIDS as follows:

- The 51 China CARES pilot sites are providing comprehensive services, including community home-based HIV/AIDS treatment and care, as well as reducing discrimination. The experience and lessons learned were promoted across the country.
- VCT services were conducted and expanded to strengthen care and treatment. Training courses were provided to counsellors to improve VCT skills in 127 demonstration projects areas.
- Increased recognition has been given to the plight of children who have become orphans as a consequence of AIDS. The Ministry of Civil Affairs issued the Notice on Strengthening Assistance to Poor People Living with HIV/AIDS (PLWHA), Families of PLWHA and Orphans in August 2004, which provides grants to families having or caring for children orphaned by AIDS. Several local governments have taken direct action to support these orphans, including adoption, family arrangements for taking care of orphans, schooling support and establishment of new orphanages.

- Under the newly revised Law on Communicable Diseases Prevention and Control, discrimination against people with communicable diseases is banned and the rights of PLWHA are protected. Top government officials have set good examples by meeting PLWHA and promoting non-discrimination against them, as described elsewhere in this Chapter.

2.5 Strengthened Investment in HIV/AIDS and International Cooperation

In recent years, there had been significant increases in budget allocations from governments at each level and the international society to strengthen the national response to HIV/AIDS. This section reviews specific accomplishments towards utilizing these resources for more effective outcomes.

2.5.1 Increased financial allocations to HIV/AIDS

There has been a substantial increase in financial allocations to the national response to HIV/AIDS from the Government of China. During 2003, on top of original commitment of 120 million Yuan to HIV/AIDS, an extra 270 million Yuan was added in order to provide free ART, care and support in areas hard-hit by the disease. The total central government HIV/AIDS budget for 2004 was 810 million Yuan.

Local governments have also augmented investments on HIV/AIDS, totalling 179 million Yuan from governments at provincial level and below in 2003, with an average provincial investment of 3.36 million. County level investments showed a 53 per cent increase over the previous year.

2.5.2 Prioritized and improved utilization of government investment

During 2003, the central government established a clear framework for allocating resources under the HIV/AIDS programme. The social and economic status of each province and the population, as well as magnitude and trend of HIV/AIDS epidemic are carefully weighed in allocating HIV/AIDS budget resources to provinces.

At present, the priority for national HIV/AIDS spending is directed at the key provinces and localities where HIV/AIDS is most prevalent, but there are different priorities in different areas. During 2003, 60 per cent of central government AIDS funds were allocated to the nine priority provinces, with half the total going to five provinces (Henan, Sichuan, Anhui, Hubei and Yunnan). In early 2004, the Ministry of Health made Yunnan Dehong and Henan Zhumadian priority areas for HIV/AIDS financial investment and technical support. Some 11 million Yuan per year has specifically been allocated to each of these two priority areas.

Over the period 1999-2003, the three priority components of government HIV/AIDS spending were blood safety (27.4%), health education and intervention (25.9%) and surveillance and testing (24.8%). In provinces where the epidemic is more severe and there is a correspondingly high number of AIDS patients, the proportion of spending has been higher on treatment and care. Figure 8 illustrates the proportion of total HIV/AIDS spending allocated to each component since 1999. Highlights include the high financial allocations to blood safety in 2001 (40.5%) and 2002 (38.8%), and the general increase

in allocations to treatment and care over the period, increasing from 9 per cent of total allocations in 2002 to 13 per cent in 2003.

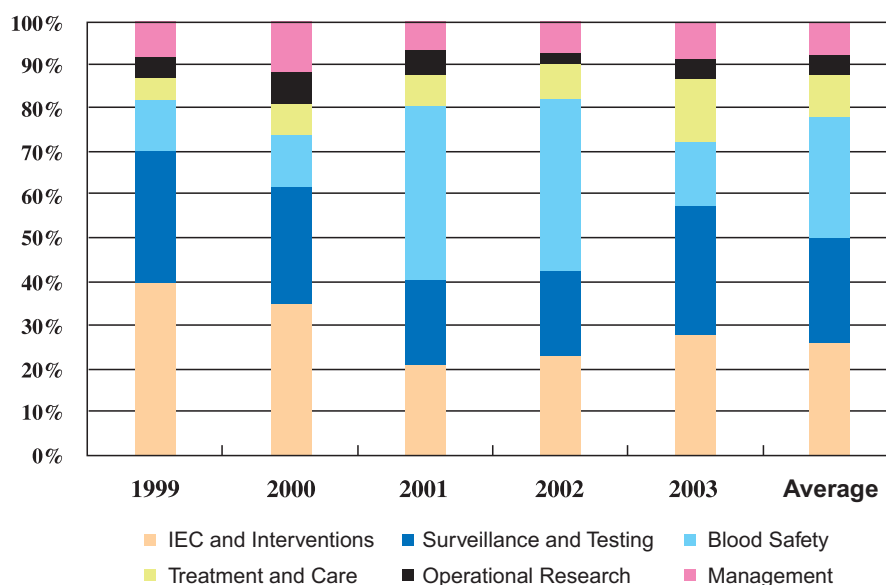


Figure 8: Trend of HIV/AIDS prevention and control expenditures by component

2.5.3 Integrating international support with local priorities

International support from the Global Fund to fight AIDS, TB and Malaria (GFATM), the UN system and bilateral agencies to China's HIV/AIDS response has increased in recent years. Budgeted international support jumped from 256 million Yuan in 2003 to 421 million Yuan in 2004.

International collaboration activities in HIV/AIDS cover all 31 provinces, autonomous regions and municipalities, with particular geographic focus on Yunnan, Guangxi, Xinjiang, Sichuan and Shanxi. At the national level, international support covers leadership development, policy advocacy and development and strategic planning, as well as promotion for multi-sectoral collaboration in response to HIV/AIDS epidemic. At the provincial and lower levels, institutional capacity building, comprehensive prevention interventions, surveillance and screening, and care and support are priorities. Each international agency has its own priority areas on HIV/AIDS.

Further progress has been made in integrating international resources with national priorities and strategies. In order to prepare and implement the Global Fund to fight AIDS, TB and Malaria (GFATM) HIV/AIDS Project, a Country Coordination Mechanism (CCM) was established. The CCM provides a platform for dialogue and collaboration between international organizations and key national agencies in relevant sectors. The 3rd Round GFATM HIV/AIDS Project has been integrated well with China CARES Programme and covers 39 of the 127 China CARES counties.

2.5.4 HIV/AIDS resource needs estimations

By using the HIV/AIDS resource needs estimation software recommended by UNAIDS, experts estimated the resource needs for the HIV/AIDS response in China. This takes account of the objectives set in the China's Medium-and Long-Term Programme for the Prevention and Control of AIDS (1998-2010), recent progress against these objectives and an assessment of implementation capacity in 2004.

Under the low cost scenario, there is a total resource need of 3.1 billion Yuan in 2004, while the estimated resource need under the high cost scenario is 5.2 billion Yuan. The low cost scenario estimates the total cost of implementing the 'Four Frees and One Care' policy at 890 million Yuan in 2004, while this need would be 1.25 billion Yuan under the high cost scenario.

CHAPTER 3 CHALLENGES AND RECOMMENDATIONS

The past year has seen considerable achievements in the response to the HIV/AIDS epidemic in China, particularly in terms of commitment by national leadership, establishing a supportive national framework, improved understanding of the key elements of the epidemic, and providing treatment, care and support. Nevertheless, a number of challenges remain.

This Chapter reviews these challenges following the same structure used to present the accomplishments in Chapter 2. Three key themes cut across these core strategies, namely:

1. Information integration, sharing and dissemination;
2. Capacity building at different levels and across sectors; and
3. Strengthening monitoring and evaluation.

3.1 Strengthening Leadership and Clarifying Responsibilities

Challenges

Lack of effective implementation of strategic plans on HIV/AIDS.

The establishment of the State Council AIDS Working Committee has been in a major step forward in strengthening a targeted and multi-sector response to AIDS in China. Still, the response to AIDS by different ministries and provinces has been uneven. In many sectors and provinces, policy-makers have limited understanding of not only the spread HIV, but also of AIDS as a development issue - its impact on individuals and communities, social culture - and there is inadequate attention to these issues in the planning, implementation and evaluation of HIV/AIDS policies, laws and interventions. Not all ministries have strategic plans for HIV/AIDS in place, provincial plans are at different stages of development and mechanisms to monitor and evaluate performance are weak.

Mobilizing NGOs and building their capacity. While non-government organizations (NGOs) can play an increasing role in the response to HIV/AIDS, community-based organizations and genuine NGOs remain few in number and weak in terms of capacity in implementation and management of projects, particularly at the local level. In part this is due to formalities associated with the establishment and registration of NGOs and difficulties related to channelling of resources to organizations working at community level.

Recommendations

- The government should mobilize resources across all sectors and at each level to participate in the response so that each official contributes to an intensified 'People's War' against the epidemic within their jurisdictions. A HIV/AIDS Prevention and Control Action Plan should be developed to clearly define the responsibilities of different sectors, agencies and levels, and set out standards of accountability for different functions to facilitate monitoring and

evaluation of performance. This will enable key leaders at all levels to be held accountable and this principle should be implemented in the promotion of government staff. The principles of HIV/AIDS prevention, treatment and care should be incorporated into the curriculum of training courses for officials conducted by Party Schools, administrative institutions and similar bodies.

- To develop strategic and action plans that clarify goals and set out practical implementation steps based on local situations. A national monitoring and evaluation system should be established to reinforce performance assessment at different levels, thereby facilitating the ongoing improvement of the National HIV/AIDS Prevention and Control Plan and strengthen its implementation.
- Further efforts are required to improve the environment for NGOs to operate, including the policy and legal framework for the establishment of NGOs, innovative approaches and partnerships to build the capacity of 'grass-roots' community-based organizations as well as mechanisms for channelling funds to support initiatives at community-level. Under government guidance, NGOs should be encouraged to provide services in HIV affected areas that are difficult for government agencies to cover, using NGO networks to help people living with HIV/AIDS participate actively in AIDS prevention, care and support.

3.2 Strengthening Surveillance and Information Systems

Challenges

Effective information collection, analysis, integration and utilization. While a lot of data has been obtained from HIV/AIDS surveillance, prevention, care and treatment activities, the effective analysis, management, integration, sharing and dissemination of such information remains a major challenge. At the same time, there is little systematic collection and analysis of data on the socio-economic impact of HIV/AIDS on affected communities. Ensuring the validity and quality of the various data sources remains an area of concern. The development of information resource institutes and services is still at an early stage.

Further strengthening of the surveillance system. While the sentinel surveillance network has been strengthened in areas of high prevalence, there are few sites in areas with uncertain information on the epidemic and their standards of operation remain weak. The collection of behavioural data remains far too limited, although ad hoc studies on behaviour of specific groups reveal alarming levels of high-risk behaviour among specific groups. Much of the basic data that has been obtained from the surveillance system has not been properly analyzed or utilized.

Recommendations

- Improved mechanisms, based on existing information management institutions, should be established for integrating information collected from various sources, timely analysis and dissemination to key decision-makers in each sector at various levels. A national database should be developed to integrate data from HIV/AIDS case reports, sentinel surveillance, behaviour surveillance, specific surveys as well as VCT and treatment reporting. Additional attention

is required to assess the socio-economic impact to feed vital information into the information management system.

- The surveillance system needs to be further strengthened by increasing the number of sentinel sites and the population groups covered, particularly in Western China, and overall capacity building. Linkages to other surveillance systems, such as antenatal clinics and TB programmes, should also be pursued to improve coverage. The second generation surveillance system should be introduced gradually, supported by specific surveys of high risk groups, with particular emphasis on mobile populations. Linking behavioural surveillance with the sero surveillance system would expand and improve the reliability of behavioural surveillance data. Training on the analysis of data and the epidemiological situation need to be enhanced in order to strengthen the capacity of health staff at all levels in data collection, analysis and management, particularly on the interpretation of various aspects of the evolving epidemic. There is also scope to strengthen capacity in data collection, analysis and modelling for behaviour surveillance and monitoring.

3.3 Comprehensive HIV/AIDS Prevention Responses

Challenges

Improving information, education and communication (IEC) interventions to enhance HIV/AIDS awareness. Efforts to raise awareness of HIV transmission and prevention through effective IEC interventions remain inadequate, particularly in reaching marginal and minority groups in isolated localities. Overall, much more needs to be done to assess and design materials that are relevant to target audiences and appropriate to local practices and conditions, and to expand the coverage of IEC programmes to high-risk populations. Fear, stigma and discrimination related to PLWHA remain a constraint, even among health, public security and justice staff.

Effective interventions to address high risk behaviour. Although the range of targeted prevention programs has expanded significantly, overall coverage is still very limited. The involvement of NGOs and targeted groups remains limited.

Continued efforts to guarantee blood safety and reduce iatrogenic infection. While official blood banks have, for the most part, had adequate safeguards for their blood supplies since the mid-1990s, some hospitals continue to obtain blood from sources other than certified blood banks, while iatrogenic infection in hospitals continues to be a matter of concern. Ongoing efforts are also needed to implement the standardized procedure of medical services.

Recommendations

- Strengthening IEC. The National IEC Guidelines should be implemented across all sectors and additional resources mobilized for expanded IEC campaigns, particularly those of the mass media. Specific IEC programmes are required to reduce stigma and discrimination among health workers and staff working in the public security and justice sectors. The private sector and civil society should be mobilized to assist with the design and delivery of IEC messages that are relevant to specific target audiences. Further

strengthening of legislation and regulations is required to protect the rights of people living with HIV/AIDS.

- Strengthening interventions to curb high-risk behaviour. Further exploration is required to identify cost-effective interventions among specific high-risk behaviour groups, particularly MSM and to improve the quality of existing interventions, such as 100% condom promotion, MMT and needle exchange. Coordination mechanisms need to be strengthened across sectors to achieve a more supportive environment for intervention and NGO capacity needs to be strengthened for effective interventions with high-risk behaviour groups.
- Prevention efforts that have been effective - such as rigorous control of blood collection and supply, and prevention of iatrogenic infections in hospitals and health centres - need to be sustained, strengthened and expanded.

3.4 Providing Treatment, Care and Support

Challenges

Improving comprehensive treatment, care and support. A range of treatments are provided for AIDS patients, covering antiretroviral drugs (ARV), treatment relating to opportunistic infections (OI) and comprehensive care and support. However, patients are primarily concentrated in rural areas, where standardized ART is difficult to deliver because crucial elements of the HIV/AIDS treatment and care package are not readily available. Overall, medical staff have limited training and experience in treating and counselling AIDS patients, while effective coordination and collaboration between hospitals and other branches and programmes of the health system are lacking.

Implementation of treatment policies and guidelines. While new guidelines for free ARV treatment have been issued, these still need to be implemented. The treatment regimens currently in use are not well tolerated by all patients, resulting in side-effects which local doctors are poorly trained to manage. Providing affordable and accessible ARV therapy that patients can tolerate and doctors can readily supervise remains a key challenge in areas where diagnostics or equipment are lacking. Treatment of children is a particular problem given that paediatric ARV and OI drug formulations are lacking.

Expanding free ART. While free ART is available to patients in rural areas who became infected with HIV through former commercial blood and plasma donations, it is not yet available to patients in other high-risk groups (IDUs, sex workers). These cases are more difficult to identify and treat for a number of reasons, including the applicability of the current HIV testing regime to high-risk behaviour groups, so a significant number of people are not identified as HIV-positive and do not seek care and treatment.

Recommendations

- Enhance coordination and collaboration within the health system. Responsibilities should be clarified and collaboration enhanced within the health system to promote integrated prevention and treatment programmes. Treatment and care need to be strengthened, both in hospitals and at community level, through

better links with existing treatment networks.

- Replicate effective approaches. The experiences of successful projects should be analyzed and evaluated to identify lessons learned, provide models for training and help planning expanded treatment responses. Standardized ART should be expanded to more routine patient-provider settings to reduce stigma and implement the '3 by 5' Action Plan. The central government should expand free ART, increase the range of ARVs and reduce the costs of ARVs in order to provide treatment to 30,000-50,000 PLWHA by 2005. People living with HIV/AIDS need to be more involved in treatment responses to improve adherence and strengthen community and family based care.
- Reinforce application of research into clinical experience of treatment. Experience from dealing with the side effects, resistance and compatibility of medicines and treatment failures need to be fully analyzed and applied to further improve treatment efforts.

3.5 Strengthening Investment in HIV/AIDS and International Cooperation

Challenges

Gap between needs and available resources. The investments from the Chinese Government and international society have been increasing rapidly on AIDS prevention and control. However, a gap between needs and available resources still exists because the number of HIV/AIDS cases continues to increase and the large size of the population in the country. As indicated in Chapter 2, the estimated financial resources needed for the HIV/AIDS national response in 2004 was 3.1 billion Yuan, but only 1.26 billion Yuan was available.

Ensuring HIV/AIDS resource allocations are used effectively. Financial management capacity remains weak to allocate resources in a reasonable and balanced way. For example, resources were provided from different sources in excess of needs in some places. On the other hand, the investment in essential surveillance and prevention is still insufficient in low HIV prevalence areas. The challenge is to ensure there is sound management of financial resources at all levels, including monitoring and evaluation of the effectiveness of their utilization. In addition, effective guarantee mechanisms for investments need to be established at provincial level and below.

Effective coordination between international and national efforts on HIV/AIDS. While the level of investment and support from international agencies has increased over recent years, there is scope for more effective integration of these resources with national HIV/AIDS programmes. There are ongoing difficulties in coordination between various donor agencies and individual projects.

Recommendations

- The strategic framework of the new 5-year National Action Plan on HIV/AIDS Prevention, Treatment and Care should focus on strengthening capacity in resource needs estimation, work planning, developing and assessing the cost-effectiveness of investment allocations. With this in place, governments at all levels

should expand their fundraising efforts for the national response to HIV/AIDS, including the encouragement of greater private sector and civil society involvement.

- Financial management needs to be strengthened at all levels through training in project management, financial tracking and monitoring and evaluation of effectiveness of HIV/AIDS funds utilization.
- International and bilateral donor organisations should work to ensure their programmes are aligned with national HIV/AIDS priorities and strategies. Coordination and collaboration on financial management and implementation should be enhanced among international projects through the Expanded UN Theme Group on HIV/AIDS to improve their effectiveness. Overall they should follow the "Three Ones" principles at national and provincial levels: one action plan, one coordinating authority and one monitoring and evaluation system.

The HIV/AIDS epidemic is not only a public health issue, but also impacts social and economic development. China's response to its epidemic needs to advocate and mobilize the whole society. In keeping with the theme of the 2004 World AIDS Day: 'Women, Girls and HIV and AIDS', particular attention should be given to the involvement of women in the development of society and the economy, and accomplishing the overall goals of "Xiao Kang" ².

² "Xiao Kang" refers to a well-off and well balanced society.

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