

# Defusing China's Time Bomb

## Sustaining the Momentum of China's HIV/AIDS Response

A Report of the CSIS HIV/AIDS  
Delegation to China, April 13–18, 2004

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# Defusing China's Time Bomb

*Edited by Bates Gill, J. Stephen Morrison, and Drew Thompson*

## Executive Summary

*The editors prepared this report in close consultation with members of the delegation. The report's findings and recommendations do not necessarily reflect the policies and opinions of any individual, organization, corporation, or U.S. government agency.*

### Background

Building on the accomplishments of the January 2003 CSIS HIV/AIDS Delegation to China, and at the invitation of Executive Vice Minister of Health, Mr. Gao Qiang, from April 13–18, 2004, the second CSIS delegation visit to China engaged a diversity of Chinese leaders, within and outside the health sector, in the capital, Beijing; in urban Wuhan City; and in rural Suizhou County, Hubei Province in east-central China.

This undertaking is part of a broader initiative at CSIS that seeks to build bipartisan consensus on critical U.S. HIV/AIDS policy initiatives and to emphasize to senior U.S. policymakers, opinion leaders, and the corporate sector the centrality of U.S. leadership in strengthening country-level capacities to enhance prevention, care, and treatment of HIV/AIDS. Since 2003, this work at CSIS has expanded its regional scope, with an emphasis on building U.S. bilateral engagement in the large, populous, and geostrategically important states facing a looming HIV/AIDS threat, such as China, India, and Russia, which are part of the “Second Wave” of the global HIV/AIDS epidemic.

During its visit to China, the delegation sought to:

- Deepen our understanding of the critical HIV/AIDS-related challenges and responses in China;
- Identify and assess the range of new Chinese initiatives in prevention, treatment, and care;
- Determine specific priority areas where expanded U.S. and international technical and strategic planning support is most urgently needed to combat HIV/AIDS, and facilitate pragmatic public and private relationships with Chinese partners to meet those needs; and

- Build on current momentum to further elevate and enlarge public and private U.S.-China collaboration on HIV/AIDS as a vital new dimension of the bilateral relationship.

Senators Bill Frist and Russell Feingold acted as honorary chairmen of the delegation in their capacity as cochairmen of the CSIS HIV/AIDS Task Force. The delegation was ably led by cochairmen Ambassador J. Stapleton Roy, managing director of Kissinger Associates and former U.S. ambassador to China (1991–1995); and Dr. Louis W. Sullivan, president emeritus of the Morehouse School of Medicine, cochair of the Presidential Advisory Council on HIV and AIDS, and former U.S. secretary of health and human services (1989–1993).

Dr. Bates Gill, the CSIS Freeman Chair in China Studies, Dr. J. Stephen Morrison, executive director of the CSIS Task Force on HIV/AIDS and director of the CSIS Africa Program, and Drew Thompson, research associate with the Freeman Chair, organized the delegation in close cooperation with the Chinese Ministry of Health. The 12-member delegation included prominent figures from the U.S. government, public policy, scientific, and corporate communities, as well as from international governmental bodies (see Appendix A for a list of delegation members).

Executive Vice Minister Gao Qiang, Vice Minister Wang Longde, and the staff of the International Cooperation Department of the Ministry of Health were instrumental in helping make the visit a success. The delegation also benefited from the expert guidance and tireless assistance of many others in Beijing, particularly the UNAIDS China team, Joel Rehnstrom, Zero Akyol and Fan Yuhua, and the U.S. Embassy staff, including Deborah Seligsohn, Ray Yip, and Craig Shapiro. The delegation extends its appreciation for the dedication and hospitality of the Hubei Province Department of Health, the People's Government of Suizhou city and the members of the HIV-positive mutual-support group of Fujiapeng village. The delegation also thanks the Bill and Melinda Gates Foundation and the Henry J. Kaiser Family Foundation for their generous support in helping make the visit to China and this publication possible.

During two days in Beijing, the delegation met with senior leaders from the Ministry of Health, members of the international community, including business leaders, United Nations organizations, non-governmental organizations (NGOs), foundations, and foreign government representatives, and received briefings and toured the AIDS treatment and care ward at Ditan Hospital. The delegation was hosted at a banquet by Executive Vice Minister of Health Gao Qiang, and held meetings with Vice Minister of Health Wang Longde at the Ministry of Health. Vice Minister Wang convened a meeting to introduce the delegation to representatives from the State Council HIV/AIDS Working Committee, including vice ministers, director generals, and other officials from 14 ministries and commissions.

The delegation traveled to Hubei Province to meet with provincial health officials in Wuhan, and made a site visit to Suizhou County to meet with government representatives, visit HIV/AIDS clinics, and meet with HIV positive villagers in Fujiapeng. (Appendix B summarizes the delegation's meetings in China.)

The delegation invited Executive Vice Minister Gao Qiang to visit the United States, and suggested he form a broad delegation to include participants from other

ministries with responsibility for HIV/AIDS. Minister Gao accepted the invitation and plans to visit later in 2004.

## Findings

**HIV/AIDS IS NOW RECOGNIZED CLEARLY AS A GROWING THREAT TO CHINA.** According to official Chinese estimates, China now has approximately 840,000 persons infected with HIV. As of the end of 2003, only 62,159 persons had been tested and officially confirmed to be HIV-positive. The remaining HIV-positive persons in China, estimated at 780,000 persons or more, are not known to public health authorities, and the individuals themselves probably do not know their status, posing significant risks for the further spread of HIV. Senior Chinese officials, as well as international experts operational in China, now assert that HIV is steadily moving from source populations such as injecting drug users and commercial sex workers into the general population.

**CHINA HAS MADE IMPORTANT ADVANCES IN OUTLOOK, POLICY, AND RESOURCE COMMITMENTS.** New leaders have emerged in China with a stronger commitment to improving social welfare and to addressing HIV/AIDS in particular. China has initiated a more proactive response to the HIV/AIDS challenge, including a national treatment and care program. New policy guidelines promote “four frees and one care:” free antiretroviral drug treatment for poor citizens, free testing and counseling for poor citizens, free treatment to prevent mother-to-child transmission of HIV, free schooling for AIDS orphans, and care for families affected by HIV/AIDS. Senior leaders have committed to implementing harm reduction strategies, including condom promotion, needle exchange, and methadone substitution therapy for drug addicts.

**FORMIDABLE CHALLENGES LIE AHEAD.** In spite of many positive developments, daunting challenges—political, technical, and normative—lie ahead for China to combat HIV/AIDS. It is difficult to overstate the scale and challenges in terms of planning, costs, logistics, human resources, technical capacity, and the pervasive problems posed by stigma. Key challenges include:

- Weak and incomplete national HIV testing and surveillance system;
- Debilitated and dysfunctional public health system, particularly in rural areas where HIV is hitting hardest, undermining an effective response to HIV/AIDS;
- Serious lack of qualified personnel and the necessary equipment and technologies to properly diagnose, counsel, treat, monitor, and care for HIV/AIDS patients;
- Need for far greater emphasis on HIV education, awareness, and prevention;
- Lack of counseling and confidentiality to accompany expanded testing program;
- Lack of a strategic, well-coordinated plan aimed at winning provincial cooperation and forging effective external partnerships with the private sector and international donors; and

- Need to reform intragovernmental cooperation to stem and prevent the spread of HIV within socially marginalized groups such as drug users, sex workers, and economic migrants.

## Recommendations

**SUSTAINING STRONG LEADERSHIP.** Success in addressing HIV/AIDS in China will require continued high-level leadership, both in China and internationally. For engaged U.S. policymakers, as well as country leaders and heads of international organizations, priority should lie in near- to medium-term steps which sustain Chinese leadership's focus on HIV/AIDS and public health.

**ENHANCING STRATEGIC PLANNING AND PRIORITIZATION.** China's formidable structural and organizational weaknesses must be addressed systematically. New national programs potentially pose unfunded financial burdens to provincial and local governments. Failure to implement a more strategically coordinated plan risks the loss of international support over time. Prevention and awareness should receive higher priority in China's strategic national plan to combat HIV/AIDS. High priority should be given to advancing testing in China. Human resource development, through education and training of medical professionals, is crucial.

**ACCELERATING INSTITUTIONAL RESTRUCTURING AND REFORM.** High priority should be given to addressing prevention and treatment more strenuously, especially within key at-risk groups. Present organizational structures to combat HIV/AIDS, dominated by the Chinese Center for Disease Control and Prevention, lack the technical expertise to plan and estimate costs, as well as develop, execute, coordinate, monitor, and evaluate national-scale treatment and care programs. China should incentivize health care delivery such that medical personnel become more actively engaged in HIV/AIDS prevention, education, treatment, and care. Particular attention should be given to improving communication and collaboration between central and provincial authorities.

### **EXPANDING SPACE FOR NEW CHINESE AND INTERNATIONAL ACTORS.**

China's business community and multiplying media outlets have not been meaningfully engaged in support of HIV/AIDS programs. Stronger signals are needed to welcome the special role of both indigenous and international nongovernmental organizations in fighting HIV/AIDS. Addressing the acute vulnerability to HIV of women and girls, as well as the growing number of AIDS orphans, increasingly will require enhanced support from communities, educators, and civil society.

**STRENGTHENING JOINT U.S.-CHINA PARTNERSHIP.** The United States faces an historic opportunity to help shape health-related outcomes in China in ways that are favorable to the interests of China, the United States, the Asia-Pacific region, and the world. Innovative U.S. policies and support to China on HIV/AIDS will contribute significantly to the formulation of a "Second Wave" strategy for such major states as China, India, and Russia which stand at risk of a generalized epidemic but which are presently not a priority focus of U.S. global HIV/AIDS efforts.

Congress and the White House should give serious consideration to establishing a Joint U.S.-China Commission on Public Health to focus high-level attention on building U.S.-Chinese partnerships to strengthen public health in China. It would elevate the priority the two sides explicitly attach to issues of public health and underscore how public health challenges in China increasingly matter to U.S. interests. The Commission might enlist both congressional and administration involvement, and systematically incorporate the widening array of important U.S. educational, religious, business, media, biomedical/public health, and philanthropic institutions that are becoming significantly invested in health in China.

Deepening high-level engagement by Americans in prominent public and private positions remains essential. The U.S. Global AIDS coordinator, Ambassador Randall Tobias could visit Beijing in 2004 and meet with senior Chinese counterparts at the World AIDS meeting in Bangkok in July 2004. Congressional and cabinet-level delegations to China should include HIV/AIDS issues on their agendas, as could senior corporate and philanthropic leaders in their visits to China.

Regional multilateral mechanisms would be another avenue for intensifying U.S.-China engagement on HIV/AIDS. Bilateral, technical assistance can be further expanded. The United States can underwrite the placement of external experts at central and provincial levels to assist in the planning and execution of HIV/AIDS programs, and increase public and private support for U.S.-China training exchanges, including twinning arrangements between U.S. and Chinese biomedical and public health institutions, including between private hospitals and universities. Both sides would benefit from accelerating and expanding working-level, technical exchanges between the two sides to combat HIV/AIDS.

CSIS will host senior Chinese HIV/AIDS delegations in Washington, incorporating Chinese counterparts into the activities of the CSIS Task Force on HIV/AIDS and fostering their greater interaction with a diversity of U.S. leaders and constituencies concerned with HIV/AIDS and global health.

## Findings

The delegation visited China at a highly propitious moment, one week after the April 6–7, 2004 national government work conference on HIV/AIDS, convened by Vice Premier and Minister of Health Wu Yi. The momentum and bureaucratic mobilization generated by that meeting were apparent throughout the delegation's discussions at both the national and provincial levels. Most significant, it became clear to the delegation that key senior Chinese leaders have concluded that HIV/AIDS has begun to move into the general population where the virus now poses a serious threat to the entire country and beyond.

Prompted by that realization, China's leadership demonstrated a dynamism and resolve to tackle HIV/AIDS. Many of the positive advances in policy, detailed below, built upon options discussed during the CSIS HIV/AIDS Task Force's previous visit to China in January 2003. At the same time, as China turns this important corner and shifts toward implementation of its ambitious prevention, treatment,

and care programs, very difficult work lays ahead. Sustainability of this national mobilization is, at this early point, an open question.

In short, China has opened a new, strategic chapter in its approach to public health. This new phase presents a huge challenge for China. It is also a challenge, and an opportunity, for China's international partners, particularly the United States, to take immediate, higher-level action to confront the threat posed by HIV/AIDS. A "business as usual" approach on the part of the United States will miss this historic opportunity. An energized U.S. approach at a higher level of engagement with China is now warranted and holds the promise of substantial returns to U.S. interests. More broadly, innovative U.S. policies and support to China on HIV/AIDS will contribute significantly to the formulation of a "Second Wave" strategy for such major states as China, India, and Russia which stand at risk of a generalized epidemic but presently are not a priority focus of U.S. global HIV/AIDS efforts.

### **HIV/AIDS is Now Clearly Recognized as a Growing Threat to China**

- **HIV/AIDS IS STILL ON THE RISE IN CHINA.** According to the Chinese government's most recent estimates, China now has approximately 840,000 persons living with the HIV virus, of which an estimated 80,000 persons have progressed to AIDS. However, as of the end of 2003, only 62,159 persons had been tested and formally confirmed by public health officials to be HIV-positive. The remaining HIV-positive persons in China, estimated at 780,000 persons or more, are not known to public health authorities, and the infected individuals themselves probably do not know their status, posing significant risks for the further spread of HIV.

HIV today is concentrated among injecting drug users (IDUs) and persons infected in the 1990s through blood donations. It is present in all 31 provinces, autonomous regions, and municipalities of China, although the greatest numbers are found in eight hardest-hit provinces and autonomous regions: Yunnan, Xinjiang, Guangxi, Sichuan, Henan, Guangdong, Anhui, and Hubei.

China's revised estimates differ substantially from previous estimates, reflective of improved surveillance and changes in statistical modeling. Confirmed cases of HIV jumped from 40,560 cases at the end of 2002 to 62,159 at the end of 2003, in large measure as a result of the establishment of the China CARES projects at 51 county-level sites in the most heavily hit areas of HIV prevalence in China in 2003 (to be increased to 127 sites in 2004). The total number of estimated HIV cases at the end of 2002 exceeded 1 million, according to official Chinese estimates; that figure was revised downward to 840,000 at the end of 2003. The Chinese Center for Disease Control (CDC), responsible for these adjustments, benefited from expanded assistance from the World Health Organization (WHO), the Joint United Nations Program on HIV/AIDS (UNAIDS), and the U.S. CDC in refining estimates of HIV prevalence.

Outside observers continue to believe that the number of HIV-positive persons in China is higher than China is prepared to acknowledge—perhaps 1 to 1.5 million. Doubt persists, despite improvements in estimating techniques,

because China's HIV surveillance system remains inadequate, and indeed is a major obstacle to successfully confronting the spread of HIV in the country (see The Data Challenge). The approximately 62,000 persons officially reported to be HIV-positive represent only 7.4 percent of the total estimated HIV-positive population in China. In some parts of China, the gap between known and estimated cases is even more stark: Hubei provincial health authorities, for example, have confirmed approximately 1,300 HIV-positive persons, but this represents only 3.7 percent of the estimated 35,000 HIV-positive persons in the province.

- THE PRINCIPAL SOURCE POPULATIONS FOR HIV IN CHINA REMAIN OUTSIDE MAINSTREAM SOCIETY AND, FOR THAT REASON, ARE EXTREMELY DIFFICULT TO REACH WITH PREVENTIVE MESSAGES, HARM REDUCTION INTERVENTIONS, AND TREATMENT PROGRAMS. The vast majority of HIV infections in China are among young adults who typically live at the margins of society in relatively remote, rural, and poor parts of the country. Often, this population is involved in illicit activities such as intravenous drug use and prostitution. Conventional anti-HIV education and prevention programs often fail to reach such persons. Indeed, they are often motivated to shun government-sponsored interventions and assistance for fear of incarceration and other punishments. In addition, the increasingly mobile "floating population" of itinerant labor in China, numbering some 120 million persons or more, typically from rural areas, is a potentially high-risk group which has limited access to prevention and treatment programs and could be a major new source for the spread of HIV in China.
- THE SOURCE OF HIV INFECTION IN CHINA IS SHIFTING. THE DYNAMICS OF HIV TRANSMISSION IN CHINA ARE NOW BEGINNING TO CHANGE. According to Chinese official figures, while needle-sharing among IDUs remains the number-one source of HIV transmission in China and IDUs are the single-largest population of HIV-positive persons in China, other transmission modes and populations are increasing in proportion. At the end of 2002, the proportion of HIV infections caused by sexual transmission doubled from 1997 figures, attaining an estimated 10.9 percent. Among the officially documented cases of HIV infection in China at the end of 2003, 51.2 percent contracted the disease as a result of injecting drug use, 21 percent as a result of unhygienic blood plasma donations, and 7.5 percent as a result of sexual transmission. The mode of HIV transmission for other documented cases is unknown; mother-to-child transmission and homosexual transmission is believed to be comparatively small at present in China, but is likely to increase. The increased proportion of blood plasma donors within the HIV-positive population is largely a reflection of the China CARES program's focus on this population during the latter half of 2003.
- THE HIV/AIDS EPIDEMIC IS SPREADING INTO MAINSTREAM CHINESE SOCIETY. In an important shift in outlook from 2003, senior Chinese officials, as well as international experts operational in China, now assert that HIV is steadily moving from source populations such as injecting drug users and commercial sex

workers into broader society. Several factors drive this process: inadequate education and prevention messages, widespread sharing of needles among growing numbers of drug users, the increase in commercial sex in China, low condom use, unsanitary and unsafe medical conditions and procedures, inadequate blood safety, low popular awareness of how HIV is transmitted, and an increasingly mobile itinerant labor population of massive scale and considerable complexity in its migration patterns.

- **HIV INFECTION AMONG WOMEN IS RAPIDLY RISING IN PROPORTION TO MEN.** According to past estimates, between 1990 and 1995, the male-to-female ratio for HIV infection in China was approximately 9:1. Chinese official HIV/AIDS case reports state that ratio has narrowed to 5:1 in 1997 and 1999 and to 4:1 by 2002. Nationwide, this translates into a nearly fourfold increase in prevalence among women in recent years, from approximately 0.008 percent in 1997 to 0.03 percent in 2002. (Prevalence among China's male population trebled in the same period, from 0.03 percent to 0.10 percent.) Social and biological factors make women more vulnerable to HIV infection, compounded by the rising incidence of HIV among commercial sex workers, expanded injecting drug use among women in China, and increased sexually transmitted diseases (STDs) other than HIV/AIDS—the physical conditions of which facilitate the transmission of HIV, particularly for women. As sexual transmission rates increase in China, the proportion of female HIV cases in China will likewise increase, which in turn could increase mother-to-child transmission rates.
- **THE HIV/AIDS EPIDEMIC AMONG THE BLOOD DONATION POPULATION OF EASTERN-CENTRAL CHINA IS MATURING.** With increased access to areas particularly hard-hit by the blood plasma donation scandal, such as rural Henan Province, and with increased financial and technical resources, such as from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Chinese health authorities appear increasingly confident that they can stem the further spread of HIV/AIDS from this source population with minimal secondary new infections.

### **Advances in Outlook, Policy, and Resource Commitments**

- **SINCE THE PREVIOUS VISIT OF THE CSIS DELEGATION IN JANUARY 2003, DISCOURSE AND ACTION SURROUNDING HIV/AIDS HAVE CHANGED DRAMATICALLY.** Senior leaders face the epidemic with a greater sense of awareness, openness, and conviction. This in turn has expanded the space for national debate and consideration of new partnerships, and has generated increased political and financial resources internally. A major new moment in China's approach to its public health has begun.
- **DURING THE PAST 15 MONTHS, NEW LEADERS HAVE EMERGED IN CHINA WITH A STRONGER COMMITMENT TO IMPROVING SOCIAL WELFARE IN GENERAL AND TO ADDRESSING HIV/AIDS IN PARTICULAR.** Since March 2003, new leaders of the "fourth generation" have taken up posts and demonstrated a greater concern with issues of public health, with frequent, specific reference to HIV/AIDS. In an unprecedented appearance by a Chinese leader that gained widespread

attention, the new head of government, Premier Wen Jiabao, made a personal visit to Ditan Hospital on World AIDS Day, December 1, 2003, where he met with HIV-positive patients.

Prior to that encounter, the outbreak of severe acute respiratory syndrome (SARS) in China in the late winter and early spring of 2003 stirred major changes in policy and personnel. In the midst of the SARS crisis, Vice Premier Wu Yi was appointed health minister, and a senior official from the Ministry of Finance, Gao Qiang, was appointed executive vice minister of health, the number two position at the Ministry of Health. These appointments were made as then–Health Minister Zhang Wenkang was forced to step down after damaging allegations of a cover-up during the early SARS outbreaks. Wu Yi’s concurrent position as vice premier immediately brought the Ministry of Health expanded political, bureaucratic, and financial authority.

As one of China’s leading political figures, Wu Yi joined Premier Wen on December 1, 2003, and subsequently traveled to previously off-limits “AIDS vil-lages” in Henan Province, and met with China’s foremost HIV/AIDS activist (who has been subject to harassment from authorities in Henan Province), Dr. Gao Yaojie, in February 2004. At the national government work conference on HIV/AIDS convened on April 6–7, 2004, Wu Yi was quoted in Chinese official media pronouncing “the epidemic is at a critical point” and warning that if the country does not grasp the current “fleeting opportunity . . . the consequences will be quite serious.



Delegation meeting with Vice Minister of Health Wang Longde.

- THE SARS OUTBREAK IN EARLY 2003 PROPELLED HEALTH CARE ISSUES, INCLUDING HIV/AIDS, TO THE FOREFRONT OF THE NEWLY INSTALLED GOVERNMENT’S SOCIAL WELFARE AND DEVELOPMENT AGENDA. SARS STARKLY EXPOSED CHINA’S DEBILITATED HEALTH CARE MANAGEMENT AND RESPONSE SYSTEM. Moreover, the disease outbreak and its initial cover-up embarrassed the new government in the eyes of the Chinese people, China’s regional neighbors, and the world. The outbreak also prompted stronger cooperative public health relationships with a number of key international agencies such as the WHO and the U.S. CDC. In addition, the SARS crisis forced the Chinese government to reexamine how it is structured to address infectious disease challenges, which has led to bureaucratic restructuring at the national and provincial levels, and

strengthened communications between the two. The Chinese government's ability to take swift action against SARS—albeit later rather than sooner—prompted an eventual reconsideration of whether a similarly strong response was warranted to combat HIV/AIDS.

SARS clearly forced a new responsiveness on health-related issues in China. However, observers should be cautious in assuming that responsiveness in dealing with SARS would readily apply to combating HIV/AIDS. To begin, SARS manifests quickly, carries no social stigma, kills some 6 to 9 percent of those it infects, and has an immediately negative economic impact if it becomes widespread. HIV infection, however, takes several years before the onset of symptoms, is often accompanied by difficult social stigma and discrimination, and inevitably leads to the onset of AIDS and death but the economic impact is not felt until the medium- to long-term. In comparison to SARS, HIV/AIDS prevention, education, treatment, and care involve a far more complex, sensitive, and difficult effort. In addition, in the spring and early summer of 2003, during and after the SARS outbreak in China, Chinese public health officials were overwhelmed by the challenge, and work on other public health problems, such as HIV/AIDS, lagged. Nevertheless, the SARS outbreak of 2003 and continuing concern over its possible resurgence in China keeps a political spotlight on public health and infectious disease concerns, which in the end benefits efforts aimed at combating HIV.

Moreover, China's spotty record in addressing the spread of other infectious diseases such as hepatitis and tuberculosis gives ample room for caution and underscores the many critical challenges that lie ahead as the Chinese leadership takes public health more seriously.

- AS THE POLITICAL ENVIRONMENT SHIFTED IN 2003, SO TOO CHINESE GOVERNMENT POLICIES SHIFTED TO STRUCTURE A MORE PROACTIVE AND FOCUSED RESPONSE TO THE HIV/AIDS CHALLENGE IN CHINA. This shift has been characterized by the introduction of a new national prevention, treatment, and care program, by clearly enunciated leadership strategies and policy guidance to combat HIV/AIDS, and by the creation of a more influential coordination body and other technical advisory bodies to help guide national HIV/AIDS policy.
  - With support from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, China established China Comprehensive AIDS Response, or **China CARES**. China CARES aims to provide free antiretroviral (ARV) treatment to 10,000–15,000 persons by 2004 and 40,000 persons by 2005. As of the end of 2003, China CARES had initiated treatment for 7,011 patients, though the dropout rate stands at about 20 percent.
  - In September 2003, Executive Vice Minister of Health Gao Qiang delivered a speech at the United Nations General Assembly Special Session on HIV/AIDS which presented China's "**five commitments**" regarding HIV/AIDS. Briefly, these commitments are to: (1) increase government responsibility and accountability; (2) provide treatment and care to persons with HIV/AIDS; (3) improve relevant laws and regulations; (4) protect legitimate

rights and confidentiality of HIV/AIDS patients; (5) increase cooperation with international partners.

- Following this speech, the Chinese government adopted the broad policy guidance of “four frees and one care.” This approach envisions: (1) free provision of ARV treatment to HIV-positive persons in rural areas and to poor urban residents who are HIV-positive; (2) free voluntary counseling and testing; (3) free treatment to prevent mother-to-child transmission of HIV; (4) free primary schooling for AIDS orphans; and (5) care to those afflicted with HIV/AIDS and their families.
  - In February 2004, China established the State Council Working Committee on HIV/AIDS. This move revamped and upgraded the former National Coordinating Committee on HIV/AIDS and Sexually Transmitted Diseases, which had met only four times between 1996 and 2003, and was operated out of a low-level office within the Ministry of Health. The new Working Committee is chaired by Vice Premier Wu Yi, comprises 23 ministries and seven provinces (see Membership on the State Council Working Committee on HIV/AIDS, p. 12), and meets on an annual basis, with more regular meetings and consultations carried out at the working level. Importantly, the executive office of the new Working Committee is housed in the office of a Vice Minister of Health (currently the office of Vice Minister Wang Longde). The Working Committee has been tasked to develop and follow up on national guidelines, policies, and programs for HIV/AIDS prevention and care, and help mobilize and coordinate departments across the Chinese bureaucracy in their efforts to combat HIV/AIDS. Vice Minister Wang Longde informed the delegation that the Working Committee would organize investigation trips for its members to other countries, such as Botswana in the summer of 2004, to learn from their experiences, and would conduct surprise “inspection tours” in various parts of China to oversee anti-HIV work.
  - Vice Minister Wang Longde also informed the delegation that several expert advisory groups have been established to assist the Working Committee. These groups include experts on policy development, HIV testing, and treatment. These advisory groups will be empowered to visit provincial sites and report back to the Ministry of Health and the Working Committee.
- IN 2003–2004, SIGNIFICANT NEW LINES OF FUNDING BECAME AVAILABLE TO COMBAT HIV/AIDS IN CHINA. After being rejected twice, China’s application to the Global Fund in 2003 was accepted, promising \$32 million during 2004 and 2005. Remaining support of up to \$66 million would be made available in years three, four, and five of the grant contingent upon a satisfactory review by the Global Fund of the first two years of implementation. The first year’s monies have begun to flow and will finance new equipment and programs in 2004. These monies will be devoted largely to the China CARES program of prevention, treatment, and care.



Touring the Hubei Provincial  
CDC laboratory.

In addition, Chinese central government funding has also substantially increased. For the fiscal year beginning April 1, 2004, the Ministry of Health is expected to receive some 400 million renminbi (approximately \$50 million at current exchange rates) in funding to combat HIV/AIDS, a quadrupling of funding over 2002–2003 levels. Private foundations, such as the Clinton Foundation, are considering the provision of financial or technical support to China for the first time in 2004–2005. Looking ahead, China's application to the fourth round of Global Fund support, if approved, would focus additional monies on prevention among certain high-risk groups such as IDUs and commercial sex workers.

- **SOME LEGAL REFORM IS UNDERWAY THAT WILL HELP COMBAT HIV/AIDS.** In 2004, the Standing Committee of the National People's Congress will consider and likely pass a revised "Law on Prevention of Infectious Diseases." Chinese public health officials expect that this document will include passages to safeguard the rights and confidentiality of patients, including those with HIV/AIDS. Depending on the law's language and its enforcement, this could be an important step forward in de-stigmatizing HIV/AIDS in China and facilitating prevention and control efforts. Some increased attention is being paid to reconciling and making more consistent the various national and provincial laws currently on the books regarding HIV/AIDS.
- **A FAR GREATER TOLERANCE OF AND SUPPORT FOR CERTAIN HARM-REDUCTION STRATEGIES ARE NOW BEGINNING.** Vice Premier Wu Yi, in her speech at the national government conference on HIV/AIDS in April 2004 condoned harm reduction efforts. At that meeting, Vice Premier Wu also called for the introduction of more controversial programs such as methadone replacement therapy to help addicts exit heroin addiction, the first time such proposals have been made publicly by such a senior official. Currently in China there are eight small-scale methadone replacement pilot sites in five provinces. In August 2004, the Ministry of Health will review these programs and decide whether to expand them in areas of the country where IDU is most serious. It also appears that the Chinese government has decided to pursue other programs such as "100 percent condom use," peer education, and public health outreach for com-

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## State Council Working Committee on HIV/AIDS

(membership as of February 27, 2004)

### Director

Wu Yi  
*Vice-Premier, State Council*

### Deputy Director

Gao Qiang  
*Executive Vice-Minister, Ministry of Health*

### Deputy Director

Xu Shaoshi  
*Deputy Secretary-General, State Council*

### Members

Hu Zhenmin  
*Vice-Minister, Publicity Department  
Central Committee, Chinese Communist  
Party*

Li Shenglin  
*Vice-Minister, National Development and  
Reform Commission*

Zhao Qinqing  
*Vice-Minister, Ministry of Education*

Bai Jingfu  
*Vice-Minister, Ministry of Public Security*

Yang Yanyin  
*Vice-Minister, Ministry of Civil Affairs*

Fan Fangping  
*Vice-Minister, Ministry of Justice*

Xiao Jie  
*Vice-Minister, Ministry of Finance*

Wang Dongjin  
*Vice-Minister, Ministry of Labor and Social  
Security*

Peng Kaiyu  
*Vice-Minister, Ministry of Railways*

Hong Shanxiang  
*Vice-Minister, Ministry of Communications*

Liu Jian  
*Vice-Minister, Ministry of Agriculture*

Yi Xiaozhun  
*Assistant Minister, Ministry of Commerce*

Wang Longde  
*Vice-Minister, Ministry of Health*

Zhao Bingli  
*Vice-Minister, National Population and  
Family Planning Commission*

Song Mingchang  
*Member of the Party Secretariat, State  
Administration of Quality Supervision,  
Inspection and Quarantine*

Liu Shaoyong  
*Deputy Director-General, General  
Administration of Civil Administration of  
China*

Hu Zhanfan  
*Deputy Director-General, State  
Administration of Radio, Film, and Television*

Zheng Xiaoyu  
*Director-General, State Food and Drug  
Administration*

Huang Yanrong  
*Vice Chairman, All-China Federation of Trade  
Unions*

Yang Yue  
*Secretariat of the Party Secretary, Communist  
Youth League*

Mo Wenxiu  
*Secretariat of the Party Secretary, All-China  
Women's Federation*

Sun Aiming  
*Deputy Secretary General, Red Cross Society  
of China*

Wang Jumei  
*Vice-Governor of Henan Province*

Jiang Chaoliang  
*Vice-Governor of Hubei Province*

Lei Yulan  
*Vice-Governor of Guangdong Province*

Liu Xinwen  
*Vice-Chairman, Guangxi Zhuang Autonomous  
Region*

Liu Xiaofeng  
*Vice-Governor, Sichuan Province*

Wu Xiaoqing  
*Vice-Governor, Yunnan Province*

Kurexi Maihesuti  
*Vice-Chairman, Xinjiang Uyghur Autonomous  
Region*

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mercial sex workers as well as needle exchange programs for IDUs. In general, Chinese interlocutors are far more public and open in acknowledging the country's IDU and commercial sex worker populations and in advocating more effective steps the government can take to address the HIV-related challenges these populations pose.

### **Formidable Immediate Challenges Lie Ahead**

In spite of these many important changes in tone and policy, daunting challenges—political, technical, and normative—lie ahead for China to successfully meet the goals it has set to combat HIV/AIDS. It is difficult to overstate the scale of the challenge and the impediments confronting the implementation of an effective strategy in terms of planning, costs, logistics, human resources, technical capacity, and tackling the pervasive problems posed by stigma and misunderstanding about the disease.

The scale of the challenge alone—in a country with a territory and population as vast as China, and where the most heavily affected areas lie primarily in remote, rural, and poor parts of the country—is unrivaled in many respects, meaning many “lessons learned” from other countries will not readily apply to the China case. The political will and policy structure has turned in a more positive direction at the central level, but the challenge of combating HIV/AIDS in China must now move into a far more difficult “phase two” of policy and technical implementation at a national, strategic level, and on the ground at the provincial, county, township, and village levels.

- CHINA FACES AN IMMEDIATE MAJOR DATA CHALLENGE TO GAIN AN ACCURATE PICTURE OF THE HIV/AIDS SITUATION AND PLAN ITS RESPONSE ACCORDINGLY. The national HIV testing and surveillance system remains weak and incomplete; data mapping of the HIV/AIDS epidemic remains scant and rudimentary; and testing approaches are neither consistent nor routine, and are conducted on far too small a scale, with a focus on select subpopulations in select geographic areas. If carried forward on the present basis, China's approach to testing will take years to identify sufficient numbers of persons with HIV infection to understand the course of the epidemic and how best to halt its spread. Essential national-level knowledge will arrive far too late to be of much use and to prevent the onset of a generalized epidemic.

China's leaders and public officials cannot possibly implement an effective national plan to combat HIV/AIDS until they have a far clearer, more concrete understanding of the problem they face. However, the existing national testing and monitoring system is inadequate to generate this kind of data. With China's acknowledgment that the epidemic is entering the general population, the shortcomings in the testing and surveillance system become all the more urgent and problematic.

Major organizational obstacles to a more effective testing and surveillance system include (see also The Data Challenge below):

- Lack of a well-defined coordination mechanism to compile, track, and monitor the totality of the HIV response programs at all levels of government, along with ongoing and planned programs of development partners including bilateral agencies, international NGOs, foundations, private sector entities, and academic institutions (within and outside China). The current system is unable to draw together the data generated by agencies and units outside of the control of the Ministry of Health and the Chinese CDC, but which collect information on HIV prevalence in individuals (such as the military medical system which tests recruits, the Public Security Bureau which tests detainees such as drug users and sex workers, and local-level medical facilities).
- Questions over whether the Chinese CDC should be the designated authority to design and coordinate national testing and surveillance activities. In part, this reflects an awareness that the CDC lacks adequate personnel and financial resources to carry out nationwide testing and surveillance and is not able to adequately support and coordinate provincial-level testing and surveillance work by local CDCs and other health authorities.
- National guidelines and technical protocols for surveillance are not well-defined, communicated, or universally followed.



Lab technician at the Hubei CDC testing samples for HIV.

- EVEN WHERE EARLY TESTING IS UNDERWAY, LACK OF WIDELY AVAILABLE COUNSELING, CONFIDENTIALITY, AND CARE THREATENS TO UNDERMINE THESE EFFORTS. At this point, testing for HIV in China focuses on select high-risk source populations such as persons suspected of contracting the disease through blood plasma donations and incarcerated IDUs going through rehabilitation. However, while the government is increasingly open to engaging in harm-reduction strategies with commercial sex workers, a more comprehensive plan to test such individuals for their HIV status has not been put in place. Until a widely available and reliable program of counseling, confidentiality, and care is put in place, persons who have or suspect that they may have HIV/AIDS will remain reluctant to come forward for testing.
- DESPITE THE ESTABLISHMENT OF NEW HIGH-LEVEL STRUCTURES TO IMPLEMENT NATIONAL POLICY, CHINA STILL LACKS EFFECTIVE STRATEGIC

COORDINATION AIMED AT WINNING PROVINCIAL COOPERATION AND FORGING NEW EXTERNAL PARTNERSHIPS. New resources are becoming available to fight HIV/AIDS in China, with more in the pipeline from domestic and international sources, both public and private. Although this is good news overall, at least two problems could arise.

First, it is possible that expanding resources will be scattered with little strategic oversight or coordination, resulting in waste, redundancy, and possibly donor fatigue and frustration over time. Most important in this regard, the central government risks undermining its efforts at the provincial and local levels if it issues too many “unfunded mandates” without sufficient resources to back up its goals and if it does not provide sufficient technical and managerial support for provincial and local authorities.

Second, international agencies, the business sector, foundations, nongovernmental organizations, and international bodies appear to be waiting cautiously for confirmation that Chinese national policy is moving ahead expeditiously. The Chinese government has yet to systematically challenge them to assist in building the capacities needed for an effective national response. The net result may be that donors do not rise quickly to the significant opportunities for engagement that China now presents or that individual institutions will develop and implement programs independently but in a piecemeal fashion relative to the total need.

- MUCH OF THE HIV-POSITIVE POPULATION IN CHINA FALLS OUTSIDE THE REACH OF THE CURRENT HEALTH MINISTRY PREVENTION, HARM REDUCTION, AND TREATMENT PROGRAMS. This is particularly true for IDUs, the single-largest source population for HIV infection in China. The Chinese government has difficulty targeting this population with prevention, harm reduction, and treatment programs out of concern that the policies and programs would be seen as condoning drug use. Typically, public health authorities at the national or local levels are not the point of first contact between the Chinese government and IDUs. That is the domain of public security bureaus, whose mandate is to arrest and incarcerate IDUs. They do not have the mission, outlook, training, or funding to facilitate prevention and care programs. Other key at-risk populations, such as commercial sex workers and China's massive, complex “floating population” of itinerant labor also fall outside of countrywide prevention, harm reduction, and treatment efforts.
- THE GENERAL POPULATION STILL LACKS SUFFICIENT AWARENESS AND EDUCATION. Stigma about HIV and a lack of understanding about how to protect against infection persist, even within the medical profession, in which doctors and nurses reportedly often refuse to treat HIV-positive individuals for fear of contracting the disease.
- PREVENTION OF HIV TRANSMISSION IS A RELATIVELY MINOR PRIORITY IN THE NATIONAL PLAN. The Ministry of Health, and particularly the Chinese CDC, appears to devote overwhelming time and resources to treatment, especially for former blood plasma donors in the first phase of the China CARES program.



Allen Moore with HIV/AIDS patient in Fujiapeng village.

On the other hand, despite the low level of awareness and education about the disease, the rise in risk factors, and the fact that so many of China's HIV-positive persons are unaware of their status, prevention and education efforts receive far less attention than they should. However, prevention faces special obstacles: it requires addressing sensitive, risky, and sometimes illicit or illegal activities such as drug use and commercial sex work, and male homosexuality, and needs to be undertaken largely by government bodies outside of the Ministry of Health such as those concerned with education, public security, and state media, which are among the most conservative government agencies.

- THE PUBLIC HEALTH SYSTEM IN CHINA, PARTICULARLY IN RURAL AREAS WHERE HIV IS HITTING HARDEST, IS DEBILITATED AND DYSFUNCTIONAL, EXACERBATING THE CHALLENGE OF DELIVERING EFFECTIVE HIV/AIDS PREVENTION, EDUCATION, TREATMENT, AND CARE. The fraying national public health system, especially in rural areas, will have an especially negative impact on the country's ability to successfully address the HIV/AIDS challenge. Of particular concern is the fact that doctors and other health care providers in China rely on user fees and charges for dispensation of drugs for up to 80 percent of their incomes. This creates a dysfunctional health system which undermines the effective delivery of HIV/AIDS prevention, education, treatment, and care by medical professionals: the government promises "free treatment and care" to those in need, but the health system is not well structured to provide such free services. (See Care for the Caregiver)
- CHINA SERIOUSLY LACKS QUALIFIED PERSONNEL AND THE NECESSARY EQUIPMENT AND TECHNOLOGIES TO PROPERLY DIAGNOSE, COUNSEL, TREAT, MONITOR, AND CARE FOR HIV/AIDS PATIENTS. The human resource and technical capacity challenges for China are enormous obstacles to standing up an effective prevention, education, treatment and care system to address the spread of HIV/AIDS. Throughout most of rural China, "doctors" at the village and township levels typically have a high school education or less, and serve to provide first aid and dispense basic medicines and injections. The country is just beginning to introduce modern testing and CD4-count equipment on a more widespread scale throughout the country. Until this equipment is distributed more widely

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## The Data Challenge

In almost any endeavor in China, generation of accurate data presents a major challenge. This is certainly true regarding HIV/AIDS, and the lack of reliable data remains a major obstacle to effective policymaking and allocation of resources toward prevention, treatment, and care interventions. To illustrate the shortfall, in 2003, only 62,159 HIV-positive cases were registered with authorities, representing just 7.4 percent of the estimated 840,000 infected persons. In Hubei province, 1,301 cases have been identified, compared to an estimated 35,000 infected persons, or 3.7 percent.

Poor surveillance and inadequate testing of at-risk persons and the general population means only a small portion of infected persons in China are aware of their status, making prevention and targeted interventions a particular challenge. In the United States, 90 percent of HIV-positive persons know their status, allowing public health authorities to take more targeted education and prevention measures to stem the further spread of the disease. Moreover, without accurate data, Chinese analysts and decisionmakers are simply unable to make well-informed strategic choices about how best to arrest and rollback the spread of HIV.

The current structure of the surveillance system is part of the problem. HIV infection is reported through three independent networks: the STD Reporting System, the HIV Reporting System, and the Communicable Diseases Reporting System. HIV case reporting is supplemented by the Sentinel Surveillance System, which consists of annual or semi-annual screening tests of 300 to 400 individuals visiting STD clinics, drug-user rehabilitation facilities, trucking company clinics, and maternal-child health clinics. In 2002, there were 158 clinics covering 31 provinces, although clinics were not evenly distributed. In addition to the national sites, there are over 400 provincial-level surveillance sites, though data from these sites were not consistently shared with the national system and collected data is not necessarily usable by the national system due to inconsistent standards. Moreover, important at-risk populations are not specifically captured in the Sentinel Surveillance System, particularly men who have sex with men (MSM) and commercial sex workers in entertainment establishments and their clients. In addition, there are numerous sources of data that do not report to the national system, such as the military medical system, hospitals that screen patients prior to surgery, and many prenatal clinics that routinely screen mothers. In many instances, the poor quality of national statistics does not stem from an inability to test individuals, but the inability to capture and integrate local and provincial-level data for the national surveillance system.

More accurate data will be crucial for the future of China's national response, and design of key strategies, such as the 2006–2010 National Action Plan. The government is beginning to recognize the importance of good data, and is taking preliminary steps to improve surveillance and testing capability.

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and utilized more effectively, local health authorities will be unable to undertake more widespread testing and more accurate monitoring of patient response to treatment. Beyond diagnosis, treatment, and monitoring, China lacks physicians, nurses, counselors, and other trained personnel who can provide counseling and other advice for HIV patients and their families which will be integral to building popular trust and confidence

- ALTHOUGH THE INTRODUCTION OF FREE DRUG TREATMENT AND THE CHINA CARES PROGRAM ARE ENCOURAGING, THERE IS A CRITICAL NEED TO ASSURE THAT PATIENTS ARE NOT JUST RECEIVING “TREATMENT,” BUT CAN EXPECT “EFFECTIVE TREATMENT.” Treatment alone cannot resolve the HIV/AIDS chal-

lence in China. China risks wasting precious resources and the emergence of drug-resistant HIV if a more effective treatment system is not put in place. Such a system would include comprehensive monitoring, effective adjustments of treatment regimens, counseling, and follow-on care to help patients deal with side-effects and drug fatigue.

Drug resistance already may be a problem in parts of China. The delegation was informed, for example, that in certain clinics in northern Hubei Province, half the patients seeking treatment were treatment-experienced, meaning they had previously received some form of antiretroviral treatment, though the source of that treatment was not known, suggesting illegal black marketeering and other misuse of anti-HIV drugs. Even in cases of officially sanctioned treatment, non-adherence presents a problem. Of the 7,011 patients who initiated treatment in the China CARES program by the end of 2003, 19 percent of them, or 1,310 persons, had dropped out of the program, mostly citing side effects (264 had died since initiation of treatment). Owing to a lack of sufficient drug treatment monitoring and genotyping capacity in China, the extent of emergent drug-resistant virus in China is unknown. (See Treatment Versus Effective Treatment.)

- **THE CHALLENGE OF DRUG PROCUREMENT AND ACCESSIBILITY.** To date, China has not taken active measures to either import or produce for domestic use the full range of antiretrovirals available to combat HIV/AIDS. Instead, it continues to rely almost entirely on combinations of four generic drug formulations produced in China; generic copies of three additional antiretroviral compounds are expected to be available for HIV treatment in China by the end of 2004. However, China will still lack some of the most effective treatment regimens available elsewhere in the world. (See Treatment Versus Effective Treatment.) (By comparison, the U.S. Food and Drug Administration has approved a total of 21 antiretroviral compounds for HIV treatment.) However, it is not known how many additional antiretroviral drugs are awaiting approval by the Chinese regulatory agency or are approved but not yet available.

China is capable of producing additional anti-HIV drug compounds, and exports the chemical ingredients for the production of ARVs by other countries such as India and Brazil, but does not make these available for domestic use. One reason for this is China's unwillingness to violate patents by producing unlicensed generic copies of anti-HIV drug compounds. China has also appeared unwilling to date to import large quantities of available compounds owing to their cost. However, in the absence of a large-scale AIDS treatment program, there has been little incentive to either manufacture or import large quantities of ARV drugs. It is also the case that the vast majority of Chinese physicians and medical professionals are not proficient in diagnosing, prescribing, administering, and monitoring even basic anti-HIV drug dosing, let alone more complex regimens.

However, the political demand for HIV/AIDS drugs in China will only increase, as will the cost of procuring them. The Chinese government is understandably

## Care for the Caregiver

Economic reforms and moves toward the free market in China have led to increased decentralization of the government-run medical system and an overall decline in the quality of care. The central government no longer provides adequate subsidies to provincial medical units, forcing provincial, county, and township hospitals to generate income from the provision of services and medicines, while central government oversight and enforcement of standards have declined. The need to generate income distorts service provision, undermines quality, and results in dysfunctional and unsafe practices within hospitals, including the purchase of blood and improper reuse of needles and equipment. In many hospitals, medical care providers must generate as much as 80 percent of their salaries from service fees and commissions derived from drug sales.

Despite the introduction of free-market principles to the healthcare system, prices for services are still fixed by the state in an attempt to make healthcare affordable, preventing hospitals from charging higher amounts for their services. Fees for consultations and basic services have not been updated in more than 20 years, forcing hospitals and medical care providers to rely heavily on drug sales and procedures to generate profits, resulting in widespread over-prescription and unnecessary procedures. In China, up to 60 percent of total health-care expenditure goes to prescribed drugs, compared to a global average of less than 15 percent. In addition, in rural areas, where doctors lack even basic education and training, the reliance on drug sales and the lack of oversight leads to the sale of sub-standard and counterfeit medicines in order to maximize profits. In much of rural China, "doctors" at the village and township level would not have much more than a high school education, if that, and serve to provide basic first aid and remedies.

Inefficiencies abound within the healthcare system, which exacerbates these challenges. Hospitals, like much of the state-owned system, are over-staffed and unable to reduce employee numbers, which absorbs scarce resources. Ironically, most hospitals also have excess bed capacity because doctors encourage treatment of patients on an out-patient basis, because nightly rates for beds are fixed and frequently below actual costs. Occupancy rates average 30 percent at township hospitals and 50 percent at county hospitals.

Less than 10 percent of the rural population has any health insurance, while about 60 percent of urban residents have some coverage, resulting in many people neglecting preventative care and delaying hospital visits until problems become severe. In addition, because of reliance on income generation from drug sales and procedures, there is little incentive for doctors to provide preventative care services.

Establishing a free ARV drug treatment program in this environment poses unique challenges. Hospitals are not in a position to buy and then distribute free drugs or provide free care to indigent HIV/AIDS patients. Free HIV testing, drug distribution, and care requires independent funding for the service provider. So an alternative care structure was devised, utilizing Chinese CDC facilities, which are fiscally separate from the hospital system, but frequently colocated at the county and township level.

In Hubei province, provincial CDC facilities have been allocated for HIV/AIDS treatment and designated as "Warm House" centers with storefront entrances. At a Warm House, patients can see a CDC doctor for testing and counseling and, if warranted, receive ARV free medicines and treatment for other infections. The Warm Houses also counsel patients about the modes of HIV transmission and distribute free condoms. At township Warm Houses, doctors also distribute free rice, cooking oil, and clothing to needy infected persons, and maintain records of children impacted by HIV/AIDS, coordinating with civil affairs and education officials to ensure that the children receive cost-free education.

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## Treatment Versus Effective Treatment

To date, no one with HIV infection has been cured, in spite of advances in ARV agents and combination treatment regimens. Therefore, stable remission is the ultimate goal of current HIV therapy. Therapy is initiated to slow the progression of HIV infection by reducing the amount of virus produced in infected cells. Even during the asymptomatic period of HIV infection, the virus is actively multiplying, infecting, and destroying important cells of the immune system, such as the CD4+ T cells. As these cells are destroyed, opportunistic infections attack and cause death. The initiation of and proper adherence to HIV therapy is therefore critical to extending the life of HIV-infected individuals.

The most effective HIV treatments combine three to four drugs drawn from four different classes of anti-HIV agents to slow the replication of the virus and retard the emergence of drug-resistant virus. These complex treatments can be difficult to take and may have serious side effects, both which affect adherence. However, patients should achieve 90 to 95 percent adherence to the dosing regimen for optimal viral suppression. Poor drug dosing and/or lack of adherence can quickly lead to resistant viral strains, further limiting the patient's treatment options, and posing expanded risk to the population.

Initiation of the China CARES program raises many important treatment questions. The first concerns side effects. The first two lines of treatment which rely on generic drug formulations made in China are the combinations of zidovudine + didanosine + nevirapine or stavudine + didanosine + nevirapine. The combination of stavudine + didanosine is not recommended for antiretroviral treatment due to toxicities that cause such side effects as pancreatitis and peripheral neuropathy. Nevirapine is not recommended as treatment for patients with liver impairment such as hepatitis (hepatitis is widespread in China). The use of didanosine, or ddl, is especially problematic as it is in powder form and not well tolerated by patients. These combinations are not recommended by the U.S. Department of Health and Human Services as first line treatment for drug-naïve HIV patients, unless there are no other treatments available. Generic copies of three additional antiretroviral compounds, lamivudine, indinavir, and Combivir (a combination of zidovudine and lamivudine) are expected to be available for HIV treatment in China by the end of 2004. This will expand treatment options, but will still fall well short of treatment options available elsewhere. For example, the U.S. Food and Drug Administration has approved a total of 21 antiretroviral compounds for HIV treatment.

The second point concerns education and counseling as to the side effects of the combined drugs and the importance of therapy adherence. If the side effects become too severe, the patient may need to terminate the entire treatment. Partial termination of treatment will lead to the emergence of drug-resistant viruses. A patient cannot miss many doses, and lifelong adherence is required to delay drug-resistance. Cessation of the entire regimen is preferable to inconsistent adherence. However, studies show that adherence wanes over time—a phenomenon known as pill or treatment fatigue. The treatments now in place for the China CARES project require patients to take up to five pills per day, a fairly burdensome dosing regimen.

The third point concerns monitoring treatment effectiveness. This is done by measuring, at regular intervals, the amount of virus in the blood (viral load) and CD4+ T cell counts. The amount of virus in a patient's blood should be measured before, and again two to eight weeks after, the initiation of therapy. In most patients a substantial decrease in the amount of virus should be detected shortly after the start of therapy. With optimal therapy the viral load should drop to levels undetectable by currently available commercial assays by week 24. The amount of virus in the blood and the number of CD4+ cells should be determined every three to four months thereafter. If viral load increases and CD4+ T cells decrease, the treatment is failing. That regimen should be terminated and replaced by a more effective therapy if possible.

### Treatment Versus Effective Treatment (*continued*)

If the patient remains on a failing therapy, the virus will become resistant. Drug-resistant HIV has become a serious obstacle to the long-term efficacy of HIV therapy in the United States and Europe. China currently has neither the trained personnel nor the laboratory facilities in sufficient numbers to regularly monitor treatment effectiveness and the emergence of drug resistance in the vast majority of patients.

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concerned that treatment carry an affordable and reliable price. Competition among generic manufacturers, and the fact that some multinational pharmaceutical companies are supplying reduced-price drugs to China, will dampen prices. From the manufacturers' point of view, the sustainability of these reduced prices depends on reliable procurement volumes. There are plenty of patients who need the drugs; at issue is the consistency of supply in the public health system and the availability of funds from central and provincial governments to purchase drugs. As the demand for these drugs becomes firmer, pressures will likely mount for domestic Chinese firms to produce them.

The issues of drug availability, affordability, and their proper administration will gain an increasingly higher profile in China's effort to combat its HIV/AIDS challenge. Vice Premier Wu Yi, who oversees both trade and health care issues in her portfolio, will likely be a key player in resolving the inevitable tensions that will arise over these questions in China and with China's international partners.

Chinese interlocutors informed the delegation that traditional Chinese medicines are often utilized palliatively to treat some symptoms of HIV infection and AIDS, but there have been no credible successes in using such treatments to combat the virus itself.

## Recommendations

In the past year, as this report has detailed, China has undergone a dramatic shift of focus, will, and consciousness vis-à-vis HIV/AIDS and public health, triggered to a significant degree by the SARS shock of early 2003 and the political scandal associated with blood donation networks in central-eastern China. These promising changes have driven upward the priority attached to HIV/AIDS, empowered Ministry of Health and Chinese CDC officials, energized senior political leaders at many levels, changed the national discourse around HIV/AIDS, and opened the way for the first time in China to address HIV/AIDS and other related infectious diseases seriously on a national scale through the China CARES pilot sites, the IDU pilot schemes, and the elaboration of new policies that offer free testing, treatment, and care. These are remarkable, historic changes that few predicted.

At this juncture, China and its international partners can ill afford a "business as usual" approach or incremental, reactive adjustments to dealing with HIV in China. The United States should seize upon this moment to build new, far more robust partnerships around public health in China. These steps are warranted on

the basis of U.S. national interests, and hold the promise of attaining substantial results.

As the difficult work commences of implementing newly ambitious HIV/AIDS policies and programs in a country of China's vastness and complexity, what will likely be the essential requisites for success?

The delegation recommends action in five key sectors:

- Sustaining senior leadership focus in China;
- Enhancing strategic coherence;
- Accelerating institutional restructuring and reform;
- Expanding space for new Chinese and international actors; and
- Strengthening joint U.S.-China partnership.

### **Sustaining Strong Leadership from the Top Is Still Required**

- CONTINUED HIGH LEADERSHIP FROM THE TOP IS THE SINE QUA NON FOR SUSTAINING FUTURE MOMENTUM AND INSTITUTIONAL REFORM. SARS and the blood donation scandal may have triggered the senior leadership's awakening to the threat posed by HIV/AIDS. However, these two factors alone will not sustain an effective national HIV/AIDS response in China. This will only be possible if China's leaders judge that HIV/AIDS continues to demand a high priority, if their will and determination are supported from without, and if their efforts are affirmed by accumulating evidence from across China that prevention, care, and treatment programs can in fact be made to work effectively.

It is fair to presume that as China moves into the implementation phase of its ambitious new policies and programs, it will encounter multiple obstacles that will sorely test China's leadership. For engaged U.S. policymakers, as well as country leaders and heads of international organizations, priority should lie in near- to medium-term steps which hold the highest promise of helping sustain Chinese leadership's focus on HIV/AIDS and public health.

### **Enhancing Strategic Planning and Prioritization**

- IT IS ESSENTIAL THAT CHINA'S FORMIDABLE STRUCTURAL AND ORGANIZATIONAL WEAKNESSES BE ADDRESSED SYSTEMATICALLY. New national programs have yet to be costed systematically. Unless the central government faces up to the true costs, and ensures that the costs borne by the provinces are adequately covered through central transfers or other means, programs will founder.

Importantly, failure to implement a more strategically coordinated and well-monitored anti-HIV approach in China risks the loss of international support over time. For example, Global Fund support requested by China beyond the current two-year tranche of approximately \$32 million for 2004-2005 will be contingent upon a successful review of the current program by Global Fund authorities.

- PREVENTION AND AWARENESS SHOULD RECEIVE HIGHER PRIORITY IN CHINA'S STRATEGIC NATIONAL PLAN TO COMBAT HIV/AIDS. With an enormous number of persons in China who do not know their HIV status, much work will need to be done to ensure that persons are better educated about the transmission of HIV, alter their behavior as needed, and learn how to prevent infection.

Prevention strategies must also break through taboos and stigma to address sensitive areas such as harm-reduction interventions for IDUs and commercial sex workers, as well as for the increasingly vulnerable mobile labor population. Most of all, recognition that HIV is spreading into the general population should be followed up with correspondingly strong education, prevention, and awareness programs to reach mainstream society that frankly address how to prevent transmission and dramatically de-stigmatize the disease. Without alleviating stigma, prevention and treatment will be undermined. The Chinese media, education system, and social organizations such as the All-China Women's Federation, the All-China Labor Federation, the China Youth League, the State Family Planning and Population Commission, and the burgeoning private sector could be particularly effective in promoting prevention, education, awareness, and de-stigmatization campaigns.

- High priority should be given to advancing testing in China. China needs quickly to revamp its approach to testing, reporting, and data analysis. Important measures would include:
  - Improved policies that promote routine voluntary, anonymous/confidential testing, coupled with counseling. Testing programs should inform all persons of their status.
  - Formation of a national-level working group on testing to coordinate and direct efforts at national and provincial levels, including establishing testing standards and methodologies.
  - Reaching beyond IDUs and blood donation populations to target China's floating population, commercial sex workers, urban coastal residents, and others.
  - Increased resources allocated to enhance coordination between provincial and national authorities, including national-local CDCs, and national-provincial policymakers such as between the national-level State Council Working Committee and provincial-level leading groups and coordinating committees.
  - Intensified cooperation with international groups with proven technical and policy expertise in testing, including the World Health Organization (WHO), UNAIDS (UNAIDS Global Reference Group on Estimates, Projections, and Modeling of HIV/AIDS), the U.S. CDC, and other international partners.
- HUMAN RESOURCE DEVELOPMENT, THROUGH EDUCATION AND TRAINING OF MEDICAL PROFESSIONALS, IS CRUCIAL. Money and infrastructure alone will not help China meet the HIV/AIDS challenge. Greater strategic planning and

resources will be needed to train the doctors, nurses, technicians, and counselors who can effectively combat HIV/AIDS, especially in the poorer regions of the country. Importantly, this training should include education and awareness to reduce the stigma and fear which currently inhibits proper treatment and care by medical professionals who are hesitant to work with HIV-positive persons.

## **Institutional Restructuring and Reform**

- **HIGH PRIORITY SHOULD BE GIVEN TO RECONFIGURING INSTITUTIONS TO ADDRESS TREATMENT AND CARE MORE EFFECTIVELY.** The present Chinese CDC-dominated structures responsible for managing HIV/AIDS programs lack the technical expertise to plan and estimate costs as well as to develop, execute, coordinate, monitor, and evaluate national-scale treatment and care programs. A bureaucratic reorganization is needed that integrates expertise in China from other institutions and opens the way for the placement into national and provincial settings of additional expertise from outside the CDC structure, and allows the CDC to focus on its primary mission of epidemiological surveillance and public health education.

Within the State Council Working Committee on HIV/AIDS, an important next step would be to broaden its membership to encompass and draw inputs from other ministries (such as the Ministry of Science and Technology), the Chinese Academy of Medical Sciences, the military, other provinces, the business sector, persons living with HIV/AIDS, and medical teaching and research institutions.

- **REINCENTIVIZE THE DELIVERY OF MEDICAL SERVICES.** China should address the problem of medical services delivery in a way that provides incentives to medical personnel to be actively engaged in HIV/AIDS prevention, education, treatment, and care.
- **PARTICULAR ATTENTION SHOULD BE GIVEN TO IMPROVING COMMUNICATION AND COLLABORATION BETWEEN CENTRAL AND PROVINCIAL AUTHORITIES.** An increasingly greater focus should be brought to empowering and monitoring work at the provincial level to address the HIV/AIDS challenge. More effective mechanisms should be put in place to communicate national level goals while providing necessary funding and flexibility to allow local level public health authorities to meet those goals and give them a real stake in the success of the anti-HIV effort.
- **GREATER EMPHASIS SHOULD BE PLACED ON PREVENTION WITHIN KEY AT-RISK GROUPS.** The prevention program will need to be structured in a way that reaches “non-mainstream,” at-risk individuals such as IDUs, commercial sex workers, and the mobile “floating population” of some 120 million itinerant laborers. China’s application to the fourth round of Global Fund support, if approved, would channel greater prevention and treatment resources toward these populations. However, success in this effort will require reconciliation between public health interventions and the heavily punitive approach of the

Public Security Bureau—its arrest, incarceration, and rehabilitation apparatus. This apparatus should be reformed and properly funded in a way that allows unfettered access by appropriate health authorities to at-risk populations for proper education and testing, and, if necessary, follow-on treatment and care.

## Innovative Partnerships

- CHINA'S BUSINESS COMMUNITY AND ITS MULTIPLYING MEDIA OUTLETS HAVE NOT BEEN ENGAGED MEANINGFULLY YET IN SUPPORT OF HIV/AIDS PROGRAMS. Elements within the international business community in China await a clear signal of approval from government authorities before implementing education, awareness, and de-stigmatization programs for their employees or as part of broader preventive messaging campaigns. The Chinese government could also send a stronger signal in welcoming the special role of both indigenous and international NGOs and community-based organizations in fighting HIV/AIDS.

NGOs in China can be of particular importance in helping the government meet the prevention and social welfare needs of at-risk and HIV-positive persons as well as their families and communities.



Visiting Fujiapeng village in Suizhou county.

- NEW LEGISLATION WILL BE ESSENTIAL TO CREATE SPACE FOR NGOs. Legislation and/or clearly worded regulations are needed to help create greater legal rights for indigenous NGOs to establish themselves and for international NGOs to register and work effectively in the fight against HIV/AIDS.
- THE CHINESE GOVERNMENT CAN COMMISSION “NET ASSESSMENTS” TO GAUGE AND INFORM LEADERS ON THE SOCIOECONOMIC IMPACTS OF THE HIV/AIDS EPIDEMIC IN CHINA. Leading policy research institutions and think tanks in China, such as the State Council Development Research Center (DRC), should be actively encouraged to undertake comprehensive studies to address the strategic socioeconomic implications of the HIV epidemic for the country.
- THE SPECIAL VULNERABILITY TO HIV OF WOMEN AND GIRLS WILL INCREASINGLY NEED TO BECOME A PRIORITY. As the HIV/AIDS crisis in China evolves from an epidemic of drug users and blood donors to an epidemic fueled by the

sexual spread of HIV, the numbers of newly infected women will likely increase more rapidly than men. Because the number of infected women compared to men in China remains relatively small, there are opportunities to prevent the spread of HIV among women at this relatively early stage. Addressing the acute vulnerability to HIV of women and girls will increasingly require enhanced support from communities, educators, and civil society. Additional efforts and new partnerships can be undertaken that would immediately reduce the vulnerability of women to HIV infection in China. Examples include:

- Increasing access for girls to schooling, including sex-education in school curricula, and improving programs which help eliminate or reduce exposure to HIV/AIDS and other sexually transmitted diseases;
  - Creating peer-support groups for women infected with HIV to help prevent infection to partners and children;
  - Creating peer-education as well as government initiatives to educate commercial sex workers about condom use, encouraging condom use for every sex act, and making condoms available in entertainment establishments; and
  - Strengthening and expanding existing programs to increase women's awareness of their legal rights, and foster women's economic independence, including micro-credit programs.
- ADDRESSING SPECIAL NEEDS OF AIDS ORPHANS. HIV/AIDS orphans present a significant challenge to stability and development in heavily affected areas, and should be an integral component of the national HIV/AIDS response. Provision of welfare and education support for orphans is mandated by the central government as part of the “four frees and one care” policy, although these are often unfunded mandates, the costs of which are borne by local governments which may not have the means to carry out the policy, especially in poorer areas. NGOs, both in China and from abroad, can play a strong supportive role to fill these gaps, and should be further encouraged to do so. In addition, the definition of an “orphan” who qualifies for support should be clarified to include any child under 18 years of age with one or more parent having HIV, rather than specifying that a child has lost one or more parent.

### **More Robust U.S.-China Partnerships in Public Health**

The United States has an historic opportunity to help shape health-related outcomes in China in ways that are favorable to the interests of China, the United States, the Asia-Pacific region, and the world. The United States' ability to respond, however, is constrained by a lack of commensurate mechanisms which acknowledge and act upon the scope of the challenge. In such “Second Wave” states as China (as well as India and Russia), the United States faces an unprecedented HIV/AIDS challenge both in scale and in geostrategic implications.

Yet China falls largely outside the scope of the President's Emergency Plan for AIDS Relief (PEPFAR), the principal strategic response of the United States to the global HIV/AIDS challenge. U.S.-China relations are also freighted with multiple

political and security concerns that at times impede the political will necessary to recognize and respond to the challenges of China's ailing public health system and the special, emergent threats posed by HIV/AIDS and SARS. If effective, high-level partnerships are to be formed, they will need to be created through new channels that build on existing bilateral cooperation. Innovations are needed that move U.S.-China partnerships beyond an incremental, business-as-usual approach.

- CONGRESS AND THE WHITE HOUSE SHOULD GIVE SERIOUS CONSIDERATION TO THE ESTABLISHMENT OF A JOINT U.S.-CHINA COMMISSION ON PUBLIC HEALTH. Such a body would build on the successful experience of two existing U.S.-China Joint Commissions on trade and commerce and on science and technology. Its suggested mandate: to focus attention at a sustained, high-level on building U.S.-Chinese partnerships to strengthen public health in China. It would seek consciously to elevate the priority the two sides explicitly attach to issues of public health—most importantly HIV/AIDS and SARS, along with tuberculosis, malaria, and hepatitis—and bring home to an American public the degree to which destabilizing health care challenges and disease epidemics in China increasingly matter to U.S. national interests.

Much of the Commission's work might be organized around an annual conference, alternating between Beijing and Washington and cochaired at a cabinet or sub-cabinet level, with a focus each year on select public health issues and perhaps issued an annual report on public health in China and the status of U.S.-Chinese collaboration. Throughout the year, the Commission might promote public health and scientific exchanges as well as undertake joint special analyses and field missions. It would likely require a modest secretariat that could either be located on the U.S. side at an independent policy institution such as CSIS, or be placed in Congress or an executive agency.

U.S. interests would most benefit if the Commission deepened U.S. understanding of the fluid developments in public health in China and advanced thinking on how most effectively to enlarge U.S. engagement in China to combat HIV/AIDS, SARS, and other infectious diseases.

The U.S. embassy in Beijing, activist in recent years on public health issues, has created a platform of diverse agencies—comprising the U.S. Department of Health and Human Services (HHS) agencies of the U.S. CDC and National Institutes of Health, and most recently the U.S. Agency for International Development—that increasingly turn their attention to HIV/AIDS (each today spends approximately \$2–3 million per annum on HIV/AIDS in China). In 2004, in a further sign of its seriousness, the embassy filled a new health counselor position. Perhaps most dramatically, during the SARS crisis in the spring and early summer 2003, the U.S. CDC office in China consolidated a close partnership with its Chinese counterparts.

If U.S. technical and programmatic support in public health, and on HIV/AIDS specifically, is to be enlarged steadily, this will add an important new dimension to U.S. global anti-HIV/AIDS efforts. Although President Bush's Emergency Plan for AIDS Relief does not include China among its priority focal countries,

this does not stand in the way of creating an effective Commission or of engaging the Office of the Global AIDS Coordinator (whose mandate is to coordinate efforts globally), and the secretaries of state and health and human services. Sooner, rather than later, the United States needs to devise an informed, effective strategy that speaks to the urgent HIV/AIDS and other public health challenges of China, India, Russia and other “Second Wave” states.

To make the most persuasive case for heightened U.S. engagement on health in China, the U.S. strategy of engagement will need to take account of China’s vast scale, its relative wealth and attendant ability to finance expanded public health interventions, and its often impressive state capacities, once mobilized. Care will have to be taken to define clearly U.S. special comparative strengths, namely its technical expertise in multiple sectors, and its global leadership voice and diplomatic sway, including its ability to leverage other partners in support of strengthening Chinese public health.

The U.S.-Chinese bilateral relationship is complex, crowded, and subject to multiple political and cultural sensitivities. Public health issues in China carry special sensitivities: sovereign concerns, injecting drug use, commercial sex work, and reproductive rights. Elevating the dialogue on these and related issues and placing that dialogue in a special channel such as a Joint Commission could help defuse tensions, break policy and programmatic logjams, and concentrate on pragmatic innovation.

The Commission might enlist both congressional and administration involvement, and systematically incorporate into consultations and events the remarkable, widening array of important U.S. educational, religious, business, media, biomedical/public health, and philanthropic institutions that are becoming significantly invested in health in China and will over the next generation contribute significantly to health in China and to Americans’ understanding of China. These range from Yale University, for over a century engaged in education in China, to the Ford Foundation, Harvard University, Project HOPE, the American Foundation for AIDS Research (amFAR), the Aaron Diamond AIDS Research Center at Rockefeller University, CSIS, and more recently, the Bill and Melinda Gates Foundation, the Henry J. Kaiser Family Foundation, and the William Jefferson Clinton Foundation. The Commission could also enlist the involvement of the WHO, the Global Fund, UNAIDS, and the World Bank.

- PRIOR TO THE ESTABLISHMENT OF THE JOINT COMMISSION, THE UNITED STATES AND CHINA CAN INTENSIFY COOPERATION AGAINST HIV/AIDS IN OTHER CRITICAL FORA. For example, at the regional multilateral level, mechanisms exist to boost dialogue and implement programs under the auspices of such organizations as the Association of Southeast Asian Nations (ASEAN) Regional Forum (ARF) and the Asia Pacific Economic Cooperation (APEC) forum. Raising the salience of HIV/AIDS within the U.S.-China Commission on Science and Technology would be another avenue for intensifying bilateral engagement on this issue.

The Chinese Ministry of Health and the U.S. HHS have agreed to convene bilateral working groups to take up questions of emergency response and health care system reform, both of which could have elements of improved HIV/AIDS cooperation built more firmly within them. At a minimum, a third working group of this type ought to be established that would coordinate and help oversee the implementation of bilateral HIV/AIDS efforts. Overall, both sides would benefit from initiatives that accelerate and expand working-level, technical exchanges between the two sides to combat HIV/AIDS.

- **SUSTAIN HIGH-LEVEL ENGAGEMENT BY AMERICANS IN PROMINENT PUBLIC AND PRIVATE POSITIONS.** Several discreet concrete initiatives could be taken in the next year to advance U.S. interests in public health in China and significantly deepen bilateral cooperation. That could take the form of a visit by Ambassador Randall Tobias, the U.S. Global AIDS Coordinator, to Beijing in 2004, along with possible action by his office to organize a joint event with Chinese counterparts at such important international gatherings as the Bangkok World AIDS meeting in July 2004. Similarly, senior Congressional leaders could visit China to discuss public health issues, with a special focus on HIV/AIDS, SARS, other infectious diseases, and options for enlarged U.S. support. A senior Senate delegation to southern Africa in August 2003 significantly raised the level of knowledge and commitment within the Senate to PEPFAR programs in Africa; comparable gains can be realized with regard to China. Outside government circles, the Global Business Coalition on HIV/AIDS and the Asia Society are well positioned to stir greater activism within the corporate and Asia policy communities, just as philanthropic and media leaders can do the same within their respective communities.



The delegation with officials from the Hubei provincial and Suizhou county health departments.

- **STEADY, BILATERAL TECHNICAL ASSISTANCE CAN BE EXPANDED.** Demand runs strong in several select areas, and increased U.S. technical investments, based on recent experience, will achieve conspicuous, substantial returns and generate considerable goodwill. Currently eight persons from HHS agencies are working in China, with three or four dedicated to HIV-related cooperation. The total number of HHS staff in China may increase to as many as 12 in the coming year. The recent appointment of a health counselor at the U.S. Embassy signals further activism by the U.S. government on public health issues in China.

However, more can and should be done. The United States can actively support the State Council Development Research Center in its 18-month study of the projected socioeconomic impact of HIV/AIDS on China. U.S. CDC can extend the scope of its work to build a national HIV surveillance system while concentrating at a higher level on improving the organization of emergent public health data.

On an interim basis of one to three years, the United States can underwrite the recruitment and placement of external experts into central and provincial ministries where they could assist in the planning and execution of comprehensive HIV/AIDS programs. In this same spirit, the United States can increase public and private support for U.S.-China training exchanges, in some instances formalizing these into twinning arrangements between U.S. and Chinese biomedical and public health institutions, including between private hospitals and universities.

- **EXPANDING THE CSIS ROLE.** CSIS for its part will host senior Chinese HIV/AIDS delegations in Washington, incorporating them into the activities of the CSIS Task Force on HIV/AIDS and fostering their interaction with a diversity of U.S. leaders and constituencies concerned with HIV/AIDS and global health. In the near-term, CSIS plans to help support and organize the visit to the United States of senior Ministry of Health leaders in the fall of 2004, carry out continued consultations with Chinese counterparts in Beijing and Bangkok for the World AIDS Meeting in July 2004, and hold specialized seminars in Washington, New York, and elsewhere to bring greater focus and attention to China's HIV/AIDS challenge. CSIS also intends in the first half of 2005, at the advent of the next administration in Washington, to host a major international conference on approaches for a U.S. "Second Wave" strategy on HIV/AIDS, at which senior Chinese and U.S. officials, among others, will speak.

## Appendix A: Delegation Participants

Bill Frist, Honorary Chairman (but not attending)

*Majority Leader, U.S. Senate*

*Cochairman, CSIS HIV/AIDS Task Force*

Russell Feingold, Honorary Chairman (but not attending)

*U.S. Senate*

*Cochairman, CSIS HIV/AIDS Task Force*

Ambassador J. Stapleton Roy, Delegation Coleader

*Managing Director, Kissinger Associates, Inc.*

*Former U.S. Ambassador to China*

Dr. Louis W. Sullivan, Delegation Coleader

*President Emeritus, Morehouse School of Medicine*

*Chairman, Presidential Advisory Council on HIV and AIDS*

*Former Secretary of Health and Human Services*

Rear Admiral (Sel) Thomas R. Cullison,  
MC, USN

*Command Surgeon, U.S. Pacific  
Command*

Paul DeLay

*Director, Office of Monitoring and  
Evaluation, UNAIDS*

Linda Distlerath

*Vice President, Global Health Policy,  
Merck & Company, Inc.*

Bates Gill

*Freeman Chair in China Studies, CSIS*

David Ho

*Director and CEO, Aaron Diamond  
AIDS Research Center*

Stephen Morrison

*Executive Director, CSIS Task Force on  
HIV/AIDS*

Sarah Palmer

*Staff Scientist, HIV Drug Resistance  
Program, National Institutes of Health*

Joy Phumaphi

*Commissioner, Commission on HIV/  
AIDS and Governance in Africa  
Assistant Director-General, Family and  
Community Health, World Health  
Organization; former Minister of  
Health, Botswana*

Drew Thompson

*Research Associate, Freeman Chair in  
China Studies, CSIS*

Allen Moore

*Deputy Chief of Staff and Policy Director  
Office of United States Senator Bill Frist*

## **Appendix B. Summaries of Delegation Meetings**

### **Wednesday, April 14, 2004, Beijing**

#### **Meeting with Vice Minister of Health Wang Longde at Ministry of Health**

Vice Minister Wang remarked that Sino-U.S. relations have entered a productive period, noting key bilateral projects, and strong cooperation in the recent battle against SARS. Vice Minister Wang characterized the current state of the HIV/AIDS epidemic in China and expressed concern that there is increasing evidence that the epidemic is spreading from high-risk groups to the general population. Vice Minister Wang highlighted the central government's efforts to address HIV/AIDS including the formation of a new State Council Working Committee chaired by Vice Premier Wu Yi, increased central government funding, domestic production, and fast track approval of ARVs, elimination of import duties and value added taxes on imported ARVs, and implementation of the China CARES national treatment program in 127 counties with high prevalence rates.

#### **Ditan Hospital Tour of Facilities**

Ditan hospital was founded in 1946 and is one of China's premier infectious disease hospitals with 500 beds and 680 staff. Ditan has cumulatively cared for 800 HIV/AIDS patients, mostly with palliative Chinese herbal therapies, but now with domestically manufactured and imported ARV drugs. The hospital has 42 beds dedicated to HIV/AIDS care, but can expand capacity if demand warrants. Ditan also houses an STD clinic and the Home of the Red Ribbon, a center for HIV-positive people to meet with counselors. The hospital has a total of 14 doctors who are qualified to treat HIV/AIDS patients, with most patients being treated on an outpatient basis. At the time of the delegation's visit, there were six inpatients with 50 to 60 outpatients from Beijing who are passively monitored by hospital staff. There are an additional 300 patients from outside of Beijing who are not monitored regularly. Doctors suggested that a significant and growing number of their patients were female commercial sex workers and men who have sex with men (MSM). The doctors stated that the male to female ratio of patients was 1:1.6.

#### **Roundtable Discussion on Treatment Programs**

The delegation met with representatives from the World Health Organization, Ditan Hospital, and Médecins Sans Frontières to discuss treatment issues in China. The improved political climate for disease control and prevention was summed up in a statement, reportedly made by Premier Wen Jiabao following the end of the SARS outbreak: "we used to know only one acronym; GDP. Now we know CDC." Treating physicians at the hospital were pleased that a consequence of the April 6 national meeting was increased participation in treatment programs by local governments that would fund treatment for opportunistic infections, enabling doctors to provide more comprehensive care to patients.

### **Evening Banquet Hosted by Executive Vice Minister of Health Gao Qiang**

Executive Vice Minister of Health Gao Qiang hosted a dinner for the delegation, conveyed the greetings of Vice Premier Wu Yi, exchanged gifts, and presented the delegation leaders with a letter addressed to Senator Bill Frist.

### **Thursday, April 15, 2004, Beijing**

#### **Roundtable Convened by State Council Working Committee on HIV/AIDS**

In February 2004, the State Council Working Committee on HIV/AIDS replaced the "coordinating committee," which was founded in 1996 and had met only five times. The Working Committee is chaired by Vice Premier Wu Yi with membership from 23 ministries and agencies as well as 7 deputy provincial governors. Vice Minister Wang Longde is the director of the Working Committee's office, which is responsible for research, technical assistance, policy planning, and convening conferences. Vice Minister Wang chaired the roundtable with participants from 14 Chinese ministries and commissions. Representatives from the National Population and Family Planning Commission, Ministry of Finance, Ministry of Education, China Youth Federation, Ministry of Civil Affairs, and Ministry of Public Security presented briefings on the work their agencies are undertaking in the effort to control HIV/AIDS.

#### **State Council Development Research Center**

The State Council Development Research Center (DRC) is undertaking a major study to assess the long-term economic and social impact of HIV/AIDS in China. Described as "the State Council's think tank," DRC research supports key policymakers, including the premier and cabinet. The World Bank will provide some support to the DRC assessment, including international expertise in epidemiology, methodology, and analytical approaches for assessing the overall social impact of HIV/AIDS. At the conclusion of the 18-month study, the DRC is expected to make recommendations to the premier and release a report of findings. The delegation met with the principal investigator for the study, learned about its methodologies and aims, and provided suggestions and advice.

#### **United Nations Expanded Theme Group on HIV/AIDS**

The delegation met with the United Nations Expanded Theme Group, representing UN agencies, international donors and NGOs. Representatives of the group provided an overview of recent HIV/AIDS-related developments in China, and noted how the political environment in China had changed significantly since the CSIS delegation visit in January 2003. With increased visible commitment from the top leadership, the challenge is to increase commitment at provincial and local levels and to implement effective interventions nationwide. The Theme Group expressed the need for more international effort to pull all ministries into the HIV/AIDS effort and encourage a more comprehensive approach. Without greater participation in the process by all ministries, there is the risk that the second five-year action

plan for HIV/AIDS (2006–2010) will overemphasize medical approaches rather than a broader societal response. In addition, other ministries need to be included in the budget-planning process to reduce the problem of “unfunded mandates” causing implementation challenges in the provinces.

### **Friday, April 16, 2004, Wuhan, Hubei Province**

#### **Meeting with the Hubei Provincial Health Bureau**

Officials from the Hubei Provincial Health Bureau and the provincial-level CDC briefed the delegation on the HIV/AIDS and general health situation in the province. The province has formed a leading group of top officials and a working committee of bureau officials to coordinate policymaking and policy implementation between all branches of government and regularly convenes province-wide meetings that include county and township officials. The provincial treatment effort is focused on three China CARES sites, ten nationally sponsored “model areas,” 11 provincial model areas, and 104 antibody screening laboratories.

#### **Tour of the Hubei Provincial CDC Offices and Laboratory**

The delegation toured the provincial CDC office and laboratory and witnessed an HIV screening test demonstration. Test samples come from a variety of sources including hospitals, STD clinics, and surveillance sites. The German government donated a U.S.-made CD4 analyzer in March 2004, giving the provincial CDC the ability to test HIV-positive people to determine the appropriate time to initiate ARV treatment and more efficiently monitor effectiveness of the ARV regimens in patients.

### **Saturday, April 17, 2004, Suizhou County, Hubei Province**

#### **Meeting with Suizhou County Health Officials, Site Visits to Junchuan Township Warm House Clinic, and the Fujiapeng Village HIV/AIDS Self-Help Mutual-Support Group**

Located in northern Hubei Province, about 3 hours drive from the capital of Wuhan, Suizhou County has 266 confirmed persons living with HIV/AIDS and approximately 70 cases of confirmed AIDS-related deaths out of a total population of 2.49 million. The majority of cases are young farmers (90 percent between 18–50 years old). Only four cases were caused through sexual transmission, two cases from blood transfusions during hospital surgeries, and one mother to child transmission. A treatment system has been set up, with most activities occurring at the township level clinic. Along with the county CDC in Suizhou city, 11 township CDC clinics operate what are known as Warm House centers in other parts of the county where patients receive ARV treatment and counseling.

At the township level, HIV/AIDS work is carried out through the Warm House clinics. Patient files and ARV drugs are stored at the clinic, with patients visiting monthly to be examined and receive free ARV drugs. The clinic also maintains lists of children affected by HIV/AIDS, including AIDS orphans, coordinating with the

local schools and the civil affairs bureau to ensure that the children receive free schooling and that the parents are not taxed. Over 200 children in Suizhou County have one or both parents who have died from AIDS or who are living with HIV/AIDS. The township clinic also serves as a distribution hub for donated foodstuffs and clothing for HIV sufferers, which are delivered to villages during the Chinese New Year holiday season and other national holidays.

Coordinating their prevention efforts with the county, the township clinic distributes free condoms donated by the Family Planning Commission to infected people to help prevent sexual transmission, and provides educational materials and counseling to patients. Both the county and township clinics operate HIV/AIDS information and advice hot lines.

The self-help group for persons living with HIV/AIDS in Fujiapeng village was provided a meeting space by the village committee in the former village primary school building. At Fujiapeng, HIV-positive villagers earn extra income by weaving pillows out of straw which are then purchased by state-owned enterprises in nearby counties. The self-help group's meeting area includes a TV and DVD player for entertainment as well as educational materials. The delegation spent about 30 minutes meeting and talking with persons in the self-help group.