

HIV/AIDS: China's Titanic Peril

2001 Update of the AIDS Situation and Needs Assessment Report

by

The UN Theme Group on HIV/AIDS in China



Joint United Nations Programme on HIV/AIDS

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**2001 Update of the AIDS Situation and Needs
Assessment Report**

**This report was prepared by the UN Theme Group on
HIV/AIDS in China for the UN Country Team**

June 2002

Glossary of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CCA	Common Country Assessment
CCTV	Central Chinese Television
CNY	Chinese Yuan (December 2001: 1USD = 8.26 Chinese Yuan)
DALY	Disability Adjusted Life Year
GONGO	Government-organised NGO
GIPA	Greater Involvement of People Infected with or Affected by HIV/AIDS
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
IDU	Injecting Drug User
KAP	Knowledge Attitude Practice
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Non-governmental Organisation
PAF	Programme Acceleration Funds
PLWHA	People Living with HIV/AIDS
RTI	Reproductive Tract Infections
SFPC	The State Family Planning Commission
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USD	United States Dollar
UNTG	United Nations Theme Group
WHO	World Health Organisation

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EXECUTIVE SUMMARY

The dawn of a new millennium, the first United Nations General Assembly Special Session on HIV/AIDS, the First Chinese Conference on HIV/AIDS & STD, and the dramatic explosion of HIV epidemics in many parts of China represent the background and rationale for the China UN Theme Group on HIV/AIDS (UNTG) to update its assessment of the HIV/AIDS situation and response in China. The UNTG considers this stocktaking exercise fundamental before it can effectively move towards improving and adapting the UN system's response to AIDS in China over the coming years.

At the end of 2001, all indications point to the brink of explosive HIV/AIDS epidemics in increasing numbers of areas and populations, with an imminent risk to the widespread dissemination of HIV to the general population through sexual transmission, and potential severe consequences for individual health, community development and social stability. The future HIV tragedy is heralded by a most disquieting, albeit often hidden or unnoticed increase in factors underlying and facilitating the spread of HIV.

The most frequent modes of HIV transmission in 2001 remain sharing of contaminated needles among injecting drug users (IDU) and unsanitary practices during paid plasma collection. However, the spread of HIV is quickly gaining momentum through sexual intercourse, both heterosexual and homosexual. Underlying vulnerability factors include the widespread lack of knowledge and protective life skills, huge internal labour migration, underprivileged minority communities, relative poverty, youth, and gender inequity.

Surveillance and monitoring of HIV trends are done through the systematic collection of HIV prevalence data among selected populations like IDU, female sex workers and patients with sexually transmitted infections (STI). However, national scientifically valid data on current estimates and future trends remain incomplete.

Since 1994, when the Chinese Government signed the Paris Declaration at the International AIDS Summit, some significant progress was made with regard to updating national policies, laws and regulations in various areas pertaining to HIV/AIDS.

5 Executive Summary

However, many factors remain that hinder an effective AIDS response in China. These factors are often closely inter-related. They include insufficient political commitment and leadership at many levels of government, insufficient openness when dealing with the epidemic, insufficient resources both human and financial, scarcity of effective policies, lack of an enabling policy environment, and poor governance. AIDS awareness remains low among the public and decision makers. Involvement by civil society and affected communities remains embryonic, while the overall AIDS response remains far too medical within a health care system in crisis.

Several areas will need priority attention if a catastrophic AIDS epidemic is to be averted in China at the start of the new millennium: guidance for HIV/AIDS programmes needs to be sought from international consensus on best practices, emphasis needs to be put on the great urgency for timely implementation of effective HIV/AIDS prevention; strategic planning of AIDS programmes needs to be based on detailed and dynamic situation and response analyses; the current chaotic situation in the STI care system needs to be addressed like a priority national disaster; investment of human and financial resources into AIDS prevention needs to be markedly increased.

Development of quality AIDS policies critically needs more government openness for acknowledging the seriousness and potential of the epidemic. The AIDS response at all levels needs to be widened, and involve multiple sectors beyond the purely medical sector. Improving AIDS awareness needs capacity building, training, information dissemination, and efforts at promoting life skills and healthy life styles among youth.

Last but not least, supportive policies need to be put into widespread action with respect to community care, treatment and safeguarding the rights of people living with HIV/AIDS.

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The intention of this report by the UN Theme Group on HIV/AIDS in China is not to present exhaustive reviews of available data concerning the current extent of the HIV/AIDS epidemic in China. Instead, it is our overall understanding that AIDS related data currently available are far from accurately reflecting the serious potential threat of the future epidemic in China, and only point to the 'tip of the iceberg.' In this regard the report's main emphasis is on the immense (titanic), but mostly hidden HIV vulnerability conditions that underline the 'Titanic' threat implied in the title of the report.

INTRODUCTION

“China is at a crucial point in its development of effective strategies on the prevention, care and control of HIV/AIDS at the national and provincial levels. Given the necessary resources and expertise, it may be possible to keep the epidemic at bay in most parts of China, and to considerably reduce the negative impacts of the disease on individuals and society.”

*From: **China Responds to AIDS**;
November 1997. UNTG and MOH.*

At the dawn of the third millennium, China is on the verge of a catastrophe that could result in unimaginable human suffering, economic loss and social devastation. Indeed, we are now witnessing the unfolding of an HIV/AIDS epidemic of proportions beyond belief, an epidemic that calls for an urgent and proper, but currently yet unanswered quintessential response. Awareness of HIV/AIDS has increased but minimally over the last several years. Millions of Chinese have never heard the word AIDS. Many still think that one can contract HIV from mosquito bites or from shaking hands. Even so, there are already villages where the greater part of the population is infected. Most of those infected with HIV do not have access to even the most basic services for care, support and understanding. Some concerned people who dare to speak out about the pending disaster are ignored or challenged, and sometimes even opposed by local authorities. In some areas, people known to be living with HIV/AIDS are prevented from attending school, getting married, or visiting public swimming pools. The vast majority of those not infected lack basic knowledge and skills for protection from future infection and for dealing with people already infected. Condoms are yet to be promoted on a nationwide scale.

In 1997, the **UN Theme Group on HIV/AIDS** (UNTG) published in close cooperation with the Chinese Ministry of Health the report ‘**China Responds to AIDS.**’ This document presented an assessment of needs, essential efforts needed to curb HIV/AIDS in China, and expressed hope for quick nationwide action that could prevent a serious epidemic. While undoubtedly some significant progress was made in the national response since that early report, much of the hope, expected commitment, and planned action forecasted in **China Responds to AIDS** have resulted in few real outcomes and an infinitesimally small impact on the spread of the epidemic. Some of the major factors that have contributed to the relatively slow response to AIDS in China comprise insufficient openness in confronting the epidemic, a lack of commitment and leadership at many levels of government, especially provincial and local levels, a lack of adequate resources, a crumbling public health care system, and severe stigma and discrimination against people infected or affected by HIV/AIDS. A potential HIV/AIDS disaster of unimaginable proportion now lies in wait to rattle the country, and it can be feared that in the near future, China might count more HIV infections than any other country in the world.

We can still prevent the worst from happening, but time is quickly running out.

Now is the time to act !

Why are we writing this report now?

Worldwide, the fight against HIV/AIDS has shifted from predominantly medical interventions to more holistic approaches. Over the last decades, we have learned that the HIV epidemic is fuelled by poverty, lack of education and gender inequity. HIV also impacts countries as a whole: the economy, human resources, education, traditions and social stability are all endangered. The HIV epidemic can only be curbed by joint and multi-sectoral efforts that involve all levels of society. Therefore, the UN system as a whole and the China UN Theme Group on HIV/AIDS in particular, are striding towards joint programming strategies. In this sense, the United Nations Development Assistance Framework for China (UNDAF) 2001-2005 and its forerunner, the Common Country Assessment (CCA) of 1999, have been part of the crucial strategic process aiming at a holistic and joint UN approach in support of the China response to AIDS. CCA/UNDAF have helped UN agencies to jointly identify goals, objectives and priority strategies for HIV/AIDS prevention.

On June 25-27 in 2001, an UN General Assembly Special Session on HIV/AIDS (UNGASS) was held in New York. This was the first such meeting since the beginning of the AIDS epidemic. It was attended by high level political leaders who jointly endorsed a Declaration of Commitment making HIV/AIDS prevention and care a top priority for UN member states. Member states recognized the toll of poverty, discrimination and lack of information in fighting HIV/AIDS. They also affirmed the need for a strong partnership involving Governments, the United Nations system, intergovernmental organisations, non-governmental organisations, the business-sector, community and faith-based organisations to prevent HIV/AIDS from spreading further. Especially recognized was the fundamental importance of strengthening national capacities to address the epidemic.

In China, the First National AIDS & STD Conference was held between November 13-16, 2001 at the International Convention Center in Beijing. This turned out to be a truly historic event of global significance. Over 1,800 persons attended. Many participants commented that the conference was indicative of the government's new willingness to be more open about China's growing HIV/AIDS epidemics. On the first day, a 10 meter inflatable condom greeted participants. The dramatic opening ceremony featured a rendition of China's new AIDS theme song "Hong Si Dai" (Red

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Silk Ribbon) sung by a pair of famous pop stars. Movie idol and MOH AIDS spokesperson Pu Cunxin delivered a rousing speech. A testimonial was given by a person living with AIDS who thanked the Party and Government for their efforts to combat AIDS. Health Minister Zhang Wenkang introduced the government's AIDS prevention program. He noted that "we must take AIDS very seriously in view of the fact that it is linked to the rise, fall, progress and development of the nation."

Underlining the importance of multiple sector involvement, Vice Ministers from the following Ministries joined Minister Zhang and UNAIDS Executive Director, Peter Piot, on stage during the opening ceremony: Foreign Affairs, Public Security, Education, Trade and Economic Cooperation, Labor and Social Services, Military, Culture, Civil Affairs, State Family Planning Commission, National People's Congress and the Chinese Academy of Sciences. The following three conference days included presentations on a broad range of topics including: AIDS, Law and Policy; Epidemiology and Surveillance; Vulnerable Populations; Health Education; the Role of NGOs in China; Treatment; Care; Testing; Counseling and Community Services; Reduction of Discrimination for People Living with HIV/AIDS....

In order to adapt UNTG support to the Chinese response to AIDS, in light of more apparent openness from the Government of China in dealing more realistically with the seriousness of the epidemic, and following up UNGASS and its Declaration of Commitment, the UNTG decided to take stock to better understand the overall situation of the epidemic and China's stance in late 2001.

The following report is one of the outcomes of this stock taking exercise, and presents the views of the UNTG on the current and updated assessment of the HIV/AIDS situation in China. The final recommendations reflect the holistic approaches endorsed at the UNGASS meeting in New York, and are based on outcomes summarised in the UN China CCA/UNDAF documents.

It is hoped that updating the assessment of the epidemic and of the status of responses are necessary stepping-stones on the path towards coherent and integrated UN strategies and interventions against HIV/AIDS in China. The UN's ultimate goal is to support the government and people of China in their efforts to prevent HIV from evolving into the horrific epidemic that many of us fear may strike China in the very near future, if a 'business as usual' approach will continue too long, as irreparable damage has already widely occurred.

The UN system aims at enhanced joint programming

In 1997, the UN Secretary General launched a programme of reform, to prepare the United Nations for the challenges of the 21st century. A central theme in this reform is improved joint programming within the UN system.

UN joint programming in China

Late in 1997, the China UN Theme Group supported a joint HIV/AIDS situation and needs assessment leading to the publication “China Responds to AIDS.” This early exercise in China of joint situation/needs assessment by the UN agencies co-sponsoring UNAIDS was a forerunner to **the Common Country Assessment (CCA)** exercise that was completed in 1999-2000. In the CCA, the UN Country Team jointly identified HIV/AIDS as a major development threat for China. The CCA was a first step towards the compilation of **the United Nations Development Assistance Framework (UNDAF)** for China, where the reduction of the burden of HIV/AIDS was identified as one of twelve priority objectives for joint UN cooperation with China.

UNAIDS Programme Acceleration Funds

To facilitate moving towards joint planning and programming, UNAIDS Geneva has allocated Programme Acceleration Funds (PAF) to UNAIDS co-sponsors. The grants chosen to be included as PAF projects reflect the priority areas identified by the UN system in China as outlined in the CCA and UNDAF. One of five PAF grants is UNFPA's condom social marketing and IEC project prepared in collaboration with the China Contraceptive Supply Centre (CCSC) and the Health Department of the Chinese Railway Administration. Chinese railways consist of 68,000 kilometers of railway lines, 5,700 stations and an annual passenger traffic of over one billion people. By using the railway system, it is possible to target not only railway workers, passengers and their families, but also the hard-to-reach migrant labour populations.

CURRENT STATUS OF HIV/AIDS IN CHINA

Heaps of numbers and lots of guesses - Yet the whole story remains elusive

HIV estimates: past & future

Estimates of the number of people living with HIV/AIDS in China are very uncertain. Since the first detected case in 1985, the epidemic has been expanding continuously. While national scientifically valid data on current estimates and future trends remain incomplete, many national and international experts estimate that there were over one million HIV infections in China in 2001. However, looking only at overall national HIV prevalence can give misleading impressions, especially in countries with very large populations - like China and India - where millions of people can be affected while the prevalence in some groups is very high despite low national prevalence rates.

Table 1: Adult HIV data and estimates for China

Variable	1990-1995	1996-1997	1998-1999	Estimates 2001
Estimated total adult HIV	10,000	100,000	500,000	800,000 - 1,500,000
Adult HIV prevalence	< 0.002%	< 0.02%	< 0.1%	< 0.2%
Male/Female ratio	9 to 1	7 to 1	5 to 1	4 to 1
Male HIV prevalence	< 0.01%	< 0.05%	< 0.2%	< 0.5%
Female HIV prevalence	< 0.001%	< 0.01%	< 0.02%	< 0.01%

Remarks:

1. Past estimates are from MOH and the Chinese Academy of Preventive Medicine.
2. MOH estimate was 600,000+ at the end of 2001.
3. MOH increased estimates to 850,000 in April 2002.
4. The MOH Mid-Long Term Plan (1998) stipulates that by 2010 a total of 10 million people could become infected with HIV if countermeasures are not taken.

The surveillance system

Quality HIV surveillance is essential to assess the trends of HIV epidemics.

HIV sero-prevalence is the key variable with appropriate stratification and incidence estimates.

HIV trends in China are estimated through the national and provincial sentinel surveillance systems.ⁱ Since HIV infections in China often remain clustered in certain populations with high prevalence and incidence, it remains paramount to monitor infection trends among subgroups of the most vulnerable populations.

- The national HIV/AIDS sentinel surveillance system is in operation since 1995. This system is the principal source of information in China concerning HIV prevalence data over time, in population groups of specific interest. Despite its weaknesses, the sentinel surveillance system is the best current means for assessing HIV trends and for making epidemic projections in China.
- The collection of data is done twice a year on five population groups: STI patients, prostitutesⁱⁱ, drug users, truck drivers, and pregnant women.
- In 2000, the system used 101 sentinel sites covering 31 Chinese provinces, conducting approximately 50,000 tests.
- Currently, the four most useful indicators collected through this system for assessing HIV trends in China are:
 - HIV prevalence among IDU in selected drug rehabilitation centres (mostly male)
 - HIV prevalence among female prostitutes in selected reeducation centres
 - HIV prevalence among STI patients in selected sentinel clinics (stratified by sex)
 - HIV prevalence among pregnant women in urban areas
- The current sentinel surveillance system does not include collection of HIV prevalence data from men who have sex with men.

ⁱ Sentinel surveillance refers to HIV tests carried out in each site on 400 persons from particular population groups, at determined places, once or twice a year. The purpose is to obtain information on HIV point prevalence rates and their trends in population groups. Sentinel sero-surveillance does not aim at diagnosing individual HIV cases and is therefore carried out unlinked and anonymous.

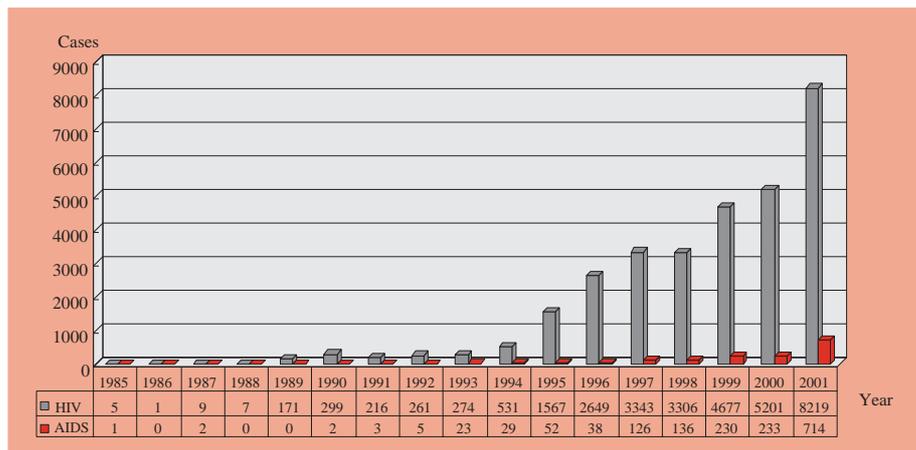
ⁱⁱ The terms sex worker or sex work are rarely used in China. The terms prostitutes /prostitution are more commonly accepted to describe different kinds of commercial sex, and are adopted throughout this document.

HIV/AIDS case reporting

Similar to other communicable diseases, AIDS and HIV case reporting systems are operational in China, and were established in the mid-eighties. These reporting systems are far from complete and have many shortcomings. They do not allow the assessment of future trends nor back-calculation of the earlier progression of the epidemic.

- By the end of December 2001, the reported number of cumulative HIV infections was 30,736, with 1,594 AIDS cases, and 684 deaths related to AIDS. Clearly, these numbers are biased and are much lower than the reality. Most reported cases in China are of people that have been hospitalized or incarcerated, and thereby tested inside these institutions. There is a huge number of underreported cases, especially in rural areas, due to the lack of testing equipment, the lack of trained health staff and the lack of voluntary testing and counseling services.

Chart 1: Annual Reported Cases of HIV/AIDS in China (1985 - 2001)



Source: Data are provided by the MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

The many faces of the HIV epidemics in China

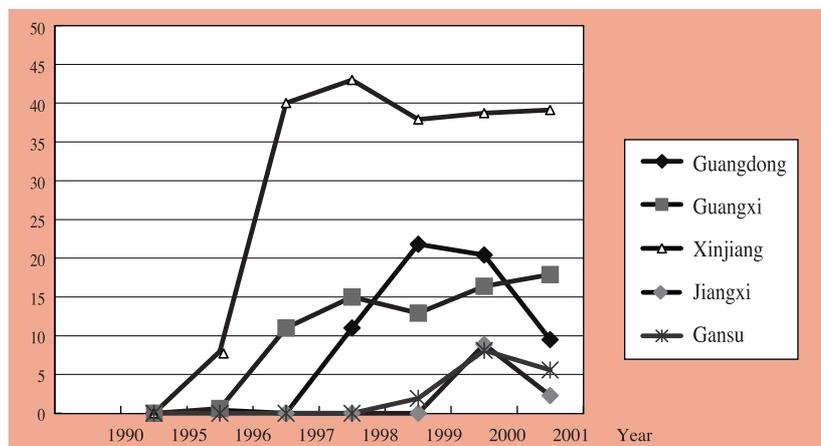
HIV epidemics among injecting drug users

In 2001, the most frequent mode of transmission of reported HIV infections in China remained sharing of contaminated needles among male injecting drug users (IDU). However, there are indicators that extensive HIV infection has occurred among plasma sellers in rural areas of central China and much points towards increasing sexual transmission both heterosexual and homosexual.

While HIV infections through all transmission routes are increasing in absolute numbers, most reports of new HIV infections (66.5%) are still related to the sharing of needles among injection drug users. This finding might perhaps be related to the fact that more HIV testing is being conducted in these populations. In addition, the number of drug users in China is constantly increasing. Data from the National Narcotics Control Commission show that in 2000, the police identified 96,189 drug users, which is up by 49% from 1999.

In many regions there are increasing numbers of drug users who are injecting and increasing proportions of injectors who are sharing needles. (see page 62 for a more detailed discussion).

Chart 2: HIV Positive Rates Among IDU in Five Selected Sentinel Sites (1990 - 2001)



Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 1990, 1995, 1996, 1997, 1998, 1999, 2000, 2001. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

Note: The infection rates for Xinjiang are from the provincial capital of Urumqi.

15 Current Status of HIV/AIDS in China

Drug trafficking routes through China

Geographically, the worst affected areas are in the south west of China, bordering the Golden Triangle, and along the trafficking route from the Golden Triangle up north covering the borders of Myanmar, Laos and Thailand. Other affected Chinese provinces are often located along drug trafficking routes, through China towards central Asia and Europe.

UNDCP estimates that around 60% of drugs produced in the Golden Triangle such as heroin, opium, and “ice” (crystal methamphetamine), are trafficked through China, with large amounts of these drugs consumed in the Mainland.

Provincial HIV epidemics among IDU have been spreading progressively. Recently, HIV epidemics have started to hit new provinces every year. These epidemics could have been prevented.

By the end of 2000, a total of seven provinces had serious HIV epidemics among resident populations of injecting drug users.

Table 2: Provinces and years when epidemics among IDU started

1989:	Yunnan
1996:	Xinjiang
1997:	Guangxi, Sichuan
1998:	Guangdong
1999:	Gansu
2000:	Jiangxi

Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 1989, 1996, 1997, 1998, 1999, 2000. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

Table 3: Provinces and sites with highest HIV infection rates among IDU in 2000

Provinces	Sites and rates			
Xinjiang	Yining 84%		Urumqi 39%	
Yunnan	Ruili > 80%	Wenshan 75%	Kaiyuan 58%	Yingjiang 70%
Guangdong	Sentinel site: 21%			
Guangxi	Baise 30-40%	Pingxiang 12%	Liuzhou 12%	
Jiangxi	Sentinel site: 17%			

Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 2000¹ and Year 2000 Annual Report, Guangxi Epidemic Prevention Station².

Sharing of needles
among drug users

The latest HIV epidemic among IDU in Jiangxi might have been preventable:

- The national sentinel system acting as an early warning system had been reporting very high needle sharing rates among IDU in Jiangxi, reaching 74% in 1998 and 93% in 1999. Timely and intensive harm reduction measures aimed at urgently decreasing needle sharing among these vulnerable IDU could have prevented the epidemic in 2000.

Nine additional provinces can be considered on the brink of HIV epidemics among IDU, as the sentinel system has also reported high rates of needle sharing among their resident IDU populations.

Table 4: Nine provinces with needle sharing risks above 20% in 1998 and 2000

Provinces	1998	2000
Qinghai	50%	75%
Hunan (Changsha)	78%	70%
Liaoning	-	46%
Chongqing	39%	36%
Guizhou	43%	36%
Inner Mongolia	38%	30%
Beijing	-	28%
Jiangsu	-	25%
Fujian	15%	23%

Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 1998, 2000. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

**Iatrogenic risk related to
the re-use of unsterile
needles and syringes**

Iatrogenic (medically acquired) transmission of blood borne agents is a risk factor for several reasons in China. Hygiene in remote areas is poor, and sterilization of medical instruments is often inadequate, due to lack of equipment and inadequate training in the principles of universal precautions guaranteeing safe injections. Of particular concern are needle stick injuries by exposed medical staff like nurses, surgeons and obstetricians. Also, disposable needles and syringes, even in big cities, are often not destroyed, leaving the possibility that they will make their way into the larger community and be reused. While these problems are risk factors for the spread of many blood borne infections like hepatitis B & C, they might also cause limited HIV epidemics on smaller scales, while remaining of overall minor importance for HIV epidemics on the larger scale in China.

**Breaking the silence
around an epidemic
involving plasma
sellers**

In a number of provinces, mostly in central China, poor rural farmers have been selling blood and plasma to commercial blood processing companies to supplement their small income. It has now become widely known that many villagers, maybe hundreds of thousands, have contracted HIV when they sold their blood. Many have already developed opportunistic diseases but often have little or no access to even the most basic treatment such as first line antibiotics, let alone counseling, antiretroviral therapy and hospital-care.

**Illegal plasma
collection centres**

These blood-collecting companies have mostly operated illegally and collected profits by selling blood products domestically and internationally. Companies collected blood/plasma from underground blood collection centres in remote, impoverished areas to avoid interference from authorities. Blood from many donors is collected and mixed. The pooled plasma is separated from the red blood cells, then the red blood cells are re-injected back into donors, so as to reduce anemia, allowing donors to sell plasma much more frequently.

Often donors sold plasma for 4-6 days, rested for a couple of days, and then sold plasma again. The majority of donors, both men and women, have been selling plasma before 1996. Most were between 20-40 years, and some also had a history of commercial sex or drug use.³ Commercial paid plasma donations have been illegal for several years now.⁴ Nevertheless, blood product companies have relative ease to convince poor people living in rural areas to earn extra money,^{5,6} and it seems that this life-threatening trade therefore has still not completely stopped.

**Blood transfusions
for medical purposes**

The above mentioned risk practice of selling plasma to blood product companies (plasmapheresis) infects a large number of donors on one single occasion, if only one is infected, because of the practice of mixing all donors' blood together, and re-transfusing part of it back to all donors.

Plasmapheresis should not be confused with transfusion of whole blood or blood components for medical purposes. Blood transfusion affects a more reduced number of recipients of blood, for example individual patients at a hospital. Blood donations for medical purposes are supposedly screened for HIV and other blood borne diseases. However, there are still cases of HIV infection through blood transfusion in China, mostly in rural areas, but the issue of HIV infection through paid blood donations and commercial plasmapheresis is significantly more important.

The sexual epidemic

STI management and
treatment chaos

Quality of STI Services

In a survey of 8 STI clinics in Changsha, Hunan Province, it was found that only 5 of 8 clinics were licensed by the local Health Bureau to treat STI. The techniques of STI diagnosis and treatment were poor, and to a great extent personnel did not report STI cases to the local Epidemic Prevention Station. It was also evident that non-recommended treatments were prescribed in order to generate as much income as possible from each client.

Source: Journal for China AIDS/STD Prevention and Control; December 2000, Vol.6, No.6.

The Chinese Red Cross Society has done training and publicity for blood safety and voluntary non-paid blood donations. However, many aspects of medical blood donation/transfusion safety have to be improved: the technical skills of blood bank staff, the management and operation of blood stations with better blood testing capabilities and quality control. Computerization of blood banks and improved security for individuals by creating an insurance programme for infectious risks due to transfusion are needed.⁷

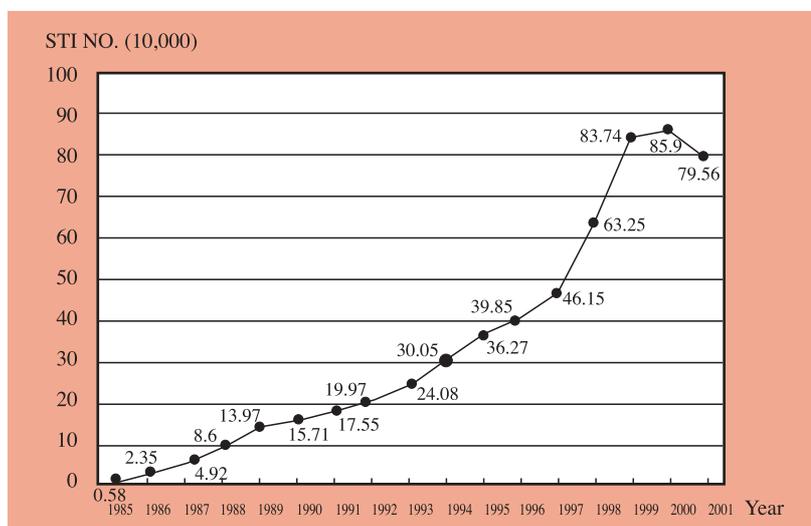
Sexually Transmitted Infections (STI) greatly magnify the risk of HIV transmission if left untreated. STI in China have been increasing dramatically year by year. The Ministry of Health in Beijing attributes the fast increase of STI since the introduction of market reforms in the early 1980s to changes in social norms, rise of promiscuity, and low levels of risk awareness among ordinary people. There are several factors contributing to the currently chaotic STI situation in China:

- Lack of coordination between health care agencies
- Lack of primary prevention programmes
- Poor diagnosis and treatment
- High to extremely high user fees
- Notifiable STI require registration of patient names
- Lack of respect for client confidentiality/anonymity
- Judgmental attitudes among medical staff
- Recently, increasing numbers of STI clinics have been contracted out to commercial enterprises which are not submitted to strict quality control and correct supervision.ⁱⁱⁱ
- Clients seeking private care with poor-quality service because of the public health care system's failure to ensure non-judgmental services and confidentiality

ⁱⁱⁱ Hospitals lease their STI clinics and services to commercial groups. These STI clinics function legally under the name of the hospital. Money making is the principle objective to cover the costs of advertising and to make profit. The hospital, the manager of the clinic and staff (whose salaries might depend on how much revenue the clinic can generate) often charge patients as much as possible, and doctors are often encouraged to over-treat patients.

19 Current Status of HIV/AIDS in China

Chart 3: Total Reported STI Cases in China (1985-2001)



Source: Data are provided by the National Center for STI and Leprosy Control.

Shortcomings in reporting notifiable STIs

Current STI statistics underestimate the real STI epidemic for several reasons. According to a survey, the underreporting rate ranged from 100% in private clinics to 33% in military hospitals.⁸ Why this underreporting? First, many people seek private help and are not registered. Second, the public STI clinics do not always report notifiable STI correctly to local and provincial surveillance sites. In 1999 for example, there was a dramatic decrease of STI in Gansu province. When employees from the Gansu Centre for STI Control and Surveillance investigated the number of STI cases in 14 cities and prefectures, they found that of 4,647 notifiable STI cases only 924 had been reported to the relevant administrative institutions. That is, four out of five public clinic cases were missing in the statistics.⁹

In two focus group discussions with STI service providers from 18 public STI clinics in Shanghai, the main barriers to condom promotion and distribution and safer sex counseling were identified as follows:

- Local health regulations prohibit the prescription or sale of condoms in public clinics and hospitals
- Free distribution of condoms is not economically sustainable
- Doctor's lack of time and skills to counsel clients
- The sustainability of STI clinics depends on income generating activities. Counseling and safer sex education do not make money and are therefore of low priority.

Source: *Journal for China AIDS/STD Prevention and Control*; June, 2000, Vol.6 No.3.

Increase in heterosexual
HIV transmission

- In 2000, three Chinese provinces had growing HIV epidemics among female prostitutes.

Table 5: Percentage of HIV positivity among prostitutes in selected southern Chinese sentinel sites

Province	Second quarter 2000	Fourth quarter 2000
Guangxi	9.9 % (N=354)	10.7 % (N=394)
Yunnan	1.6 % (N=450)	4.6 % (N=370)
Guangdong (Guangzhou)	1.2 % (N=251)	3.0% (N=336)

Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 2000. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

- In 2000, several locations also had evidence of concentrated or nascent HIV epidemics among male STD patients.

Table 6: Percentage of HIV positivity among male STI patients at sentinel clinics.

Sentinel sites	Percent	N
Yunnan Province:		
Menglian	8.1%	9/110
Gejiu	6.8%	10/148
Bingchuan	6.1%	9/147
Ruili	5.8%	7/121
Gengma	4.8%	6/126
Baoshan	4.3%	13/301
Wenshan	2.3%	8/344
Dehong	1.8%	6/330
Chuxiong	1.8%	5/280
Wuhua District (Kunming)	1.7%	2/118
Guangxi Province:		
Liuzhou	2.0%	6/303
Guangdong Province:		
Maoming	1.3%	3/228

Source: China Annual STI and HIV/AIDS Sentinel Surveillance Report 2000. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

Prostitutes and their clients can also be drug users, especially in regions with high drug abuse. However, the sentinel system does not allow to know how HIV infections were acquired in these overlap situations (see HIV in Guangxi Page 24 for more details).

The general public

How might the future AIDS epidemic evolve in China? In 2001, while most HIV infections remained concentrated within limited population sub-groups, it is feared that future infections will mostly spread through sexual transmission to the general public, among individuals who do not belong to any specific risk group, nor engage in any specific high risk behaviour. The key question for the future spread of HIV in China can thus be formulated ‘**What potential does HIV have for spreading in the future to the general population, especially among the large rural masses in China?**’ Obviously, once HIV starts spreading extensively among the general population, the Chinese HIV epidemics will become difficult to contain, expensive to deal with, and could lead to widespread social disturbance and endanger development and security, both personal and collective. It is important to keep in mind that in China, the many millions who are vulnerable to HIV today, do not belong to small, isolated groups or pockets in society. Instead, vulnerable populations interact extensively with the general population, and in fact, in many instances they are the general population.

Mother to child transmission

HIV infections transmitted from mothers to infants have been reported in some areas of China that have increasing levels of infection in the general population, including areas with epidemics among paid plasma donors. While this transmission route has been relatively rare in the past, it can be expected that it will become more common in areas where HIV infection rates are increasing among young women.

Through 2000, the following sites had evidence of mother to child HIV transmission:

- **Yunnan:** mostly Dehong Prefecture

In Yunnan, in 2000, 6 out of 12 sentinel sites for pregnant women diagnosed HIV infections; prevalence was below 0.8%, and the average for the whole province among pregnant women was 0.2%

- **Xinjiang:** mostly Yining City, Yili Prefecture
- **Guangxi:** Baise Prefecture, Pingxiang City
- **Henan:** where an unspecified county had 11 HIV positive children among 619 tests done on children ‘0-7 years old’

**Care for people
living with
HIV/AIDS**

The Home of Loving Care

The Home of Loving Care (HLC) was established in 1998 at the Beijing You'An Hospital to offer care and support for PLWHA. HLC provides medical care and psychological support for PLWHA on an in-patient and outpatient basis. Furthermore, HLC works on advocacy to reduce misunderstanding and discrimination against people living with HIV/AIDS, which are widespread in Chinese society. It also provides relatives with information to better support their HIV infected family members. HLC has NGO status under the Chinese Association of STD and AIDS Prevention.

HIV/AIDS care programs and services are rare in China and those existing are small scale pilot projects often conducted under the initiative of an international NGO like Save the Children and the Australian Red Cross. Most people living with HIV/AIDS are monitored by medical care providers from local Epidemic Prevention Stations and designated infectious disease hospitals. There is little psychological and social support, few networks for PLWHA, and virtually no home based care.

- Beijing Ditan Hospital has been designated as the national reference hospital for HIV/AIDS treatment and clinical research. Anti-viral clinical research is being carried out there in cooperation with MOH Center for AIDS Prevention and Control. In addition to investigations of western-type antiretroviral drugs, the usefulness of traditional Chinese medicines and herbs is being investigated.
- In Beijing, two unique support centres for PLWHA were established in early 1998. The **“Home of the Red Ribbon”** is located at Beijing's Ditan Hospital and the **“Home of Loving Care”** is located at Beijing's You'An Hospital.

One Granny's Mission: Crusade Against AIDS in Henan

Dr. Gao Yaojie, 75, a retired gynecologist, was in 1996 one of the first in China to diagnose poor rural women as suffering from HIV and also one of the first to courageously speak out about the many peasants who had become infected in rural areas of Henan Province. For the last couple of years, Dr Gao has dedicated much of her time and life savings on educating the healthy, and taking care of the sick, in villages where most people only have primary school education. She tries to discourage women from selling blood, hands out medicines to control diarrhea associated with AIDS, and cuddles infected children to show neighbours that there is nothing to fear.

Laudable articles in China Daily on November 8, 1999 and a full page in Beijing Youth Daily on July 27, 2001 have recognized Dr. Gao's outstanding work. Moreover, Dr. Gao and Ms. Fu Yan, a nurse at You'An Hospital caring for PLWHA were jointly invited to participate in a special features programme on Chinese CCTV-1 to celebrate International Women's Day on 8 March 2001. Dr Gao was also awarded the Global Health Council's Jonathan Mann Award in 2001.

HIV in selected provinces

The following paragraphs present short overviews of the specific HIV/AIDS situation in some of the more heavily affected provinces:

1. Yunnan Province

In **Yunnan**, HIV is now found in all 15 prefectures and the 88 counties of the province. Among resident IDU populations in many cities in Yunnan, HIV infection rates are very high, often above 50% and even as high as 80%. While the predominant route of transmission remains sharing of needles among IDU, the overall proportion of IDU among total HIV infections had decreased to 75% in 1998. Surveillance data in 2000 reported HIV prevalence rates among IDU up to 69.4%, with an average rate of 26.5%. The prefectures with HIV infection rates above 40% were Dehong, Wenshan, Lincang, Honghe, Dali and Kunming. Sexual transmission started to increase since mid-1997 and the overall percentage of sexually transmitted HIV in 2000 reached 15%. Provincial sentinel surveillance among STI patients produced evidence that sexual HIV epidemics had started in 1997 in a number of sites including Ruili, Dali and Lijiang. In 1999, there were significant increases in HIV infection among male STI patients in Baoshan, and among sex clients in Kunming City. In 2000, the HIV prevalence among male STI patients reached up to 8% with an average of 2.7%. HIV infections among male STI patients rapidly increased in Binchuan, Gengma, Chuxiong and Kunming. Among female STI patients the rates reached up to 13% with an average of 1.9%. Places with rapidly increasing STI incidence are Gejiu, Gengma, Baoshan and Ruili. Prostitutes in Kunming have HIV prevalence rates of 2.9%. Furthermore, testing of the general population for HIV in Ruili was 1.4%. There are few recorded cases of mother-to-child HIV transmission. The highest proportion of reported HIV/AIDS (78%) is in young people between 15 and 30 years. More women are becoming infected and the male to female ratio has shifted from 4:1 in 1997 to 3:1 in 1998. HIV infection has already shifted from rural to urban areas, from border communities to interior populations, and from mainly national minorities to an equal distribution among minority populations and the majority Han population.

2. Xinjiang Uygur Autonomous Region

The Xinjiang Uygur Autonomous Region also has well-established HIV epidemics among its resident IDU populations. In Xinjiang, IDU markedly increased in 1996, and 50-80% of all drug users were injecting by December 1997. In Yili Prefecture, HIV among tested IDU increased from 9% in January 1996 to 76% in August that same year. Of all reported PLWHA in Xinjiang, 85% are of Uygur nationality and most live in Urumqi City (48%) and Yining City (46%). In Yili almost all drug users inject and share injecting equipment. While the vast majority of Xinjiang's HIV cases are related to injection drug use, local prostitutes have also been found positive in 1998 (5/13), but the low number tested makes conclusions impossible as to the extent of heterosexual spread. Between 1998 and 2000, the reported HIV cases more than doubled, from 2,125 to 4,416. In 2000, the male to female ratio was 6:1. Surveys among prostitutes in Hami showed that only 26% of interviewees could correctly answer HIV/AIDS knowledge questions, and less than 50% used a condom in the past three sexual intercourses. In Hami, Kuitun, Kelamayi, Arksu and Urumqi, the STI incidence is above 150/100,000. STI have quickly increased in Changji, Yili, Tacheng, Aletai and Arksu. In Xinjiang, the estimates of total HIV infections reach several tens of thousands.

3. Guangxi Zhuang Autonomous Region

The Guangxi Zhuang Autonomous Region has witnessed very alarming HIV epidemics among resident IDU. In Guangxi, about 90% of all drug users are injecting. HIV epidemics have been well documented among IDU in Dongxing and Pingxiang (20% positive) on the Vietnamese border, and in Baise (77% positive) and Tiandong (>50% positive) on the border with Yunnan, and in increasing numbers in other sites. During 1998, 5 out of 7 sentinel sites reported increasing HIV rates among IDU. In 2000, data from sentinel surveillance showed that 87% of drug users inject and more than half of them share injection equipment. Most alarmingly, HIV positivity also increased at the prostitute sentinel site in Guangxi from 0% (0/256 tested) in the second quarter of 1998 to 5% (15/333 tested) in the fourth quarter. In 2000 in Nanning, a 10% HIV infection rate was found among prostitutes but most of them also have a history of drug use. However, 63% of prostitutes reported never using a condom. Besides, HIV infections found among non-injecting STI patients in places as varied as Baise, Liuzhou and Pingxiang make the risk of an impending heterosexual HIV epidemic in Guangxi very real indeed. In addition, in recent years, the annual increase of STI has been 20% especially in poor mountain areas like Baise.

4. Sichuan Province

In **Sichuan**, a HIV epidemic has been recognized since 1996 among IDU of the Yi minority inhabiting Liangshan Prefecture on the Kunming-Chengdu main road, which is also a major route for drug trafficking from Myanmar through China via Yunnan and Sichuan. HIV infection rates have remained quite low - between 4 and 10% - among drug users in Xichang and Panzhihua. By the end of 2000, the major HIV transmission route is still IDU (68%), but blood (transfusion/products) related HIV represented 23% of all HIV infections, and sexual transmission 6%. There was one case of mother to child transmission reported in 2000. The sex ratio has decreased to 4:1 and most of the new infections in 2000 were among very young people, 93% under 30 years old. Surveillance data presented an increase of injecting drugs and sharing injection equipment (respectively 74.8% and 41.2% in Panzhihua; 53.6% and 68.7% in Xichang.) Areas with highest numbers of HIV are Liangshan, Bazhong, Panzhihua and Leshan. In 2000, half of the reported HIV infections were among Han and 31% among Yi people. Also, 50% of prostitutes in Sichuan never use condoms. Areas with the highest reported STI incidence rates in Sichuan are Panzhihua, Chengdu, Mianyang, Leshan and Luzhou.

5. Guangdong Province

Guangdong Province in 1998 joined the above four provinces in having a major HIV epidemic among resident IDU populations. While all 188 IDU tested in the second-quarter round of sentinel surveillance were negative in 1998, more than 10% HIV positive resident IDU were found at the same IDU sentinel site in the fourth quarter. In Guangdong, the rates of injecting among drug users is very high, reaching 95% in Qingyuan and 90% in Zhaoqing while Zhuhai, Heyuan, Sanshui and Guangzhou have injecting rates above 80%. Rates of needle sharing among injecting drug users range from 92% in Zhongshan to Shantou, Qingyuan (> 80%) and Zhaoqing, Shaoguan (>60%). By the end of 2000, 82% reported HIV infections in Guangdong were due to injecting drug use and 3% to sexual transmission. The highest HIV rates among sentinel sites for drug users was in Guangzhou (about 20%). An ad hoc survey showed that the prevalence rate in urban IDU reached 30%. HIV prevalence in STI sentinel sites in Guangzhou reached 3%. In 2000, the highest annual incidence rates of STI were in Shenzhen, Zhuhai, Fuoshan, Guangzhou Shunde and Dongguan.

6. Henan Province

Henan Province has received extensive media coverage by the national and international press starting around World AIDS Day 2000, when a major HIV scandal among paid plasma donors became progressively exposed. Indeed, researchers, medical staff and journalists made a difference by breaking the silence on the HIV epidemic related to paid plasma donation in Henan Province.

- The real extent of the tragedy remains unknown, and HIV estimates range from below 150,000 (MOH) to above one million (Dr. Gao Yaojie).
- At least 9 prefectures / cities are affected, including from north to south: Hebi, Kaifeng, Shangqiu, Xuchang, Pingdingshan, Luohe, Zhoukou, Nanyang, Zhumadian (including Shangcai and Xincai County) and Xinyang.
- In Shangcai County, where many farmers made extra income by selling plasma, a local epidemiologist has claimed that over 10,000 people are infected.¹⁰
- In one of many similar villages in Henan Province, residents estimate that more than 80% of the adults carry HIV, and that 60% are already showing HIV related symptoms.^{11,12}
- In 1998, a total of 6,280 bags of blood were confiscated in a crackdown of an illegal plasma collection business in Nanyang. A random sample of 101 of these blood bags were screened for HIV and the stunning result was that 99 bags contained HIV positive blood.¹³
- A survey among female inmates showed that 92% of 1,185 women had STI, and several were infected with HIV.
- Sex ratio among the reported 792 HIV infected persons in Henan was 2:1.

Similar epidemics related to plasma donation have also been reported from other provinces like Hebei, Anhui, Shanxi, Shaanxi, Hubei, Guizhou etc.

7. Jiangxi Province

In **Jiangxi**, injection is common among drug users (85%). 45 cases of HIV infection have been reported among IDU (14.5%) in 2000. This ranks Jiangxi as the sixth province with HIV among IDU following Yunnan, Xinjiang, Sichuan, Guangxi and Guangdong. HIV cases were mainly reported from Nanchang (39) and Pingxiang (6). Before 2000, Jiangxi reported only sporadic infections (2-4 cases per year from 1994), but it is worthwhile to underline that over several previous years the sentinel surveillance system had been indicating high injection and needle sharing rates among drug users. Needle sharing rates among IDU were 74% in 1998, 93% in 1999 and 70% in 2000. Gonorrhoea, condyloma (genital warts) and non-gonococcal urethritis (e.g. chlamydia) have been the leading STI as well as rapidly increasing rates of syphilis.

CHINA'S RESPONSE TO AIDS: 2001 STATUS AND ANALYSIS

"...I fully agree with you that HIV/AIDS is much more than a health problem. We shall never underestimate the impact of the disease on families, communities and even the whole society. The Chinese Government attaches great importance to the prevention and control of HIV/AIDS and has been waging a nation wide campaign against the epidemic. We have also formulated a medium to long-term programme, aiming at the effective containment of the spread of HIV/AIDS in the next decade. We recognize that the prevention and control of HIV/AIDS is undoubtedly a long term and challenging task. And on the top of the domestic efforts, China will also strengthen its cooperation with the international community..."

China's President Jiang Zemin on January 7, 2000, in his reply to the President of the World Bank James Wolfensohn's call for action of Asian Governments to halting the spread of HIV/AIDS.

In this section we shall discuss the response to HIV/AIDS in China. This response can be divided into two components, first the top-down response as it crystallizes in the country's legal and regulatory framework for dealing with the epidemic; and second, the bottom-up response as it appears through the involvement in the AIDS response by civil society, mostly within the framework of NGO involvement.

Description of HIV/AIDS legislation and policies

The current legislation referring to AIDS activities in China comprises the following body of laws and regulations:

1984:

The “Pharmaceutical Administration Law of the People’s Republic of China ”

- Approved and issued by the National People’s Congress, this law bans the import of blood products.

1986:

The “Frontier Health and Quarantine Law of the People’s Republic of China”

- Approved and issued by the National People’s Congress, this law stipulates that foreigners with infection are not allowed into the country. Self-reporting of the personal HIV status is compulsory on arrival in China. However, tests are not required for foreigners applying for a visa unless they intend to stay longer than one year in China. Chinese nationals staying outside China for longer than 3 months are tested systematically after their return, while short-time travelers are not tested.

1989:

The “Law on Prevention and Control of Infectious Diseases”

- Approved and issued by the National People’s Congress, this law describes how AIDS and HIV infection are notifiable diseases in China. Patients diagnosed with AIDS, and HIV infected persons are to be nominally reported to the Provincial Epidemic Prevention Stations which send regular reports to the national authorities. This law also describes measures for controlling HIV/AIDS.

1990:

The “Decision of the Standing Committee of the National People’s Congress on the Prohibition of Narcotic Drugs” and

- These laws reiterate that drug use, drug trafficking and prostitution are all illegal in China. Control is the responsibility of the Ministry of Public Security. Anti-drug activities concentrate on supply reduction and on fighting drug abuse by proposing voluntary detoxification to drug users when arrested by the police. Drug users unwilling to undergo voluntary detoxification are transferred to rehabilitation centres and subjected to law-enforced detoxification and rehabilitation. With regard to prostitution, since prostitution is illegal, prostitutes are not registered and are not subject to medical check-ups except when arrested by the Public Security. Numerous re-education centres are operational throughout the country for arrested sex workers and their clients.

1991:

The “Decision of the Standing Committee of the National People’s Congress on Forbidding Prostitution”

- 1995:**
The “Law on Maternal and Infant Health Care”
- Approved and issued by the National People’s Congress, this law prohibits marriage and childbearing for people with an STI before it is treated (including HIV/AIDS).
- 1995:**
The “Proposal on Strengthening AIDS Prevention and Control”
- Approved by the State Council and issued by the Ministry of Health and distributed to relevant ministries, it outlines the guiding principles, policy, objectives and measures governing AIDS prevention and control in China.
- 1995:**
“Procedures for Compulsory Drug Addiction Rehabilitation”
- These State Council promulgated compulsory procedures reinforce the above mentioned 1990 decision. Drug users are forcibly sent to rehabilitation camps. Those who resume drugs after the compulsory treatment are sent to “reeducation-through-labour centers” administered by judicial departments, where they are forced to undergo treatment side by side with “reeducation through physical labour.” Chinese drug control policy is very strict and drug related crimes are severely punished. China has promulgated more than 30 relevant laws, statutes and regulations in the building of its anti-drug legal system.^{14,15}
- 1996:**
The “Regulations on the Management of Blood Production” based on the “Law of the People’s Republic of China on the Prevention and Control of Infectious Diseases” (according to term definitions, “blood production” here means plasma production)
- Approved and issued by Ministry of Health, this regulation stipulates the rules for plasmapheresis, including the eligibility of plasma donors, requirement for sites where plasma can be collected, and it determines the channels between specific sites where plasma is collected and processing factories. It stipulates that testing of blood will be done both at plasma collection sites and in factories. All plasma collection sites and factories in the country should receive re-confirmation of their certificate prior to the end of June 1997. Non compliance with the regulations should be severely punished. These regulations meant to prevent the transmission through plasma and blood products of large numbers of hepatitis and HIV cases.
- 1998:**
The “Law on Blood Donation”
- Approved and issued by the National People’s Congress, this law stipulates that commercial blood donations for medical purposes are prohibited and that all blood collected for medial transfusions should be from voluntary donors.

- 1998:**
Regulation on “Principles for HIV/AIDS Education and Communication”
- Nine ministries and agencies including the Propaganda Department of the Communist Party jointly issued this regulation. It describes the basic principles for HIV/AIDS education and communication through the mass media, and other channels, and includes related policies, key messages for HIV/AIDS prevention and condom promotion among high-risk groups. This regulation stipulates that condom possession should not be taken as a proof of prostitution.
- 1998:**
Booklet on HIV prevention messages
- “Ten key messages on HIV/AIDS prevention” that should become the basis for education of the general public through the mass media.
- 1998:**
“China Mid and Long Term Plan for HIV/AIDS Prevention and Control”
- This State Council issued plan clarifies strategies for the prevention and control of HIV/AIDS between 1998 through 2010. It requests governments at different levels to integrate HIV/AIDS prevention and control programmes into the local plans for social, economic development and investment. The plan emphasizes the prominent role of prevention and health education. It also sets out indicators for activities, and goals for the education of the public. It lists requirements for government departments at all levels, and aims at maintaining the AIDS epidemic at relatively low levels.
- 1999:**
A Document on “Broadcasting the 1999 Kunming Horticulture Exhibition and Public Advertisement on HIV/AIDS Prevention and Control” was issued by the National Bureau of Broadcasting, Film and Television.
- In 1999, the Central Radio Station, CCTV and provincial Bureaus of Broadcasting, Film and Television were requested to consider HIV/AIDS prevention education as one of the two priority topics for propaganda through the mass media. It emphasizes that the “China Medium and Long Term Plan for HIV/AIDS Prevention and Control” clearly indicates that “mass media such as central and local newspapers, radio stations, television, etc. should integrate HIV/STI education into their own work plans. Programmes with information on HIV/STI prevention should be broadcast on a regular basis through mass media.” Regular public HIV/STI health education messages through the mass media are considered an efficient method for preventing the HIV/STI epidemic from spreading. Mass media at all levels, and in all places should make their own plans for conducting HIV/STI prevention propaganda.

1999:

“Principles for Management of People Infected with HIV and AIDS Patients”

- The Ministry of Health issued the regulation and intended to protect people infected with HIV and AIDS patients, and to prevent the spread of HIV/AIDS. The regulation consists of various chapters: (1) HIV test confirmation and counseling; (2) Fight against discrimination and promotion of the rights of people living with HIV to study, work and receive social welfare (punishment by law is considered for people deliberately transmitting HIV); (3) Confidentiality of personal information related to people living with HIV and AIDS patients; (4) Provision of appropriate medical care to people living with HIV/AIDS; (5) Provision of education, support and social subsidy if needed; (6) Provision in prison environments of education, medical observation and medical treatment, if needed outside prisons; (7) Protection of HIV positive migrant labourers, who should not be sent back to their place of origin without appropriate reasons.

May 2001:

“China Plan of Action to Contain, Prevent and Control HIV/AIDS” (2001-2005)

- The State Council promulgated this plan of action on 25 May 2001, published by MOH in June 2001. The plan defines the working objectives for 2002 and 2005, highlights strategies for action in priority areas, lists essential resources including institutional, policy and financial needs. For instance, emphasis is put on guaranteeing blood safety, care and raising public awareness. In the area of care, by the end of 2002, at least 50% of people living with HIV/AIDS nationwide should have access to community and home care. At least 70% of hospitals at the county/city level should be capable to provide standardized services including HIV/AIDS diagnosis, treatment, counseling, prevention and care, while 50% of township health clinics should be able to provide counseling, prevention and care for HIV/AIDS and STI. By the end of 2005 these figures should reach 90% for counties, 75% for townships and 50% for premarital clinics. In the area of IEC, major national and provincial radio, TV and press are requested to broadcast or publish information messages related to HIV/AIDS/STI prevention and voluntary blood donation at least once a week.

Financing

the China Plan of Action (2001-2005)

- Importantly, after the promulgation of the Five-year plan of action in 2001, the central annual budget for AIDS prevention and care was increased to 100 Million CNY, from earlier central annual budget allocations of 15 million CNY from 1995 to 2000. Moreover, provincial and local government's AIDS spending is expected to amount to an additional 400 million CNY per year.

How does the 5 year
Plan of Action compare to
UNGASS goals?

Compared with the commitments endorsed in June 2001 at the United Nations General Assembly Special Session on HIV/AIDS in New York, the targets and goals in the Chinese 5-year Action Plan are set relatively lower. For example, one UNGASS goal is to ensure that by the year 2005 at least 90% of young men and women would have access to information and services necessary to prevent HIV while the Chinese five-year plan's goal for the same time-period is to reach 45% of rural population and 75% of urban population with basic knowledge on HIV/AIDS.

Furthermore, the 5-year Plan of Action lacks statements on vulnerable populations and their socio-economic context, including issues such as gender, migration, and poverty. It also does not propose clear guidance on how to achieve the set goals.

Other issues that are not mentioned in the five-year plan are the importance of top political leadership, the care of AIDS orphans, minority populations' access to information, and the importance of working against discrimination of people living with HIV/AIDS.

In conclusion, the Chinese five-year plan continues to present HIV/AIDS as a medical problem, and fails to understand the epidemic as a broader development issue. This health centered point of view is also reflected by the fact that China sent the Minister of Health to lead the delegation attending UNGASS, while many other countries sent higher level political representation.

What is the effect of legislation on HIV prevention and care? - A critical analysis

Despite (and sometimes because of) legislative measures, awareness concerning the importance of STI/HIV prevention and care has made little progress in China. This problem is particularly evident at provincial and local levels.

Local governments may
censor information

Discriminating legislation

In May 2001, Chengdu City in Sichuan passed a law requiring people working in hotels, restaurants, travel agencies, public baths, swimming pools and beauty salons to be tested annually for STI and HIV, with those testing positive required to leave their jobs. People infected with any STI or HIV are also forbidden from marrying. Similar laws and regulations are being drafted in more cities.

- Institutional structures and practices make it hard for the central government to enforce laws and regulations, to monitor local governments and to develop a clear understanding of the HIV/AIDS situation locally.
- Many local governments do not want to know, or let others know about HIV/AIDS in their area for fear that it will reflect poorly on the locality and its officials. Local governments sometimes suppress information and sometimes even actively oppose research on HIV/AIDS.
- Local governments often fear that an open assessment of their locality might lead to local government officials being accused of ineffectiveness when it comes to securing a safe blood supply and controlling risk practices such as commercial sex and illicit drug use. In this context, harm reduction programs for IDU and other vulnerable populations are extremely difficult to carry out.
- Drug control policy is focused on supply and demand reduction through strict criminal punishment. Harm reduction, which is the focus for HIV prevention, is not a priority. Drug users typically fear being caught and sent to rehabilitation centers, and therefore hide their addiction. Drug use activities are forced underground making drug users a hard to reach population with little incentive to participate in HIV prevention.
- The slow and often poor flow of information between village, county, province and national levels makes timely responses to the epidemic harder.
- Local physicians, epidemiologists and PLWHA have occasionally been intimidated and threatened by local officials not to speak out about HIV/AIDS.

Some laws aim at punishing the few instead of educating the many

- Laws and regulations that are based on fear and prejudice have contributed to fuelling the epidemic instead of curbing it. Beijing, for example, called on employers to report any “suspected AIDS patient” to local health authorities and also called for mandatory testing of “prostitutes, their clients and possible spreaders of AIDS,” who are apprehended by the police.¹⁶
- In Shenyang, in China's industrial northeast, AIDS patients have to undergo segregated medical treatment, which could, if necessary, be “forcibly implemented by the Public Security authorities.”
- The province of Hebei has banned people with sexually transmitted diseases from “joining the military, entering school, getting married or working in child-care, food-related or service industries.”
- In 1997, the criminal law was amended to punish prostitutes and their clients if they knowingly spread STI. The law made no specific mention to HIV/AIDS, but in a local legislators' forum it was proposed that the law be amended to also include AIDS.
- Several provincial and local laws and regulations are contradictory to the national guidelines on treatment and care of HIV/AIDS patients issued by MOH. One of the Ministry's guiding principles is “maintenance of confidentiality and the guarantee of individual legal rights.” The document further stresses the right of HIV positive persons to work, attend school, obtain medical treatment, participate in social activities, and says only that PLWHA should delay marriage and “seek a medical opinion” before getting married. In November 2000, MOH issued another document stressing that HIV testing before marriage should be voluntary.

Summary

To summarize, there is a worrisome tendency towards restrictive and punitive law-making, targeting those who are HIV positive or vulnerable to HIV infection, despite the fact that international experience has clearly shown that restrictive laws have little effect on curbing the epidemic, while in fact they can have a clear-cut negative impact on the dual aspects of HIV prevention and care.

In addition, it has been suggested in many different international settings that the more a society cares for its HIV positive members, the more it sets the stage for a smooth, rational and effective response to HIV/AIDS.

Lawsuits against health departments for HIV+ blood transfusions

In a recent groundbreaking law suit, a judge in Nanyang ordered the Xinye County Health Department to pay a ten year old boy about US\$ 47,000. The boy was infected with HIV by a blood transfusion in a public medical setting five years

ago. Until recently, it has been very rare that individuals sue the state in China. Nevertheless, legal reforms and enforcement of the rule of law have made it possible today for individuals to hold the state accountable for such a thing as malpractice in a health care setting. The number of civil cases has doubled over in the past ten years and jumped by a third last year, to 4.7 million. The US\$ 47,000 compensation received by the ten year old boy's family was not enough to cover his treatment, but it is a landmark achievement for victims of blood donations/transfusions to establish accountability for unprofessional medical procedures. Law previously only an instrument of control and discipline is slowly giving way to a new notion: laws protecting the security of individuals and holding authorities accountable for their actions. Several other adults and children infected with HIV by blood donation or blood transfusion have filed similar lawsuits.

In a negative and punitive environment, vulnerable people will be less receptive to preventive outreach and less likely to cooperate. Restrictive laws will worsen discrimination and discourage people from getting tested for HIV (as those who "knowingly spread the disease" will be punished). Furthermore, restrictive laws targeting certain behaviors or groups in society will reinforce the belief that HIV can be eradicated through punishing the few while leaving the majority ignorant, irresponsible and unprotected. In China, there is a need to analyse the current trend of restrictive law and to review legislation, in light of better accommodating the laws to improve prevention and care.

The right to confidentiality for people living with HIV/AIDS is confirmed by a Chinese court decision

Yu Meifang, a 41-year-old retailer who sold goods in a shopping centre in the city of Xinzhou, Shanxi Province, tested HIV positive at a hospital in February 2000. On the spot, she was separated from other patients. Furthermore, hospital staff broke the rule of confidentiality and immediately informed the shopping centre where she worked. Yu went to Beijing's 301 Hospital in March 2000, where it was confirmed that she was HIV negative. Meanwhile she had lost her job because the shopping centre refused to rent her space. The gossip had even lead her business partners in Taiyuan City to cut off their relations with her. She then took the case to the Xinfu District Court and won a judgment against the hospital. The hospital administration maintained that they had done nothing wrong and appealed to an intermediate court. Finally, the intermediate court affirmed the original judgment of the district court: The hospital and the epidemic station had not respected Yu's privacy and the Hospital should have kept Yu's medical record a secret even if she had turned out to be HIV-positive. After this court decision, officials of the Ministry of Health have called for more attention to the protection of the right to privacy for people living with HIV/AIDS.

Source: Zhang Feng, China Daily; July 17, 2001.

China's civil response to HIV/AIDS: Role of NGO and other sectors

Best Practices in China

The Yunnan Red Cross and the Australian Red Cross started a ground breaking HIV/AIDS prevention program based on peer education in China in 1996. The project demonstrates an effective and sustainable approach to AIDS prevention among young people. As of June 2001, the youth peer education project has trained 260 young project facilitators who in turn have educated over 15,000 participants, of whom over 90% have acquired a good understanding about AIDS with heightened awareness of self-protection and nondiscriminating attitudes towards AIDS patients. These trained participants in return spread AIDS preventive information to their peers, friends, families, colleagues and others. The project demonstrated that widespread awareness and improved knowledge of HIV/AIDS can be conducted by outreach work using young people.

Source: "Young People and Social Change in China." A Survey of Risk Factors for HIV/AIDS in Yunnan Province; December 1998, Bilingual Chinese/English. Copies available at the UNAIDS Office in Beijing.

- Increasing numbers of Non Governmental Organisations (NGOs) have been established by governmental departments to deal with the implementation of AIDS prevention activities that would be too sensitive to be carried out directly by the official government sector. Examples of these Government-organised NGO (GONGO) include the Chinese Association of STD/AIDS Prevention and Control, the Beijing Association of STD/AIDS Prevention and Control, the China Foundation for HIV/AIDS Prevention, the China Preventive Medicine Association., etc.
- Diverse institutions are incorporating HIV messages and information into their ongoing activities - Health Education Institute, All China Women's Federation, China Family Planning Association, Epidemic Prevention Centres, Teacher Training Centres.
- A number of academic NGOs are also active in AIDS prevention in China, like the China AIDS Network and the Institute for Gender Research.
- Several International NGO are active in the field of HIV Prevention in China, e.g. Ford Foundation, Save the Children - UK, Australian Red Cross, Marie Stopes International, Médecins Sans Frontières, Salvation Army, Oxfam-HK, and others.
- Some non-governmental, non-health agencies and various mass organisations play increasing roles in health education, like the Railways Administration, the China Family Planning Association, the All China Federation of Trade Unions, the Chinese Association of Science and Technology, the All China Women's Federation, the Chinese Red Cross Society, the Youth League, etc.
- While face-to-face counseling is not very developed, a number of telephone hotlines are operational throughout the country for disseminating individualized AIDS prevention information.

- There are some community-based groups that target vulnerable populations with IEC. In the gay community, 'Friends' disseminates information about issues surrounding sex, STI and HIV/AIDS through their Friends Newsletter and web site.

The Friends Newsletter

The Friends Newsletter established in February 1998 has been contributing significantly to AIDS education and prevention in gay communities in Shandong and throughout China. Its founder, Professor Zhang Beichuan from the Qingdao Medical College Hospital and his team of volunteers, have provided unprecedented and timely access to information to people in great need of IEC. In these gay communities people have acquired knowledge on how to take preventive measures against HIV and they have also been able to support each other in order to live in safety and with dignity.

On February 23, 2000, Professor Zhang Beichuan's dedication to HIV prevention in the gay community was acknowledged when he received the first Barry & Martin's Trust Prize for his work. The Barry & Martin's Trust has supported the Sexual Health Centre at Qingdao Medical College during the past five years and they award an annual prize to people who, in their opinion, have made an outstanding contribution to AIDS, sexual health education, and epidemic prevention and care in China.



HIV/AIDS VULNERABILITY IN THE CHINESE CONTEXT

What makes people
vulnerable?

First and foremost it is important to acknowledge that many risk factors for contracting HIV/AIDS have underlying socio-economic factors that need to be addressed. Structural forces such as traditional concepts, values and practices as well as politics and a globalized economy determine life styles. Poverty, lack of education, gender and class inequalities all contribute to HIV/AIDS vulnerability.¹⁷ This is why it is preferable to talk about vulnerabilities and vulnerable populations rather than risk groups and risk behaviors.

What is the difference
between risk and
vulnerability?

In the context of HIV, risk is defined as the probability that a person may acquire HIV infection. Certain behaviors create, enhance and perpetuate this risk, for example unprotected sex with a partner whose HIV status is unknown, multiple unprotected sexual partnerships, repeated blood transfusions: especially of untested blood, and injecting drug use with shared needles and syringes. The global fight against HIV/AIDS had its first response aimed mainly at reduction in risk-taking behavior through targeting individuals and groups. International experience focusing on individual risk-taking did not have the expected preventive results, and therefore the approach to HIV/AIDS has been broadened over recent years to focus not only on individual risk taking behavior, but also on societal factors that influence such behavior.

In addition, it is now recognized that the epidemic has disproportionately affected individuals and communities who are marginalized and discriminated against for reasons of sex, age, ethnicity, race, sexuality, economic status and cultural, religious or political affiliation.

To address the vulnerability of such individuals and communities to HIV/AIDS, it is particularly essential that the response be expanded beyond risk-reduction strategies.

Risk and Vulnerability Reduction

In the context of HIV/AIDS, the ultimate aim of risk and vulnerability reduction is to enable people to exert control over their own destiny by a process of individual and collective empowerment, as well as to develop societal responses that create an environment in which safer and protective behavior can be practiced.

Source: UNAIDS Best Practices; 1998.

Individual risk is seen, through this broader perspective as influenced by societal factors that increase and perpetuate the vulnerability of certain individuals and segments of society more than others. This recognition of vulnerability leads to a response against HIV/AIDS that goes beyond the immediate risk-taking act, to address underlying factors that create the overall climate in which such risk-taking behaviors are encouraged, maintained and prove difficult to change.¹⁸

Fidelity and False Safety

In a survey among 3,047 women and 3,033 men in three counties, most people identified “one sexual partner” as a preventive method rather than using condoms.

In one of the counties, Shanxi-Linxian, less than 10% gave correct answers to RTI/STI names, symptoms, preventive measures and condom function.

Source: Ministry of Health, Summary on RTI/STDs KAP survey; 2000.

Vulnerability factors

In the following section we present factors that influence people's vulnerability to HIV/AIDS in China. After presenting these vulnerability factors, we shall propose an analysis of the most vulnerable populations in the Chinese context.

Lack of knowledge makes people vulnerable

As long as no vaccine or cure exists, the fundamental weapon against HIV/AIDS is knowledge. Experience from all over the world have shown that changes in risk practices can only be achieved through people's awareness about HIV/AIDS, its routes of transmission and means to protect oneself from infection. In China, information, education and communication on HIV/AIDS have yet to reach many regions and people.

Baseline surveys on knowledge, attitudes and practices by national researchers, NGOs and GONGOs as well as international NGOs in China, such as Save the Children UK, MSF, and the Australian Red Cross, all show alarmingly limited knowledge concerning transmission and prevention of HIV/AIDS. Lack of straightforward, clear and rational HIV/AIDS awareness does not only put the individual at risk, it also increases people's fear, aggression and discrimination against people living with HIV/AIDS:

- A comparative analysis of two surveys carried out along domestic railway routes in 1995 and 1998 showed that the level of HIV/AIDS awareness had not changed.¹⁹
- In December 2000, the State Family Planning Commission (SFPC) published a KAP survey on HIV/AIDS from 6 different provinces. In Shangcai County, Henan Province (one of the most severely affected counties with HIV transmission through the sale of plasma) 529 people of reproductive age participated in the survey. Only 17% were aware of the fact that HIV can be transmitted through blood transfusions, 11% did know that proper use of condom can protect against HIV/AIDS, and only 10% knew that a needle should be sterile to be safe. As a matter of fact, this county had the lowest awareness level in the entire survey: 40% of respondents had no idea on how to protect themselves against HIV/AIDS.²⁰

Lack of knowledge leads to discrimination

- Based on a survey conducted by the China Social Survey Firm in four big cities, 75 percent of those surveyed said they would avoid people infected with HIV/AIDS and 45% believed that the disease was a consequence of moral degeneration.²¹
- In a study among 1,148 people in Neijiang, Sichuan Province, 88% expressed that they would prefer that PLWHA did not have social interaction with other people. In addition, 30% thought PLWHA should be provided care in closed sanatoriums. Nevertheless, almost everybody (97%) expressed a need for more public information about HIV/AIDS.²²

Distorted information, unclear messages or “scare” propaganda are not only useless as preventive efforts, they actually increase the risk of spreading HIV/AIDS. Fear and panic fuel people’s need for finding scapegoats and add to their ideas that only certain people are at risk.

- 85% of a group of 271 Beijing medical students expressed a great fear of HIV/AIDS; at the same time 85% considered themselves as unlikely to become infected.²³

Faithfulness and false safety

Messages focusing only on “faithfulness” and “one partner” prevention delude people into false safety. Taking into consideration the increasing number of men paying for sex and the mostly male migrant population, it is devastating to make women believe that they are protected as long as they only have one sexual partner. Several surveys among different Chinese populations show similarities in the belief that “one stable partner” is perceived as much safer protection than condom use.

- 76% of the above mentioned Beijing medical students expressed confidence in the “one stable partner” strategy and only 18-21% of these students thought condom use would protect them from HIV.²⁴
- In a study in Jining City in Shandong Province in a sample of 379 men, over 40% considered occasional extramarital affairs acceptable, at the same time 95% claimed monogamy to provide effective protection against HIV. Only 12% thought condoms to be protective against HIV/AIDS.²⁵

Misconceptions on how HIV is transmitted

These results indicate misconceptions about risk practices as well as low awareness on protective measures. The internationally recognized concept of “safe sex practices” has yet to reach large segments of the Chinese population. Other common misconceptions from the above mentioned surveys include people’s great fear of contracting HIV from mosquito-bites, using the same bathroom or utensils with a HIV-infected person, rather than through injecting drug use.

- Over 40% of the participants in the Neijiang, Sichuan Province study thought that maintaining good personal hygiene protects against STI. Consequently contracting STI was seen as a personal hygiene problem. In the same study, 63% of respondents had no clear understanding of differences between HIV and STI.

Clearly, lack of awareness about HIV/AIDS in China is a major concern that has to be addressed urgently. A great advantage is the fact that people acknowledge the need and show interest in learning more about STI and HIV/AIDS.

A nation-wide reproductive health survey among 30,556 Chinese women of childbearing age in 32 counties

The survey concluded that women’s educational levels significantly influenced their knowledge, attitudes and behavior in relation to reproductive health, RTIs, STIs and HIV/AIDS. Less educated women knew less and perceived no need for knowledge and information. 72% had heard about HIV/AIDS. Most common sources of information were radio/TV and friends. While some women indicated that they received information about RTIs from a doctor, very few had received information on HIV/AIDS in a health care setting. Nearly 55% of illiterate or semi-illiterate women had never heard of HIV/AIDS. Among minority populations, 43% had never heard of HIV/AIDS, compared to 25% among Han-Chinese. A considerable number thought HIV is transmitted through handshaking and haircutting (between 24% and 53%). When questioned “Is it possible for you to become HIV-infected?” most women of all ages, both rural and urban and of different education answered “impossible” (86% - 92%).

Source: China Population Information and Research Centre. Final Report on Reproductive Health Survey; 1999.

Lack of education

Generally, people with more education live healthier lives. There are several reasons for this: they also have greater access to information than people who are illiterate or semi-literate; well-educated people generally have higher income and can afford to spend money on both preventive and curative health care; it is easier for well-educated people to look up information and make informed choices based on this information; they are also usually better prepared to make healthy life choices and plan their lives on a longer term. People who are denied basic information, education and skills to deal with HIV are much less empowered to reduce their own risk of infection.

Since the 1980's the Chinese government has been seriously committed to improve the country's educational system. However, as the UN Common Country Assessment points out, there are challenges in terms of the quality of education and the disparities between regions, between boys and girls, in terms of schooling, learning achievements, between different ethnic groups and between regular and special education.²⁶ Learning is still focused on passive memorization of textbooks, which is also encouraged by the examination format. The content of schoolbooks is often irrelevant or unfamiliar to rural children. Tests and test scores are given disproportionate importance as a measurement for learning. Little importance is given to problem solving skills and creative thinking. As a result, this non-child centered school environment hampers the acquisition of skills needed by young people to protect themselves from HIV.

Illiteracy

Illiteracy rates for women are higher than for men, and fewer girls than boys enroll in secondary school. According to the Common Country Assessment, about 70% of China's 140 million estimated illiterates are women, concentrated in economically underdeveloped rural regions. Female students comprised 47% of primary school goers in 1995, 35% of college students, and only 15% of doctoral students.²⁷ In 1998, nine mostly urban municipalities and provinces had achieved a 100% nine-year compulsory education, while seven provinces and autonomous regions remained at a rate below 60%, with Tibet at only 18%.²⁸

It is necessary not only to make education accessible for more Chinese girls and boys, but also to enhance life-skills training in schools through participatory, problem solving classroom work.

Lack of access to condoms

Before 1994, condoms were not promoted for the prevention of STI, only for unwanted pregnancies, although using condoms is the only measure to prevent STI/HIV in the sexually active populations. To prevent an HIV disaster in China, it is of great importance to produce good quality condoms, to promote their use through positive messages, and to make them readily available to **all sexually active people**. Testimonies from young adults, migrant women, and people involved in commercial sex show that there are a variety of circumstances making access to, and use of condoms difficult: unmarried people feel uncomfortable with going to a Family Planning Clinic to ask for condoms; women feel shy to even look at condoms in pharmacies; prostitutes are afraid that carrying condoms in their purse could be used against them as proof of prostitution.

Poverty

Testimony of Plasma Seller

“We all sold our blood to make money. We sold blood to pay the local taxes, to support our kids through school, and to make a living. By working on the farm we can’t make money. We actually lose money. They paid us 40 RMB (5 USD) each time we sold them blood.”

Peasant middle aged woman from Henan Province. Foreign Correspondents Club, Beijing; May 13, 2001.

In recent years, several international social marketing companies have become active in China. DKT International works out of Shanghai and conducts projects in several provinces of China. Qingdao Double Butterfly condoms are promoted as part of the Sino-UK AIDS prevention project. During 1999, the China Contraceptive Supply Centre (CCSC) successfully conducted a condom social marketing project among young people in two districts of Beijing and Shanghai, promoting their condom “AiShi” (Lovetime). AiShi condoms are now also marketed through the Chinese Railway network in their prevention work targeting train passengers, many of them migrant workers.

Being poor increases the probability of becoming infected with HIV. Poverty may reduce an individual’s capability of protecting him or herself. For example, relative poverty may lead people to migrate to look for higher paying jobs. Poverty may lead to prostitution and acceptance of sex without a condom for higher fees.

In China, poverty has led to migration, prostitution, and commercial blood selling. Poverty is often associated with lower education, which in turn is associated with lower awareness of effective measures to prevent HIV infection. In China, most HIV infected individuals are rural people with little or no education. Many are illiterate and often do not speak Putonghua (Mandarin Chinese) as their first language. Many do not speak Mandarin at all. Moreover, injecting drug use and drug dependency has devastating effects on a family’s social and economic stability.

From a background of poverty and vulnerability, millions of Chinese people are dependent drug users, exacerbating poverty and causing suffering for themselves and their families. More women than men live in poverty and women are, from both a social and a biological point of view, at higher risk than men to become infected.

Once infected, the individual faces catastrophic costs in terms of health and social care, plus indirect costs in terms of lost income. The household as a whole is likely to experience reduced income. Business is likely to decline due to lost productivity, higher absenteeism, payments for treatments and funerals, as well as increased costs of training and retraining of replacement for dead workers.

While it is highly likely that characteristics of poverty (lower educational level, fewer livelihood choices, lower capacity to negotiate safer sex) also increase risk of being infected with HIV, it would be overly simplistic to see HIV as purely a “disease of the poor.” Poverty should also be discussed in terms of relative poverty in relation to development.

Internet Enhancing Development

The UNDP 2001 Human Development Report analysed the possibilities of using the exploding Internet in China as a means to enhance development. In China, the number of users has increased from 3.8 million to 16.9 million only between 1998 and 2000. The report concludes that information and communication technology (ICT) can make major contributions to reducing world poverty. The report notes that ICT can overcome barriers of social, economic and geographic isolation, increases access to information and education, empowers and enables poor people to participate more in decisions affecting their lives. But the report also concludes that access for poor people to ICT is still too low. To increase access, low-cost computers and low-literacy touch screens have to receive public sector funding. “In China the 15 least connected provinces, with 600 million people, have only 4 million Internet users, while Shanghai and Beijing with 27 million people, have 5 million users.”

United Nations Development Programme. Human Development Report 2000. Chapter 2, pp.40.

Gender

Men Make a Difference

The UNAIDS publication *Men and AIDS - a gendered approach* in connection with the World AIDS campaign 2000 “Men make a difference” states “*All over the world women find themselves at risk of HIV because of their lack of power to determine where, when and whether sex takes place. What is perhaps less often recognized is that cultural beliefs and expectations also heighten men's vulnerability.*”

Source: UNAIDS 2000. Men and AIDS - a gendered approach. World AIDS Campaign. pp.6. UNAIDS: Geneva; 2000.

Everyone at risk of infection, whatever their gender, status or sexuality has the right to protection from HIV. Gender equality and equity are key determinants of success in the struggle against AIDS.

Men are less likely to seek health care than women, and are much more likely to engage in behaviors such as drinking, using illegal substances, including injecting substances, risking HIV infection from needles and syringes. Some existing ideas about masculinity encouraged behaviors that are risky: multiple sexual partners and unwillingness to use condoms. Many men work far away from their home areas and families, and in general men have more sex partners than women.

Steps need to be taken to enhance women's knowledge and to empower them to take informed actions. But men too must be encouraged to take responsibility for their own sexual and reproductive health and that of their partners. However, blaming specific groups has never been a successful way of encouraging greater involvement in HIV prevention and care. Instead, efforts should be made to encourage positive behaviors and responses.

Men's actions, like those of women, are constrained by traditional beliefs, expectations and social norms. Beliefs about what it is to be a man (and a woman) undoubtedly put both men and women at risk for HIV. Working with and persuading men (and women) to change some of their attitudes and behaviors related to gender expectations has enormous potential to change the course of the HIV epidemic and to improve the lives of their families and partners. Thus, in China, involving men in prevention policies and programs is essential to curb the epidemic.

Male to female ratio

Over the last several years, the ratio of HIV infections among men versus women has been getting closer from one infected woman for nine infected men in 1990, to one woman for 4 men in 2000. Evidence has shown that heterosexual HIV transmission might become a main mode of transmission in the future.

The fact that gender inequality exists in almost all aspects of life in China poses a real challenge for curbing the HIV epidemic. The deeply rooted social and cultural values that have resulted in the widely held stereotyped roles and patterns of conduct of men and women in Chinese society have to be tackled if an effective response to HIV/AIDS is to be achieved. Thus, in China, transforming the social and cultural norms is needed for effective HIV/AIDS policy formulation and in programming, and a broader context of gender issues including inequality and empowerment of men and women should be taken into consideration.

Development boasts social change

China is developing fast towards a market driven economy. The dynamics of fast changes in economic development and more people wanting to jump on the bandwagon and having their piece of the development pie create vulnerability.

With development come new lifestyles and habits. Affluent people have money to spend on alcohol, drugs and commercial sex. This places the growing Chinese urban middle class in a vulnerable position for contracting HIV/AIDS.

Affluent Asians are a new AIDS risk group. The spread of HIV/AIDS among middle class in several Asian countries reflects the shifting nature of the epidemic. *“We see this all over Asia, and China provides compelling evidence of the speed with which social conditions can change and along with them, the conditions for the spread of HIV,”* Peter Piot, Executive Director UNAIDS, First Chinese Conference on STD/AIDS Prevention and Control, 2001.

Development disparity Needless to say, not only affluence but also urban poverty is a vulnerability factor. In China, poverty was once a rural issue. Increase of trade and services and decrease of agriculture and heavy industry draw people to urban areas. Since the mid - 1990s, there has also been a marked rise in urban poverty. The new urban “underclass” faces hard social and economic challenges.

Urbanization, unemployment, commercial sex, the collapse of social security and health services are all linked with the transition from a planned economy to a market driven economy. Unemployment rates are higher among adolescent girls and women.

The dismantling of the social security system now expose the unemployed, those needing medical attention, women, children and young people to previously unknown vulnerability.

The Western Development Initiative and HIV/AIDS

In March 2000, the Western Development Initiative was launched by the Chinese government. The UN Common Country Assessment of June 2000 brings attention to the worsening problem of regional disparity: *“A persisting and perhaps worsening trend is the regional disparity of wealth with its multiple economic and social dimensions. The coastal region, helped by the central government’s preferential policies, has seized the opportunities of development. In 1985, residents of interior China earned 75 percent of their coastal counterparts, by 1995 this had dropped to 50 percent. Migrants continue to arrive in the coastal regions and big cities bringing social instability associated with a large under-employed migrant population. The Western Development Initiative, launched by the government in 2000 is a timely and strategically important response to reverse these trends.”*

Source: UN Country Team in China. A Current Perspective by the UN Country Team in China - Common Country Assessment. Chapter 5, pp.31. United Nations: Beijing; June 2000.

In light of the earlier comments on development and vulnerability it will be crucial to integrate HIV/AIDS prevention in all development spheres of the Western Regions of China as a HIV/AIDS epidemic poses a serious threat to a region rapidly developing. Ignoring this threat and neglecting a multi-sector approach for HIV/AIDS prevention can seriously jeopardize social and economic gains expected from the Western Development Initiative. Now is the time to act! in the first phase of this development initiative.

Discrimination

Fear, discrimination and hidden infection constitute a vicious circle that fuels the HIV/AIDS epidemic. In China, discrimination and fear are serious obstacles to the design and implementation of effective HIV prevention programmes, generating inhuman treatment of PLWHA. Information is scarce and counseling and care are often not available.

If preventive measures are targeted towards so called “risk groups”, these groups easily become scapegoats. Furthermore, if preventive measures are based on coercive and discriminating activities with lack of understanding of the complex features of HIV/AIDS vulnerability, including the fact that HIV positivity can ruin people’s lives, people with greatest need will not want to get tested. Testing has to be voluntary and perceived as useful for one’s future. If testing means no treatment in addition to loosing your job, denial to get a marriage license, even getting chased away from your village, nobody will want to take an HIV test.

China’s First HIV/AIDS Spokesman

One of China’s most famous movie stars, 48 year old Mr. Pu Cunxin, has become the first spokesman for HIV/AIDS prevention for the Chinese Ministry of Health. HIV/AIDS prevention posters with the World AIDS Campaign “Men Make a Difference” and Pu’s picture have been widely distributed across the country. He is the first Chinese celebrity to openly take part in the country’s AIDS campaign. Mr. Pu, who immediately accepted his appointment as a spokesperson, says he wants to make a concrete contribution to HIV/AIDS prevention in China. “*People,*” he says, “*should protect themselves against AIDS and those who are infected should be shown sympathy and love.*”

Why is it important to take an HIV test?

Testing has long been valued as a strategy for providing psychological support, especially to infected individuals. However, its usefulness for HIV prevention has been questioned. Now, research supported by WHO, UNAIDS and others has shown that voluntary counseling and testing (VCT) can help reduce HIV risk taking behavior. In a multi-site study, people who had been counseled and tested were found to have less unprotected intercourse outside their primary partnerships compared people who only received health information.

If more care and treatment are provided to those who are HIV positive and if non-judgmental prevention methods are made available to those who are negative, curbing the HIV/AIDS epidemic can be successful.

**Stories about discrimination against people
living with HIV/AIDS in China**

- Li Ning, a 10-year-old boy is no longer in school. He contracted HIV from a blood-transfusion at the local hospital, after falling off the roof of his home a few years ago. His classmates' parents forced the school to expel him. His neighbours are fearfully moving away and other children throw rocks or run away when they see him.

Source: L. Chang, Wall Street Journal; March 23, 2001

- Song Pengfei, now 19, was one of the first in China to reveal his HIV + status. Song Pengfei lived with his parents in Shanxi Province until he was infected by a contaminated blood transfusion. When his status became known, neighbours and even doctors refused to come near him. Crowds of people gathered and demanded him expelled from the city. Song Pengfei now lives with his family in the outskirts of Beijing.

Source: M. Liu and M. Meyer, Newsweek; November 30, 2000

- In 1998 Zhang Wanqiang was a young rising star in a major provincial factory. He was planning to marry his girlfriend Huang Mei, a 25 year old office worker. He went through a health-check and found out that he was HIV positive. His workplace was informed and he lost his job. His girlfriend tested positive too. Now, they do not dare to admit their relationship to anyone, lest Huang Mei becomes a pariah. They do not walk together in the streets but just meet a couple of nights a month in a secret place.

Source: M. Liu and M. Meyer, Newsweek; November 30, 2000

- An Ailin, a 36-year-old mother of two, lives in a remote agricultural area in Shangcai County, Henan Province. Last summer she and her husband became sick with constant fevers and diarrhea. Soon they found out that they had been infected with HIV six years earlier while donating blood. The doctor who performed the HIV test just showed them slips with "HIV positive" written on them. An Ailin's neighbours shun her at the market, and no one will touch her. Ms An knows there is no medication available for her, and that she and her husband will soon die. She cries "I have a daughter and a son. Who will look after them?"

Source: D. Rennie, Daily Telegraph; December 7, 2000

What populations are particularly vulnerable in China?

Particularly vulnerable populations in China, as well as elsewhere in the world are youth, women, migrants, minorities, the military and many others. Vulnerable populations are not living in a vacuum, cut off from the rest of society. In fact, vulnerable populations to a large extent also represent the general population. Therefore, when HIV/AIDS is spreading in these groups, it is being transmitted into the general population, and this is the warning bell for rapidly spreading HIV/AIDS epidemics.

At the opening ceremony speech of the First Conference on STD/AIDS Prevention and Control in China, in 2001, the Minister of Health warned that HIV is gradually spreading from people with high risk behavior to the general population. At the same conference UNAIDS Executive Director Peter Piot said “there is clear evidence that HIV is beginning to spread in the general population so the number of new infections will rise rapidly unless immediate action is taken. It is now imperative that effective interventions and wide - ranging educational campaigns for the public are available nation wide. Targeting young people must be a priority if lasting success in tackling the epidemic is to be achieved.” Dr. Piot emphasized how easily AIDS might expand in the general population in China: “there is evidence that more and more young people are sexually active, the rate of sexually transmitted infections has been rapidly increasing, commercial sexual encounters seem to be more frequent and there is a considerable amount of injecting drug use.” The UNAIDS Executive Director also pointed out that the epidemic is already spreading to the general population across Asia, with at least seven million people infected with HIV. “In three Asian countries Thailand, Cambodia and Myanmar more than two percent of the total population is infected.”

Thus, the dynamics between vulnerable groups and the general population should be kept in mind when reading the following presentation on particularly vulnerable populations in China.

Youth

World AIDS Day 2000 Concert

A concert for young people was organized on the eve of World AIDS Day 2000, as a joint activity by the Student Association from the People's University and the China Family Planning Association. The event was jointly supported by the UN Theme Group on HIV/AIDS, UNICEF, UNDP, UNAIDS, Ford Foundation and the Luxembourg Embassy, among others. It was attended by over two thousand students. This was the first time an event of this type was ever organized in China. It was very innovative with special posters, cards and information leaflets specifically produced for young people. China's first AIDS ambassador, the actor Pu Cunxi, was also present. Among the coverage received by national and international media, the concert got five minutes coverage by CNN's "Inside Asia" edition on December 1, 2000.

Although adults may have difficulty admitting it, there is in fact much evidence that teenagers are highly sexually active people. Adolescent boys and girls are especially vulnerable to HIV, as they often do not have the skills and knowledge to reduce their vulnerability. Adolescence is a time when sexual behavior, values and habits are formed. It is also a time of experimentation with tobacco, alcohol and illicit drugs. Young people need guidance to be able to form safe and healthy life skills.

In China, the fast pace of economic and social development contribute to changes in adolescent life styles and values. More and more young Chinese are having sex before marriage. More and more have several relationships before getting married. In a study conducted several years ago in Shanghai, 17% of male and 18% of female students reported being sexually active during their university years. Yet, low awareness of the means of HIV transmission and prevention creates an irrational, fearful, and hostile attitude towards HIV/AIDS and PLWHA, that also fuels denial such as "this horrible thing cannot happen to me." The fear and denial phenomenon can be overcome by straight-forward, pragmatic information and services for youth.

Because of traditional moral values and education, emphasizing chastity before marriage, there are few sexual health information services available for young people. Young Chinese are usually not provided even with the most basic information about sexuality, reproduction and condom negotiation/safe sex skills. In a KAP survey among 1,000 students at a Beijing University, nearly 80% expressed the need for more information about STI and HIV/AIDS.²⁹

Children of migrant workers constitute a very vulnerable and hard to reach group. Many never go to school^{iv} or drop out at an early age due to lack of access to schooling in the city.³⁰ Non-migrant youth might also drop out of school at an early age and thus, cannot be reached if life skills education begins only during upper middle school years or at university.

^{iv} Due to this situation, migrants set up primary schools for their children. Nevertheless, these schools are not formally recognised as being part of the official Chinese school system and do not allow children to enter in a regular middle school after grade six.

Being young, out of school and possibly unemployed usually draws negative consequences. Out-of-school youth are at great risk of becoming involved in drug use and/or sex work.

Fluttering Red Ribbon Concert

A concert named Fluttering Red Ribbon was organized by the Ministry of Health, Ministry of Publicity, Ministry of Education and the State Bureau of Broadcasting and Radio for World AIDS Day 2001. The Concert was held on November 12, 2001 in Beijing. Dr. Zhang Wenkang, Minister of Health and Dr. Peter Piot, Executive Director of UNAIDS attended the concert together with hundreds of participants of the First Chinese STD/AIDS Conference. Pop star and UNAIDS Ambassador Miriam Yeung from Hong Kong, along with famous Chinese singers, hosts and other international artists, volunteered their fame and time in order to make a change. Through various performances, the concert tried to wipe out misunderstanding and fear about HIV/AIDS, and to promote tolerance for people living with HIV/AIDS. During the concert, a man infected with HIV appeared on stage together with his wife. This was the first time a HIV positive Chinese faced the camera (although wearing dark sun glasses).

The concert was broadcast by CCTV1 on World AIDS Day, December 1, 2001.

Women

Women are particularly vulnerable to HIV infection due to several gender-related factors. In China, as elsewhere, the low status of women contributes to increased risk of infection. A woman is often not in a position to negotiate safe sex or demand condom use, even when she suspects that her partner has engaged in risk practices. In China, it is taboo to speak about sex, which is one reason that makes it impossible for women to discuss with their husbands the subjects of sex, condom use, let alone the issue of extra marital affairs or risk practices. Women frequently have less education, income, and status than men, which are all factors that increase the risk of HIV. Violence against women, such as domestic violence and sexual abuse, reduce women's control over their exposure to HIV. There is often a very thin line between physical abuse and sexual coercion. Recent research has revealed information on domestic violence in China, that could be just the tip of the iceberg: according to the All China Women's Federation, domestic violence occurs in three out of ten families and is the cause of 60 % of all divorces.³¹

Protecting Child Survival Gains

The success of China's one-child policy depends on high levels of child survival and having each child attain a high quality of life. HIV/AIDS poses a great threat to gains made in child survival. The Chinese government has invested hundreds of millions of dollars, if not more, in recent years for key social services such as basic education (nine years of schooling) for children. It is essential to protect this investment for children with vigorous HIV prevention efforts, and this would be a very cost-effective investment.

Quoted from Joe Judd, UNTG Chair and UNICEF Representative in China, 2001.

Mother to child transmission

To date, mother-to-child transmission of HIV remains limited. However, once the number of married women infected with HIV from their husbands increases, so will the incidence of transmission to children.

Rural women

The status of Chinese rural women is particularly low. To a very large extent, they lack economic and social power to protect their rights. Many women have little to say about choices made for them by others throughout life. For example, dowry and bride payment is practiced in rural China, and families are keen to see their girls married off as early as possible. Matchmaking is sometimes carried out during early teens and engagements of young teenagers are arranged by their families.³² The practice of dowry and bride payment was prohibited after the revolution in 1949, but has become increasingly common during the 1980s and 1990s. The newbride is taken away from her social network, to live in another village, and care for her husband's relatives. The young woman has usually the lowest status in her new family: she is supposed to fulfill her traditional reproductive role as well as be submissive to her husband and her in-laws who are expecting her to give birth as soon as possible. Social support systems, e.g. counseling, are frequently not available to deal with these women's problems. Usually they have very limited knowledge about sexual practices, reproductive health and none concerning HIV/AIDS. In this situation it is impossible for a Chinese woman to negotiate safe sex.

Rural women and RTI

Many women have STI or RTI without symptoms and therefore remain untreated, which highly increases the risk of HIV transmission.^v In some Chinese villages, up to 60 % of rural women might suffer from untreated RTI. Several studies found that RTI are made more serious by lack of water, poor hygiene of both men and women, and poor or delayed health care. These women often lack access to confidential and respectful health services.³³ They as well as health workers, have poor understanding of the causes of RTI, how to avoid them, and the link between STI/RTI and HIV.³⁴

The need for reproductive health services is largely unmet due to several additional factors such as high costs, excessive distances, and the lack of female doctors. **Women tend to place other family members' health needs first, and often reach serious or chronic levels of disease before they seek medical attention.**³⁵ In summary, the widespread prevalence of RTI in Chinese women put them at great risk of contracting HIV, which is a problem that has to be urgently addressed.

^v Research show that the risk of becoming infected with HIV from unprotected vaginal intercourse is as much as 2-4 times higher for women than for men. This is due to the fact that women expose a bigger surface of mucosa during the intercourse than a man does. The semen infected with HIV typically contains higher concentrations of virus than women's secretions. STI and RTI change the vagina's mucosa and/or cause scratches and ulcers so that it becomes less protected and more vulnerable to infections.

Trafficked women

A considerable number of rural young women are snatched by trafficking gangs and forced into sex work in South East Asian countries. Because of language barriers and lack of money and peer support, these women are extremely vulnerable to exploitation, violence, disease and HIV.

Migrant Women

In Beijing in 1997, around 34% of 2.3 million incoming migrant workers were women. 46% of them were unmarried. Of these women, the overwhelming majority was between 18-20 years old. Bearing in mind these demographics, it is easy to see a great need for reproductive health services. However, it is more difficult for migrants from rural areas to access health services in cities than for permanent urban residents. Due to traditional concepts about premarital sex, the nation-wide family planning clinics that could provide condoms and information are usually seen as a service for resident married women. In a study among 146 young female migrants in 5 Chinese cities, it was shown that many co-habited with boyfriends. Most of them lacked the most basic knowledge about their bodies, reproductive health, STI, and did not approach a family planning clinic for preventive counseling - only if they needed an abortion. The young women reported that they did not dare to even look at contraceptives at the pharmacy, let alone buy any. Some said they never thought of condoms, others thought they are too expensive. Accordingly, the prevalence of RTI is reported to be significantly higher among women in the floating population than among urban residents in the same age group.

Furthermore, none of the respondents mentioned condoms as a means of protection from STI/HIV. They only related "protection" or "condoms" to fertility control. Noticeably, many respondents said that the main reason why sex was unprotected was that young women wanted to please their partners who often did not agree to use condoms.

Source: Zheng, Zhenzhen, Zhou Yun, et al. "Sexual behaviour and contraception use among unmarried young women migrant workers in five cities in China." Reproductive Health Matters; May 2001, Vol. 9, No.17, pp.118-127.

Migrant workers

Cross-border and domestic population movements significantly contribute to the rapid transmission of STI/HIV. This is due to increased vulnerability of young people away from family and community support, limited access to STI services, condom supplies, and information. When large numbers of people leave their home area mainly for cities, life, social, cultural and economic structures inevitably take new forms: moral values, economic priorities and family networks change.

In China, it is estimated that the total number of migrants, both temporary and permanent, may be as high as 120 million. This labour migration is a response to the government's economic reform process.

More job opportunities, higher incomes, and a more attractive lifestyle are factors that pull people to urban areas. Many migrants are young, unmarried, and have more money to spend than they did in their home area. This makes young males likely to have casual sexual relationships, often with prostitutes. As most STI are notifiable diseases, migrants are often reluctant to seek treatment from public clinics for fear of discrimination, such as losing their jobs.

In addition, family members left behind in rural areas are also vulnerable. These might face new financial difficulties, or the opposite - high amounts of cash sent back to the village from the city may also introduce new lifestyles and practices. Women who stay behind are at risk of contracting HIV from their migrating husbands when they return home from urban areas for shorter or longer periods.

All over the world, persons employed in business and trade, civil servants and military are populations with particular vulnerability. In China, the more than 10 million civil servants and 2.5 million military are particularly vulnerable for HIV infection since their social status, life styles and habits can create unique opportunities for unsafe behaviour.

Persons in prison

KAP Study among Prisoners

In a prison in Qingdao, Shandong province, 214 male prisoners were interviewed about their HIV/AIDS knowledge, attitudes and practices. 52% knew the three ways of HIV transmission. However, only 41.5% believed that the use of condoms could prevent HIV transmission. Moreover, 33% reported having other partners than their wife/primary partner and 22% had several simultaneous partners. 32.5% reported that they had never used a condom.

Source: Journal for China AIDS/STD Prevention and Control; 2000. Vol. 6, No.3, pp.151.

In China, the prison population (including labour camp and rehabilitation center populations) contains a large but quite unattended group of people who need health care, HIV prevention and access to information to adopt safe practices.

It has been documented that epidemics such as Tuberculosis (TB) can become great problems in Chinese prisons due to over-crowding and unhygienic conditions. People with HIV are particularly vulnerable to TB. It is reasonable to suggest that a considerable proportion of Chinese prisoners are also drug users with little or no access to disposable and/or clean needles inside the prisons.

Many prisoners have additional vulnerabilities since they are poor, migrant workers, young and/or have low levels of education and little access to information.

Worldwide, HIV/AIDS in prisons remain a difficult and controversial subject. Prisoners are a particularly vulnerable group for several reasons. Prisoners are frequently denied the means to protect themselves from high-risk behavior. They may also lack access to information, education and reasonable medical care. Activities in prison that spread HIV, notably sex and drug use, are usually criminal within the prison environment and met with disciplinary measures, not health measures.

Prisons commonly operate in an atmosphere of violence and fear. Tensions abound, including sexual tensions. Release of these tensions, and from the boredom of prison life, is often found in the consumption of drugs or in sex. Tattooing and piercing activities with shared equipment that also take place in prisons present a risk of HIV transmission. Often there are not enough resources to provide basic health care in prisons, let alone HIV/AIDS prevention and care programmes.

In addition, it is important to note that prisons are not cut off from the outside world. Most prisoners leave prison at some point and return to their communities, some after only a short time inside. Some prisoners enter and leave prisons many times.

If AIDS prevention is not urgently undertaken among prison populations, HIV infections among Chinese prisoners could develop into serious future HIV epidemics.

Minority populations

According to the fifth population census conducted in 2000, China has 55 ethnic minorities, in addition to the Han people. Of a total population of 1.3 billion, 106 million are minorities, 8.4%. At present, the proportion of HIV-infected individuals among minority nationalities is greater than that among the Han. Belonging to a minority population, being a woman, a young person or a migrant worker is a highly vulnerable situation. According to the 2001 World Bank Report “Overcoming Poverty in Rural China” minority peoples represent a disproportionate share of the rural poor. Ethnic minorities make up less than 9% of the whole population but account for 40% of the absolute poor in China.³⁶ These “absolute poor” minority people often live in the deepest poverty, typically have less education, less income and worse health outcomes than other populations.

The Zhuang, Hui, Uygur and Yi are the four largest minorities. Zhuang live in Guangxi, Yunnan, Guangdong and Guizhou; Hui live in many provinces and in Beijing, but primarily in Ningxia, Gansu, Henan and Xinjiang; Uygur live mostly in Xinjiang, Yi live in southern Sichuan, Yunnan, Guizhou and Guangxi. Dai and Jingpo, two nationalities with very high HIV infection rates, live mainly in the border regions of Yunnan.

Although the proportion of HIV-infected individuals belonging to minority nationalities is greater than among the Han, HIV is nevertheless also spreading among the Han majority population, especially the explosive spread of HIV in the mainly Han populated villages of Henan, where infection through paid plasma donations is common.

There are several reasons for the higher proportion of HIV infections among minority populations:

- Drug use has historically been widespread among some minority nationalities.
- The minority regions often lie on main drug trafficking routes.
- In many minority areas, low levels of education and literacy in conjunction with a lack of health services and IEC materials in minority languages affect their ability to adopt safe practices.
- Minority people are disproportionately affected by poverty. Unbalanced development and inadequate access to land and other resources make improvement of their economic conditions difficult. This has a direct impact on their ability to prevent and cope with HIV/AIDS.

How vulnerability and risk practices are inter-linked

Sharing of needles

KAP Studies among IDU

In a KAP study among 968 drug users in a Jiangsu Province rehabilitation centre (the majority between 20-29 years of age), 59% injected drugs, and of these, 46% had shared syringes and needles with other drug users. In a study among 850 IDU in Guangdong province, 81% reported sharing syringes and needles with other IDU.

Sources: Journal for China AIDS/STD Prevention and Control (February 2001, Vol.7 No.1, and December, 2000, Vol. 6, No.6).

Sharing of needles is one of the fastest growing modes of HIV transmission in many parts of the world. People who share syringes and needles are at risk of being infected with other blood borne viruses including hepatitis B (HCV) and hepatitis C (HCV). In China, this is the main route of reported HIV transmission. A drug user in China is in an extremely vulnerable situation because he or she faces both the toll of poverty, that of discrimination, and lack of information. Drug use is most widespread in poor, rural areas located close to the Golden Triangle and close to drug trafficking routes through China. Many of these people are illiterate, lacking formal education, are out-of-school, and or unemployed. They often have few resources to make healthy life decisions or informed choices. Moreover, there often is a complete lack of understanding of the mechanism behind drug use and very little sympathy and support in society. A drug user is often seen as having a "moral problem" that should be cured by lectures on law and morality in a milieu of compulsory rehabilitation.

In 1999, there were 681,000 drug users registered by the Public Security in China,³⁷ though relevant authorities estimate the real number to be several times higher (up to 10 times higher). Of these over 224,000 received treatment in compulsory rehabilitation centers, and 120,000 received treatment at reeducation-through-labour centers. In 2000, China had a total of 746 rehabilitation centers and 168 rehabilitation-through-labour centers. 72.4% of reported HIV infections in China are through the intravenous injection of drugs.^{38,39} More and more drug users are switching from smoking to injecting, as it is seen as a more cost-effective way to experience the effects of drugs. According to surveys (intake questionnaires at rehabilitation centres), over 50% are sharing injection equipment, a practice largely due to lack of information about the risks involved. Ironically, needles and syringes are largely available and affordable in China.

The Government's stance with regard to drug users is to identify them and send them to compulsory drug rehabilitation centres. These rehabilitation centres focus mostly on detoxification and moral/legal education. There are few outpatient programmes or follow-up, and the relapse is estimated to be over 90% within 5 years. Unfortunately, the great opportunity of informing drug users during their stay at the rehabilitation centre, on the connection between HIV/AIDS and sharing of needles, is usually not taken advantage of.

Selling plasma

Personal Stories of Plasma Sellers

Ren Shuping, 40 and her brother Ren Shumin, 38, live in Donghu, a village of 4,500 people 13 hours south of Beijing by train. They became infected with HIV by selling their blood to a Blood Product Company. Ren Shuping and her brother suffer from various opportunistic symptoms, such as chronic headache and colds, chronic fever, diarrhea, and dizziness. Local hospitals lack the knowledge and medications to mitigate the suffering of AIDS patients.

Between 1992 and 1995, the siblings donated blood regularly: “We all did. 99% of the villagers who were 15 to 50 years old,” says Ren Shuping “We are so poor and at least they gave us 40 yuan per half liter (5 dollars)”. Her brother adds: “It is not random that they choose us. We are the poorest people.”

Adapted from “Whole villages on the verge of extinction,” an article by Goran Lejonhuvud in Dagens Nyheter, June 9, 2001.

Selling plasma has been a significant source of income for millions of poor people in several rural parts of China. Illegally operating plasma product companies have been exploiting poor people’s need for money. That this source of income is also a major risk of contracting HIV has long been denied and avoided. In one village, residents estimate that over 80% of their population is HIV infected, making it one of the most highly infected areas in the world.⁴⁰ The highly unsanitary process of pooling blood from many people with the same blood group, spinning it to separate the plasma from red blood cells, and then re-injecting the red blood cells back to the same villagers, means that if one person has HCV or HIV, the rest will immediately become infected as well. Infected villagers, of whom many have developed AIDS by now, have little or no idea concerning what they may be suffering from. Neither do village health workers, who often stand helpless facing a devastating epidemic killing family after family of formerly healthy people.

“Every family has someone who is ill, and many families have two or three,” says Zhang Jianzhi, 51, who has gathered with other people who have the virus here. “I would guess more than 95 percent of people over the age of 14 or 15 sold their blood at least once,” he says, still stout but suffering from fevers and malaise. “And now we are all sick, with fevers, diarrhea, boils.”

Dong Hezhou, 38, a sturdy man who never sold blood and is one of the few people his age not infected, has five former classmates who have died from AIDS since the beginning of last year. He uses his fingers as he ticks off the nicknames of others who are ill. “There is Erlu, Xiaoduo, Erduo, Xiajun, Xiaoqiang, Xuijing and five have it in his family. Zaohao, his whole family has it too,” he says, “And those are only the ones in serious condition. The light ones might not even know they have it yet”.

Adapted from “Deadly Shadow of AIDS Darkens Remote Chinese Village” an article on the HIV/AIDS epidemic in Henan province villages by Elisabeth Rosenthal, New York Times; May 28, 2001.

Tuberculosis and AIDS

Tuberculosis (TB) is a disease of poverty. Everywhere around the world, TB prevalence and incidence are indicators of the overall health situation in a country. Regions where TB has been absent for decades have experienced immediate outbreaks in direct relation to a weakening of their public health system.

TB accelerates the replication of HIV in the human body. The survival period for people co-infected by TB and HIV is halved. Worldwide, one-third of those with HIV/AIDS will die from TB. Based on experience from several countries, the HIV/AIDS epidemic will worsen the TB epidemic, and vice versa.

In China, tuberculosis tops the list of infectious causes of death. In fact, one in every three Chinese is infected with TB. That means over 400 million people.⁴¹ Each year, 1.3 million people develop active TB (i.e. contagious) and 150,000 die from the disease, ranking China the second in the world after India.⁴²

Populations vulnerable to HIV are traditionally also vulnerable to TB. Poor living conditions, insufficient financial resources, reduced access to health services and lack of knowledge are underlying factors facilitating TB infection (several are also underlying factors for HIV/AIDS). These structural obstacles to the prevention of both TB and HIV are serious challenges for China.

When HIV/AIDS is introduced into a population with a very high prevalence of TB, like China, the effect can be devastating. It is urgent to implement effective TB control programmes in all Chinese provinces to minimize the devastating results of large-scale co-epidemics.

Selling sex

KAP Studies among Prostitutes

Prostitutes are stigmatized and often blamed for spreading STIs and HIV. Worldwide, prostitutes know more about STI/HIV than their clients. Further, they are also more positive towards the use of condoms to protect their health than clients. In China, an evaluation of condom use among prostitutes and their clients in the city of Shenzhen, showed that while 71% of prostitutes used condoms, only 47% of clients reported condom use. The prostitutes claimed that the main reason for them not using a condom was that the client did not like it. The clients thought condoms were uncomfortable and that there was no need for protection against STI/HIV. The evaluation suggests targeting preventive efforts such as the promotion of condom use, not only among prostitutes, but their clients.

Source: Journal for China AIDS/STD Prevention and Control; Vol.6, No.1. February 2000.

People who engage in commercial sex in China face a multifaceted vulnerability as they often are women, migrant and relatively poor. Their health status can be jeopardized by lower economic resources to access information, means of prevention, and health services. **Due to stigma and discrimination, they are often hard-to-reach when it comes to support and prevention.** Chinese Public Security sources estimate that there are over four to six million prostitutes in China in 2000.

Major reasons for the resurgenced prostitution in China are economic: women from rural areas seek better incomes and migrate to big cities along the eastern coast, and from north to south, where many end up in prostitution; at the same time, the demand for sexual services increases as income rises among the male strata of society.

Prostitution takes place in many settings: hotels, massage parlors, karaoke bars, backrooms of many kinds of small business, truck stops and streets, etc. Some women move to cities to engage in prostitution for a short time in order to make quick money, returning to their rural areas, to start a business. Other women, who lose their jobs, may turn to sex work temporarily to compensate lost wages. Commercial sex is not only found in cities, but also in rural areas, in border towns, and at truck stops along the main transportation routes through China. Commercial sex might take a “gray zone” feature where women working in hair saloons, small shops and tea-saloons also sell sexual services.

Commercial sex is illegal in China and the government has set up “re-education centres” in every province. Much emphasis in these centres is put on educating women on the “social evils” of prostitution (including moral and legal education), but many women continue to engage in commercial sex after leaving the centres. Unfortunately, the centres usually provide scarce information on sexual health and miss the opportunity for motivating behavior change that could improve women’s health. Prostitutes (especially migrant women) have little access to health care and they usually buy medication over the counter for self-treatment, or seek care at private ‘quack’ clinics.

A KAP study among 202 prostitutes working in hotels, massage rooms, barbershops and dancing halls, showed that although a majority identified sex as a way of contracting HIV, few knew condoms could be protective (14% - 30%). They all mentioned abstinence as much more protective. Very few (2- 30%) perceived themselves at risk of contracting HIV. However, 70-92% of the women expressed need for more knowledge about STI and HIV/AIDS.

Source: Chinese Journal for STD and AIDS Prevention and Control; 1999. Vol.5, No. 4.

The use of condoms in commercial sex

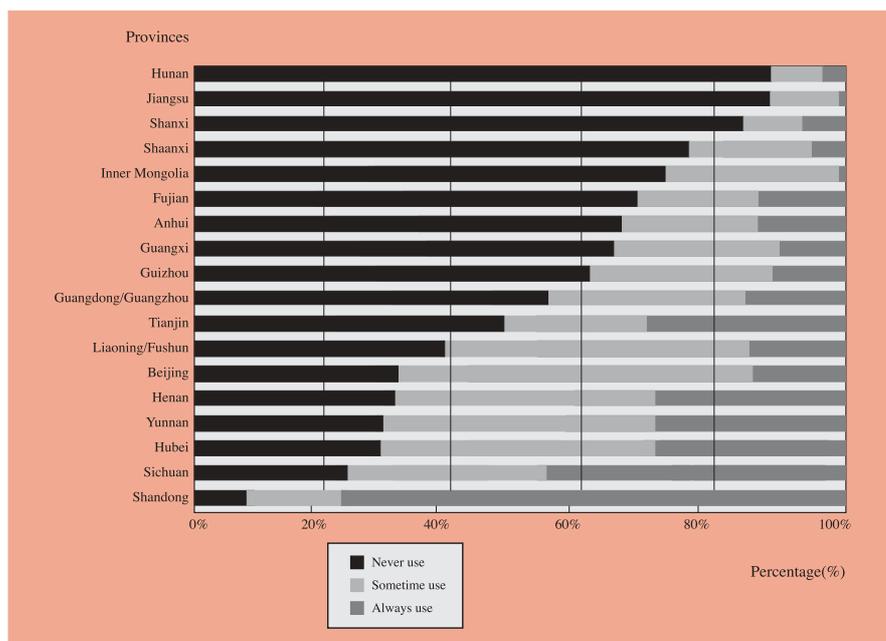
Condoms are rarely used in sexual encounters, and usually it is the client who decides whether to use a condom or not. Some prostitutes believe that they can contract HIV only from a foreigner, but not from a Chinese customer.

Condom use is made more difficult by the fact that, in practice, local police may arrest women carrying condoms in their purse as “proof” of prostitution. This still occurs despite a 1998 regulation by the State Council reversing this previous regulation. Consequently, prostitutes are often reluctant to carry condoms.

Working closely with madams and owners of sites where commercial sex takes place is needed to educate women on safe sex practices. For these women, knowledge about morals, laws and abstinence is of little help to protect themselves against HIV.

Conversely, interventions to increase their chances of staying HIV negative could be achieved through the promotion of 100% condom use during commercial sex encounters.

Chart 4: Condom Use Among Prostitutes in Selected Sentinel Sites (2000)



Source: China Annual Report on STI/HIV/AIDS Sentinel Surveillance 2000. MOH Center for HIV/AIDS Prevention and Control and the National Center for STI and Leprosy Control.

Highly marginalized gay communities

Men having sex with men

A survey conducted in 2000 among 857 Men having sex with men (MSM) (average age 30 yrs) throughout China gives the following information on sexual practices:

In the past year:

- 86 % had oral sex
- 77 % had anal sex
- 59 % had sex with a woman
- 9 % bought sex from men
- 3 % sold sex

Ever in their lives:

- 182 of the 857 had at least one STI
- 71 of 857 had taken a HIV test and 3 tested positive

Active partner's use of condom during anal sex:

- 9 % always
- 16 % most of the time
- 20 % not frequently
- 12 % never
- 16 % not applicable
- 27 % other

In China, homosexuality is not illegal and was deleted from the official list of mental disorders in 2001 (Third edition of Chinese Standards for Classification and Diagnosis of Mental Disorders).

People who engage in male-to-male sex face discrimination and stigma. Because of stigma, they suffer from lack of access to information which makes them highly vulnerable to HIV/AIDS.

Most homosexual men in China are under social pressure to hide their sexual orientation and to get married. Bisexual transmission of HIV/AIDS and its special epidemiological features and prevention needs are of great importance.

There are no clear data on how many STI and HIV cases are male-to-male transmitted. However, two general hospitals in Beijing claim that a third of their AIDS patients acquired HIV through male-to-male sex.

In the early 1990s, it was estimated that between 10,000 and 20,000 men in Beijing actively participated in the local gay scene. This number is thought to be steadily increasing. Several thousands of these men regularly visit gay hot spots, such as parks, streets, bars and discos.

The fact that there are nearly no approved networks or organisations to support gay men, has a highly negative impact on HIV/AIDS prevention as well as on the needs of these groups. Due to their lack of organisation it is also hard to target this group with IEC activities and peer education programmes.

It may be hoped that increasing access to the internet may help some Chinese gay communities to network and share information on HIV/AIDS with other gay men in China as well as gay organisations in the Asian region and worldwide. There are already over 250 gay web sites in China.

Source: Zhang, Beichuan. "A surveillance investigation report on male homosexual/bisexual behaviors in the year 2000." *Friends Exchange*; 2001, No. 19/20. pp.14 (in Chinese).



CHALLENGES TO AN EFFECTIVE AIDS RESPONSE IN CHINA

What is good governance?

Worldwide, a fundamental challenge to an effective AIDS response is the lack of good governance regarding HIV/AIDS. Successful responses to HIV/AIDS rely heavily on the involvement of stakeholders, participatory strategic planning and action, and speaking out about sensitive topics.

An effective HIV/AIDS response in China demands good governance.

“Governance is defined as the exercise of political, economic and administrative authority to manage a nation’s affairs. It is the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and mediate their differences.”

“Governance embraces all methods - good and bad - that societies use to distribute power and manage public resources and problems. Sound governance is therefore a subset of governance, wherein public resources and problems are managed effectively, efficiently and in response to critical needs of the society. Effective democratic forms of governance rely on participation, accountability and transparency.” (*Reconceptualising Governance, Discussion Paper 2, Bureau for Development Policies, UNDP: New York; 1997*)

Good governance - A framework for all stakeholders involved in the national response to HIV/AIDS

The following are some characteristics of good governance that have an impact on HIV/AIDS:⁴³

- **Participation:** All men and women concerned should have a voice in decision making regarding HIV/AIDS prevention and care.
- **Rule of Law:** Legal frameworks should be fair and enforced impartially, particularly laws concerning vulnerable populations.
- **Transparency:** Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them.
- **Equity:** Men and women should have equal opportunities to maintain and improve their well-being.
- **Effectiveness and efficiency:** Processes and institutions produce results that meet needs and use resources well.

How is good governance linked to HIV/AIDS?

It is widely recognised that good governance and sustainable human development are indivisible and represent each other's underpinnings. HIV/AIDS spreads fast in the least developed regions of the world and hits the poor and the marginalized in society hardest. Therefore, a successful response to HIV/AIDS is strongly linked to sustainable human development and good governance.

Worldwide, societal openness, transparency and broad participation of people living with or affected by HIV/AIDS have shown over and over to be at the core of effective HIV/AIDS responses.

In China, important aspects of good governance in relation to the response to HIV/AIDS are the access to free flow of information, greater involvement of civil society and affected people in the processes of decision making regarding HIV/AIDS prevention and care. In the context of good governance, throughout this report there has been much evidence in China of discrimination, stigma, fear, lack of transparency, and the promotion of information that leads to ignorance and unsafe practices.

Insufficient access to information - a challenge that needs to be addressed

Better access to and greater variation of information sources can empower individuals and groups to protect themselves and others from HIV. Censorship and restrictions on information concerning HIV/AIDS severely hinders an effective response. Examples of poor governance in this regard include the previous censoring of a TV spot on condom use on World AIDS Day in 2000, or the negligence in reporting on the epidemic. Another example of the lack of good governance is the fact that protective and useful laws and regulations exist at the national level, but often fail to be implemented at the provincial and local levels.

Concrete examples of deleterious lack of information are the extremely low levels of HIV awareness throughout China and especially in Henan, where widespread HIV transmission among plasma sellers took place (see page 29 for data from a SFPC KAP survey in Shangcai County, Henan Province).

**Social organisations
- an underestimated
asset in the national
response to HIV/AIDS**

The facilitation, creation and registration of truly bottom-up grass-roots HIV/AIDS social organisations could be of great benefit for China to deal with the many AIDS challenges.

In many other countries, civil society has mobilized on a large scale in the fight against the epidemic and often has been in the forefront for providing information and education to vulnerable individuals, communities, support and care to PLWHA. Moreover, civil society and its social organisations have often provided local, provincial and national authorities with information about needs in affected communities.

The invaluable asset that social organisations can constitute has yet to be fully realised in the context of the Chinese AIDS epidemic.

Key challenges in China

A strong top political commitment is indispensable in order to break the silence surrounding HIV/AIDS and to turn back the epidemic.

UNAIDS Executive Director Dr Peter Piot remarked during his visit to China in November 2001 that while UNGASS helped to bring AIDS to the political level, the presence of Asian Governments was weak. Dr Piot also emphasized the crucial role of high level leadership to fight HIV/AIDS in China: *“We have seen across the world that when senior leaders such as Presidents and Prime Ministers take personal charge of coordinating national AIDS responses, they signal across their nations that the response to the epidemic is being taken seriously.”*

The following factors that can hinder an effective HIV/AIDS response in China are all intertwined, and relate to the overall need for good governance.

Insufficient provincial openness and political commitment

Insufficient provincial openness and political commitment: while political commitment towards AIDS has improved in recent years at the national level in China, it remains very insufficient in many provinces, counties and cities. Reasons for poor responses at lower levels are local politicians lack of awareness and understanding concerning the devastating effects that HIV/AIDS can cause to their population and to development. Many local politicians fear that by acknowledging HIV/AIDS, their county or city will be stigmatized, lose business, investments, and tourism.

Insufficient resources

Insufficient resources: vast international experience clearly shows the high cost-effectiveness of investing in HIV/AIDS prevention in the early stages of the epidemic. Notwithstanding this evidence, funding in China remains dramatically insufficient at all levels. In 2000, China allocated one seventh of the funds that Thailand invested in HIV/AIDS prevention and control. The current most needed resource is manpower - experienced and committed staff to advocate for, and implement international best practices. Quite to the contrary, several years ago, government agencies including MOH and provincial health bureau experienced a 50% reduction in staff.

Lack of updated and effective policies and regulations

Lack of updated and effective policies and regulations: the central Government and MOH have made some progress in the areas of policy, legislation and regulations in several AIDS related fields. Nevertheless, a number of important areas have been neglected, especially those concerning sensitive issues (e.g. various types of harm reduction, sex education) and difficult-to-reach populations (e.g. migrants, drug users, gay men and prostitutes). A larger variety of professionals and stakeholders should be involved in drafting guidelines, not only the usual institute-based medical experts. Clear and new policies are urgently needed at least in the following areas:

- Management of STI service, prevention, diagnosis and treatment
- Health and safe sex education (including in rehabilitation and re-education centres)
- Condom promotion through clinics, billboards, TV and other media
- Innovative approaches for HIV prevention among IDU, e.g. methadone maintenance, needle-exchange programs, clean needle promotion.

Too narrow and too medical HIV/AIDS response

Too narrow and too medical HIV/AIDS response: the overall HIV/AIDS response in China has remained too medical, and most decisions relating to HIV/AIDS still emanate from MOH. However, even though China has long traditions of vertical administration, there are some good examples of local and regional multi-sectorial efforts. In Yunnan province in 1996, the government set up an AIDS office directly under the Vice Governor. Pingxiang City in Guangxi province and Shishi City in Fujian province are examples of cities with well functioning multi-sectorial leading groups. However, the multi-sectorial approach has not been widely followed, and in nearly all provinces it is still the Health Bureau that holds the main responsibility for responding to HIV/AIDS. Little use is made of many untapped opportunities, which need to be urgently incorporated into HIV/AIDS prevention and care, such as:

- The business sector
- Trade Unions
- Social Mass Organisations
- NGO and community based organisations
- PLWHA involvement in support, care, and advocacy

Insufficient HIV/AIDS awareness

Insufficient HIV/AIDS awareness: while good training has been offered to selected professionals on best practices in HIV/AIDS prevention, this type of information remains unavailable to much of the general population. Mass media has been used to a very limited extent. “Scare messages” have been broadcast and published, leading to irrational fear among the public, which is a source of discrimination against PLWHA. An example of unused resources are non-political opinion-leaders in society, i.e. celebrities, such as sport stars, writers, artists, actors, TV personalities, in particular celebrities admired by young people. Consequently, many complementary sectors of mass media and popular culture are overall under-utilized.

Problems in the public health and medical sector

Problems in the public health and medical sector: in recent surveys, it has become apparent that China's health status has declined dramatically over the past ten years, due in part to the increasing privatization of health care and unequal access to care. Many vulnerable populations, especially women and youth, do not have easy access to basic health care, including reproductive health services. High costs often make existing services unaffordable for those most in need. Health insurance is widely lacking, generating illness-caused poverty and relapse into poverty due to illness.

One major problem faced by people living with HIV/AIDS in the area of care, is the lack of a functioning health care system especially in rural areas. China has witnessed great changes in its rural economy and social environment, whereby the health care delivery system has widely collapsed. The rural health system is inconsistent with the requirements of today's China, in terms of administration and structure. It is now subject to reforms with the aim of implementing an insurance system allowing the provision of primary health care to all rural residents.

In HIV/AIDS prevention and care, a serious gap remains between small-scale innovative projects and national policies on the one hand, and the urgent need for scaling up effective care and support strategies on the other. The fundamental problem here is that it is not possible to scale up treatment and care if there is no primary health care structure to take as a starting point.

An example of Best Practice in China

Holistic Community Care Approach to HIV/AIDS/STI in Ruili County

An excellent example of a holistic approach to HIV prevention and care is the joint Save the Children (UK) - Ruili Health Coalition's community care activities in Ruili County, Yunnan province. This county has one of China's highest prevalence rates of HIV. The Holistic Community Care Approach involves a broad range of the community's stakeholders in prevention and care. Target groups and participants in activities are mainly vulnerable populations such as Chinese and Burmese prostitutes, clients of prostitutes, IDUs, PLWHA, AIDS orphans and youth. The program has four core components:

- (1) **Prevention and Risk reduction** (through peer education in schools and among vulnerable populations, IEC materials, Youth Drama Group)
- (2) **Treatment and Care** (through HIV+ programs, Mother and Child Program, testing and counseling)
- (3) **Empowerment and Advocacy** (through alternative livelihood projects, Orphan Care Centre, Cross Border Project), and
- (4) **Capacity Building** (through network meetings, study tours, training, awareness building, newsletters).

Save the Children-Ruili Health Coalition's Holistic Community Care Approach could serve as a model for other counties and provinces throughout China.



RECOMMENDATIONS

“Public action can make the greatest difference for the 2.4 billion people who live in areas where the epidemic is nascent. In these areas (e.g. China), HIV has not yet spread widely among those who have behaviors that put them at risk. But countries with nascent epidemics cannot assume that they will never be affected; every country that now has a generalized AIDS epidemic went through a phase of denial that gave the virus time to gain a foothold.”

Source: Confronting AIDS: Public Priorities in a Global Epidemic. World Bank; 1997.

Over the past ten years, the United Nations System in China has played a leading role in promoting AIDS advocacy and policy. This leading role took place in the general context of an overall low HIV prevalence in China. The HIV risk and vulnerability situation have changed and HIV transmission has gained momentum. The stage is now set for very serious HIV outbreaks. In order to avoid a major AIDS disaster early in the new millennium, it is of great importance that the UNTG support the national AIDS response to evolve and change gears.

**The Core of any effective national response:
Need for good governance regarding HIV/AIDS**

First, the UNTG would like to emphasize the importance of good governance regarding HIV/AIDS in terms of societal openness, better access to information and greater support to civil society around HIV/AIDS issues. There is a need to promote societal openness, so that people can protect themselves and others from HIV/AIDS.

For example, in the tragic case of HIV transmission through commercial plasma donations in Henan, villagers could have taken action to protect themselves if they had access to relevant information at an early stage.

Another example is greater involvement of vulnerable populations and PLWHA, who should be encouraged and supported to create social organisations to become major partners in all aspects of the HIV/AIDS response.

Furthermore, if politicians at all levels could be encouraged to openly deal with HIV/AIDS through training in international best practices, it would be easier to proceed with awareness raising among the general public, or for instance to run condom advertisements on TV. It would also become less likely that local politicians would fear negative consequences for their constituency, and their own careers. Good governance regarding HIV/AIDS, in the sense of a frank and open dialogue between different levels of government and other stakeholders in society, can make a great difference towards effective national and local AIDS responses.

Specific areas in need of attention

The following eleven areas, that all need specific attention within the overall framework of good governance, summarize the main recommendations from the China UN Theme Group's updated needs assessment:

1. Need for guidance by international consensus

The Paris AIDS Summit Declaration and the Beijing Platform of Action are not legally binding, they nonetheless represent international consensus endorsing key approaches for dealing with HIV/AIDS according to what UNAIDS calls international best practice. **In the new millennium, the major global guiding text on how to best respond to HIV/AIDS is the Declaration of Commitment endorsed by member states at the UNGASS in June 2001.** In China, CCA/UNDAF are also stepping stones towards the targets set forward in the UNGASS Declaration. Together these documents provide a solid framework for consolidating national commitment, initiating action, and should become constant guides whenever and wherever HIV/AIDS policies are discussed or programmes designed. It must also be noted that both the UNGASS Declaration and the China CCA/UNDAF Documents, define HIV/AIDS as being a political issue in addition to being a health and development challenge.

2. Need for openness, political commitment and expanding the response

Countries with the most successful HIV/AIDS prevention programmes are those where the HIV/AIDS problem has been made visible, and its various aspects are openly discussed and addressed by the whole of society. **AIDS programmes in the most successful countries have the highest level of political support,** and AIDS offices are often under the direct leadership of either the Prime Minister or the President, like in Uganda. Moreover, UNAIDS as a joint United Nations programme, bringing together 8 UN agencies with different mandate and areas of expertise, is a guiding example that underscores the need for multi-sector involvement in HIV/AIDS prevention. A too narrow HIV/AIDS response restricted to the purely medical sector has always and everywhere failed to address the many issues raised by HIV/AIDS.

3. Need for urgency in AIDS prevention

The current HIV and STI situation in China can best be described as an AIDS "time bomb." In view of the many signs, all pointing towards the highly imminent explosion of HIV epidemics among many vulnerable populations throughout China, the time is over for talk without action. Immediate steps should be taken to prevent HIV outbreaks among

vulnerable groups. Actions aimed at fighting root causes of the so-called social evils like drug use and prostitution are needed, but international experience clearly shows that such approaches cannot be expected to have a real impact on imminent HIV outbreaks. **Today, a serious HIV epidemic can be averted in China only by immediate and bold interventions aimed directly at preventing HIV transmission.** These activities are best described in international terms as harm reduction among vulnerable populations, and include approaches for promoting sterile injections, safe sex with straightforward condom promotion. An essential aspect is the intensive promotion of condom use in commercial sex, especially targeting clients and owners/managers of establishments where commercial sexual encounters take place.

4. Need to increase HIV/AIDS awareness

International experience shows that AIDS programmes are most effective in situations where authorities and individuals at all levels share in the knowledge surrounding HIV/AIDS issues. The current low level of HIV/AIDS awareness in most of China calls for stepped-up action in this field. The reality of the looming HIV/AIDS threat in China and international examples of effective responses need to be widely disseminated among leaders, professionals and the general public.

Mass media can play a major role for increasing AIDS awareness in China, provided a good media strategy is developed. Better and more appropriate use of mass media could contribute a great deal to Chinese prevention programmes. However, in the situation - or should one rather say the many situations - of China, carefully tailored and targeted messages are also paramount, and in this regard, a solid combination of narrow and broad casting is most appropriate.

5. Need for quality policy

International experience has shown that countries that have succeeded in achieving sustainable breakthroughs in HIV/AIDS prevention and care are those that succeeded in deciding on bold and high quality policies based on sound public health rationales. Examples like the 100% condom use campaign in Thailand and Cambodia, harm reduction approaches among IDU in Australia, or integrated STI care programmes in Tanzania have taught the world that for HIV/AIDS prevention to be successful **there is an absolute need for courageous leadership, unafraid of stepping forward and accepting the visible role of "AIDS champions."** Nowhere have half-hearted regulations following compromise with moralists or ideologists been successful. Quite the contrary: HIV/AIDS programmes based on moral principles alone, at the expense of sound public health considerations, became indirect triggers for more serious HIV

transmission. In fact, incorrect attitudes among key decision makers in some countries have turned out to be the most deleterious “risk behavior” leading to increased HIV spread, since they impeded truly effective preventative action.

The Need for An Enabling Policy Environment

“So what are the ingredients that make up an environment that encourages and supports effective HIV policies? First, HIV transmission cannot be prevented by governments from above. The spread of the virus relates largely to our very private behavior - our sexual and drug-using practices. For this reason, the behavior changes required can only be achieved voluntarily, with agreement and cooperation of all those involved. It cannot be imposed from above. Second, for behavior change to occur there has to be an acknowledgement by all individuals that they are at risk. Only then will they implement measures to protect themselves and others from the risk of HIV transmission. However, no one will openly acknowledge that he or she is at risk, if doing so carries the threat of discrimination, prosecution or even imprisonment. The presence of such threats is the very opposite of an enabling environment.”

Speech by Julie Hamblin, JD at the inception meeting of the UNDP China PAF project “Promotion of an Enabling Policy Environment and Quality Legislation for HIV/AIDS Prevention and Care.” with participation from CICETE, UNDP, MOH, and AusAID; June 7, 2001.

6. Need for investment in HIV/AIDS prevention

International experience has shown that any delay in effective HIV prevention will permanently and substantially raise the costs of future care and control programmes. In several African countries with mature epidemics, AIDS related medical costs make up half, even two thirds of national health budgets. **In China, HIV prevention during the current early-stage, high-risk epidemic situation must be considered as one of the most cost-effective health sector investments to benefit China’s future development.**

The cost per DALY (Disability Adjusted Life Year) saved has been calculated to be well below the 250 USD upper limit for cost-effective health interventions in developing countries. In fact, the **cost per DALY** may well be below ten USD at this early stage of the epidemic, but the cost per DALY will inevitably increase with the progression of the epidemic. Alternatively, the **current daily cost** for treating AIDS is above ten dollars.

7. Need for strategic planning based on accurate situation analysis

The dissonance in commitment between governments at various levels, and different provinces, as well as the 'narrowness' of the response, are understandable given the wide disparities within China both in terms of current HIV prevalence and, more importantly, in terms of the 'vulnerability' of different provinces and counties. We can expect these 'differential' responses to endure. Hence, the importance of strategic approaches to planning that would capture these differences and reflect them in the way that interventions, but also, critically, advocacy messages, are designed. Therefore, **planning effective responses call for approaches that take into account the unique dynamics of HIV/AIDS**, especially the unpredictable course of the epidemic, the many different factors, and in the case of social and economic factors - changing determinants.

International best practice recommends a strategic planning approach for HIV/AIDS, which is best thought of as an interactive process that allows adaptation to changing situations, to plan for and implement efficient, affordable, sustainable, equitable, and relevant expanded responses. One example is the need of integrating HIV/AIDS prevention and care into current and future poverty alleviation programmes.

Pioneering Strategic Planning in China

In a joint effort between the UN, the Chinese Government and International partners, pilot strategic planning was carried out in several Chinese provinces during the year 2000.

It started with a central workshop covering situation analysis, response analysis, definition of priority areas for intervention and resource mobilization. A strategic planning manual was adapted, and translated into Chinese, and other technical documents were prepared.

A two-day training workshop was then carried out for multi-sectorial participants from different levels within the provinces. The training was participatory, inter-active and peer-led. Examples of outcomes are:

- Change in local perspective on HIV/AIDS issues
- Better understanding of local situation, obstacles and missed opportunities
- Multi-sectorial collaboration achieved through joint analysis and planning

8. Need for dealing with new challenges and vulnerable populations using good international experience

Since the start of the HIV epidemic some 20 years ago, much international experience has been gained for better dealing with new challenges, and for more effectively approaching populations at risk. The most important international lesson for China in this regard may be that **HIV/AIDS cannot be contained within the sub-populations where it has started to spread, even in the case of highly marginal, impoverished and minority populations**. Indeed, countries that justified their non-action with the wishful thinking that HIV/AIDS would stay limited within some clearly defined “population at risk” had to learn at their expense that their unwillingness to directly deal with HIV/AIDS prevention among the often disrespected but very vulnerable, became one of the principal factors facilitating increased HIV/AIDS spread to the so-called general population. Therefore it is paramount that international experience be taken into account for better dealing with the most vulnerable populations at the early stages of HIV/AIDS epidemics in China. Retaining information on safer sex practices or sterilization of needles out of moral concerns has had no positive impact on HIV prevention anywhere in the world.

9. Need for life skills education among vulnerable groups, especially youth

One specific area needing intensive support concerns the education of young people in the acquisition of safe and healthy life skills especially in the areas of sex and drug education. In fact, international experience has taught that **well presented sex education in schools can become a powerful factor for convincing young people to engage in safe sex behavior and to postpone the start of their active sex life**.

In China, traditional approaches to “education” involve older people and people in position of authority lecturing young people about morality. Strategies that have elsewhere been proven effective in HIV/AIDS education, such as participatory education, youth to youth education, and developing decision-making skills have been practiced very little.

Numerous successful small-scale peer-education projects have repeatedly shown that HIV prevention through peer-education is a very appropriate teaching method in the Chinese context. There is need to scale up these participatory prevention methods to reach young people already in middle school. It is also urgently needed to find forums for reaching out to out-of-school youth and to the special needs of migrants teenage children and young migrants themselves. Furthermore, there is a great need to target minority populations with culturally appropriate IEC strategies, such as reader friendly material in native languages, and non-written messages through e.g. pictures, theater, participatory drama, singing and dancing. Most important however, is to enhance minorities’ participation in the process of designing, implementing and evaluating HIV/AIDS prevention.

10. Need for the urgent control of STI

Since international evidence indicates that the co-factor effect of STI for promoting HIV spread is highest at the beginning of a sexual HIV epidemic, there is a great urgency now to bring STI under control.

Regulations are needed to bring order to the current state of chaos in STI management. Modern and comprehensive public health systems need to be designed for treating STI, including services provided by STI clinics, general clinics, private practitioners, family planning clinics and pharmacies, among others, in both cities and rural areas. STI prevention needs priority attention inclusive of countrywide promotion of condom use.

11. Need for access to indiscriminate care, treatment and support for people living with HIV/AIDS

While the purely medical aspects have received some attention by MOH, there remains an urgent need to make sure that policies on care are put into action at all levels: national, provincial and local, with respect to primary health care, community care and safeguarding the confidentiality and rights of patients. This is all the more important because of the great number of people currently living with HIV, and who are expected to become symptomatic over the next couple of years. **Indeed, with current estimates of more than one million HIV infections, there could be an expected 100,000+ patients with AIDS every year.**

It is recommended that the current Chinese Rural Health Care Reform Process take into account the many needs that the HIV/AIDS epidemic will require in future years, and to foresee solutions on how to meet these needs using the most effective and least expensive resources. There will be many needs for:

- primary health care for PLWHA
- home based care for PLWHA
- care of orphans
- support to families

To meet these needs it is important to promote:

- greater involvement of people living with or affected by HIV/AIDS (GIPA)
- organisation of community and home based care systems
- keeping HIV affected and infected children in school
- securing jobs for, and incomes of PLWHA
- preventing mother-to-child transmission

Access and cost of anti-retroviral drugs

At the 4th World Trade Organisation (WTO) ministerial conference held in November 2001 in Doha, Qatar, access to medicines and drug patents were discussed, centered on the cost of anti-retroviral drugs to treat AIDS patients.

A declaration on intellectual property and public health signed at that meeting proposes that public health should override commercial interests and that WTO members have the right to grant compulsory licences to produce medicines and the freedom to determine the grounds (such as public health interests), for overriding patents.

China has recently joined WTO and is one of several developing countries with the technological capability to manufacture generic equivalents of patent-protected new chemical entities, such as anti-retroviral drugs. However, Chinese authorities have yet to decide whether they will follow the Doha declaration in increasing access to life-saving treatments for AIDS patients. This could be achieved by allowing local companies to manufacture cheap generic versions of anti-HIV drugs or by negotiating lower prices with multinational patent-holders.

EPILOGUE

Putting into Action the Principle of Greater Involvement of People Living with or Affected by HIV/AIDS

Xiao Li is a young Chinese man who now lives in Beijing, and who knows that he is living with HIV since 1996. He is a friend of **the Home of Loving Care** at You'An Hospital in Beijing.

In November 1999 when the UN Secretary General, Mr. Kofi Annan visited China, his wife, Mrs. Nane Annan, visited the Home of Loving Care where she met and shook hands with Xiao Li. On that occasion, Mrs. Annan introduced the first copies of the Chinese version of the UNAIDS best practice document called **"From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS."** (GIPA)

Xiao Li himself is one of the first persons living with HIV in Beijing who has personally become involved in fighting discrimination and ignorance surrounding HIV/AIDS. For the last several years he has helped to facilitate training for Chinese staff from UN Agencies and Embassies on HIV/AIDS awareness. His participation has always been the highlight of the training sessions. Xiao Li has worked as an editor for an IT company and writes poetry.

Xiao Li has written the following poem for his fellow friends living with HIV/AIDS in China. Its calligraphy version was presented by Xiao Li to UNAIDS Executive Director Dr Peter Piot during his meeting with the enlarged UN Theme Group on HIV/AIDS on November 7, 2001.

一种声音

——致一个特殊的群体。

有一种感觉叫受伤
 有一种心情叫绝望
 我终于知道
 在某一个阳光灿烂的早上
 我站在现代化的城市里
 却感觉不到阳光
 也看不到希望
 我站在人前
 消蚀得只剩下团悲伤

黑暗难道比光明更永恒
 痛苦难道比幸福更深刻
 我大声质问智慧
 没人能告诉我
 这灾难到底是谁的错

当孤单不再孤单
 当茫然不再茫然
 我终于明白
 生活本没有太多答案

有一个温柔的声音提醒我
 提醒我的尊严和坚强
 即使没有了翅膀
 目光依然会飞翔
 即使没有了目光
 心依然会向往

来吧 我的战友
 擦去眼泪 手拉起手
 让我们登上高山之巅
 傲然面对苍“青天”
 在这里立下永久誓言。
 站起来是巍“山美”
 倒下去是洋“江川”

小
 子
 2000.1.北京

A message

—— for a special kind of people

There is a kind of feeling called pain

A state of mind called despair.

I came to know one day

On a sunny morning

I stand in a modern city

But can feel no sunshine

Can see no hope.

I stand in front of people

I fade away

Left only with sadness and sorrow.

Will darkness last longer than brightness?

Will suffering be deeper than happiness?

I asked those who are wise

But no one could answer

Who's responsible for this tragedy.

I was lonely

and confused

But finally I understood

Life is full of mysteries.

A kind voice is now reminding me

I still have dignity and still have strength;

Though I have no wings,

My eyes can fly

Though my eyes have lost their sparkle,

My heart still burns.

Come on, oh dear friends

Wipe off your tears and join my hands

Let's climb atop the mountain

To boldly face the vast blue sky

And make a vow eternal!

Those who stand up are strong and proud like mountains

Those who fall down are carried off by rivers to the sea.

Xiao Li

January 2000, Beijing

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