PROGRESS ON IMPLEMENTING UNGASS *DECLARATION OF COMMITMENT* IN CHINA 2005

Office of the State Council Working Committee on AIDS, China

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Content

I. Status at a glance

Over the past two years, the response to HIV/AIDS across China has intensified, and the Chinese government has strengthened leadership in HIV/AIDS. Effective measures have been launched in each key area of HIV/AIDS prevention, treatment, care, and support for comprehensive work in these areas has improved considerably.

The latest estimation results indicate that as of the end of 2005, there are approximately 650,000 people currently living with HIV/AIDS in China (range: 540,000 to 760,000). Among these 650,000, there are an estimated 75,000 people living with AIDS (range: 65,000 to 85,000). In 2005, there were an estimated 70,000 new HIV infections (range: 60,000 to 80,000), and there were an estimated 25,000 AIDS deaths (range: 20,000 to 30,000). The latest national estimates indicate that HIV/AIDS remains on the rise in China. New HIV cases are being transmitted primarily through injection drug use (IDU) and sex. More people are developing clinical AIDS, and AIDS-related deaths are on the rise. The epidemic is spreading from high-risk groups to the general population, and there is a potential risk that the epidemic will spread further.

In the past two years, the Chinese government has further strengthened a government-led HIV/AIDS prevention, treatment and care response involving multisectoral support and strong societal participation. President Hu Jintao, Premier Wen Jiabao, Vice Premier Wu Yi and other national leaders have visited AIDS patients in hospitals and in their homes, and have toured highly infected areas, leading by example to raise awareness of HIV/AIDS. The State Council has outlined 9 key measures for HIV/AIDS prevention, treatment and care work. Each level of government has established prevention, treatment and care coordinating mechanisms, and mobilized strong societal and multisectoral support for the HIV/AIDS response. NGO participation in prevention, treatment and care is progressively increasing, and international cooperation has been further strengthened. Funding from the central government for HIV/AIDS prevention, treatment and care has risen from 390 million RMB (~ US $ 50 millon) in 2003 to 800 million RMB (~ US $100 million) annually, and local investment has reached to 280 million RMB (~ US $26 million) annually.

National HIV/AIDS surveillance and testing efforts have been strengthened, and a web-based disease reporting system has been established. The number of HIV sentinel surveillance sites has been expanded, and improvements have been made to the laboratory screening and free voluntary counseling and testing (VCT) systems. Mass screening has been carried out among key populations, through which many HIV and AIDS cases have been detected.

Across China, a broad range of mass media education activities have been instituted to

reduce the stigma associated with HIV/AIDS. Over 120 million HIV/AIDS information, education and communication (IEC) materials have been distributed, and 34.9 million people have received HIV/AIDS information and face-to-face education. Condom promotion programs have been widely implemented to target populations, and 128 methadone clinics and 91 needle and syringe exchange pilot sites have been established. In clinical settings, the proportion of blood coming from voluntary blood donors has risen from 22% in 1998 to 94.5% in 2005. Pilot programs for the prevention of mother-to-child transmission of HIV are now underway in 271 counties within 28 provinces and autonomous regions.

The Chinese Government has initiated and actively implemented the “Four Frees and One Care” policy. Currently, 20,453 AIDS patients are receiving antiretroviral therapy in 605 counties within 28 provinces. In high HIV prevalence areas, the death rate is beginning to fall as a result. Free education for children made orphans by AIDS and a series of other prevention and care policies are being progressively expanded in accordance with national policy.

However, China’s HIV/AIDS prevention and control is still serious, facing a number of difficulties and key challenges. In some local areas and within some government departments, leaders still do not understand enough about the dangers of HIV/AIDS. Implementation of the “Four Frees and One Care” policy remains uneven. Mass media education has not been adequate in scope and effectiveness. Coverage of targeted interventions remains low. Further intervention for the target populations is still need to be explored. There are also significant difficulties in implementing policy measures among the huge scale migrant population, etc. Still an arduous and long way lays ahead for the HIV/AIDS prevention, treatment and care in China.

Summary of Core Indicators for the *Declaration of Commitment* Implementation 2006 reporting
National commitment and action
Expenditures
1. Amount of financial allocation from central government of China • RMB 390 million in 2003; RMB 810 million in 2004; RMB 801 million in 2005
Policy development and implement status
2. National composite policy index **Areas covered**: prevention, care and support, human rights, civil society involvement, and monitoring and evaluation **Target groups**: most-at-risk populations *Note. Refer to the text for detailed information*
National Programmes: HIV testing and prevention programmes for most-at-risk populations *Refer to the text for detailed information*
3. Percentage (most-at-risk populations) who received HIV testing in the last 12 months and who know the results *Data unable to input because data can not meet the CRIS requirements.*
4. Percentage (most-at-risk populations) reached by prevention programmes ● CLPE4-1: Intervention programs cover 25 per cent of sex workers *(Source: 2005 national estimate)* *Note. Data unable to be input because data can not meet the CRIS requirements.* ● CLPE4-2: intervention programs cover 45 per cent of IDUs (Source: 2005 national epidemic estimate *Note. Data unable to input because data can not meet the CRIS requirements.*
Knowledge and behavior
5. Percentage of (most-at-risk population(s)) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission ● Female sex workers: 23.5% *(Source: 2005 national comprehensive surveillance (Female Education Institute) (including 15 provinces) and April 2005 Global Fund 3rd round baseline survey (including 7 provinces in mid China). Calculate the median in this rank which include 22 values. This value objectively reflects current HIV knowledge awareness among female sex workers which is representative to some extent.)* ● MSM: 37.3%

(Source: data of homosexual are lacking and only include 2004 national comprehensive surveillance data in Liaoning and Shandong Provinces)

● Drug users: 36%
(Source: 2004 national comprehensive surveillance data in 8 provinces including Fujian, Guangdong, Guangxi, Guizhou, Hubei, Sichuan, Xinjiang, and Yunnan. Calculate the median of this 7 values rank which is short of the data of Xinjiang female. This value has a good representative.)

6. Percentage of female and male sex workers reporting the use of a condom with their most recent client

● Female sex workers: 68.5%
(Source: 2004 national comprehensive surveillance, 2005 sentinel surveillance, and Global Fund 3rd and 4th round baseline survey)
Male sex worker's data are absent.

7. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner
● 44.2% (data from 3 provinces in 2004), 41.1% (data from 2 provinces in 2005)
(Source: 2004 national comprehensive surveillance, 2005 sentinel surveillance)
Note. Data unable to be input because data can not meet the CRIS requirements.

8. Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid using non-sterile injecting equipment and use condoms, in the last 12 months (for countries where injecting drug use is an established mode of HIV transmission)

● Needle sharing among IDUs: 50.6%
(Source: 2005 sentinel surveillance and Global Fund 4th baseline survey)
Note. Data unable to be input because data can not meet the CRIS requirements.

Impact

9. Percentages of (most at risk populations) who are infected
●CLPE9-1: HIV prevalence among clients of SW: 0.2%
(Source: 2005 national sentinel surveillance)
●CLPE9-2: HIV prevalence in sex workers: 0.5%
(Source: 2005 national sentinel surveillance)
●CLPE9-3: HIV prevalence in IDUs: 8.3% per cent
(Source: 2005 Beijing sentinel surveillance)
●CLPE9-4: HIV Prevalence in MSM: 1.5%
(Source: Sino-America GAP project surveillance from Sep. 2004 to Jan. 2005 using RDS methods)

II. Overview of the AIDS Epidemic

Due to the fact that China is a big country with huge population and large areas, the epidemic data of Beijing (The population of Beijing is less than 1% of the total population of the country; the area of Beijing is less than 0.2% of the country.) is considered inadequate to depict a comprehensive picture of the national epidemic. Therefore we make an overall analysis to the national epidemic situation and characteristics while depicting the picture of Beijing.

2.1 Characteristics of HIV/AIDS Epidemics among different populations in China

2.1.1 Female Sex Workers

Data from national sentinel surveillance and epidemic surveys show that average prevalence rate of the country is less than 1.0% among female sex workers. Sentinel surveillance in Beijing reported prevalence rate among FSWs as 0.8% in 2004, and 0.5% in 2005.

It shows from the results of surveillance over years that the percentage of using condom for every commercial sex among FSWs is slowly increasing, and the year 2004 sees a larger elevation. In the same time, the percentage of those reporting never using condom is decreasing year by year. In 2005, the median of self-reported ‘never use condom’ and ‘use condom for every sex’ are 9.8% and 39.9% respectively. (Figure 1)

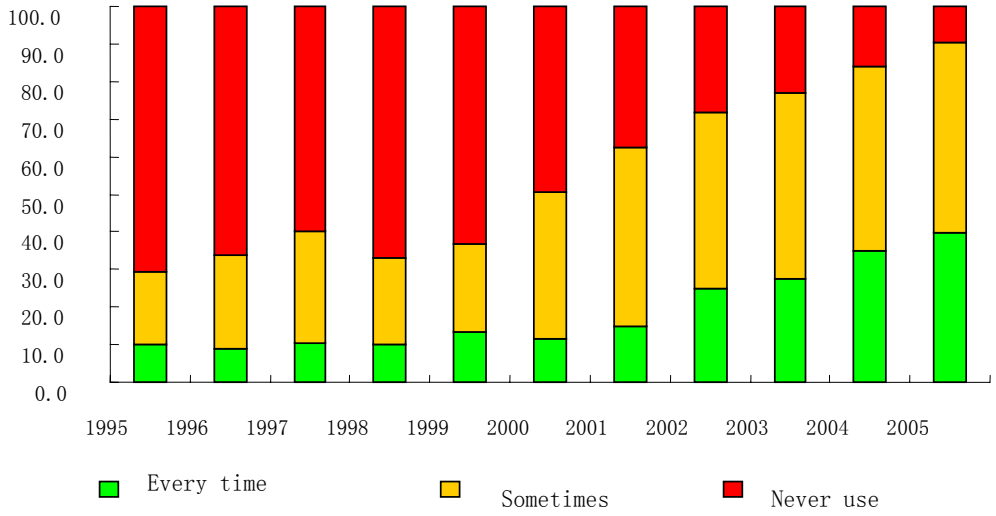

Figure 1 Condom use in commercial sex during last month among FSWs, 1995-2005 *(source: National HIV Sentinel Surveillance)*

Notes for indicator 6: According to the data of national comprehensive surveillance in 2004, sentinel surveillance in 2005, and baseline surveys conducted by Global Fund Round 3 and 4, the average percentage of FSWs reporting condom use during most recent sex with a client is 68.5%. Data of male sex workers reporting condom use during most recent sex with a client is not available from both the national sentinel surveillance and other studies.

2.1.2. Man who have sex with man (MSM)

Data of this population is scanty. Epidemiological and sentinel surveillance data show that HIV prevalence rates among MSM in Beijing, Harbin, Guangzhou, Shenyang, Zhenzhou and other places are about 1-2%. Surveillance data from 2001 to 2004 in Harbin indicate a prevalence rate of 1.2-1.4%, while the condom use during the most recent sex is about 40%. Surveillance data from the China-US cooperative project Global AIDS Program (GAP) in Beijing showed that HIV prevalence rate among MSM in 2004 is 1.46%。

Notes for indicator 7: According to the data of national comprehensive surveillance in 2004 and sentinel surveillance in 2005, the percentage of men reporting use of condom the last time they had anal sex with a male partner were 44.2% in 2004 and 41.1% in 2005. However, the figures did not differentiate the population by age and geographical areas (urban or rural). In general, the data of MSM is very limited. The only available data come from the national comprehensive surveillance and sentinel surveillance.

2.1.3. Drug users

The prevalence among drug users has been mounting up since 1995. Overall prevalence rate of national sentinel sites in 23 provinces is 6%- 8%. HIV positive cases were found among drug users in 31 provinces (autonomous regions and municipalities) since 2002. Both the number of sentinel sites detecting HIV positive cases and number of sites with higher than 5% of HIV prevalence rate are increasing year by year. Certain sites in Yunnan, Sichuan, Guangxi and Hunan have demonstrated prevalence rates higher than 20%. In Yining of Xinjiang, the prevalence rate among drug users is even higher than 70%.

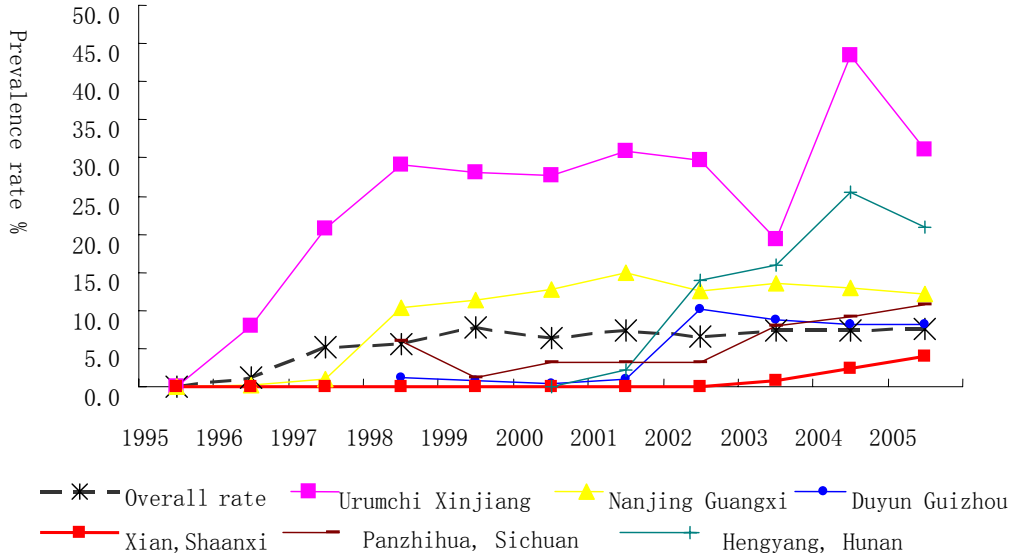

Figure 2 HIV prevalence rate in selected sentinel sites on drug users, 1995-2005
(Source: National HIV Sentinel Surveillance)

National sentinel surveillance data before 2000 depict an ascending trend for the proportion of injecting drug use among drug users, fluctuating between 50% and 65% since 2000. The 2005 national sentinel surveillance data show that percentage of injecting drug use among drug users is as high as 64.1%. Similar patterns were seen for the proportion of needle sharing among injecting drug use, fluctuating between 40-50%. The prevalence rate reported from sentinel surveillance on drug users in Beijing was 8.3% in 2005.

Notes for indicator 8: The results of sentinel surveillance and Global Fund baseline data show that the average proportion of needles sharing is 50.6%. The percentage of injecting drug users who avoid needle sharing and use condoms in the last 12 months were 8.51% among IDUs less than 25 years old and 8.02% among IDUs 25 years or older.

2.2 Characteristics of China's HIV/AIDS Epidemic

2.2.1 HIV/AIDS is still on the rise

Sentinel surveillance data indicate that HIV infection rates rose from 2.0% in 1996 to 6.5% in 2004 among drug users, from 0.02% in 1996 to 0.9% in 2004 among sex workers, and from non-detected in 1997 to 0.3% in 2004 among pregnant women attending maternal clinic in high prevalence areas. There is an elevating trend of HIV infections among the most at risk populations.

2.2.2 Epidemic is spreading widely, with significant geographic variation

By the end of November 2005, Henan and Yunnan have each reported over 30,000 cumulative HIV cases. Guangxi, Xinjiang and Guangdong have each reported over 10,000 cumulative HIV cases. Ningxia, Qinghai, and Tibet have each reported fewer than 100 cases. (Figure 3)

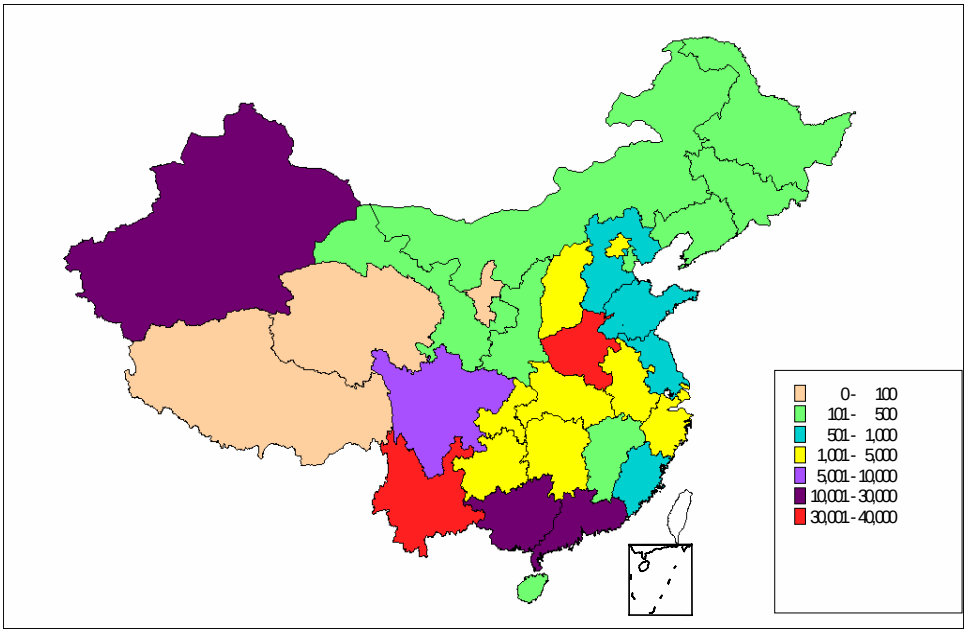

Figure 3. Geographical distribution of accumulative HIV/AIDS cases in China (by November 2005)

There are significant geographic variations in HIV prevalence among drug users and sex workers. In some areas of Xinjiang, Yunnan and Sichuan and other provinces, HIV prevalence among injection drug users exceeds 50%, while in Jiangsu, Zhejiang, Inner Mongolia, Liaoning and other provinces, HIV prevalence among injection drug users remains under 5%. In most areas, HIV prevalence among FSWs is less than 1%. In some parts of Yunnan, Chongqing, Hunan, Guangdong, Guangxi, Sichuan and other provinces, HIV prevalence among sex workers is over 1%. Transmission through drug use and sex exists in all provinces.

2.2.3 All three modes of transmission coexist, while new cases transmitted mainly through injection drug use and sex

Currently, injection drug use and sexual contact are the dominant modes of HIV transmission. Estimation results indicate that among people currently living with HIV/AIDS, 44.3% were infected through injection drug use, 43.6% through sexual

transmission, 10.7% through blood/blood products, and 1.4% through mother-to-child transmission.

According to the estimation, among the estimated new HIV cases in 2005, 49.8% were associated with sexual transmission, 48.6% with injection drug use, and 1.6% with mother-to-child transmission.

2.2.4 More people are progressing to clinical AIDS, and AIDS-related deaths are on the rise

The former plasma/blood donors infected before 1996 share a large proportion of the existing living PLWHAs in China. During the last 2 years, the numbers of reported AIDS cases and deaths have risen dramatically, indicating that many people living with HIV are developing AIDS. The number of AIDS cases reported in 2004-05 accounted for 60.7% of the cumulative number of reported AIDS cases, and the number of AIDS deaths reported in 2005 accounted for 63.4% of the cumulative number of reported AIDS deaths. About one third of the AIDS cases receive ARV treatment until the late stage or with opportunistic infections, which compromises the effectiveness of treatment.

2.2.5 The epidemic is spreading from high-risk groups to general population

Surveillance data indicate that HIV is spreading from drug users, sex workers and their clients and other high-risk populations to the general population. In some areas of Yunnan, Henan, Xinjiang and other provinces, HIV prevalence already exceeds 1% among pregnant women and those receiving premarital and clinical HIV testing, meeting UNAIDS criteria for generalized epidemic transmission.

2.2.6 There is a potential risk that the epidemic will spread further

HIV/AIDS awareness remains unacceptably low, and many people still do not know enough about how to protect themselves against HIV. National surveillance data indicate that 45.5% of injection drug users are sharing needles and syringes, and 11% of drug users are engaging in high risk sexual activities, thereby increasing their risk of becoming infected with HIV and accelerating the spread of HIV among drug users, sex workers and their clients. Mobility of people living with HIV is another factor affecting the spread of HIV around China. Other important factors fueling the spread of HIV include increases in risky sexual behavior, and rising sexually transmitted infection rates in many areas.

III. National responses to the AIDS epidemic

In the past two years, the Government of China has adjusted and strengthened the leading and coordinating mechanism for HIV/AIDS control and prevention. The State Council convened several special meetings to clarify roles and responsibilities, strengthen

HIV/AIDS prevention, treatment and care legislation, and to include HIV/AIDS in the Action Plan 2006-2010. In addition, comprehensive prevention, control, treatment, care and support measures have been implemented. Overall, significant progress has been made in following areas:

3.1 Advancing a government-led prevention, treatment and care response with multisectoral cooperation and strong societal participation

To ensure an effective HIV/AIDS response, leadership and coordination have been strengthened by the State Council AIDS Working Committee, and by further clarifying the roles of each government agency and determining the objectives, tasks and measures in the next five years. President Hu Jintao, Premier Wen Jiabao, Vice Premier Wu Yi and other national leaders have visited with AIDS patients in hospitals and in their homes, and for healthcare and volunteer workers. Ministry of Health, Ministry of Finance, Ministry of Public Security, Ministry of Justice, Ministry of Railways, the All China Women's Federation, the Chinese Communist Youth League and other Ministries and mass organizations have established internal HIV/AIDS coordination mechanisms, with each agency formulating strategic plans for HIV/AIDS prevention, treatment and care. Around the country, governments of all 31 provinces and autonomous regions, and 88% of prefecture governments have established prevention, treatment and care leadership coordination mechanisms. Leaders from each level of government have also visited with and expressed sympathy for AIDS patients and healthcare and volunteer workers, participated in HIV/AIDS education activities, and assessed local HIV/AIDS prevention, treatment and care responses. The foundation has been laid for a government-led prevention and care response with multisectoral cooperation and strong societal participation.

3.2 Strengthening policy measures to standardize HIV/AIDS prevention and care work in accordance with the law

In recent two years, the government of China has promulgated the "Four Frees and One Care" policy and series of other important polices related to HIV/AIDS prevention, treatment and care. Premier Wen Jiabao chaired an executive meeting of the State Council that outlined 9 key areas for China's HIV/AIDS prevention, treatment and care response. Each level of government was requested to prepare action plans, placing HIV/AIDS prevention, treatment and care among the key public health areas of the 11th National Five-Year Plan, and to formulate and implement these action plans, including providing funding for prevention, treatment and care in the budgets of each level of financial administration. Health education has been strengthened, and knowledge about HIV/AIDS prevention and care has been disseminated. Surveillance has been strengthened, and a more complete HIV/AIDS surveillance network has been established. Strong, targeted intervention measures for key populations have been implemented.

Management of blood donation and collection has been further consolidated in order to eradicate illegal blood collection and provision. Significant work has been done to provide treatment and implement care and support measures for AIDS patients. Prevention, treatment and care work in rural areas and among migrant populations has been strengthened. Key scientific research questions in HIV/AIDS prevention, treatment and care are being tackled. HIV/AIDS prevention and care laws have been drafted, including the "HIV/AIDS Prevention and Care Regulations" that will soon be issued. These regulations detail the responsibilities of each level of government as well as the rights and responsibilities of AIDS patients. Henan, Zhejiang and other provinces have also formulated local HIV/AIDS prevention and care regulations.

3.3 Targeting key areas and implementing comprehensive prevention, treatment and care measures

3.3.1 Strengthening of HIV surveillance and testing and ensuring timely detection of HIV and AIDS cases

Surveillance has been strengthened, and a web-based disease reporting system has been established. Additional national and provincial sentinel surveillance sites have been established. By the end of 2005, there were 329 national HIV sentinel surveillance sites and 400 provincial sentinel surveillance sites, covering the majority of prefectures and key populations. In addition, there are now 57 confirmatory laboratories and 3756 screening laboratories, and screening has been conducted among key populations. There are now 2,850 free VCT clinics providing free counseling and testing services.

3.3.2 Initiation of mass media education to fight stigma

The Ministry of Health, the Publicity Department of the Central Committee of the Communist Party of China, the Ministry of Education, the All China Labor Union, the Chinese Communist Youth League, the All China Women's Federation, and other ministries organizations have initiated mass media education activities, such as Worker's Red Ribbon Campaigns, "Face-to-Face," and Youth Red Ribbon Campaigns. HIV/AIDS prevention publicity posters have been distributed to 740,000 villages across China, 50,000 neighborhood committees, 2,100 universities and 90,000 middle schools. The Central Communist Party School has already begun to include HIV/AIDS prevention and care material into its curriculum. SCAWCO, the Publicity Department of the Central Committee of the Communist Party of China, the Ministry of Labor and Social Security, and other ministries and commissions under the State Council have jointly launched national mass media education campaigns on HIV prevention for migrant workers. Each local area has organized mobile van performances to disseminate prevention and care information using diverse styles of educational activities rich in content. According to incomplete statistics, over 120 million IEC materials have been distributed, and 34.9

million people have received HIV/AIDS information and face-to-face education.

3.3.3 Scaling up of behavioral interventions and comprehensive prevention measures

Six ministries, including the Ministry of Health and the National Population and Family Planning Commission, have formulated methods for implementing condom promotion for HIV prevention. Hubei, Hunan, Sichuan, Yunnan, Hainan and other provinces have already begun to implement 100% condom use programs on a large scale. Nationally, 2,686 'Targeted Prevention Teams' have been formed to initiate targeted interventions among high-risk groups, focusing particularly on prevention of sexual transmission of HIV. The Ministry of Health, the Ministry of Public Security, the State Food and Drug Administration and other agencies have established 128 methadone clinics and 91 needle and syringe exchange pilot sites. The management of blood collection has been strengthened, effectively containing the transmission of HIV through blood collection/donation. In clinical settings, the proportion of blood coming from voluntary blood donors has risen from 22% in 1998 to 94.5% in 2005. Pilot programs for the prevention of mother-to-child transmission are now underway in 271 counties within 28 provinces and autonomous regions.

3.3.4 Actively treating AIDS patients and providing care and support services

The domestic production of antiretroviral drugs has been expanded, and a reliable supply system has been established. Capacity building and training for care and treatment have been strengthened, and 9 clinical care training centers have been established. Currently, 20,453 AIDS patients are receiving antiretroviral therapy in 605 counties within 28 provinces and autonomous regions. According to Henan statistics, where treatment is available, AIDS mortality has fallen from 15.4% in 2001 to 7.7% in 2005. In Henan and Hubei and other provinces, a pilot pediatric care project was launched that has provided antiretroviral therapy to 104 children. Free schooling and a living allowance are being provided to children made orphans by AIDS in accordance with national policy. To date, 4,385 children of school age (or 92.71% of all eligible children) are receiving free education. Self-support groups have been established for people living with HIV/AIDS in Henan, Xinjiang, Shaanxi, Shanxi, and other places.

3.4 Strengthening supervision, increasing investment, deepening scientific research, expanding international cooperation

China National People's Congress, China National Political Consultative Committee, and State Council HIV/AIDS Working Committee Office member organizations completed a joint supervision mission to assess HIV/AIDS prevention and care policy measures implemented by each provincial government. The Ministry of Health brought together

different sectors, international organizations, and NGOs to begin monitoring and evaluation of China CARES project and international cooperation projects. A national experience-sharing meeting was convened on comprehensive HIV/AIDS prevention, treatment and care through the China CARES project to share and promote effective prevention and care work experiences and methods.

The central government has continued to increase its investment in HIV/AIDS prevention and care. The national budget for HIV/AIDS prevention and care has risen from 390 million RMB (~ US $48.75 million) in 2003 to 800 million RMB (~ US $100 million) in 2005. Local investment has risen from less than 100 million RMB (~ US $12.5 million) in 2003 to 280 million RMB (~ US $34.7 million) in 2005.

China has set up a large HIV/AIDS prevention, treatment and care scientific research project, establishing a platform for HIV/AIDS prevention, treatment and care research in Henan and Yunnan provinces. Protocols have been launched in the areas of clinical care, treatment drugs, vaccines, diagnostic testing, and epidemiology. Significant progress has been made in strengthening clinical research into traditional Chinese medicine (TCM) for AIDS treatment. The Chinese government has strengthened cooperation and exchange with UNAIDS, WHO and other UN agencies as well as with the United Kingdom, the United States, Australia and other countries. Currently, international cooperation projects are underway in all 31 provinces and autonomous regions. The international community has already committed approximately 2.2 billion RMB (~ US $275 million) in donations to support China's response to AIDS. In 2003 and 2004, approximately 700 million RMB (~ US $87.5 million) was allocated.

VI. Major challenges faced and actions needed to achieve the UNGASS goals/targets Objectives

4.1 Key Challenges to Achieve UNGASS Goal and Objective

4.1.1 In some areas and within some government departments, leaders still do not understand enough about the dangers of HIV/AIDS

Some local leaders do not understand enough about HIV/AIDS prevention, treatment and care work, and mechanisms to support multisectoral participation in HIV/AIDS prevention, treatment and care remain incomplete. At the city and county levels, these problems are especially pronounced. Within different geographic areas and different departments, there is still not enough communication and linkages between agencies are not strong enough.

4.1.2 Implementation of the "Four Frees and One Care" policy remains uneven

In heavily affected areas, implementation of the national "Four Frees and One Care" policy has been relatively good, while in less affected areas implementation has been relatively poor. This means that some AIDS patients cannot access to antiretroviral therapy, and that some children made orphans by AIDS are not being guaranteed a living allowance and free schooling. For those AIDS patients who acquired HIV through drug use, there is still limited experience in providing antiretroviral therapy.

4.1.3 The majority of people living with HIV do not know their status

Approximately 141,000 people living with HIV have been detected through testing. With an estimated 650,000 people living with HIV, this means that approximately 510,000 people living with HIV do not know their HIV status. This highlights the need for increased coverage of, marketing of, and access to HIV testing services as an entry point to prevention, treatment and care.

4.1.4 Mass media education has not penetrated deeply enough, and coverage of interventions remains low

HIV/AIDS knowledge among citizens is relatively low, and many people still do not know enough about how to protect themselves against HIV. Social stigma remains a serious problem. There are significant gaps in the breadth, depth and content of mass media education. In some places, targeted intervention work for high-risk groups remains stuck at the stage of pilot programs with low coverage.

4.1.5 There are significant difficulties in implementing policy measures within the migrant population

There are currently 120 million internal migrants in China, many of whom lack HIV/AIDS information and the skills to protect themselves against HIV infection. In some places, prevention, treatment and care policies require program beneficiaries to be local residents in order to access those services, affecting the ability of migrants to gain timely access to prevention, treatment and care services.

4.2 Major measures to achieve UNGASS objectives

4.2.1 Strengthen HIV/AIDS prevention, treatment and care training for local leaders, formulate prevention, treatment and care work plans, and implement prevention, treatment and care work according to assigned responsibility

Training plans need to be developed to raise knowledge and awareness, with 1 to 2 years

to complete training for Chinese leaders at the county level and above. Top leaders at each level of government need to be held accountable for HIV/AIDS prevention, treatment and care work responsibilities.

4.2.2 Ramp up implementation of the "Four Frees and One Care" policy, disseminate experiences from China CARES, expand effective prevention, treatment and care interventions

Work needs to be done to increase coverage of comprehensive prevention, treatment and care services. A full review should be completed to assess implementation of the national "Four Frees and One Care" policy as well as the status of complementary policies in place to support this policy.

4.2.3 Strengthen routine surveillance work, formulate HIV testing measures for different populations

Surveillance needs to be strengthened, and surveillance networks expanded to cover different populations according to the characteristics of the epidemic. Surveillance work needs to be implemented more broadly to gain an improved understanding of epidemic dynamics. Further research needs to be done regarding implementation of multifaceted, VCT-based HIV testing strategies, policies and measures. More work needs to be done to build the capacity staff who work in HIV surveillance and testing.

4.2.4 Continue intensive and widespread mass media education efforts to mainstream knowledge about HIV/AIDS prevention and care and eliminate social stigma

Full use of mass media needs to be made in order to reach key populations, including rural workers, using "Face-to-Face" methods and other communication methods. The responsibilities of enterprises and different government departments need to be clarified, and prevention and care publicity should be made a part of routine work. The important contributions of public figures, volunteers, and people living with HIV/AIDS should be fully brought into play.

4.2.5 Strengthen and expand targeted interventions among high-risk groups, improve management of blood and plasma collection and donation

Interventions need to be expanded for high-risk groups. Comprehensive intervention measures need to be scaled up, and the number of methadone maintenance therapy clinics, needle and syringe exchange programs and condom use programs needs to be expanded. "Targeted Prevention Teams" need to be fully brought into play to expand and strengthen the coverage of interventions for target populations. Management of blood and plasma collection/donation needs to be further strengthened to ensure blood safety.

4.2.6 Strengthen laws and regulations related to HIV/AIDS prevention and care, expand international cooperation, make full use of NGO work

The "HIV/AIDS Prevention and Care Regulations" and "Action Plan for HIV/AIDS Containment, Prevention and Care in China (2006-2010)" need to be implemented. A national monitoring and evaluation framework needs to be formulated to establish a unified national system for monitoring and evaluation.

International cooperation and exchange should be strengthened to mobilize both financial and technical support from the international community in order to learn from the latest international experiences. Specialized technical teams need to be formed, appropriate incentive mechanisms need to be established, and HIV/AIDS professionals with technical backgrounds need to be encouraged to work at local levels. Full use should be made of NGO contributions and barriers that hinder their participation should be removed. Community groups, civil society, enterprises, and individuals should be encouraged to participate broadly in the HIV/AIDS prevention, treatment and care response.

V. Support required from country's development partners

In recent years, China experiences a well cooperation with multilateral international organizations, bilateral government agencies, NGOs and foundations on HIV/AIDS prevention, treatment and care. Through periodical meetings on special issues, compiling "Joint Assessment Report on Prevention, Treatment and Care on HIV/AIDS in China", as well as implementing specific intervention projects, China has formed a close partnership with UN Theme Group on HIV/AIDS in China.

International cooperative projects include behavior change, condom promotion, STD management, VCT, PMTCT, intervention on high risk behaviors, reduction of stigma and discrimination, care and support, treatment of opportunistic infectious (OI), leadership and capacity building, training, and establishment of comprehensive surveillance system *etc.* It's proved that many of these projects are exampled as the best practices in China as well in the world, and promote combating HIV/AIDS in China.

Undoubtedly, international cooperative plays an important role in HIV/AIDS prevention, treatment and care in China. Based on the practice, we should enhance the international cooperation and communication, strive for more international investment and resource for the purposes of providing training, scaling up coverage and behavior surveillance and intervention, intervention among migrant population, information analysis and utilization, evaluation of the effectiveness of the program, and leadership development.

VI. Monitoring and evaluation environment

Presently, monitoring and evaluation on the national HIV/AIDS control program is composed of two parts: the M&E to the implementing *China's Medium-and Long-Term Plan for the Prevention and Control of HIV/AIDS 1998-2010,* and the *Action Plan to Contain and Control of HIV/AIDS 2001-2005*, and M&E to the national China Comprehensive AIDS Response (China CARES) program. Additionally, other international projects also implement their M&E plans according to their respective requirements, which takes an active role in enhancing the M&E performance on HIV/AIDS control in China.

In the past three years, State Council AIDS Working Committee Office (SCAWCO) supervise and evaluate annually the implementation of the *Medium-and Long-Term Plan* and the *Action Plan*. In 2004, the mid-term evaluation was organized. Ministry of Health organized M&E missions twice to 42 China CARES sites. Different projects frame their own M&E indicators and methods through their respective M&E process.

However, challenges also exist to the M&E of the national HIV/AIDS control programs. First of all, a comprehensive M&E framework and indicator system is lacking. Utilization and management of M&E information is limited. The M&E unit of SCAWCO is in charge of the supervision at the national level, while the work at provincial and lower levels is responsible by AIDS working committee offices of corresponding levels. Each project's implementing agency presides over their monitoring and evaluation respectively. In one word, there lacks a comprehensive national M&E framework and indicator system. Moreover, M&E information utilization, feedback and follow up are not adequate. And also, there is significant gap in the capacity on M&E at all levels. Most of the staff for M&E at national and project level are part time, while there are no specified staff for M&E at provincial level. They are occasionally organized for administrative supervision or for participation in the supervision mission organized by the upper levels.

In order to improve the M&E on HIV/AIDS control in China, SCAWCO is leading to develop the national M&E framework for HIV/AIDS control. We are expecting technical & financial supports and capacity building etc. from the international partners, which will help us to accomplish and run the system in the next two years.