

2005 Update on the HIV/AIDS Epidemic and Response in China



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Executive Summary

Over the past two years, the response to HIV/AIDS across China has intensified, and the Chinese government has strengthened leadership on HIV/AIDS. Effective measures have been launched in each key area of HIV/AIDS prevention, treatment and care work, and the environment for comprehensive work in these areas has improved considerably. This report was jointly prepared by the Ministry of Health of the People's Republic of China, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) to describe the current status of China's HIV/AIDS epidemic, progress made over the past year in China's HIV/AIDS response, and key challenges that need to be addressed to stop the spread of AIDS.

1. Characteristics of China's HIV/AIDS Epidemic

In 2003, it was estimated that there were 840,000 people living with HIV/AIDS in China. Since then, the Chinese government has collected more representative data on HIV/AIDS, better estimates of the most at-risk populations have been generated, and improved estimation methods have become available. 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).

Although the 2005 estimate of people living with HIV/AIDS in China is lower than the 2003 estimate, there is no room for complacency. 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.

2. Progress in China's HIV/AIDS Prevention, Treatment and Care Response

The Chinese government has laid the foundation for 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 with AIDS patients in hospitals and in their homes, and have toured highly affected 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.

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 social 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, 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.

Clinical treatment and care are now being actively provided for AIDS patients, and preliminary steps have been taken to address problems around the production and supply of antiretroviral (ARV) drugs. 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.

Funding from the central government for HIV/AIDS prevention, treatment and care has risen to 800 million RMB (US \$100 million) annually, and local investment has risen to 280 million RMB (US \$34.7 million) annually. NGO participation in prevention, treatment and care work is progressively increasing, and international cooperation has been further strengthened.

3. Challenges and Responses

China is now facing a number of key challenges in HIV/AIDS prevention, treatment and care. In some prefectures 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”¹ policy remains uneven. The majority of people living with HIV do not know their status. Mass media education has not been adequate in scope and effectiveness. Coverage of targeted interventions remains low. There are also significant difficulties in implementing policy measures among the migrant population.

Next steps in the HIV/AIDS prevention, treatment and care response include:

- 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
- Ramp up implementation of the “Four Frees and One Care” policy, disseminate experiences from China CARES², expand effective prevention, treatment and care interventions
- Strengthen routine surveillance work, expand HIV testing for different populations
- Continue intensive and widespread mass media education efforts to mainstream knowledge about HIV/AIDS prevention and care and eliminate social stigma
- Strengthen and expand targeted interventions among high-risk groups, improve management of blood and plasma collection and donation
- Strengthen laws and regulations related to HIV/AIDS prevention and care, improve national monitoring & evaluation systems, expand international cooperation, make full use of NGO work

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

² The China Comprehensive AIDS Response (China CARES) program is an ambitious program to expand access to comprehensive HIV/AIDS treatment and care services that covers 127 sites in priority provinces most affected by HIV/AIDS.

Section 1

China's HIV/AIDS Epidemic

1. National HIV/AIDS Estimates

In 2003, the Chinese Ministry of Health, with support from UNAIDS and WHO, assessed the extent of the HIV/AIDS epidemic in China. Since then, the Chinese government has invested significant effort into strengthening HIV/AIDS prevention, treatment, care and support, including efforts such as scaling up HIV testing to identify people living with HIV, and actively providing clinical treatment and care to AIDS patients. Nationwide screening of former commercial blood and plasma donors and certain key populations, such as IDUs, has been done, and the number of HIV sentinel surveillance sites has been expanded along with voluntary counseling and testing (VCT) services. Through these efforts, an improved understanding of China's HIV/AIDS epidemic has emerged. In order to more objectively reflect China's HIV/AIDS situation, the Ministry of Health, UNAIDS and WHO have prepared this updated assessment of the HIV/AIDS epidemic and response in China.

1.1 Key findings

The latest estimation results indicate that as of late 2005, people currently living with HIV/AIDS in China are 650,000 (range: 540,000 to 760,000), of which 75,000 have developed AIDS (range: 65,000 to 85,000). Nationally, HIV prevalence averages 0.05% (range: 0.04 to 0.06%). In 2005, there were an estimated 70,000 new HIV infections (range: 60,000 to 80,000), and 25,000 AIDS deaths (range: 20,000 to 30,000).

1.1.1 Distribution of people living with HIV and AIDS

There are approximately 288,000 drug users living with HIV/AIDS, accounting for 44.3% of the total number of estimated HIV cases. Seven provinces - Yunnan, Xinjiang, Guangxi, Guangdong, Guizhou, Sichuan, and Hunan - each have more than 10,000 drug users infected with HIV, and these 7 provinces account for 89.5% of the HIV/AIDS cases among drug users.

Approximately 69,000 former commercial blood and plasma donors and recipients of blood or blood products through transfusions, are living with HIV/AIDS, accounting for 10.7% of the total number of estimated HIV cases. Five provinces - Henan, Hubei, Anhui, Hebei, and Shanxi - account for 80.4% of infections in this population.

Approximately 127,000 sex workers and their clients are living with HIV/AIDS, accounting for 19.6% of the total number of estimated HIV cases.

There are approximately 109,000 partners of HIV-positive individuals and members of the general population who are living with HIV/AIDS, accounting for 16.7% of the total number of estimated HIV cases.

An estimated 47,000 men who have sex with men (MSM) are living with HIV/AIDS, accounting for 7.3% of the total number of estimated HIV cases.

Approximately 9,000 cases of mother-to-child transmission have occurred over the past year, accounting for 1.4% of the total number of estimated HIV cases.

1.1.2 Number of people living with AIDS

Among the estimated 75,000 people living with AIDS, approximately 22,000 were infected through commercial blood and plasma donation and blood transfusion, and approximately 53,000 were infected through injection drug use, sex, and mother-to-child transmission.

1.1.3 AIDS deaths in 2005

Among the estimated 25,000 AIDS deaths in 2005, approximately 10,000 have occurred among former commercial blood and plasma donors.

1.1.4 New HIV infections in 2005

The estimated 70,000 new HIV infections have primarily occurred among high-risk groups, including drug users, sex workers, clients of sex workers, MSM, and partners of people living with HIV/AIDS. A relatively small proportion of new cases are associated with mother-to-child transmission of HIV.

1.2 Estimation process and methods

The estimation method used was the Workbook method recommended by WHO and UNAIDS as appropriate to China's epidemic situation.

A national estimation working group was formed with participation from the China CDC; Peking University, Tsinghua University and other universities; HIV/AIDS experts from each province; as well as UNAIDS, WHO, and the United States CDC. Experts were divided into 5 regional working groups, and each provincial health bureau (or health department) and CDC jointly prepared national and provincial estimates.

The demographic data used came primarily from prefecture statistical bureau data. HIV prevalence data came primarily from HIV sentinel surveillance, epidemiologic surveys, and surveys among former commercial blood and plasma donors and other key populations. Information on target population size estimates came primarily from field investigations, behavioral surveillance and registration records from various government agencies. Hospital testing and case reports were also taken into consideration along with other relevant information.

1.3 Comparison with 2003 estimates

Similar estimation methods were used in 2003 and 2005, generating estimates of 840,000 HIV cases in 2003 and 650,000 HIV cases in 2005. The 2005 estimate is 190,000 HIV cases lower than the 2003 estimates. Reasons for the difference between these two estimates include:

1. A wider range of data were used. In 2003, there were 194 national sentinel surveillance sites, the majority of which were located in high prevalence areas. Few epidemiologic investigations had been done, and limited data were available. By 2005, there were 329 sentinel surveillance sites, and more complete and representative data were available from national HIV screening activities and surveys among key populations.
2. More precise geographical units were used in preparing the estimates. In 2003, estimates were done at the provincial level. In 2005, estimates were done at the prefecture level, providing more representative and detailed information.
3. Key differences. In 2005, it was estimated that there are 55,000 former commercial blood and plasma donors infected with HIV, a difference of 144,000 compared with the 2003 estimate of 199,000. The 2003 estimate of former commercial blood and plasma donors living with HIV/AIDS appears to have been an overestimate; screening of this group in 2005 suggests that the epidemic has been more localized than previously thought. In 2005, there are an estimated 47,000 MSM living with HIV/AIDS, a difference of 50,000 compared with the 2003 estimate of 97,000. In 2005, estimates were based only on MSM with high-risk behaviors; therefore, the new estimate is more realistic.

2. Characteristics of China's HIV/AIDS Epidemic

2.1 HIV/AIDS is still on the rise

Sentinel surveillance data indicate that HIV prevalence among drug users has risen from 1.95% in 1996 to 6.48% in 2004. HIV prevalence among sex workers has risen from 0.02% in 1996 to 0.93% in 2004. In areas of high transmission, HIV prevalence among pregnant women has risen from 0 in 1997 to 0.26% in 2004. These data indicate that HIV infections continue to increase.

2.2 HIV has spread widely, but there is significant geographic variation in the epidemic

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.

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 some parts of Yunnan, Chongqing, Hunan, Guangdong, Guangxi, Sichuan and other provinces, HIV prevalence among sex workers is over 1%.

2.3 New cases are primarily being transmitted through injection drug use and sex, but all modes of transmission are found

Currently, injection drug use and sexual contact are the dominant modes of HIV transmission. Although former commercial blood and plasma donors account for a significant proportion of people living with HIV and AIDS, transmission in this group occurred primarily before 1996.

Estimation results indicate that among people currently living with HIV/AIDS, 44.3% were infected through injection drug use, 43.6% were infected through sexual transmission, 10.7% were infected through blood/blood products, and 1.4% were infected through mother-to-child transmission.

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

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

The main clinical manifestations of AIDS among AIDS patients include pulmonary infections, infectious diarrhea, shingles (herpes zoster), and oral fungal infections. Approximately one-third of AIDS patients have late-stage illness, and most seek treatment only when opportunistic infections become serious. These factors influence treatment effectiveness.

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 2004-2005 accounted for 60.7% of the cumulative number of reported AIDS cases, and the number of AIDS deaths reported in 2004-2005 accounted for 63.4% of the cumulative number of reported AIDS deaths.

2.5 The epidemic is spreading from high-risk groups to the 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.

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 cities.

Section 2

Progress in HIV/AIDS Prevention, Treatment and Care in China

In 2005, the Chinese government has taken steps to further strengthen its leadership in the response to HIV/AIDS. The State Council convened an executive meeting and a national videoconference was held on multisectoral work in HIV/AIDS prevention, treatment and care to clarify roles and responsibilities, to strengthen HIV/AIDS prevention, treatment and care legislation, and to include HIV/AIDS in the 11th National Five-Year Plan. In addition, comprehensive prevention, control, treatment, care and support measures have been implemented. Overall, significant progress has been made in following areas:

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 increasing representation on the State Council HIV/AIDS Working Committee Office (SCAWCO), and by further clarifying the roles of each government agency and by setting up 5-year HIV/AIDS prevention goals and strategies. President Hu Jintao, Premier Wen Jiabao, Vice Premier Wu Yi and other national leaders have visited people living with HIV/AIDS in hospitals and in their homes, and expressed sympathy for them 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 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.

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

In June 2005, 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 work in the budgets of each level of financial administration. Health education has been strengthened, and information 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 activities. Significant work has been done to provide treatment and implement care and support measures for people living with HIV/AIDS. 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 people living with HIV/AIDS. Henan, Zhejiang and other provinces have also formulated local HIV/AIDS prevention and care regulations.

3. Targeting key areas and implementing prevention, treatment and care measures

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 3,756

screening laboratories, and screening has been conducted among key populations. There are now 2,850 free VCT clinics providing free counseling and testing services. By the end of November 2005, a total of 141,241 cumulative confirmed HIV cases have been reported, among which 32,263 were AIDS cases in the 31 provinces and autonomous regions.

3.2 Initiation of mass media education to fight social 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 Federation of Trade Unions, the Chinese Communist Youth League, the All China Women's Federation, and other ministries and 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 communities, 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. The Ministry of Justice has organized HIV/AIDS awareness competitions in Reeducation through Labor Centers among 50,000 police and 240,000 Reeducation through Labor Center residents. 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 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.

3.4 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.

4. Strengthening supervision, increasing investment, deepening scientific research, expanding international cooperation

The China National People's Congress, the China National Political Consultative Committee, and the 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.

Section 3

Challenges and Response Measures

1. Key Challenges in HIV/AIDS Prevention, Treatment and Care in China

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.

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.

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.

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.

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 and thus increasing the risk of HIV transmission.

2. Next steps

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 among leaders at each level of government, with 1 to 2 years to complete training for Chinese leaders at the county level and above. Top leaders in each level of government need to be held accountable for HIV/AIDS prevention, treatment and care work responsibilities.

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.

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 of staff who work in HIV surveillance and testing.

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 migrants and 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.

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 migrant populations. 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.

2.6 Strengthen laws and regulations related to HIV/AIDS prevention and care, improve national monitoring & evaluation systems, 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, private and state-owned enterprises, and individuals should be encouraged to participate broadly in the HIV/AIDS prevention, treatment and care response.

“Stop AIDS, Keep the Promise”

-The Theme of World AIDS Day 2005



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