**Epidemic**

- National prevalence remains low at 0.06% (0.048 – 0.072%) and the epidemic is concentrated in key populations at higher risk and at higher prevalence in some provinces.
- Of the estimated 810 000 PLHIV, an estimated 46.9% contracted HIV through heterosexual contact, 20.3% through male-to-male sex, 25.7% through injecting drug use, 6.0% through former plasma donation or receipt of contaminated blood/blood products, and 1.1% through mother to child transmission (MTCT). There are significant increases in MSM transmission.
- 6 provinces and autonomous regions (Guangdong, Guangxi, Guizhou, Sichuan, Xinjiang and Yunnan) have severe HIV epidemics, with 70.5% of the estimated PLHIV infected through heterosexual contact.
- 8 provinces and municipalities / metropolitan areas or places with large floating populations (Beijing, Chongqing, Guangdong, Guizhou, Henan, Jiangsu, Sichuan and Yunnan) have 53.4% of the estimated people infected through male-to-male sexual contact.
- 6 provinces and autonomous regions (Guangdong, Guangxi, Guizhou, Sichuan, Yunnan, Xinjiang) are home to 87.9% of the estimated people infected through injecting drug use.

**HIV related risk behaviours**

- Condom use at last sex was reported to be at 76% for MSM, 43% for PWID and 89% for FSW.
- 69% of PWID reported to practice safe injection.

**Response**

- Prevention coverage for MSM and FSW was reported at 77% and 83% respectively.
- PWID received an average of 193 clean needles and syringes per person per year.
- MMT coverage was expanded to 760 centres, with 205 000 PWID on treatment.
- The number of PLHIV on antiretroviral treatment rose to 220 000 in 2013, up from 65 000 in 2009 - a 3-fold increase.
- Treatment was provided to 54 000 discordant couples and to MSM in 8 big cities.
- 96% of pregnant women were tested for HIV.
- HIV funding is due to be fully taken on by the country from 2014 onwards.
Key challenges

- High and increasing prevalence among MSM: 7.3% rising from 5.4% in 2009.
- Persistent low HIV testing rates among key populations despite massive testing campaign: 45.6% MSM, 38.4% PWID, 38.5% SW.
- 7 in 100 babies born to HIV positive pregnant women are HIV infected, resulting from inadequate coverage in rural, minority and mountainous regions, late HIV testing, unavailability of EID, etc.
- Persistence of punitive approaches to drug rehabilitation and sex work (202 000 drug users in compulsory detox, and constant crackdown of sex workers).
- High levels of stigma and discrimination, in particular in institutional contexts (civil service recruitment and hospitals).
- Decision yet to be taken on funding mechanism, management and partnership with CBOs in post-Global Fund era.

Priorities

- Zero babies born with HIV by end of 2015.
- Budget allocated every 1st January to CBO work.
- Actionable multisectoral anti-stigma and discrimination plan (health and workplace).
- Test and treat guidelines implementation for key populations and pregnant women in high burden counties.