

**FOLLOW-UP TO THE
DECLARATION OF COMMITMENT
ON HIV/AIDS (UNGASS)**

CHINA REPORT

Reporting period: January-December 2002

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I. STATUS AT A GLANCE

NATIONAL COMMITMENT & ACTION

National Composite Policy Index: **0.9**

Government funds spent on HIV/AIDS:

Direct input by central government: USD 12 million (2002);

Direct input by 29 provincial governments: USD 7 million (2002);

Indirect input by central government: USD 150 million (2002-2003)

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

1. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: **N/A**
2. % large enterprises/companies that have HIV/AIDS workplace policies and programmes: **N/A**
3. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: **N/A**

Care/Treatment

4. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: **N/A**
5. % of people with advanced HIV infection receiving ARV combination therapy: **N/A**

Knowledge/Behaviour

6. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: **N/A**
(Target: 90% by 2005; 95% by 2010)
7. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: **N/A**
8. **Around 5 % of injecting drug users have been covered with HIV/AIDS prevention services**

Impact alleviation

9. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school: **N/A**

IMPACT

10. HIV prevalence among sex workers: **0.3%**; injecting drug users: **7.2%**; and STI clinic attendees: **1.3%**;
11. % of infants born to HIV infected mothers who are infected: **N/A**

II. Overview of the HIV/AIDS epidemic

| HIV prevalence at a glance |
|---|
| HIV prevalence among sex workers: 0.3% ; injecting drug users: 7.2% ; and STI clinic attendees: 1.3% |
| % of infants born to HIV infected mothers who are infected: N/A |
| <i>Source: National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention</i> |

Explanations for the overview HIV/AIDS epidemic:

China is a country with an overall low HIV prevalence and concentrated epidemic in focused areas and focused groups of people. Therefore, as recommended, we use the alternative indicator – HIV prevalence among sex workers (CSW), injecting drug users (IDU), and STI attendees, instead of the core indicator - percentage of young people aged 15-24 who are HIV-infected.

As required, we have reported the data from the sentinel sites on prevalence of CSWs, and IDUs in the capital city Beijing in 2001. There are four sentinel sites in the city: two in the STI clinics for STI attendees, one in the detoxification center for drug users, and one in the women re-education center for CSWs. These sites are being operated and managed by Beijing Center of Disease Control and Prevention under the technical guidance of the National Center for AIDS/STD Control and Prevention. The surveillance system of Beijing is an integrated part of the national surveillance system of China, in which there are 158 sentinel sites targeting different vulnerable groups for HIV infection, such as CSWs, STI clinic attendees, drug users and long distance drug drivers etc. It is noted that the surveillance data from the city could be used to understand the trends and epidemic situation of these specific groups with high risk behaviours, many of which are from other areas of the country. However, the epidemic situation reflected in Beijing could by no means be representative to that of the whole country, given that China is a country with huge population, vast great geographic, cultural and economic variations.

Based on the surveillance data from the four sentinel sites in Beijing in 2001, the capital city of the People's Republic of China, HIV prevalence was 0.3% (2/702) for female sex workers (SW); 7.2% (52/718) for injecting drug users (IDUs). There was no data for HIV prevalence among the clients for female sex workers during this period. However, the HIV prevalence was 1.3% (17/1290) among the STI clinic attendees, which might serve as the proxy estimate for clients of CSWs.

China is still in a relatively early stage of the HIV/AIDS epidemic, and the overall prevalence of HIV/AIDS in the adult population is lower than 0.2%. Prevention, treatment and care activities have been carried out in a limited scope. Consequently, very few projects or programs have been implemented to reduce the mother-to-child transmission through provision of antiretroviral prophylaxis. Currently, only few research-oriented activities on ARV prophylaxis to reduce MTCT have been or are being carried out in scattered sites with limited scale. Monitoring, evaluation or even

estimation are not meaningful at this stage. Therefore, there is no such data as the number and percentages of infants born to HIV infected mother who are infected.

Further notes to the HIV/AIDS epidemic situation in China:

China is one of the most significant countries facing the HIV/AIDS epidemic in the world. The epidemic differs from areas and primarily concentrates in certain districts and subpopulations. Since the first detected case in 1985, the epidemic has spread to 31 provinces, autonomous regions and municipalities in China. The Ministry of Health (MoH) estimated that there have been accumulatively more than 1,000,000 people infected with HIV by the end of December 2002, with the prevalence of less than 0.1% among the general population. However, as a country with a huge population base and significant geographic variations, such rate cannot reflect the actual situation of HIV epidemic in China. In fact, serious HIV epidemics have been occurring in certain districts and subgroups.

According to the cumulative case report statistics on HIV/AIDS, by the end of 2001, the most common mode for HIV transmission is through contaminated needle sharing among intravenous drug users. However, sexual transmissions through heterosexual and homosexual contacts are rising in recent years, which is likely to become the major trend of HIV epidemics. Iatrogenic transmission is related to the abuse of injection drugs and the re-use of unsterilized needles and syringes. The mode of mother to child transmission has been found in some regions of China, including the areas where underground paid plasma donations existed. Consequently, this increases the overall prevalence rate in the general population. The primary risk factors affecting HIV transmission are: needle sharing, commercial sexual service, and low usage of condom during sexual activities.

The HIV potential susceptible factors include the deficiency of related knowledge, lack of self-protection, large number of mobile population, relative poverty and juvenility etc.

III. National response to the HIV/AIDS epidemic

1. National commitment and action

| National commitment at a glance |
|--|
| National Composite Policy Index: 0.9 |
| Government funds spent on HIV/AIDS: Direct input by central government: USD 12 million (2002); Direct input by 29 provincial governments: USD 7 million (2002); Indirect input by central government: USD 150 million (2002-2003). |
| <i>Source: Desk review of the government documents after consultation with relevant government sectors, and special survey on the provincial financial inputs by NCAIDS China.</i> |

Explanations for national commitment and action:

Of the 20 policy indicators in the four policy areas, China has an average national composite policy index of 0.9, all but two are answered as yes. Specifically there are two questions with answers “no”- a strategy to address the HIV/AIDS issues among the national uniformed services, including armed forces and civil defense forces; and the laws and regulations that protect against discrimination groups of people identified as being especially vulnerable to HIV/AIDS.

The development and promulgation of the “China National Medium- and Long- Term Plan for AIDS Prevention and Control (1998-2010)” (hereafter referred to as the Mid and Long Term Plan) in 1998, and the “Chinese Plan of Action to Contain, Prevent and Control HIV/AIDS (2001-2005)” (hereafter referred to as the Action Plan) in 2001 have contributed significantly to the high score in the national composite policy index. The two plans establishes goals and strategies for HIV/AIDS prevention and control through series of measures such as multisectoral coordination, promotion of information, education and communication, behavior intervention to reduce the risk of the vulnerable populations, care and support to people living with HIV/AIDS (PLWHA), etc. Please see the details for comments of individual policy questions in Annex II.

Chinese central government significantly increased input for HIV/AIDS prevention and control, from about USD 1.8 million in 2001 to about USD 12 million in 2002. Obviously, this is the direct input for HIV/AIDS prevention and control from the Central level. One of the most significant indirect inputs from the central government was the construction, renovation and improvement of the transfusion service stations in China, which is USD 150 million. Moreover, the provincial government also increases their input for HIV/AIDS prevention and control in the year 2002. Based on a survey to 29 provincial governments out of the 31 in mainland China, the aggregate direct allocation was USD 7 million from the provincial government in 2002.

Further notes on government commitment and actions:

The Government of China has recognized the urgency for prevention and control of HIV/AIDS in the country. As early as 1996, the Chinese Government established the State Council AIDS/STD Coordinating Committee Mechanism, which later evolves to the State Council Coordinating Committee for AIDS/STD Control (SCCC). In 2001, the Office of SCCC was set up, responsible for coordinating the AIDS/STD prevention and control among government departments, supervising the implementation of the Mid and Long Term Plan and the Action Plan, and implementing decisions of the SCCC.

Since the promulgation of the two plans, the government has sped up establishing HIV/AIDS related policies, regulations and strategies. Series of documents have been issued by the government agencies, such as Principles Governing HIV/AIDS Education, Key Points for HIV/AIDS Education, and The Responsibilities of Government Departments in HIV/AIDS Prevention and Control, etc.

Since the issuance of the Law of Blood Donation in 1998, significantly progress has been made to the blood safety in China. The blood transfusion service network has been established. Non-remunerated blood donations from low risk population have been increased to an overall 88.42% in 2002. Screening of all donated blood for

transfusion transmissible infections has been undertaken, including 7 items such as HIV, hepatitis viruses and syphilis etc. The rational use of blood has been integrated into the national medical qualification examinations. Guidance for Clinical Transfusions and Management of Clinical Blood Use for Medical Institutions have been promulgated. The WHO initiative Clinical Use of Blood has been implemented in China.

In order to implement the Action Plan, the central government has significantly increased the outlays in HIV prevention and control. The yearly outlays for HIV/STD prevention have been increased from RMB 15 million (approximately USD1.8 million) in 2001 to RMB 100 million (approximately USD 12 million) in 2002. At the same time, the central government allocated RMB 1250 million (approximately USD 150 million), together with RMB 1 billion (approximately USD 120 million) counterpart funds from the local governments to strengthen the basic infrastructure construction and equipment of the blood banks in the mid-western provinces.

The provincial budgets added millions of RMB more into financing HIV/AIDS prevention and control in their own administrative areas, which have built up the resource pool for curbing the epidemic together with the resources from other channels.

2. National programmes and behaviour

National programmes at a glance

Prevention

The % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year: **N/A**

The % of large enterprises/companies that have HIV/AIDS workplace policies and programmes: **N/A**

The % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: **N/A**

Care/Treatment

The % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled: **N/A**

The % of people with advanced HIV infection receiving ARV combination therapy: **N/A**

Explanations to national programs and behaviours:

During the period covered by this report, a significant amount of activities on prevention and control of HIV/AIDS had been carried out in different areas across the country. However, due to the differences in perceptions and practices, most of the information requested by UNGASS DoC monitoring and evaluation indicators is simply not available at this stage.

The Mid and Long Term Plan and the Action Plan require that lectures on HIV/AIDS be given to students in junior and senior high schools, 2 hours each academic year starting from 2003. Besides, the Ministry of Education requires 20 hours each academic year for education on reproductive and adolescent health to both primary and middle school students. Training of teachers on life skill-based HIV/AIDS education has not been carried out nationwide. Moreover, such specific survey as required has not been carried out.

Similarly, systematic and nationwide workplace HIV/AIDS prevention and control have not begun in China. Also, specific survey for work place HIV/AIDS control has not been carried out this time. However, there are some activities about health education on HIV/AIDS in large factories or construction sites in urban areas in the past year, which is to be promoted to other areas of the country.

According to the National Statistics in 2002, there are 17.02 million babies born in the year. There would be around 3400 HIV infected pregnant women in a year if we assumed that the average prevalence of the adult population is 0.2%. However, we estimate that less than 100 pregnant women infected with HIV received ARV prophylaxis in the year. In fact, ARV prophylaxis for MTCT only pilot tested with limited scale in focused areas in 2002, and it is not possible to evaluate at the current stage.

For the diagnosis and treatment of STIs, there is no information available about the percentage of STIs who are properly diagnosed and treated. We roughly estimated that 90% of the STIs could get proper diagnosis and treatment in the provincial capital cities, while this figure is around 50% in the township and above level hospitals and clinics.

ARV treatment has not been available for the vast majority of the advanced HIV infections up till to the present, due to the lack of drugs, qualified medical personnel and laboratory conditions. It is estimated that in the year 2002, less than 100 HIV/AIDS cases received complete ARV combination therapy. However, this situation is being changed rapidly along with the domestic production of several ARV drugs and concurrent training of medical personnel that goes with the construction of 100 comprehensive demonstration sites, as mentioned in earlier sections of this report.

Further notes on national program and behaviours:

During the period covered by this report, a lot of activities have been undertaken and significant progresses have been attained on the prevention, care and treatment of HIV/AIDS in China.

The relevant departments of the State Council have developed policies for conducting comprehensive health education through mass media such as broadcasting, television, newspapers, etc. At the same time, series of publicity and educational activities have been conducted every year around the World AIDS Day on Dec. 1st in order to improve the public awareness, and further the HIV prevention knowledge.

According to incomplete statistics, there have been more than 500 exhibitions around China, and tens of millions of people were educated by these exhibitions. In the past several years, there have been more than 400 training courses and lectures nationwide, and millions of copies of public health materials were printed. The central government alone spent more than one million Chinese Yuan for publicity each year around AIDS Day. Besides this, thousands of publicity programs and activities were held through broadcasting and television, and thus hundreds of millions of people were educated on HIV prevention. Local governments also developed a great deal of educational material for AIDS publicity activities.

The Ministry of Health has cooperated actively with the Ministry of Public Security in the prevention and control of HIV/AIDS. Besides the continued efforts of striking against drug trafficking and abuse, and prostitution, education and interventions among high risk populations have been strengthened. There have been hundreds of intervention programs supported by the central government and international organizations, covering almost all high risk populations in 22 provinces, and focusing on drug users, sex workers, STI patients and men having sex with men (MSM).

The Chinese government is paying more and more attention to treatment and care for HIV/AIDS. The two Plans encourage treatment, care and support to PLWHA, and against stigma and discrimination associated with HIV/AIDS. Currently, the relevant departments have already developed operational framework for comprehensive care and treatment programs including opportunistic infection treatment and prevention,

antiretroviral treatment (ART) and prevention of mother to child transmission (PMTCT).

Under the leadership of the State Council and the cooperation of the ministries, important progress has been made on making antiretroviral drugs tax exempt and manufacturing antiretroviral drugs in China. By May of 2002, the price of importable drugs was reduced by 1/2 to 2/3 in the Chinese market. At the same time, antiretroviral drugs are being produced domestically. Currently, the State Drug Administration has approved two domestic pharmaceutical corporations to produce 4 antiretroviral drugs, including AZT, ddI, d4T and NVP.

National behaviours at a glance

The % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention: **N/A**

The % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: **N/A**

Around 5 % of injecting drug users who have been covered with HIV/AIDS prevention services

Source: Estimate by working group

Explanations to the national behaviour indicators:

There are a number of different surveys on the knowledge of HIV/AIDS and its prevention among the young people, but we do not have the uniformed survey with all the five questions targeted to the youths aged 15-24 in both the rural and urban areas, as required by the UNGASS indicators. Generally speaking, the knowledge on HIV/AIDS of young people is low, especially in the rural areas.

As for the condom use among the youth with non-regular partners, there is no such survey up till to the present. It is regarded as non-marriage sex when youths have sex with their girl or boy friends, or fiancé, which does not meet the criteria of non-regular partners. Obviously, sex with non-regular partner exist and in some area quite serious, and it is an areas we should study and pay attention to. Condom promotion should also target this group population.

For injecting drug users in China, there are some controversies about the size of it. There are a little bit over one million registered drug users in the country, of which about 40% are injecting drug users. Each year about 200,000 people are sent to the detoxifications centers or other places where they would receive education and counselling on HIV/AIDS, besides the detoxification services. Together with other program based prevention services among the IDUs in focused areas, such as needle social marketing and methodone maintenance therapy, the estimated number of IDUs received different preventions is about 20,000, which is about 5% of the population.

Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school: **N/A**

Source:

Explanations to the impact alleviation indicator:

From the data available of the fifth census we can only have the number of school attendance of the children aged 10-14. However, there is no data on the different school attendance rate of orphans, neither the attendances of those both parents die, the father dies, the mother dies, etc.

IV. Major challenges faced and actions needed to achieve the goals/targets

Major Challenges

1. To build a more supportive social environment

Building a more supportive social environment is of the highest importance. A more responsive policy and legal environment, as well as a larger degree of communication and understanding between all levels of society are also of utmost importance.

1.1 What HIV/AIDS prevention and control needs most is political involvement in the building of a high-efficiency corresponding mechanism

The precondition of breaking the silence over HIV/AIDS is inherent in the reversal of the HIV/AIDS epidemic. This is an underlining political aspiration for government organizations of all levels. In recent years, as the epidemic of HIV/AIDS has gotten more and more serious, the response of the central government has greatly improved. However, some provincial leaders still do not pay enough attention to the HIV/AIDS problem.

1.2 Problematic ideology on HIV/AIDS prevention and control in China

Though more people are becoming knowledgeable of HIV/AIDS as the prevalence of HIV/AIDS becomes more pronounced, many problems still exist in the ideology and practice of HIV/AIDS prevention and control.

The first one is that the shift from “biomedical model” to “social development model” is still not enough. At the present time, the main method of Chinese disease control is mainly through the “biomedical model”, while not paying enough attention to other variables. Yet, China’s rapidly changing society as well as its persistent socio-economic shifts can also affect the probability of getting infected with HIV/AIDS.

The second is that some local government actions regarding AIDS prevention and control are too passive. They hadn’t fully anticipated the severity of the AIDS epidemic. All subsequent work done was a form of “fire fighting”, an incomplete patchwork of reactions for an immediate, short-term fix.

The third is that the people living with HIV/AIDS are in a constant passive position. At present, most infected people, especially people who have engaged in high-risk behaviour, are relegated to the role of receiver of their AIDS treatment and care. They accept all HIV/AIDS-related services passively. They are not accepted as “resource people” for the prevention and control of AIDS.

2. The rule of law and policy issues needs to be repaired

There are inconsistencies between laws relating to AIDS/STD and those policies that apply to all that is outside the HIV/AIDS/STD sphere. There are also inconsistencies between local and national policy. Some early rules cannot fulfil the current needs of AIDS prevention and control.

3. Lack of effective education, exchange, and communication

Understanding of AIDS in the general population is poor: Based on a survey held by China’s CDC, around 32.8% to 40.3% of the population has knowledge of HIV transmission and prevention (Jan, 2002, total 6742 people in 13 provinces included in the study).

Lack of long-term and continuous advocacy for HIV/AIDS prevention: Currently, most advocacies for HIV/AIDS prevention are performed around Dec.1 the World AIDS Day. Some media take to this topic as an assignment rather than a vocational responsibility.

Advocacy mainly focuses on knowledge improvement while ignoring the impact of social-economics: The mass media has not been fully engaged in much-needed public advocacy work, which should be three-folds: to campaign for the improvement of HIV/AIDS awareness amongst the general public, to incite society to think more deeply on the essential social causes of HIV/AIDS infection. (e.g., gender inequality, vulnerable groups, prostitution and drug injection, etc.), as well as to find the ways to make changes accordingly.

4. The weakness of social response to HIV/AIDS as a whole

The absence of extensive and efficient involvement in HIV/AIDS prevention by society: Some relevant government sectors rarely conduct activities involving HIV/AIDS prevention. So far, only a few ministries have developed a strategic plan for HIV/AIDS prevention and control at national level. At the provincial level, only several among the 31 provinces/autonomous regions in the country have created strategic plans for HIV/AIDS prevention and control with participation from multi-sectors.

A more effective and mutually respectful partnerships with other socially-active sectors (e.g., NGOs, civil societies) should be strengthened, especially by way of policy and legislation formulation and participation in the drafting of strategic policy.

5. The health system is not ready for full implementation of national HIV/AIDS prevention and care program

Currently, there are not enough health workers who have received professional training on HIV/AIDS prevention. Discrimination and prejudice towards people living with HIV/AIDS still exists in medical institutions and amongst their staffs. It is not

rare that a medical institution will perform serum tests on pregnant women and patients waiting for operations without their consent and then refuse to provide medical services to those who are found positive in clear disobedience to national regulations. Around the country, both the number and proficiency level of health workers on HIV/AIDS prevention and control is far from enough. There is a lack of effective communication and coordination between relevant fields of HIV/AIDS work, for example, the disconnection between those involved in TB, STD and HIV/AIDS control.

In the year 2002, 10.21% of blood used in clinics still came from commercial blood donation, which did not meet the WHO standard for blood safety that collection of blood only from voluntary non-remunerated blood donors from low risk populations.

6. Lack of effective cooperation between international organizations and the government

Information sharing and communication between international organizations has improved with the help of the UN Theme Group on HIV/AIDS. However, coordination, task dividing, and cooperation in the actual work still remains at a theoretical level: much has been talked about but little has been done. Every organization still focuses on its own individual program, without a common plan based on the needs of the whole country.

In the selection of areas of focus, international organizations have their own emphases, which do not comprehensively reflect the actual needs of China's population concerning HIV/AIDS prevention and control. Oftentimes international aid and support becomes too concentrated in limited provinces and areas.

In addition, there is still a lack of effective dialogue and communication between international organizations and the Chinese government.

7. Lack of an integrated surveillance, monitoring and evaluation system

Though national HIV/AIDS surveillance data has provided quite a lot of information to the government and has played a useful role in HIV/AIDS prevention and control in the past years, the current surveillance system is far from perfect. China has yet to develop a sound and comprehensive monitoring and evaluation system, which could serve as a means to promote evidence based planning and decision making.

8. The funds for HIV/AIDS prevention and control are in serious shortage

Although the Mid and Long Term Plan has been in place for some time, there is still no authoritative figure for the amount of funds needed. From the data collected from three provinces, only RMB 0.06 per person was directly allocated by the governments for HIV/AIDS prevention and control in the year 2002. In epidemic areas, the conflict between need and available funds is especially severe.

Currently, neither central nor local department have reliable estimates on the amount of funding needed for proper HIV/AIDS prevention and control. Due to their difficulties in financing, local governments have no long term guarantee for the funding of HIV/AIDS prevention and control. Many places exist on the phenomenon of 'waiting' (for local governmental input), 'relying' (on the funds from the central government) and 'applying' (for central government or international aid). In addition,

because of the lack of policies and a social resource motivation stimulating mechanism, the current utilization of social resources is far from enough.

Actions Needed

1. To strengthen the political will and coordination on HIV/AIDS prevention and control

1.1 To increase political will of all level of governments: It is important to strengthen the supervision of local HIV/AIDS prevention and control, and solve problems that exist in the way current HIV/AIDS prevention is being handled: not fully implementing the Mid and Long Term Plan, hiding the epidemic and not reporting on its effects, and not obeying the applicable laws. The function of provincial leadership groups on HIV/AIDS prevention and control should be enhanced to intensify planning, evaluation and financial support.

1.2 To elevate the administrative level of current coordinating offices on HIV/AIDS prevention and regulate and strengthen its function: It is recommended to raise the Office to a standing department directly led by the State Council in which its staff come from different departments to work together. It is also recommended that the Office has the function to coordinate and communicate with the UN system as well as bilateral and multilateral international organizations. This would allow the current sporadic and multiply managed system to be improved..

2. To develop a whole framework on addressing HIV/AIDS by national and international communities and integrate it into a national social economic developing plan

The 16th National Congress of the Communist Party of China brought forth the goal of building a well-off society in an all-round way by the year 2020. Successful prevention and control of HIV/AIDS is an important prerequisite of this target. If HIV/AIDS becomes pandemic in China, it would be sure to delay the realization of this goal. It is recommended that this entire framework include co-evaluation, co-planning, partnership analysis, identification of the best practices, dissemination, supervision, evaluation and resource motivation on China's HIV/AIDS status from governments and the international community.

In the whole framework, the capability building of relevant departments should be thoroughly arranged to ensure that resource sharing, mutual learning and communication among programs be achieved.

3. To establish and perfect a mechanism of HIV/AIDS prevention and control throughout society which is facilitated by multiple sectors under the leadership of the government

Non-governmental organizations in our country, working towards HIV/AIDS prevention and control, are not only small in number but also weak in capability. They are far from satisfying the actual needs of HIV/AIDS prevention and control in China. Therefore, the Government should support them with funding and favourable policy environment, and encourage them to take more active roles in participating in HIV/AIDS prevention and control. At the same time, governments should also help to

establish a smooth system of cooperation between non-governmental organizations in order to create a more mutually advantageous situation.

4. To evaluate, modify and perfect current laws and regulations that conflict with HIV/AIDS prevention and control

It is recommended that a working group comprised of law, health and social experts be created to review and evaluate current central and local laws, regulations and policies. After consulting various levels of society and multiple governmental departments, some important laws and regulations in the HIV/AIDS prevention and control field will come under careful consideration, so that they can be modified and improved. Modification of current laws, regulations and new legislation should concentrate on trying to ensure rights of the HIV infected citizens and fight against discriminations. This would be helpful in forming a tolerant, caring and solid social atmosphere, as well as helping to improve civil responsibility.

5. To develop, perfect and strengthen the strategy on communication and dissemination

This strategy should clearly indicate key points, frequency, methods and carrier dissemination focusing on certain areas and populations. The strategy should pay more attention and give more policy support to remote areas such as the countryside and minority areas. In addition, the strategy should emphasize the transformation of HIV/AIDS dissemination from only the spread knowledge to communication and exchange. At the same time, relevant factors such as social, economic and cultural background should be considered when developing the strategy. 'Knowledge dissemination' should be emphasized as well as 'establishing a social environment that is conducive with the prevention and control of HIV/AIDS'.

6. To establish and complete a national HIV/AIDS surveillance, supervision and evaluation system as soon as possible

The establishment of an effective scientific monitoring and evaluation system not only can be used alert governments to progress and exact difficulties concerning HIV/AIDS prevention and control which would allow them to make correct decisions. This system can also provide reliable and authoritative data for input into domestic and foreign departments.

In the field of surveillance, we should refer to national and international experiences to establish the comprehensive surveillance (the second generation surveillance) system, scientifically design the distribution and number of sentinel sites, and complete the methods of acquiring reliable behavioural data at the community level. In terms of the utilization and communication of data, the needs of relevant departments, local governments, social groups and the international community should be met.

7. To increase governments' input and enlarge finance by motivating social resource

Relevant experts should be organized to make scientific estimates on the short and long term resources needed by our country's HIV/AIDS prevention and control. In accordance with this estimate the government should increase its input. At the same time, multiple finance strategies and policies should be developed. In terms of finance policy, responsibility between central and local governments, governments and non-

governmental organizations, the international community and the government of China should be clearly stipulated. In addition, a mechanism should be set up to encourage and motivate social resources, so that private companies would be encouraged to participate in and provide input on HIV/AIDS prevention and control.

Data Collection Plan for 2005 Reporting

| Data collection plan (2005 reporting) | 2003 | 2004 | 2005 |
|--|---|---|--|
| Household surveys | 1. Developing methods 2. Training interviewers | 1. Survey on HIV knowledge; 2. Survey on condom use among youth | Collate the data |
| Health facility surveys | 1. Developing method 2. Training of observer 3. Carry out survey on health care facilities on STI diagnosis and treatment | Continuing survey on health facilities on STI diagnosis and treatment | Collate the data |
| School-based surveys | 1. Define the indicator 2. Sampling and pilot test. | Survey on school-based education programs | Collate the data |
| Workplace surveys | Pilot test the tools | Survey on companies on HIV/AIDS policy and programs | Collate the date |
| Desk review | Consensus among different stakeholders about the sources and estimations of the data. | 1. ARV treatment to advance HIV infection 2. ARV prophylaxis to HIV infected pregnant women 3. IDUs with prevention service | 1. National funds spent by government on HIV/AIDS 2. National policy index 3. School attendance of children aged 10-14 4. HIV prevalence among high risk groups |

V. Support required from country's development partners

In view of the current situations of monitoring and evaluation for the national HIV/AIDS program in China, technical and financial support from our development partners would be crucial for the following areas:

5.1 A training workshop for the constructs of the UNGASS indicators and establishment of the Country Response Information System (CRIS). It is expected that UNAIDS could provide necessary technical and financial support for such a national workshop.

5.2 Method development and interviewer training for household surveys including HIV/AIDS knowledge and condom use with non-regular sex partners among youth

aged 15-24: It is expected UNAIDS, WHO, UNDP, etc. could provide necessary technical and financial assistance.

5.3 Estimation of the size and coverage of interventions to IDUs would be a challenge. It is expected that UNAIDS or other organizations and other partners could provide assistance as necessary.

5.4 Since many of the data for the UNGASS indicators are not available, we need to undertake several separate surveys to fulfil the obligations. It is expected we can use some of the data from the national program indicators, so that the data could be shared and no need to spend a lot of time and resources to collect the data for the UNGASS indicators. If this is not possible, we need to have external financial support to carry out separate surveys. Otherwise, the national funding could hardly support to carry out the jobs.

VI. Monitoring and evaluation environment

6.1 Government of China has long recognized the importance of monitoring and evaluation for the national HIV/AIDS program. It is clearly stated in the “two plans” that M&E are important part of the national HIV/AIDS program. Though this work has not in place so far, China is developing its plan for monitoring and evaluating the national HIV/AIDS prevention and control program. Currently, the Standing Office of the SCCC is organizing relevant institutions, together with experienced staff from the provincial health bureaus or disease control organizations, to draft and develop a national M&E plan, which is specifically designed to evaluate the implementation and progress of the “Mid and Long Term Plan” and the “Action Plan”. Meanwhile, the requirements for M&E of DoC (UNGASS) is also taking into consideration. The specific M&E plan for 2003 to 2004 is as follows:

| Activities | Time Frame |
|--|-------------------|
| 1. Finalize the construct of evaluation indicators and implementation plan | Mar. – Jun., 2003 |
| 2. Training and implementing the evaluation in the provinces | Jun. – Oct. 2003 |
| 3. Supervision and sampled examination to provinces by central government | Nov. – Dec. 2003 |
| 4. Analysis, dissemination of the results and recommendation for the adjustments of control strategies, goals and budgets. | Jan. – Mar. 2004 |
| 5. Organizing the drafting of the implementation plan or action plan for 2005-2010. | Mar. – May, 2004 |
| 6. Seeking for comments and suggestion, submission to State Council for approval | May – Oct., 2004 |

6.2 There are number of significant problems for the M&E indicators for UNGASS report. Firstly, there are significant differences for the national program M&E indicators with the UNGASS indicators. It would be very difficult to integrate the two systems into one. Secondly, if we are to collect the data separately from the national

indicator system, there would needs a lot of time, resources and personnel, which we are currently lack of.

6.3 The budget for M&E is not yet available, though it will be within the budget of the national M&E plan. During the discussion of the plan, the draft working group have stated that a certain amount of budget should be allocated for the planning, organizing and implementing the national M&E plan. However, up to the present, there is no amount of budget secured yet.

6.4 M&E is one of the responsibilities of the Office of SCCC. It has the roles to coordinate and organize the national M&E plan in the provinces and relevant government departments.

Within the National Center for AIDS/STD Control and Prevention, one unit, under the Division of Policy Study and Information, is assigned to carry out the technical aspects for M&E plan, such as the data collection, special surveys, establishing the Country Response Information System (CRIS) and drafting the national M&E report, etc.

6.5 M&E focal point on HIV/AIDS within the government:

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ANNEX 2
NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE

Strategic plan

1. Has your country developed multisectoral strategies to combat HIV/AIDS? (Multisectoral strategies should include, but not be limited to, the health, education, labour, and agriculture sectors)

| Yes | No | N/A |
|---|----|-----|
| <p>Comments:</p> <p>The “Mid- and Long Term Plan” and the “Action Plan” clearly set the principles of multisectoral coordination. These plans clearly define the responsibilities for sectors of government, such as the health, education, public security, publicity, etc., in HIV/AIDS prevention and control.</p> | | |

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

| Yes | No | N/A |
|---|----|-----|
| <p>Comments:</p> <p>The Ninth Five National Economic and Social Development Plan of China says that controlling important disease is part of social and economic development. This principle has been reiterated in the Mid and Long Term Plan, in which it states that prevention and control of HIV/AIDS would contribute to the general social economic development of the country. However, it is noted that HIV/AIDS has not been expressly integrated into the general social economic development plan such as the National Ninth or Tenth Five Development Plan, or the Poverty Reduction Plan.</p> | | |

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

| Yes | No | N/A |
|---|----|-----|
| <p>Comments:</p> <p>The State Council Coordinating Committee for AIDS/STD Control (SCCC) is the functional national multisectoral coordination body, which is composed of 34 ministries or departments of the government, and meets once or twice a year. The Office of SCCC is the management body of the committee that deals with the daily affairs of coordination.</p> | | |

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

| Yes | No | N/A |
|--|----|-----|
| Comments: The Office of SCCC also serves as the functional national HIV/AIDS body which promotes interaction among governments, the private sector and the civil society. For example, the Office managements the social mobilization funds on HIV/AIDS, call for application from the civil societies, evaluate the protocols and supervise the implementation of the projects funded. | | |

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.)

| Yes | No | N/A |
|---|----|-----|
| Comments: The China Association on AIDS/STD Prevention and Control is currently the de facto functional body to assist the coordination of civil society organizations. The Association has fixed office place and full staff support, with a number of civil societies on HIV/AIDS, such as the Home of Red Ribbon and the Mangrove Society – an organization for supporting the PLWHA, under its coordination. | | |

6. Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?

| Yes | No | N/A |
|---|----|-----|
| Comments: Recently, a team with researchers from a number of prestigious national institutions accomplished several studies on the socio-economic impact of HIV/AIDS in China. The results from the study have been widely circulated through different channels, and some of the findings have been used for planning purposes already. | | |

7. Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

| Yes | No | N/A |
|---|----|-----|
| Comments: Though there are some initiatives or activities carried out to address HIV/AIDS among the uniformed services of the country, such as health education, it can hardly say that there is a comprehensive strategy. More attention, therefore, should be paid to this in the future planning. | | |

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

| Yes | No | N/A |
|--|----|-----|
| Comments: Both the Mid and Long Term Plan and the Action Plan expressly set that information, education and communication as a premier strategy for HIV/AIDS prevention. In these plans, the goals, coverage and means for health education and information on HIV/AIDS have been clearly defined for different target populations. | | |

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

| Yes | No | N/A |
|--|----|-----|
| Comments: The Ministry of Education issued several documents that promote reproductive and sexual education in middle schools, colleges and universities. Among these documents the important are: The Basic Requirements for Health Education for Primary and Middle School Students; the Basic Requirements for Health Education for College Students; and the Opinions for Implementing the China Action Plan for Contain and Control of HIV/AIDS (2001-2005). | | |

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.)

| Yes | No | N/A |
|--|----|-----|
| Comments: The Action Plan has defined several concrete measures to promote IEC and behaviour changes for high risk groups such as IDUs, sex workers and prison inmates, such as health education, condom promotion, needle and syringe social marketing and pilot of methadone maintenance etc. There are also strategies to promote HIV/AIDS related knowledge to youth and mobile population. | | |

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants?

| Yes | No | N/A |
|--|----|-----|
| Comments: In the Mid and Long Term Plan, the Action Plan and other government | | |

documents, health education has been set as one of the priority strategies for HIV/AIDS prevention and control, while migrant population has been identified as the focus group for health education. In the context of China, majority of the migrant population are the rural farmers to urban areas looking for job in cities. The cross border migrants are considered as part of the migrant population. Therefore, there is no separate policy or strategy that promote IEC and other health interventions for those people.

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

| Yes | No | N/A |
|---|----|---|
| If yes, please list | | |
| Groups: CSW IDU Youth HIV+ pregnant women | | Commodities: Condoms, STI treatment, IEC Materials, HIV test Clean needles, methodone, HIV test IEC materials IEC materials, ARV |
| Comments: Though in an earlier stage, China does have the plan to expand access of essential prevention commodities by different vulnerable groups, as listed above. For example, needle social marketing and methodone maintenance are being piloted in a certain number of areas. Condoms as an essential prevention commodity are being promoted among various vulnerable groups including the CSWs and IDUs etc. | | |

6. Does your country have a policy or strategy to reduce mother-to-child HIV transmission?

| Yes | No | N/A |
|---|----|-----|
| Comments: In 2002, a guideline on preventing mother-to-child HIV transmission was issued by the National Center for AIDS/STD Control and Prevention, China CDC. This guideline provides strategies and measures to reduce mother-to-child HIV transmission, with series of measures including ARV prophylaxis and caesarean birth etc. | | |

Human rights

1. Does your country have laws and regulations that protect against discrimination of people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

| Yes | No | N/A |
|---|----|-----|
| <p>Comments:</p> <p>Strictly speaking, there are no individual national laws or regulations in China that protect against discrimination of people living with HIV/AIDS, besides the relevant international laws and regulations China has joined and has the obligation to observe. However, there are indeed general non-discrimination provisions in both the national and local regulations. For example, in the Mid and Long Term Plan, the Action Plan and the Guidelines for Managing HIV Infected and AIDS Patients issued by the Ministry of Health, there are provisions to provide favourable social environment for PLWHA, and social and medical support for them. In a local regulation issued by Suzhou City Government of Jiangsu Province, it states that PLWHA and their relatives have the same rights in work, study, medical care and social activities as any other citizens.</p> <p>However, due to the historical reasons, some of the laws or regulations relating to HIV/AIDS, especially those local laws and regulations, do have items or articles which are not favourable to protecting the right of PLWHA. Meanwhile, there are inconsistencies or contradictions in implementing the State laws and regulations in the local settings.</p> | | |

2. Does your country have laws and regulations that protect against discrimination of groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

| Yes | No | N/A |
|---|----|-----|
| <p>If yes, please list groups:</p> | | |
| <p>Comments:</p> <p>The behaviours of IDUs and CSWs are against the laws and regulations of China. As for the other groups which are vulnerable to HIV/AIDS discriminations, such as the youth, mobile populations and prison inmates, discriminations relating to HIV/AIDS are in fact not existing.</p> | | |

3. Does your country have a policy to ensure equal access, for men and women, to prevention and care, with emphasis on vulnerable populations?

| Yes | No | N/A |
|--|----|-----|
| <p>Comments:</p> <p>In China, women have the equal rights in the society, which are entailed in the Constitutions of the People's Republic of China and China Women Development Compendium. Women, therefore, have equal access to the</p> | | |

prevention and care for HIV/AIDS as for the men, which is the same for the vulnerable population. However, though being constantly improved, there are indeed social, economic and behaviour barriers that might hinder the access for prevention and care in the society, given the vast areas of land and the great differences in the social economic development.

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

| Yes | No | N/A |
|---|----|-----|
| <p>Comments: The Ministry of Health issued the Provisional Guidance for Ethic Review of Biological Researches Involving Human Subject in 1998, which has ensured all research protocols including HIV/AIDS studies involving human subjects are reviewed and approved by ethics review committee. However, it is realized that implementation of this regulation is not uniform across the country.</p> | | |

Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

| Yes | No | N/A |
|---|--|-----|
| If yes, please list | | |
| Groups: HIV+ and AIDS infected by whatever means | Commodities: Comprehensive care including psychosocial care, access to medicine and home based care. | |
| Comments: Chinese government plans to establish 100 demonstration sites in 100 counties with high HIV prevalence across the country to provide comprehensive prevention and care to PLWHA. By far, 51 counties have initiated the first stage work from early 2003, and more would start later of the year. These sites would serve as the demonstrations for treatment and care to HIV/AIDS in the country in the future. However, it is realized that the scale and coverage of this initiative is far from enough, given the sheer size of the population and size of the country. | | |

2. Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretrovirals and drugs for the prevention and treatment of opportunistic infections and palliative care.)

| Yes | No | N/A |
|---|--|-----|
| If yes, please list | | |
| Groups: HIV+ and AIDS by all modes of transmission | Commodities: ARVs and drugs for OI and palliative care | |
| Comments: There are several important progresses in ARVs and drugs for opportunistic infections and palliative care in 2002. Four essential ARVs have been domestically produced which can be grouped into three basic cocktail prescriptions. Moreover, the exempt of duties has made the prices of imported ARVs reduce significantly. To facilitate the process of expanded ARV treatment across the country, guidelines have been worked out and distributed and medical professionals have been trained. | | |

3. Does your country have a policy or strategy to address the additional needs of orphans and other vulnerable children?

| Yes | No | N/A |
|--|-----------|------------|
| <p>Comments: The China Children Development Compendium issued by the State Council has specifically addressed the needs of orphans and other children in their rights protection, education and health care etc. In the areas with high HIV prevalence, orphans are increasingly becoming a social problem. In view of this, the governments have issued series of circulars and regulations for the social support, educations and health care of those orphans.</p> | | |

ANNEX 4

COUNTRY M&E SHEET

COUNTRY: China

AS OF: Jan, 2003

1. Existence of national M&E plan

| | | |
|------------------------|--|-----|
| Yes: Years covered: | In progress: Years covered: 2003-2010 | No: |
|------------------------|--|-----|

2. Existence of a national M&E budget

| | | |
|-----------------------------------|--|-----|
| Yes: Amount: Years covered: | In progress: Years covered: 2003-2010 | No: |
|-----------------------------------|--|-----|

3. Amount secured as of today: USD120,000 (central level only, for 2002)

4. Existence of an M&E unit for HIV/AIDS within

| | | |
|-----------------------|--------------------|------------------|
| National AIDS Council | Ministry of Health | Elsewhere: _____ |
| Yes: | Yes: | |
| No: | No: | |

5. M&E focal point on HIV/AIDS within the government

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 Email: dbyu@chinaids.org.cn

6. Existence of information systems:

Health Information System

| | |
|---|-----|
| Yes: National level: The Ministry of Health; Chinese Center for Disease Control and Prevention Sub-national*: All the provincial level | No: |
|---|-----|

** If yes, please specify the level, i.e., district*

Education Information System

| | |
|---|-----|
| Yes: National level: Sub-national*: | No: |
|---|-----|

** If yes, please specify the level, i.e., district*