

## HIV and AIDS estimates

In January 2006, the Chinese government along with WHO and UNAIDS jointly estimated that 650,000 people were living with HIV in China, including about 75,000 AIDS patients. During 2005 there were around 70,000 new HIV infections and 25,000 AIDS deaths.<sup>1</sup> These large numbers have to be considered in the context of China's extremely large population which is estimated at around 1,300 million.<sup>2</sup>

The figure of 650,000 is lower than the previously published estimate of 840,000 in 2003. This is not because prevalence is falling, but is due to better data and improved methods of estimation. The number of *reported* AIDS cases is lower than the *estimated* number because of massive under reporting, especially in the rural areas. This is for a variety of reasons including a shortage of testing equipment and trained health staff, as well as HIV-related stigma.<sup>3</sup>

“Exact figures are difficult to arrive at because government at local levels are very reticent to report on actual cases, a situation compounded by individuals who are reluctant to come forward because of discrimination.”

- Qi Xiaoqi, director of China's Department of Disease Control.<sup>4</sup>

Estimates of future infections are equally difficult, but UNAIDS and other organisations have estimated that by 2010 there could be a generalised epidemic with between ten and twenty million HIV positive Chinese.<sup>5</sup>

## History of HIV/AIDS in China

AIDS was first reported in Beijing, China, in 1985.<sup>6</sup> The epidemic since then can be described as having four distinct phases.<sup>7</sup>

### Phase 1

The first phase, from 1985 to 1988, was marked by a small number of AIDS cases in coastal cities, and those infected were mainly foreigners or Chinese people who had travelled overseas.<sup>8</sup> Four haemophiliac patients infected with HIV through imported Factor VIII were reported from Zhejiang.<sup>9</sup>

In 1986 the Health Ministry announced that it planned to test all foreign students for AIDS who had been in the country for more than a year, and students entering China would require a certificate from their country of origin testifying that they were not infected with HIV.<sup>10</sup> A National AIDS Committee was set up followed in 1987 by the establishment of a National Programme for AIDS Prevention and Control.

In 1987, the Vice Minister of Public Health warned young women of the dangers of having sexual relations with foreigners: they could be infected and so allow AIDS to become epidemic in the country. However, it was added that the chances of AIDS becoming established were slim, because homosexuality and "abnormal" sexuality - said to be the main causes of the spread of HIV - were a "limited" problem.<sup>11</sup>

### Phase 2

The second phase, from 1989 to 1993, began in October 1989 with the identification of HIV infection in 146 drug users in Southwest Yunnan. It was not known whether this was the first sign of an epidemic or an isolated outbreak. The total number of infected people at the end of 1989 was reported as 153 Chinese and 41 foreigners.<sup>12</sup> At this time AIDS and drug addiction were still seen as consequences of contact with the West, and AIDS was known as *aizibing*, the "loving capitalism disease".<sup>13</sup>

### Phase 3

The third phase began in late 1994, when HIV transmission spread beyond Yunnan Province. A considerable number of cases of HIV infection were reported among drug users and commercial plasma donors from various regions and the national figures for HIV infection quickly grew. By early 1996, China had reported 117 cases of AIDS. By August 1996, official statistics recorded 4,500 cases of HIV infection and 130 cases of AIDS. The Minister of Health Chen Min-Zhang was quoted as putting the actual number of infections at between 50,000 and 100,000.<sup>14</sup>

By 1998, HIV infection had been reported from all 31 provinces, autonomous regions and municipalities, and although drug users still accounted for 60-70% of reported HIV infections, transmission through heterosexual transmission had increased steadily to 7%.<sup>15</sup>

In November 1998 the State Council published the Medium and Long Term Plan for AIDS prevention and Control. The overall aim of this plan was to set up a multi-sector collaboration under the leadership of the government, to publicise HIV/AIDS and STDs prevention and treatment information and to control the prevalence and spread of HIV/AIDS. There were also more specific aims which included stopping HIV transmission through the blood supply by 2002, controlling the spread of HIV through the IDU population and keeping the number of China's HIV infections to less than 1.5 million by the year 2010.<sup>16</sup>

### Phase 4



*A 2001 poster highlighting the need to counter AIDS-related stigma in China*

The year 2001 can be considered as marking the start of the fourth phase of the AIDS epidemic in China, and was the year that a number of key events took place which suggested that the silence surrounding HIV/AIDS in China was beginning to end. These events included the publishing in June of the "China Plan of Action to Contain, Prevent and Control HIV/AIDS (2001-2005)". The new plan stated that, amongst other things, blood for clinical use would have to undergo complete HIV testing. To ensure the safety of the blood, more than 85% of blood for the clinical use should be provided by non-profit blood centres and the rest could be supplied by authorised hospitals for their own use.<sup>17</sup>

In August 2001 the government published estimates suggesting that there were between 600,000 and 800,000 people living with HIV/AIDS, with about six per cent of these infections caused by contaminated blood.<sup>18</sup>

Later that year, the decision to release stories and testimonials and to produce a television drama about AIDS, to mark World AIDS Day, again reflected a far greater willingness to discuss the subject of HIV/AIDS.<sup>19 20</sup>

In 2003, the government stepped up efforts to fight AIDS by drawing up revised policies, approving greater spending, showing a new willingness to accept overseas assistance and generally showing a greater openness about the HIV/AIDS situation.

“I really feel that there is a change going on... I know that for top state leaders in China today, AIDS is on the agenda.”  
- Peter Piot.<sup>21</sup>

The Health Minister, for example, to mark the increased openness described the fight against AIDS as the "long-term war" and the Health Ministry requested that its AIDS budget of US\$12.5 million be doubled. The government also announced that a pilot programme aimed at AIDS treatment and prevention would be expanded to cover 100 counties in central China, and in time nationwide.<sup>22</sup>

World AIDS Day 2003 saw Wen Jiabao become the first Chinese premier to shake hands with an HIV-positive person.<sup>23</sup> The handshake, broadcast in close-up, was believed to set the seal on a fundamental shift in the government's approach to the HIV/AIDS epidemic. It was recognised that this type of leadership was going to be critical:

“All over China we've seen little good projects, but little good projects don't stop an epidemic. What you need to do is to take these projects to scale, and that takes top-level leadership.”  
- Billy Stewart.<sup>24</sup>

Premier Wen Jiabao and Vice Premier Wu Yi announced a new policy for comprehensive HIV/AIDS prevention and treatment in December 2003. The 'Four Frees and One Care Policy' had the following aims:

1. Free anti-HIV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas
2. Free voluntary counselling and testing
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
5. Care and economic assistance to the households of people living with HIV/AIDS.<sup>25</sup>

During 2004 and 2005 the government began to implement this policy in some parts of the country. It also surprised some people by increasing its support for harm reduction among injecting drug users and condom use among high risk groups.

“This is an unprecedented move. The intervention measures have never been advocated with such a clear attitude.”  
- Shen Jie, Director of China's National Center for AIDS/STD Control Prevention.<sup>26</sup>

Most experts agree that a major factor behind the government's change in attitude was the outbreak of severe acute respiratory syndrome (SARS) in China in 2003, which exposed the dangers of not reacting to emerging epidemics.

## **Different transmission groups and different HIV/AIDS epidemics in China**

The Chinese government has identified at least three distinct HIV epidemics in China corresponding to different routes of transmission. Most infections have been related to drug use, commercial blood/plasma donation, or sexual contact.

In 2003 a government agency estimated that about 61.6% of HIV positive people had been infected through drug use, mostly in the south and west. A further 9.4% of people living with HIV had been infected through blood donation, 8.4% through heterosexual transmission, 1.6% through blood and blood products use, and 0.3% through mother-to-child transmission. In 18.7% of cases the cause of infection was unclear.<sup>27</sup>

According to another set of estimates, around 43.9% of HIV infections were the result of drug use, 24.1% were due to commercial blood and plasma donation, and 19.8% occurred through heterosexual intercourse. Sex between men accounted for 11.1% of infections, use of blood and blood products for 0.6%, and mother-to-child transmission for 0.5%.<sup>28</sup>

It is customary to associate HIV/AIDS in China with the high risk groups listed below. However boundaries are becoming increasingly blurred as the virus finds its way into the general population, and sex becomes the dominant transmission route.<sup>29</sup>

### **Transmission through injecting drug use**

In 2000 there were 860,000 registered drug users in China, but unofficial estimates put the number of drug users closer to six or seven million drug users, with approximately three to three and a half million of them being injecting drug users (IDUs).

There are severe punishments for the manufacturing, trafficking and supply of illicit drugs, with the overall position of Chinese law enforcement being one of zero tolerance. According to Chinese law drug users must be rehabilitated and consequently the country has adopted compulsory measures as the main approach, with drug users being sent to compulsory rehabilitation centres (CRCs). Because of the zero tolerance attitude to drug use, the government has been slow to implement HIV/AIDS prevention and control measures for IDUs. Prevention activities have tended to focus on the display of posters, outlining the harmful effects of drug use, whilst other media simply report on the supply and demand reduction approach.

The popularity of injecting drugs has certainly increased over time, and many studies are now showing no less than 50% of drug users are injecting, and in many reports the figure rises to over 80%. The sharing of needles and syringes is a common practice, with frequently sixty per cent or more of users sharing. If equipment is cleaned, it very often involves washing in cold water, which is inadequate for protection against blood borne viruses.

Injecting equipment is reported to be easily accessible from either medical clinics or pharmacies in most urban centres, although it is unclear what the availability is in more rural areas. Needles and syringes are regarded as relatively cheap.<sup>30</sup>

Recently the Chinese government has shown a change in its attitude towards preventing HIV transmission among injecting drug users.<sup>31 32</sup> In March 2004 a pilot programme began providing methadone treatment for IDUs, and a study found the rates of heroin use, intravenous injection and crime related to drug use had decreased in the pilot areas.<sup>33</sup> By September 2006 there were 307 methadone clinics in China, covering two thirds of the country's 31 provinces, autonomous regions and municipalities.<sup>34</sup>

Clean needle exchange programmes were also set up at around 50 sites in several provinces during 2004,<sup>35</sup> and have since expanded.

“I'm seeing a sea change in the policies and the leadership at the central level in the fight against AIDS... Frankly, two years ago I could not have dreamt that there would be close to 300 methadone-providing clinics for injecting drug-users across the country.”

- Peter Piot, executive director of UNAIDS, speaking in September 2006.<sup>36</sup>

## **Blood and blood products**

In 1988 the Chinese government prohibited the importing of blood and blood products, in order to prevent the transmission of HIV by blood products. This provided opportunities for commercial blood collecting companies. At the end of 1994, in a small area of central China a limited outbreak of HIV was reported among paid blood donors.<sup>37</sup>

In a number of provinces poor rural farmers had been selling blood and plasma to commercial blood processing companies to increase their income. These companies had mostly operated illegally and made their profits by selling blood products both domestically and internationally. The companies collected blood/plasma from blood collection centres in remote and poor areas to avoid interference from the authorities.<sup>38</sup>

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

- Peasant woman from Henan Province.<sup>39</sup>

Blood was often collected from several people at the same time and mixed together in a container where the plasma was removed. The remaining blood was often given back to the donors, mixed with the blood of others, and all too often contaminated with HIV. Such procedures, plus the reuse of needles and unsterilised equipment, gave the disease an easy way to spread rapidly through the local population. It has now become widely known that many villagers, maybe hundreds of thousands, became infected with HIV when they sold their blood.

“It is our custom for strong male adults to carry the coffin, but so many people are sick or dead that there aren't enough of us left... So now it is the old people who are doing the burying.”

- Farmer from Henan Province.<sup>40</sup>

By September 2003, cases of HIV related to blood or plasma donation had been reported in all provinces, autonomous regions and municipalities, except Tibet.<sup>41</sup> The actual number of people infected with HIV through tainted blood transfusions is unknown but experts have estimated there could be over one million victims in Henan Province alone.<sup>42</sup>

Since the mid 1990s, authorities have acted to improve the safety of China's blood supply by banning the most dangerous practices and closing illegal blood collection agencies. As a result the blood donation system is now much safer, and accounts for far fewer new infections than in the

1990s. However even some of the official blood centres still fail to meet necessary standards, and some people are still paid to donate.<sup>43 44 45 46</sup>

## **Commercial sex workers**

Chinese Public security sources estimate that there were in the region of four to six million **sex workers** in China in 2000. The major reasons for prostitution in China are economic: women from rural areas seek better incomes and migrate to big cities where many end up as sex workers. Commercial sex is illegal in China and the government has set up "re-education centres" in every province. Much emphasis in these centres is put on educating women on the "social evils" of prostitution but they usually only provide limited information about sexual health and how the sex workers can protect themselves. A study amongst sex workers in China found that only a few knew that condoms could be protective (14-30%). They all mentioned abstinence as much more protective. Very few (2-30%) perceived themselves at risk of contracting HIV.

Condoms are rarely used in sexual encounters, and usually it is the client who decides whether to use a condom or not. Condom use is made more difficult by the fact that, in practise, some local police may arrest a woman carrying condoms in her purse as "proof" of prostitution. This is despite a 1998 regulation by the State reversing this previous regulation.<sup>47</sup>

The Chinese government has recently altered its attitude towards HIV prevention among sex workers. Some regions have introduced a policy of 100% condom use, inspired by Thailand's success in reducing its number of new HIV infections. China's pilot programmes have proved successful and the policy is being expanded to other parts of the country. Other interventions have been introduced recently at some sites, including STI services, peer education and voluntary counselling and testing for HIV.<sup>48</sup>

## **Sex between men**

In China, homosexuality is not illegal and it was deleted from the official list of mental disorders in 2001. Men who have sex with men are believed to number between 2 and 8 million.<sup>49</sup> A study in Beijing among men who have sex with men found that there is low but significant HIV prevalence in this group. However, the high rates of unprotected sex (49%) among men who have sex with men could lead to a significant rise in the HIV infection rate unless prevention measures are implemented.<sup>50</sup>

Men who engage in male-to-male sex face discrimination and stigma. Because of stigma, they suffer a lack of access to information, which makes them highly vulnerable to HIV/AIDS. Most homosexual men in China are under social pressure to hide their sexual orientation and to get married.<sup>51</sup>

Stigmatisation of homosexual behaviour fuels an epidemic, rather than creating an atmosphere in which risk can be openly discussed and protective actions such as safer-sex practices can be adopted.<sup>52</sup> There are no clear data on how many HIV infections there are amongst gay men. However, two general hospitals in Beijing claim that a third of their AIDS patients acquired HIV through male-to-male sex.<sup>53</sup>

China is now beginning to take small steps towards addressing the needs of this high-risk group, but still has a long way to go.

## **Migrant workers**

In China, it is estimated that the total number of migrants, both temporary and permanent, may be as high as 120 million. Mobility and migration are not themselves risk factors for HIV, but can create conditions in which people are vulnerable.

“Being mobile in itself is not a risk factor for HIV infection. It is the situations encountered and the behaviours possibly engaged in during mobility or migration that increase vulnerability and risk regarding HIV/AIDS.”<sup>54</sup>

Population movements can contribute to the rapid transmission of HIV. This is due to increased vulnerability of people away from family and community support, limited access to services, condom supplies and information.

More job opportunities, higher incomes and a more attractive lifestyle are factors that pull people to urban areas. Many migrants are young, unmarried and have more money to spend than they did in their home area. This makes young males likely to have casual sexual relationships, often with prostitutes. As most STIs are notifiable diseases, migrants are often reluctant to seek treatment from public clinics for fear of discrimination, such as losing their jobs. Women who stay behind are at risk of contracting HIV from their migrating husbands when they return home from urban areas.<sup>55</sup>

## **HIV and AIDS in different provinces**

Not only are there different epidemics in China as a result of different transmission routes, but there are also wide variations in HIV prevalence across the country. The virus has spread to all 31 provinces (autonomous regions and municipalities), but the highest rates have been found among sub-groups in some areas of Yunnan, Xinjiang and Henan. Some localities have an HIV prevalence rate above 1% among pregnant women, which means that (according to UNAIDS standards) they have entered the generalised epidemic stage.<sup>56 57</sup>

### **Yunnan Province**

Among the injecting drug user population in many cities in Yunnan, HIV infection rates are very high, often above 50% and even as high as 80%. Sexual transmission started to increase around mid-1997 and the overall percentage of sexually transmitted HIV reached 15% in 2000. The highest proportion of reported HIV/AIDS cases is accounted for by young people aged between 15 and 30. More women are becoming infected and the male to female ratio shifted from 4:1 in 1997 to 3:1 in 1998. HIV infection has already shifted from rural to urban areas, from border communities to inner, and from mainly national minorities to an equal distribution among minority populations and the majority Han population.<sup>58</sup>

### **Xinjiang Uygur Autonomous Region**

Like Yunnan, this region also has a well-established HIV epidemic among its IDU population. In Yili Prefecture, HIV among tested IDUs increased from 9% in January 1996 to 76% in August of the same year. While the vast majority of HIV cases in this region are related to injecting drug use, local prostitutes were also found to be positive in 1998, but the low number tested makes conclusions impossible as to the extent of heterosexual spread. Between 1998 and 2000, the reported number of HIV cases more than doubled, from 2125 to 4416. In 2000, the male to female ratio was 6:1.<sup>59</sup>

### **Guangxi Zhuang Autonomous Region**

The Guangxi Zhuang Autonomous Region has witnessed very alarming HIV epidemics among local injecting drug users where about 90% of all drug users are injecting. In some part of the region HIV infection rates among IDUs vary from 20% to 70%. In addition, 63% of prostitutes in this region reported never using a condom. HIV infections found among non-injecting STI patients in diverse places in the region make a risk of a looming heterosexual HIV epidemic in Guangxi very real indeed.

## **Sichuan Province**

In Sichuan, an HIV epidemic has been recognised since 1996 among IDUs on a major route for drug trafficking. By the end of 2000, the major HIV transmission route was still IDU (68%), but blood (transfusion/products) related HIV represented 23% of all new infections, and sexual transmission 6%. The sex ratio had decreased to 4:1 and most of the new infections in 2000 were among very young people (93% under 30 years old).

## **Guangdong Province**

In 1998, Guangdong province reported having a major HIV epidemic among IDUs. By the end of 2000, 82% of reported HIV infections in Guangdong were due to injecting drug use and 2% to sexual transmission.

## **Henan Province**

Henan province has received extensive media coverage by the national and international press starting around World AIDS Day 2000, when a major HIV scandal among paid plasma donors was exposed. The real extent of the tragedy remains unknown, and HIV estimates range from below 150,000 to above one million.<sup>60</sup> A government survey of blood-sellers carried out in Henan in the summer of 2004 raised the number of reported HIV/AIDS cases to 25,036.<sup>61</sup>

## **HIV/AIDS prevention**



*Students participate in HIV and AIDS awareness and prevention session, China*

One objective of the Medium and Long Term Plan for AIDS prevention and Control, published in 1998, was that information about HIV/AIDS and STDs prevention would by 2002 be made available to over 70% of the population. This would include 45% of people in rural areas, and 80% of the people in "high risk behaviour groups". There were also other objectives related to education in schools and involvement of the media.<sup>62</sup>



In 1999, the Central Radio Station, CCTV and provincial Bureaus of Broadcasting, Film and Television were requested to consider HIV/AIDS prevention and education as one of the two priority topics for education through the mass media. Later in the year China's first condom advertisement appeared on China's Central Television One. This 42 second public awareness advertisement was the first ever shown by the Chinese mass media. But shortly after the advertisement was seen by hundreds of millions of people, it was banned. It was banned by the State Administration of Industry and Commerce because condom advertisements were illegal.<sup>63</sup>

"It is not a commercial but a component of our programme on AIDS prevention, indeed we never intended to make a commercial."

- Deputy Director of China National Communication and Education Center for Family Planning.<sup>64</sup>

However, on World's AIDS day 2002, the State administration said that they would lift the ban on advertisements of any product related to sexual activity, and condom advertisements would begin in 2003.<sup>65</sup> Many Chinese people still associate condoms with promiscuity and considerable education is required for an effective safer sex campaign. The State Family Commission began a free condom programme in four pilot areas: Sichuan, Shandong, Henan and Gongzhuling. Also to lessen the objections against condoms - and also make their promotion "legitimate" - the Ministry of Health redefined the condom as "a medical device" rather than a "sexual commodity".<sup>66</sup>

Previously any attempt to distribute clean needles has, as in a number of other countries, resulted in debates between prevention workers and the public and government officials, as many people believe that distributing clean needles will encourage illegal drug use. However, it was stated in 2003 that the Ministry of Health would soon set up pilot drug treatment centres in China's major cities to provide clean needles to drug addicts in an attempt to combat the rapid spread of AIDS.<sup>67</sup> These pilot schemes have been judged successful and the harm reduction programme is being expanded.

China's HIV prevention and control policies were restated in 2004 in "State Council Document Number 7". This document instructed local governments to "integrate HIV/AIDS into the routine government agenda as an important item ... and urgently and effectively respond to HIV/AIDS, which is a priority linked to the interest and benefit of China and its people". Among the recommendations were mass education campaigns among the general population, to teach people how to avoid infection and to counter stigma and discrimination. A number of large-scale HIV/AIDS awareness activities were undertaken in 2004.<sup>68</sup>

## **Future prevention challenges**

There is still a massive need in China for public HIV/AIDS education. A survey in January 2003 found that 17% of Chinese citizens had never heard of HIV/AIDS, and 77% did not know that HIV transmission could be prevented by using condoms.<sup>69</sup> Later surveys have confirmed the need for more AIDS awareness.<sup>70 71 72</sup>

China is facing a challenge not just to educate people about proper condom use but also to provide enough quality condoms.<sup>73</sup> It was reported at the beginning of 2003 that, with a male population of 650 million, sales of condoms in China were just 2,000 million a year.

If preventive measures are targeted towards so called "risk groups" then these groups easily become scapegoats. Also, if preventive methods are based on coercive and discriminating activities then people in greatest need will not want to get tested.<sup>74</sup>

There are almost no approved networks or organisations to support gay men, and this has a highly negative impact on HIV/AIDS prevention among gay men. It may be hoped that increasing access to the internet may help some Chinese gay communities to network and share information on HIV/AIDS with other gay men in China as well as with gay organisations in the Asian region and worldwide.<sup>75</sup>

There is a great need to effectively take action regarding announcements that have already been made. For example, in 1998 the Medium and Long Term Plan for AIDS Prevention and Control announced that HIV/AIDS Prevention would take place in schools. It was announced again in 2001 in the HIV/AIDS Containment, Prevention and Control Action Plan (2001-2005), and in 2003 by The Ministry of Education.<sup>76</sup> But despite these announcements it is unclear how much HIV/AIDS prevention is actually taking place in schools.

Many local authorities are unenthusiastic about the recent national endorsement of pragmatic HIV prevention measures:

“Some cadres are not willing to launch a public campaign against AIDS, fearing it would affect their image and investment in their locality. Some are still having endless debates about whether to promote the use of condoms, methadone treatment and needle exchange programs, or standing in the way of initiatives to work with high-risk groups. That is our biggest problem in the fight against AIDS.”

- Parhat Halik, deputy commissioner for Kashgar Prefecture.<sup>77</sup>

## HIV/AIDS care



*A social worker counsels an HIV-positive person, China*

Most of those infected with HIV do not have access to even the most basic services for care, support and understanding. However treatment prospects are now beginning to improve.

In 2003 the Chinese government launched China CARES (China Comprehensive AIDS Response), a community-based HIV treatment, care and prevention programme. China also began to produce and supply domestically made versions of AIDS drugs,<sup>78</sup> and started an HIV/AIDS training programme for 100 doctors who care for patients at the provincial and county level.<sup>79</sup>

Shortly after China CARES was started, the Global Fund to Fight AIDS, Tuberculosis and Malaria awarded China a five-year grant to help the country fight its HIV/AIDS epidemic. This grant was primarily directed to strengthen the operational system of the free antiretroviral treatment programme.<sup>80</sup>

A pilot programme was started in 50 counties in seven central Chinese provinces and provided more than 5,000 HIV/AIDS patients with free, domestically produced antiretroviral drugs by October 2003.<sup>81</sup> However it was reported in November 2003 that more than 1,000 of the 5,000 patients receiving free HIV/AIDS drugs abandoned their drug therapy in the first seven months of the programme (largely because the domestically produced drugs caused serious side effects). Stopping treatment can be prevented by training more counsellors and medical personnel to administer the HIV/AIDS drugs and help patients with their side effects. If patients continue stopping their treatment, this may encourage drug resistant HIV and have further serious consequences.<sup>82 83</sup>

“This is not the same as hunger relief, where you can drop the food and leave”  
- Dr David Ho.<sup>84</sup>

Under the "Four Frees and One Care" policy announced in December 2003, free anti-HIV treatment should become available to poor people in urban areas and to everyone in rural areas. By mid-2004, a cumulative total of 10,388 patients had started treatment in 18 provinces, and 12,219 were receiving therapy by the end of the year (representing around 10% of those in need). This number had risen to 31,000 (27% of need) by the end of 2006, which was slightly below the average for all low- and middle-income countries.<sup>85</sup>

The government has approved eleven antiretroviral drugs and has issued guidelines to standardise treatment. Five drugs are being made within China and others are being imported, and (with help from the Clinton Foundation) formulations for children became available in mid-2005. Around 1,100 professional staff were trained to help provide treatment during 2004.<sup>86 87 88</sup>

## **Treatment of opportunistic infections**

There is a need in China as in other countries to treat the HIV/AIDS related opportunistic infections as well as to provide antiretroviral drugs. Prevention and treatment of opportunistic infections is an important part of HIV/AIDS care and support. Opportunistic infections result in significant morbidity and mortality for people living with HIV/AIDS.

In China, TB tops the list of infectious causes of death. Each year, around 1.3 million people develop active (contagious) TB and 150,000 die from the disease, ranking China the second most affected in the world after India. HIV/AIDS together with TB and its effects could be devastating in China.<sup>89</sup> It is therefore urgent to implement effective TB control programmes to minimise the results of large-scale HIV/AIDS and TB co-epidemics.

## **AIDS stigma and discrimination**

Fear, discrimination and hidden infection constitute a vicious circle that fuels the HIV/AIDS epidemic. In China, discrimination and fear are serious obstacles to the design and implementation of effective HIV prevention programmes, generating inhuman treatment of people living with HIV/AIDS. Information is scarce and counselling and care are often unavailable.<sup>90</sup>

Partly because of the national failure to educate Chinese citizens about HIV/AIDS in the 1980s and 1990s, misunderstanding and ignorance about the disease are common. As in many parts of the world where public education has been lacking or where the government has failed to take an early lead in insisting on non-discrimination, the lack of correct information about HIV/AIDS among people is contributing to the further stigmatisation and discrimination of people affected by HIV/AIDS.<sup>91</sup> According to a survey by the China Social Survey Firm in four big cities, 75% of

those surveyed said they would avoid people infected with HIV/AIDS and 45% believed that the disease was a consequence of moral degeneration.<sup>92</sup>

People living with HIV/AIDS face many forms discrimination in their daily lives:

“Your family won't eat with you, they give you food to eat apart from them, and they won't have contact with you. Your friends ignore you. They are afraid of getting it from causal contact. If you pass them a cigarette, they won't accept it.”<sup>93</sup>

Families that do not reject their HIV-positive members may suffer stigma themselves. Also, because of the fear of stigma and discrimination, it is common for people with HIV to hide their status from even close family members. Until recently, China had no law banning discrimination against people living with HIV/AIDS, even if they faced the threat of eviction from their homes.

Perhaps most perverse is that some people with HIV/AIDS in China report being refused admission to hospitals by health care workers because of their HIV-positive status. Some were refused after unknowingly testing positive for HIV; others were refused when hospitals actually locked their HIV/AIDS wards and barred all HIV-positive people.<sup>94</sup>

“Stigma is a massive issue. Most doctors won't touch you if you have HIV.”  
- Drew Thompson, National Director of the China-MSD Partnership.<sup>95</sup>

Reports in early 2004 suggested that the Chinese law enforcing isolation of HIV/AIDS patients would soon be dropped, and in June 2005 it was announced that a law banning discrimination against people with HIV/AIDS would come into effect by the end of the year.<sup>96 97</sup> However while making these improvements, the Chinese government has been accused of harassing and intimidating AIDS activists, and of trying to censor educational websites.<sup>98</sup>

AVERT.org has more about HIV/AIDS [stigma, discrimination and attitudes](#).

## The future

If HIV/AIDS prevention is not made a priority in China, the country will be facing HIV epidemics that will be difficult to contain and expensive to deal with. HIV/AIDS in China could endanger national development and security, both personal and social. It is important to keep in mind that in China, the many millions who are vulnerable to HIV today do not belong to small isolated groups or pockets in society. Instead, vulnerable populations interact extensively with the general population and in fact in many instances they are the general population.<sup>99</sup>

“China has everything to gain if it can stem the tide of the AIDS epidemic, and everything to lose if it fails.”  
- Kofi Annan.<sup>100</sup>

Mother to child transmission of HIV remains limited in China. However, once the number of women of childbearing age infected with HIV from their partners increases, so will the incidence of transmission to children. Also, HIV/AIDS poses a great threat to gains made in child survival.

The Chinese government also estimates that 260,000 children may be orphaned by 2010 although, again, these numbers are disputed, with AIDS activists and NGO workers in Henan estimating that as many as a million children in that province alone are or will become orphans as a result of the

blood collection disaster. Many school age AIDS orphans were forced out of school when they could no longer afford school fees, or because they must work and care for sick parents.<sup>101</sup>

Some of the major factors that have contributed to the relatively slow response to AIDS in China include not only a lack of openness in confronting the epidemic, but also a lack of commitment and leadership in many levels of government (provincial and local levels), a lack of adequate resources, a crumbling public health system and severe stigma and discrimination against people infected or affected by HIV/AIDS.

It is feared that China might soon have more people living with HIV than any other country in the world, if the recently improved prevention programmes are not rapidly brought up to scale.<sup>102</sup>

“It would be fantastic if China could show the world how to contain the HIV/AIDS epidemic... However, should we fail, the consequences would not only be catastrophic for China – they would be felt all over the world.”

- Richard Feachem, Executive Director of the Global Fund.<sup>103</sup>

“Unless China acts decisively, it will find itself on an African trajectory, just 15 years behind. In Africa, governments and businesses are looking back at what they should and could have done - in China, there is still time to avert the worst-case scenario.”

- John Ruggie of Harvard University.<sup>104</sup>

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