






People living with HIV	810 000 (640 000 – 970 000) *	Trend still increasing from est. 780 000 in 2011***
New HIV infections	45 000 (42 000 – 49 000)**	Trend stable
• Heterosexual	26 200	
• MSM	14 500	
• IDU	4 000	
• MTCT	300	
AIDS-related deaths	30 000 (27 000 - 34 000)**	Trend still increasing from est. 26 000 in 2009

\* Nationally produced estimate for 2013 endorsed by UNAIDS and other technical partners; produced too late for publication by UNAIDS in 2013 Report on the Global Epidemic.



\*\*Nationally produced estimate for 2013 not endorsed by UNAIDS and other technical partners

\*\*\*2011 PLHIV China national estimate was used in "HIV in Asia and the Pacific: UNAIDS Report 2013", but new infections trend not endorsed by UNAIDS








### Epidemic

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







### HIV related risk behaviours

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





### Response

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

### Key challenges

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

### Priorities

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