2012 China AIDS Response Progress Report

Ministry of Health of the People's Republic of China

31 March 2012

Contents

Summary

I. Participation of stakeholders in report drafting process

In accordance with the requirements set out in the 2012 Global AIDS Progress Report Preparation Guidelines (hereafter referred to as the Guidelines), the Ministry of Health assumed responsibility for organization and preparation of the China 2012 AIDS Response Progress Report (hereafter referred to as the Progress Report), as well as mobilization and coordination of participation of various stakeholders. Representatives from relevant government departments, civil society organizations (CSOs) and people living with HIV (PLHIV) actively participated in the report preparation. The Joint UN Programme on HIV/AIDS (UNAIDS) China Office provided important support for preparation of the Progress Report.

I.1 Establishment of a core working group and clarification of division of labour

In November 2011, the State Council AIDS Working Committee Office (SCAWCO), established under the Ministry of Health, initiated preparation work for the *Progress Report*, designating focal points to gain familiarity with the content and requirements set out in the *Guidelines*, and to analyse feedback from UNAIDS on China's last report. A core working group was established to work on the *Progress Report*, bringing together relevant officials and staff members from the Ministry of Health, SCAWCO, Chinese Association of STD & HIV Prevention and Control (AIDS Association) and UNAIDS. The responsibilities and division of labor for the working group were clarified, together with working mechanisms and procedures. In December 2011, SCAWCO convened a coordinating launch meeting, attended by representatives from relevant government departments, specialized HIV response bodies, UN agencies,

community-based organizations and the PLHIV community. Content and requirements for the *Progress Report* were set out, and the division of labor was discussed and finalised for for collection and analysis of relevant indicator data and report drafting.

I.2 Collection of data and information; preparation of first report draft

In line with the agreed division of labor, key partners including the Ministry of Health, Ministry of Education, Ministry of Civil Affairs, All-China Women's Federation and the China Centre for Disease Prevention and Control (CDC), the AIDS Association and UNAIDS carried out collection, analysis and verification of indicator data and relevant information, and drafted the *Progress Report*. The National Commitment and Policy Instrument Part A, (NCPI-A) was prepared by experts from CDC NCAIDS using a process of literature review and interviews. Preparation of the National Commitment and Policy Instrument Part B section, (NCPI-B) was coordinated and organized by the AIDS Association and UN agencies, and sought input broadly from over 90 community based organizations, in particular PLHIV and key affected population (KAP) networks, and representatives of vulnerable populations, through online surveys, workshops and consultation meetings.

I.3. Broad consultation; further revision

On 22nd March 2012, SCAWCO, together with the UNAIDS China Office organized a consultation meeting to discuss the consultation draft of the *Progress Report*. This meeting was attended by 55 representatives from relevant government departments, UN agencies, international bilateral organizations, international non-governmental organizations, members of the AIDS Expert Committee, business, civil society organizations (CSOs),CBOs, the private sector and the PLHIV community. The meeting reviewed the consultation draft of the *Progress*

Report, and heard feedback and suggestions from participants.

After this meeting, SCAWCO compiled and analysed suggestions and recommendations submitted at the meeting, and accepted the majority of these, and then further revised and improved the consultation draft of the *Progress Report*, developing the final draft of the *Progress Report*.

II. Overview of the AIDS epidemic

China's HIV epidemic exhibits five major characteristics: 1) National prevalence remains low, but the epidemic is severe in some areas; 2) the number of PLHIV continues to increase, but new infections have been contained at low level; 3) gradual progression of HIV to AIDS resulting in an increase of the AIDS-related deaths; 4) sexual transmission is the primary mode of transmission, and continue to increase; 5) China's epidemics are diverse and evolving.

Case reporting data shows that from 2007 to 2011, the number of reported HIV and AIDS cases (including people living with HIV who have developed AIDS) has increased each year, with the figures for each year standing at 48,161, 60,081, 68,249, 82,437 and 92,940 respectively. The numbers of newly diagnosed cases and deaths also increased each year, with the figures standing at 10,742, 14,509, 20,056, 34,188 and 39,183, as well as 5,544, 9,748, 12,287, 18,987 and 21,234 respectively.

In recent years, the proportion of reported cases accounted for by homosexual and heterosexual transmission has increased year on year. The proportion of cases resulting from sexual transmission increased from 33.1% in 2006 to 76.3% in 2011. The proportion arising from homosexual transmission increased from 2.5% in 2006 to 13.7% in 2011.

Sentinel surveillance data show that while HIV prevalence amongst MSM showed a clear increasing trend, the numbers of people who use drugs testing positive for HIV showed a falling trend after 2005. Amongst sex workers, men visiting STI clinics and pregnant women, numbers testing positive for HIV remained at a relatively low level.

Epidemic estimates show that at the end of 2011, the estimated number of PLHIV in China stood at 780,000 people. Of these, 28.6% were women; there were 154,000 cases of AIDS; overall prevalence stood at 0.058%. The estimated number of new infections in 2011 was 48,000 and the estimated number of deaths 28,000. Of the 780,000 people estimated to be living with HIV, 46.5% were infected through heterosexual transmission, 17.4% through homosexual transmission, 28.4% through injecting drug use, 6.6% were former blood donors or transfusion recipients, and 1.1% were infected through mother-to-child transmission.

III. National AIDS response

During 2010-2011, China continued to improve its response to AIDS in accordance with the "*AIDS Regulations", "State Council Notice on Further Strengthening the AIDS Response",* (the *Notice*) and the *"China Action Plan for HIV/AIDS Prevention and Control (2006-2010)"*, building a response with government taking the lead, ministries and departments fulfilling their respective roles and full participation from society. While continuing to implement the "*Four Frees, One Care"* policy, further efforts were made to implement the "Five Expands, Six Strengthens" approach, resulting in important achievements. "Five Expands," means to expand IEC activities, surveillance and testing, PMTCT, comprehensive interventions, and coverage of ART. "Six Strengthens" means to strengthen blood safety management, health insurance, care

and support, rights protections, organizational leadership and strengthening of response teams.

III.1 Further strengthening leadership; gradually improving response mechanisms

In 2010, Premier Wen Jiabao traveled to New York to attend the United Nations High Level Meeting on HIV, demonstrating the resolve of the Chinese Government to control the spread of HIV. In 2010 and 2011, Premier Wen Jiabao and Vice-Premier Li Keqiang inspected AIDS response work on multiple occasions, visiting people living with HIV and AIDS, medical personnel and community volunteers, setting an important example of active participation in AIDS response work.

At the end of 2010, the State Council issued the *Notice*. This *Notice* set out new policy measures, focusing around "Five Expansions and Six Strengthens". In 2010 and 2011, Vice-Premier Li Keqiang convened two plenary meetings of the State Council AIDS Working Committee to look into issues arising in AIDS response work. Member bodies of the State Council AIDS Working Committee worked together to draw up annual AIDS response workplans, and to strengthen multisectoral coordination and collaboration. Local governments at all levels actively carried out AIDS response work in accordance with the *Notice*. Central and local government increased investments, and according to incomplete statistics, investment from various sources over the two year period amounted to approximately 7.8 billion Yuan RMB, of which 970 million Yuan RMB came from international cooperation programmes.

During the past two years, the Chinese Government has actively implemented the "*Four Frees, One Care"* policy, ensuring that rights of PLHIV to treatment, healthcare and education are protected. Efforts to protect other rights of PLHIV have been strengthened, as have efforts to

eliminate discrimination. In April 2010, the State Council revised policies preventing PLHIV from entering China. The anti-discrimination film "Together" was filmed, and broadcast nationwide, receiving positive reviews from audiences.

III.2 Progress and achievements of the AIDS response

During the past two years, regions and government departments have formulated information, education and communication (IEC) plans based on actual situations, making use of multiple channels to carry out broad-ranging IEC activities. By the end of 2010, basic knowledge amongst young students and male migrant workers around HIV had reached 88.2% and 75.3% respectively.

While continuing to crack down on drug dealing and prostitution, in accordance with the law, interventions were carried out, based on the "*Law of Narcotic Control"* and the "*Drug Rehabilitation Regulations"*, expanding coverage of intervention activities.

Data from national sentinel surveillance sites shows that coverage of sex workers increased from 74.3% in 2009 to 81.0% in 2011; the percentage who received at least one HIV testing during the past 12 months, and received their result increased from 36.9% to 38.2%; the percentage using a condom during the last sex act increased from 85.1% to 87.5%. In 2011, HIV prevalence amongst sex workers remained at a low level (0.3%). Coverage of prevention programmes amongst men who have sex with men (MSM) increased from 75.1% in 2009 to 76.7% in 2011; the percentage of MSM who had received a test and were aware of their result increased from 44.9% to 50.4%; and the percentage who used a condom during the last sex act remained at 74.1%. In 2011, HIV prevalence amongst MSM was at 6.3%. By the end of 2011, 623 counties (or districts) within 28 provinces (or autonomous regions, municipalities)

had established a total of 738 methadone maintenance clinics, providing methadone maintenance treatment (MMT) for a cumulative total of more than 344,000 people who inject drugs. The total number of people currently receiving treatment is 140,000. According to initial estimates, HIV incidence amongst people on treatment fell from 0.54% in 2009 to 0.31% in 2011. Data from national sentinel surveillance sites shows that the percentage of people who inject drugs who reported using a condom during the last sex act increased from 35.8% in 2009 to 41.1% in 2011; the percentage of people who inject drugs infected with HIV fell from 9.3% in 2009 to 6.4% in 2011. A total of over 900 needle and syringe exchange sites have been established in 19 provinces (or autonomous regions, municipalities), issuing a total of more than 12 million clean needles and syringes each year.

China's efforts to prevent mother-to-child transmission of HIV are increasing steadily. Starting in the second half of 2010, efforts to prevent mother-to-child transmission of HIV and mother-to-child transmission of syphilis and hepatitis B were combined. At the end of 2011, service models for prevention of mother-to-child transmission of HIV, syphilis and hepatitis B covered 39% of counties (including districts) nationwide. In 6 provinces (including autonomous regions) with more serious epidemics, including Henan, Guangxi, Yunnan, Sichuan, Guizhou and Xinjiang, full coverage was achieved. In Guangdong province, 72% of counties (including districts) were covered. The proportion of pregnant women receiving free screening services accounted for 44% of all pregnant women. The National PMTCT Work Management Information System showed that in 2011, HIV counseling and testing services were provided to over 8 million pregnant women, and testing coverage increased to 92.9%. The percentage of HIV positive pregnant women receiving ART for PMTCT stood at 74.1%. The proportion of HIV

positive children receiving ART was 85.2%. HIV prevalence amongst children born to women living with HIV stood at 7.4%, down from 8.1% in 2009.

China has continued to strengthen its HIV testing network, improving testing capacities. While continuing to roll-out voluntary counseling and testing (VCT), China has actively promoted provider-initiated testing and counseling services, expanding coverage of HIV testing and counseling. In 2011, 14,571 medical treatment facilities at various levels, across China, carried out 84,210,000 HIV tests, finding 74,517 new cases of HIV.

Efforts to strengthen blood safety have been increased. In 2010, DNA testing was introduced in blood banks. By the end of 2011, more than 1.76 million blood samples had been tested.

During the past two years, follow-up and management of PLHIV has been strengthened and follow-up interventions, CD4 testing, and other areas of work have become regularized. In 2011, China issued the "*National Free Antiretroviral Treatment Handbook"*, revising criteria for initiation of treatment, prioritizing testing for drug resistance, in order to manage switching of drug regimens. At the end of 2011, a total of 3142 ART providers were in place nationwide, located in 2082 counties (or districts) within 31 provinces (and autonomous regions, municipalities). The total number of people ever receiving and currently receiving treatment increased from 81,739 and 65,481 respectively in 2009 to 155,530 and 126,448 in 2011. Of these the total number of children under 15 ever receiving antiretroviral treatment was 2788, and the number currently receiving treatment 2322. 18,703 adults and 216 children were currently receiving second line treatment. The proportion of reported adults and children meeting treatment criteria who were receiving antiretroviral treatment increased from 67.2% in 2010 to 76.1% in 2011 and the proportion remaining alive and on treatment after 12 months

increased from 82.3% in 2009 to 86.9% in 2011.

By end-2011, traditional Chinese medicine (TCM) treatment for HIV had been expanded to 19 provinces (including autonomous regions, municipalities) providing free TCM treatment to a cumulative total of 18,572 people, with 11,773 currently receiving treatment.

In order to further strengthen the response amongst people coinfected with tuberculosis (TB) and HIV, the "*China Tuberculosis and HIV Coinfection Response Work Framework"* was formulated, and the "*National Tuberculosis and HIV Coinfection Response Work Implementation Plan"* was issued. In 2010 and 2011, the proportions of people estimated to be coinfected with HIV and TB who received combined treatment for HIV and TB stood at 44.8% and 35.6% respectively.

Building on the "*Four Frees, One Subsidy"* policy, China issued the "*Guidance Regarding Strengthening Protection for Orphans"* in 2010, creating an initial basic welfare, treatment, recovery, education employment and accommodation protection mechanism. In some regions, coverage was actively increased, and stipulated that children impacted by AIDS should be protected under orphan welfare guarantees. China also established a free mandatory education and family subsidy system for families undergoing economic difficulties, further strengthening rights protections, and guaranteeing access to education for children impacted by AIDS. The Chinese government included people living with HIV or AIDS undergoing financial difficulties into welfare guarantees and provided support for healthcare.

In 2010-2011, a number of international organizations, bilateral organizations, businesses and CSOs and CBO, etc participated more actively in China's AIDS response, playing an important role in strengthening the country's response to AIDS. In 2010, the China Global Fund AIDS

Programme was effectively integrated with China's AIDS response plan and funding. The aim of this integration was to ensure that efforts were combined, promoting joint response work. However, as a result of frequent changes and uncertainty with Global Fund policies pertaining to programme management and funding usage, the implementation of China's response plans was impacted. In particular, in May 2011, the Global Fund suddenly suspended fund disbursement and significantly cut budgets, resulting in a temporary suspension of China's AIDS response work. This impacted on the achievement of 2011 national response objectives, and had a very large negative impact on China's AIDS response.

AIDS response work in China remains challenging and complex. The epidemic remains serious in certain regions and amongst certain populations, and a substantial proportion of those infected have not yet been diagnosed. Sexual transmission has already become the primary transmission mode, and infections amongst MSM are increasing noticeably. Resistance to antiretroviral treatment is growing, increasing the burden and difficulty of treatment. Current prevention and treatment technologies and methods are unable to fully satisfy working requirements, the participation of social organizations needs to be strengthened, international funding is gradually decreasing, and budget shortcomings require urgent attention.

In responding to these challenges, the Chinese Government has already issued the *Notice* and the *Action Plan* Building on the *Four Frees, One Care* policy, further efforts will be made to bring about the *Five Expands and Six Strengthens*, increasing the effectiveness of China's AIDS response and achieving the objectives of reducing new infections by 25% and AIDS related deaths by 30% by 2015.

IV. 2012 China AIDS response progress report indicator data

2012 China AIDS response progress report indicator data

Target	Indicator		Data % (numerator/denominator)		Source/Method	Explanation of numerator and denominator	Notes
Target 1. Reduce sexual transmission of HIV by 50 per cent by 2015 *…General population*	1.1	Percentage of young women and men aged 15–24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	No data				No systematic or representative survey data.
	1.2	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	No data				No systematic or representative survey data.
	1.3	Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the past 12 months	No data				No systematic or representative survey data.
	1.4	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	No data				No systematic or representative survey data.
	1.5	Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results	No data				No systematic or representative survey data.
	1.6	Percentage of young people aged 15–24 who are living with HIV*	2010	0.05% (27/52641)	National HIV Sentinel Surveillance Results	Numerator: Number of pregnant women aged 15-24 testing positive for HIV in ante-natal clinics	The majority of women of reproductive age attending ante-natal clinics are aged above 20.
			2011	0.05% (28/52601)		Denominator: Number of pregnant women aged 15-24	

						receiving HIV test in ante-natal clinics	
…Sex workers	1.7	Percentage of sex-workers reached with HIV prevention programmes	2010	76.5% (152354/199131)	National HIV Sentinel Surveillance Results	Numerator: Number of sex workers who have received any one of the three services below: condom promotion/ distribution/HIV counseling and testing; community methadone maintenance treatment/clean needle and syringe exchange; peer education	
			2011	81.0% (165417/204194)		Denominator: number of sex workers who responded to the survey questions above.	
	1.8	Percentage of sex workers reporting the use of a condom with their most recent client	2010	85.9% (160616/186900)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents who reported using a condom during sexual activity with their last client.	
			2011	87.5% (173621/198314)		Denominator: Number of respondents reporting engaging in commercial sexual activity within the past 12 months.	
	1.9	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	2010	34.1% (67570/198069)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents who were sex workers and had received an HIV test during the past 12 months and were aware of the result.	
			2011	38.2% (78136/204400)		Denominator: Number of sex workers responding to survey.	

	1.10	Percentage of sex workers who are living with HIV	2010	0.3% (565/198883)	National HIV Sentinel Surveillance Results	Numerator: Number of sex workers testing positive for HIV	
			2011	0.3% (522/204614)		Denominator: Total number of respondents who had received an HIV test.	
…Men who have sex with men	1.11	Percentage of men who have sex with men reached with HIV prevention programmes	2010	74.7% (25640/34328)	National HIV Sentinel Surveillance Results	Numerator: Number of MSM respondents who had received any one of the three services below: condom promotion/distribution/HIV counseling and testing; community methadone maintenance treatment/clean needle and syringe exchange; peer education	
			2011	76.7% (28526/37190)		Denominator: Number of MSM responding to this survey.	
	1.12	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2010	73.5% (20733/28194)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents reporting having used a condom during the last instance of homosexual anal sexual intercourse.	
			2011	74.1% (23334/31477)		Denominator: Number of respondents reporting having engaged in homosexual anal sexual intercourse during the past 6 months.	
	1.13	Percentage of men who have sex with men that have received an HIV test in the past 12 months and know their results	2010	49.0% (16813/34331)	National HIV Sentinel Surveillance	Numerator: Number of MSM respondents who received an HIV test during the past 12	

					Results	months and were aware of the result.	
			2011	50.4% (18736/37194)		Denominator: Number of MSM survey respondents.	
	1.14	Percentage of men who have sex with men who are living with HIV	2010	5.7% (1948/34009)	National HIV Sentinel Surveillance Results	Numerator: Number of MSM respondents testing positive for HIV.	
			2011	6.3% (2343/37094)		Denominator: Number of MSM receiving HIV tests.	
Target 2. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015	2.1	Number of syringes distributed per person who injects drugs per year by needle and syringe programmes (New indicator)	2010	197 (12125059/61476)	National AIDS Comprehensive Response Data Information Management System	Numerator: Number of items of injecting equipment distributed through needle and syringe exchange programmes over past 12 months.	Denominator is actual number of drug users attending needle and syrtnge exchange programme, not estimated number.
			2011	180 (11681903/64853)		Denominator: Total number of injecting drug users attending needle and syringe exchange programme during the same period	
	2.2	Percentage of people who inject drugs who report the use of a condom at last sexual intercourse	2010	42.1% (10505/24930)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents reporting using a condom during last sexual intercourse.	
			2011	40.4% (10664/26375)		Denominator: Number of respondents reporting having injected drugs during the past month and having engaged in sexual intercourse.	

	2.3	Percentage of people who inject drugs who reported using sterile injecting equipment the last time they injected	2010	72.9% (16144/22157)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents reporting having used sterile injecting equipment during last injecting drug use.	
			2011	66.1% (14035/21230)		Denominator: Number of respondents reporting having injected drugs during the past month.	
	2.4	Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results	2010	40.4% (24765/61316)	National HIV Sentinel Surveillance Results	Numerator: Number of respondents who were injecting drug uses who had received an HIV test during the past 12 months and were aware of the result.	
			2011	43.7% (27169/62127)		Denominator: Total number of injecting drug users responding to these questions.	
	2.5	Percentage of people who inject drugs who are living with HIV	2010	6.9% (4254/61215)	National HIV Sentinel Surveillance Results	Numerator: Number of injecting drug users testing positive for HIV.	
			2011	6.4% (3989/62076)		Denominator: Number of injecting drug users receiving HIV test.	
Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially	3.1	Percentage of HIV-positive pregnant women who receive antiretroviral treatment to reduce the risk of mother-to-child transmission	2010	73.8% (1935/2622)	National PMTCT Management Information System	Numerator: Number of HIV positive pregnant women who used antiretroviral treatment to prevent mother-to-child transmission of HIV during Jan-Dec of the year.	Denominator is known number of HIV positive women giving birth, not estimated figure.

reduce AIDS-related maternal deaths			2011	74.1%(2525/3407)	National PMTCT Management Information System	Denominator: Number of HIV positive pregnant women giving birth during period Jan-Dec of the year.	
	3.2	Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth (New indicator)	2010	14.9%(362/2437)	National PMTCT Management Information System	Numerator: Number of infants receiving HIV tests within 2 months of birth.	Denominator is known number of HIV positive women giving birth, not estimated figure.
			2011	21.9% (622/2836)	National PMTCT Management Information System	Denominator: Number of HIV positive women giving birth from Jan-Dec of the year.	
	3.3	Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 month	2010	7.9%(86/1088)	National PMTCT Management Information System	Numerator: Number of infants born to HIV positive women testing positive for HIV 18 months after birth.	1.Includes adjusted mortality figures for children with HIV. 2.Denominator is number of children born to HIV positive women during same period receiving HIV test after 18 months whose status is known. Not estimated figure.
			2011	7.4%(124/1673)	National PMTCT Management Information System	Denominator: Number of infants born to HIV positive women tested for HIV 18 months after birth.	
Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015	4.1	Percentage of eligible adults and children currently receiving antiretroviral therapy*	2010	67.2% (86122/128199)	National AIDS Comprehensive Response Data Information Management System	Numerator: Number of people receiving antiretroviral treatment on 31st December of the year.	Denominator is actual reported number of adults and children living with HIV eligible to receive ART. Not estimated figure.
			2011	76.1% (126448/166229)		Denominator: Number of reported people living with HIV eligible to receive antiretroviral treatment at end of the same year.	
	4.2	Percentage of adults and children with HIV known to be on treatment 12 months after	2010	86.5% (18389/21250)	National AIDS Comprehensive	Number of adults and children who are still alive and on	

		initiation of antiretroviral therapy			Response Data Information Management System	antiretroviral therapy at 12 months after initiating treatment	
			2011	86.9% (23404/26920)		Denominator: Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period, including those who have died since starting antiretroviral therapy, those who have stopped antiretroviral therapy, and those recorded as lost to follow-up at month 12	
Target 5. Reduce tuberculosis deaths in people living with HIV by 50 per cent by 2015	5.1	Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	2010	44.8%（2036/4542）	TB/HIV Coinfection Response Management Work Annual Report	Numerator: Number of people with late stage AIDS receiving treatment for both TB and HIV during reporting year. Denominator: Sum of number of people with TB testing positive for HIV and number of people living with HIV testing positive for TB.	Denominator is actual known number of PLHIV with TB, not estimated figure.
			2011	35.6%（1677/4715）			
Target 6. Reach a significant level of annual globa expenditure (US$22-24 billion) in low- and middle-income countries	6.1	Domestic and international AIDS spending by categories and financing sources	2010	3,970,802,000 Yuan RMB		Not applicable	Primary reason for funding reductions in 2011 was reduction by 200 million Yuan RMB in Global Fund and other international cooperation partner funding.
			2011	3,837,170,000 Yuan RMB		Not applicable	

Target 7. Critical Enablers and Synergies with Development Sectors	7.1	National Commitments and Policy Instruments (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination and monitoring and evaluation)		National Commitment and Policy A (see Annex 1) National Commitment and Policy B (see annex 2)		Not applicable	
	7.2	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months (New indicator)	2010	5.5%	The 3rd China Women's Social Status Survey jointly implemented by the All China Women's Federation and National Bureau of Statistics	Numerator: Number of married females clearly reporting having experienced beating by spouses. Denominator: Number of married females surveyed.	Survey respondents were 18-64 year old male and female Chinese citizens from across China (excluding Hong Kong, Macau and Taiwan) living in households. Survey collected a total of 26,171 questionnaires. 51.6% of respondents were females; 48.4% were male.
	7.3	Current school attendance among orphans and non-orphans aged 10–14*		No data			No systematic or representative survey data.
	7.4	Proportion of the poorest households who received external economic support in the last 3 months (New indicator)		No data			No systematic or representative survey data.

* Millennium Development Goals indicator

1. Overview of China's HIV epidemic

1.1 National prevalence remains low, but the epidemic is severe in some areas

Case reporting data shows that at the end of 2011, the cumulative number of reported PLHIV stood at close to 445,000 cases. The cumulative number of AIDS cases was 174,000 and the cumulative number of reported deaths 93,000.Epidemic estimates show that at the end of 2011, a total of 780,000 (620,000-940,000) people were living with HIV in China, accounting for 0.058% (0.046-0.070%) of the total population. China therefore remains a low-prevalence country.

Case reporting data shows that at the end of December 2011, 31 Chinese provinces (or autonomous regions, municipalities) had reported HIV cases. 93.2% (2885/3095) of counties (or districts) had reported HIV cases. Variations in reported numbers of cases varied quite significantly between provinces. The 6 provinces with the highest number of reported HIV cases (from highest number: Yunnan, Guangxi, Sichuan, Henan, Xinjiang, Guangdong) accounted for 75.5% of the total number of reported cases nationwide. The 7 provinces with the fewest reported cases of HIV (Tibet, Qinghai, Ningxia, Inner Mongolia, Gansu, Tianjin, Hainan) accounted for 1.2% of the total number of reported cases nationwide (see figure 1). The 20 counties (or districts, cities) with the highest number of reported cases of HIV were all located within Yunnan, Guangxi, Xinjiang, Henan and Sichuan.

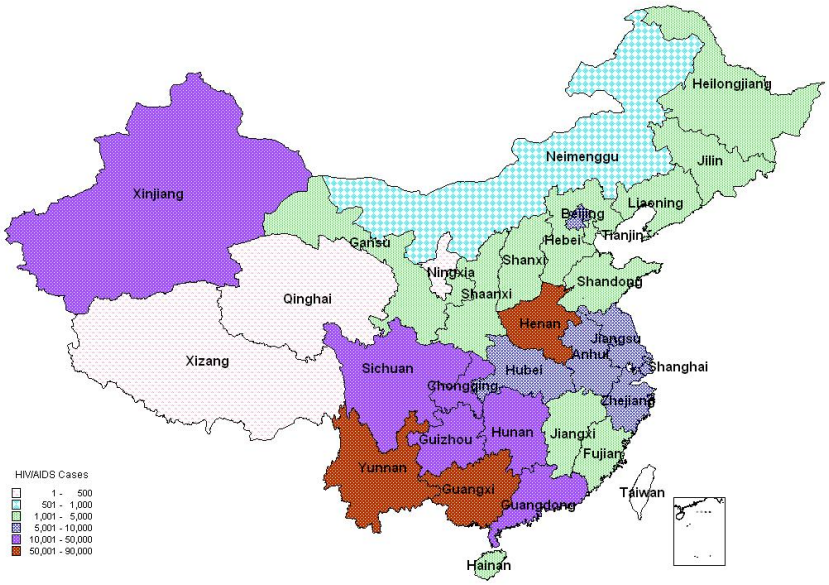


Figure 1 Geographical distribution of cumulative reported HIV/AIDS cases (as of 31st December 2011)

HIV prevalence also vary significantly between different population groups, with prevalence greatest amongst drug users (in particular people who use drugs). There are also clear geographical differences. Sentinel surveillance data show that sentinel surveillance sites with relatively high levels of prevalence are located mostly in the provinces of Yunnan, Xinjiang, Sichuan, Guangxi, Guizhou and Guangdong, in areas such as Honghe District (Yunnan), Wuzhou City (Guangxi) and Yili District (Xinjiang), where more than 50% of drug users test positive for HIV. In the majority of regions, HIV positive testing levels amongst sex workers remain at a relatively low level. Areas where HIV positive test rates exceed 1% amongst sex workers are mostly located within the five provinces (or autonomous regions) of Yunnan, Xinjiang, Guangxi, Sichuan and Guizhou, areas with relatively high rates of drug use. In areas where sex workers are engaging in drug use, HIV prevalence is relatively high. In areas with high levels of HIV prevalence, infection rates amongst pregnant women are comparatively high (in a number of areas, this prevalence has exceeded 1%). In the majority of areas, sentinel surveillance sites

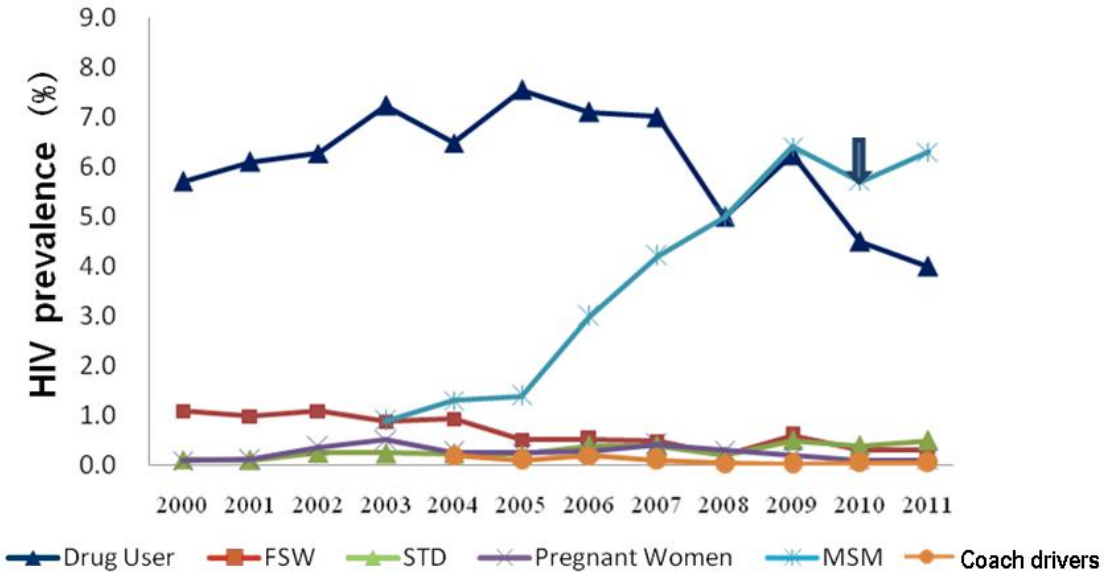
have not detected any pregnant women testing positive for HIV.

1.2 The number of PLHIV continues to increase, but new infections have been contained at low level

Case reporting data show the annual reported number of persons living with HIV/AIDS increased gradually each year from 48161, 60081, 68249, and 82437 to 92940 respectively from 2007 through 2011.

Sentinel surveillance data show that while HIV prevalence amongst MSM showed a clear increasing trend, the numbers of people who use drugs testing positive for HIV showed a falling trend after 2005. Amongst sex workers, men visiting STI clinics and pregnant women, numbers of testing positive for HIV remained at a relatively low level (see figure 2).

Epidemic estimates show that in 2011, numbers of people living with HIV and AIDS were still increasing. Compared to the epidemic estimate results from 2009, the total number of people living with HIV or AIDS had increased by 40,000. The number of people with AIDS increased from 105,000 in 2009 to 154,000 in 2011. Nevertheless, the number of new infections was controlled at a relatively low level. In 2007 there were 50,000 new infections, while in 2009 and 2011 there were 48,000 new infections.



Note: The arrow indicates the decrease in HIV prevalence amongst MSM between 2009-2010, which was a result of the increase in surveillance sites covering that population in 2010

Figure 2: Changes and trends of HIV positive testing rates from China's HIV sentinel surveillance system, 2000-2011

1.3 Gradual progression of HIV to AIDS resulting in an increase of the AIDS-related deaths

Case reporting data shows that the number of people newly diagnosed with AIDS, together with those who have developed AIDS has followed an increasing trend. From 2007 to 2011, the number of new AIDS cases each year (including people living with HIV who have developed AIDS) stood at 10,742, 14,509, 20,056, 34,188 and 39183 respectively. Reported deaths amongst people living with HIV and AIDS also increased year on year between 2007-2011, with the figures for each year standing at 5,544, 9,748, 12,287, 18,987 and 21,234 respectively.

HIV epidemic estimates show that between 2005-2011, the number of surviving people with AIDS increased year on year. The four most recent epidemic estimates have

estimated the number of people with AIDS at 75,000, 85,000, 105,000 and 154,000 respectively. In 2005, people with AIDS accounted for 11.5% of HIV cases. AIDS cases accounted for 12.1% of all cases in 2007 and 14.2% in 2009, increasing in 2011 to 19.7%. This increase in AIDS cases has led to an increasing trend in mortality from AIDS. In 2005, the number of deaths was 25,000; in 2007 it was 20,000. In 2009 it increased to 26,000 and in 2011 to 28,000.

1.4 Sexual transmission is the primary mode of transmission, and continue to increase

Data from the annual case reporting system shows that the portion of identified PLHIV that acquired HIV through sexual contact has been gradually increasing, from 33.1% in 2006 to 76.3% by 2011. 13.7% of sexually acquired HIV was through homosexual contact, an increase from 2.5% in 2006 (Figure 3).

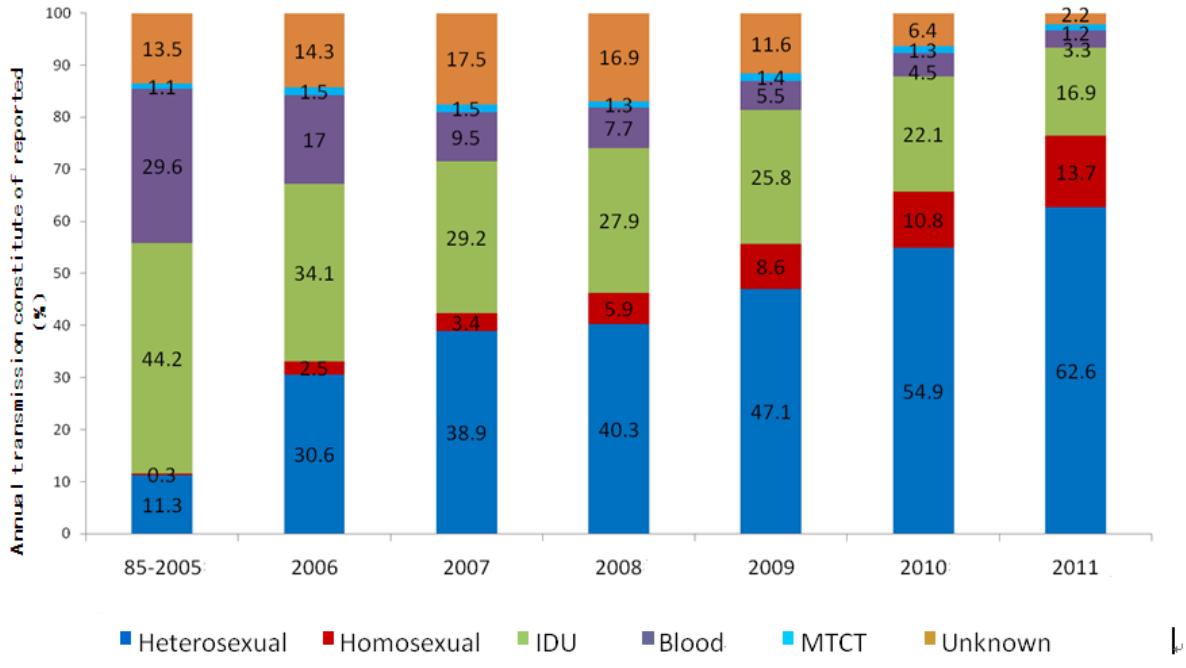


Figure 3 Breakdown of newly reported cases of HIV in past years

Sentinel surveillance data also clearly demonstrates a rapid increase of HIV prevalence among MSM (Figure 4).

Of the 780,000 people estimated to be living with HIV in 2011, 63.9% were infected through sexual transmission, an increase of 4.9% on the 2009 figure of 59.0%. The proportion infected through heterosexual transmission increased from 44.3% in 2009 to 46.5%. The proportion infected through homosexual transmission increased from 14.7% in 2009 to 17.4% in 2011. Of the estimated 48,000 new infections seen in 2011, 81.6% were infected through sexual transmission, an increase on the 2009 figure of 75.7%. This included 52.2% who were infected through heterosexual transmission, a 10 percent increase on 2009, when 42.2% were infected through heterosexual transmission. Homosexual transmission accounted for 29.4% of cases, a 3.1% increase on the 2009 figure of 32.5%.

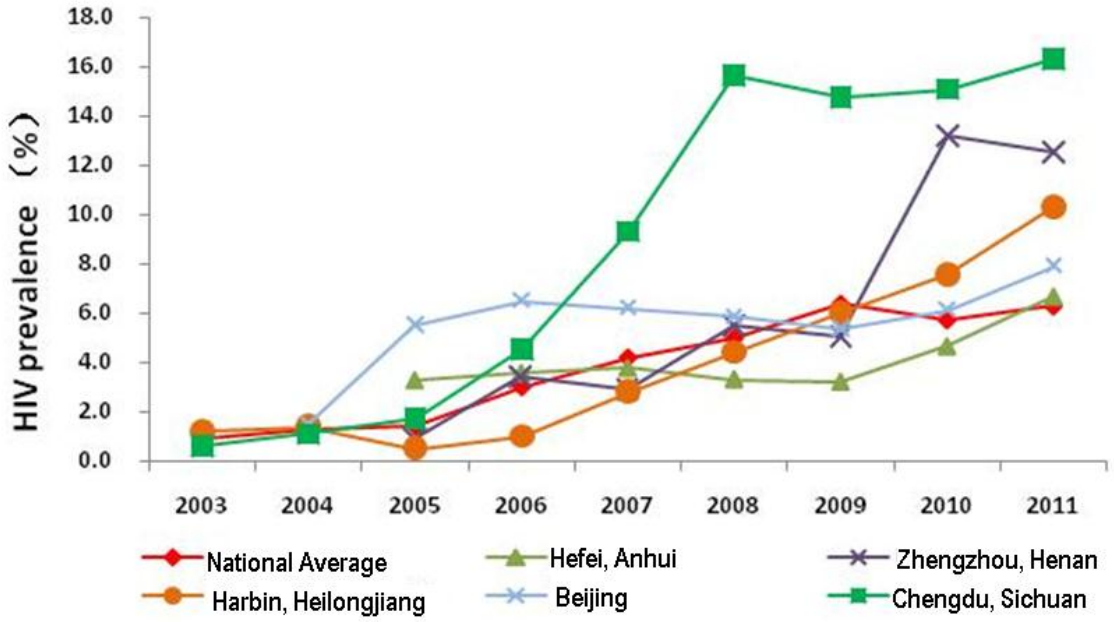


Figure 4 HIV prevalence among MSM from selected HIV sentinel surveillance sites (2003 to 2011)

1.5 China's epidemics are diverse and evolving

Case reporting data show that during 2000-2011, new HIV cases amongst the 50+ age group increased noticeably. The proportion of total cases accounted for by the 50-64 age group increased from 1.6% to 13.8%; the proportion of total cases accounted for by the 65+ age group increased from 0.34% to 7.3%. The number of PLHIV categorised as students also increased year on year during 2006-2011. The proportion of total reported HIV cases accounted for by reported HIV cases amongst students increased from 0.96% of all cases in 2006 to 1.73% in 2011; the percentage of these cases resulting from homosexual transmission increased from 8% in 2006 to 58.6% in 2011, while the percentage resulting from heterosexual transmission increased from 4% to 18.9%.

By end-2011, the cumulative total reported number of PLHIV stood at 352,000. This figure underlines the large number of PLHIV who remain unaware of their HIV status, constituting a risk for further transmission.

Surveillance data shows that risk factors driving the spread of HIV persist widely. 34% of people who inject drugs still use contaminated injecting equipment; 32% of sex workers do not consistently use a condom; 85% of MSM have engaged in sexual activity with multiple homosexual partners during the past 6 months, and only 43% of MSM consistently use condoms during anal sex. The number of people using new drug types has increased and the phenomenon of having multiple sex partners continues to spread. Mobile populations are continuing to grow, and introduced cases of HIV resulting from interregional or international marriage have been seen in a number of areas. This has also led to spousal transmission and mother-to-child transmission of HIV.

2. Overall progress of AIDS response

In 2010-2011, in accordance with the stipulations and requirements of the *"Regulation on Prevention and Treatment of AIDS" (Regulation)* and the *"Notice Regarding Further Strengthening AIDS Prevention and Control" (*the *Notice)*, China further improved its response mechanism, based around the principles of ensuring government leadership, individual department taking responsibility for their own areas of work and promoting full social participation. While continuing to implement the *"Four Frees, One Care"* policy, China implemented the *"Five Expands, Six Strengthens"*, driving noticeable progress.

2.1 Strengthening leadership, improving response mechanisms

2.1.1 Prioritization by government at all levels; issuing of important response policiesChina's government leaders place high priority on AIDS response work, and are setting a positive example. In 2010, Chinese Premier Wen Jiabao visited Sichuan's Liangshan region, an area with a serious HIV epidemic, to inspect work being carried out, and meet with people living with HIV and children impacted by AIDS; he attended the United Nations General Assembly Special Session on HIV, demonstrating the strong resolve of the Chinese government to respond to the spread of HIV. In 2011, Premier Wen Jiabao made a special visit to Chinese Centre for Disease Control and Prevention, inspecting AIDS response work being carried out there and attending a workshop with PLHIV, medical staff, researchers, volunteers and representatives from international organisations. Vice Premier Li Keqiang made a visit to the Beijing Municipal CDC to inspect HIV response work being carried out there, meeting with medical personnel

working on HIV and volunteers from social organisations. The actions of top-level state leaders have set a positive example of active participation in the AIDS response for the whole of society. Local government leaders at all levels have also taken action to further strengthen leadership of AIDS response work, actively participating in AIDS response activities, removing obstacles to AIDS response work and providing strong support to AIDS response efforts.

In order to strengthen efforts to eliminate discrimination, in April 2010, the State Council removed clauses preventing HIV positive people from entering China. At the end of 2010, the State Council issued the *"Notice Regarding Further Strengthening AIDS Prevention and Control"* according to the current situation and actions for the next stage. The *Notice* set out new policies and measures in the form of the "*Five Expands, Six Strengthens*".

By the end of 2010, 10 provinces (including autonomous regions, municipalities) nationwide had developed AIDS response guidelines for their local areas. 26 provinces (including autonomous regions, municipalities) had incorporated the AIDS response into local economic and social development planning. Governments at all levels have issued specific policies and guidelines, based on their local circumstances, to ensure implementation of national AIDS response policies such as the *"Four Frees, One Care"* policy and the *"Five Expands, Six Strengthens"*. Building on in-depth analysis of the AIDS response from the past two years, in January 2012 the State Council issued *"China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS During the 12th Five Year Period"* (the *Action Plan*), setting out targets for the end of 2015 of reducing new infections by 25% and reducing mortality from AIDS by 30%.

2.1.2 Response working mechanisms gradually strengthened. Multi-sectoral cooperation

further strengthened.

In 2010 and 2011, the State Council called plenary meetings of the State Council AIDS Working Committee on an annual basis, seeing to resolve issues emerging in the AIDS response, to discuss major AIDS response policies and clarify approaches and priorities in the AIDS response. Across all 31 provinces (including autonomous regions and municipalities), the vast majority of prefecture- (and city-) level governments, and county- (and district-) level governments in areas with serious HIV epidemics , have established AIDS response leading bodies, complementing national AIDS response mechanisms, and strengthening leadership in the AIDS response in all regions. In the seven provinces (including autonomous regions) of Shanxi, Henan, Guangxi, Sichuan, Yunnan, Guizhou and Xinjiang, independent executive organizations have been established under the AIDS response leading bodies, contributing to noticeable increases in efforts.

Relevant ministries have developed and implemented annual AIDS response workplans in accordance with the *"Regulations"*. Coordination and cooperation between ministries has also been strengthened, jointly driving progress with response work. An internal coordination and working mechanism has been established, bringing together ministries and bodies including the Ministry of Health, Ministry of Public Security, Ministry of Justice, Ministry of Railways, All China Federation of Trade Unions, Communist Youth League Central Committee and All-China Women's Federation. The Ministry of Publicity and State Administration for Industry and Commerce established an internal HIV response communications team. Relevant departments have used their departmental action plans or strategic plans to carry out M&E and research activities, effectively promoting AIDS response work within their departments. Ministries including the Ministry of Health, Ministry

of Public Security, Ministry of Civil Affairs and Ministry of Justice carried out research into measures to strengthen counterpart assistance and technical support to priority areas including Sichuan's Liangshan Prefecture, and have worked closely with the State Council's Poverty Alleviation Office, linking efforts closely with poverty alleviation efforts in Liangshan. The Ministry of Civil Affairs organized a large scale fundraising campaign entitled "Doing Good for Liangshan". The Ministry of Public Security continued to organize anti-prostitution and anti-drug activities. In accordance with the *"Drug Rehabilitation Regulations"* issued by the State Council in 2011, the Ministry of Public Security stepped up HIV awareness raising work within reeducation centers, compulsory isolation detoxification centers, detoxification and recovery centers, etc. The Ministry of Public Security also worked together with the Ministry of Health to carry out HIV monitoring and to provide methadone maintenance treatment for drug users. The Ministry of Civil Affairs and Red Cross Association of China provided assistance and support to PLHIV and their families. The Ministry of Health worked together with the Ministry of Finance to incorporate the AIDS response with key public health service issues under the guidance of health system reform. It promotes AIDS prevention and control comprehensively, in line with the principles of ensuring that basic requirements are met, strengthening services at a local level, and strengthening the construction of mechanisms.

The Ministry of Education and Ministry of Health jointly issued the *"Opinions Regarding Further Strengthening HIV Education in Schools"*, establishing a working mechanism for promotion of HIV prevention education in schools. The Family Planning Committee issued the *"Notice Regarding Strengthening HIV Prevention Work"*, which sets out specific requirements regarding the use of the capacities of the family planning network to drive

HIV prevention efforts amongst mobile populations and women of childbearing age. In 2010, the All China Federation of Industry and Commerce, Ministry of Health and State Council AIDS Working Committee Office jointly held a "Corporate Social Responsibility High-Level Forum against HIV", mobilizing businesses to more effectively participate in the AIDS response. China has already created a working system and mechanism bringing together the Ministry of Public Security, Ministry of Justice, Ministry of Civil Affairs, Ministry of Health and Women's Federation to prevent domestic violence. Governments at all levels have issued a large number of specific response policies, supporting implementation of the *Notice*, and have actively carried out response work. According to incomplete statistics, 87.2% multisectoral departments of provincial level AIDS response working committees have developed AIDS response workplans. Many departments have also allocated funding for AIDS response work.

2.1.3 Continuing to carry out advocacy and training with government officials

In 2011, the State Council AIDS Working Committee Office drafted and published a *"Guidebook on AIDS Response Work for Government Officials"*, and worked with the China Central Party School and the Chinese Academy of Governance to incorporate HIV policy-related content into training materials. HIV policy awareness raising activities were organized in 8 provinces (including autonomous regions), including Sichuan, Guangxi, Xinjiang, Zhejiang, Hainan, Shanxi, Shandong and Qinghai. Minister of Health Chen Zhu personally gave lectures in Sichuan, Guangxi and Xinjiang, and tens of thousands of officials from relevant provincial-, prefecture- and county-level departments have now received training.

2.1.4. Further increases in funding to effectively support implementation of AIDS response

planning

During the past two years, central government funding for the AIDS response has been increased. Disbursements from central government funding for AIDS response work have gone up, from 2.06 billion Yuan RMB in 2010 to 2.2 billion Yuan RMB in 2011. Local government funding for the AIDS response also increased. According to incomplete statistics, 31 provinces (including autonomous regions, municipalities) invested total funding of 2 billion Yuan RMB in 2010 and 2011. During the past two years, funding for major research projects in the field of HIV has amounted to more than 400 million Yuan RMB. Funding from international cooperation programmes amounted to approximately 970 million Yuan RMB. In order to ensure appropriate allocation of limited resources, prevent duplication of investments and to ensure effective use of funding, the Ministry of Health carried out consolidation of funding from the AIDS response from various levels of government and from international sources, creating a united, comprehensive national AIDS response plan.

2.1.5 Protecting the rights of PLHIV, working to eliminate discrimination

During the past two years, the Chinese government has stepped up efforts to protect the legal rights of PLHIV and eliminate discrimination. In April 2010, the Chinese government fully removed legal restrictions preventing PLHIV from entering China. Research has been organized to identify and remove clauses of laws and policies which may contain discriminatory content. While working to eliminate institutional discrimination, a large number of awareness raising activities have been organized aiming to strengthen awareness around discrimination and steps to eliminate discrimination in healthcare settings have been incorporated into the annual workplan. In December 2011, the Chinese

Association of STD and HIV Prevention and Control, the Chinese Medical Association, the Chinese Preventive Medicine Association, the Chinese Medical Doctor Association and the Chinese Mother's and Children's Health Association jointly hosted an anti-discrimination awareness raising activity, and jointly issued the *Campaign Letter to China's Health Workers*, calling for an end to discrimination against PLHIV in China's healthcare system, and created a positive environment to combat discrimination. China also incorporated content regarding AIDS response services, domestic violence and protection of vulnerable communities into the National Human Rights Action Plan, strengthening protections for vulnerable groups.

2.2 Implementation of the AIDS response

2.2.1 Progress and achievements of prevention

2.2.1.1 Strengthening IEC, improving HIV awareness

Over the past two years, authorities in all regions have formulated information, education and communication (IEC) plans based around their local circumstances, and made use of radio, television, newspapers, magazines, the Internet and other media to carry out a broad range of IEC activities, in the form of public service announcements (PSAs), themed interviews, distribution of IEC materials, large LCD screens, public information screens, advertising boards and other sites, relating to HIV prevention. In 2011, the General Association of Press and Publication organized a competition recognizing excellence in news reporting on drug prevention and HIV prevention. The renowned director Mr. Gu Changwei was actively supported to film the major documentary *Together*, which proved

effective in combating HIV-related discrimination. This documentary was screened nationwide, and major television stations from across China were mobilized to broadcast clips from the documentary, together with anti-discrimination PSAs. A total of 500 cinemas displayed advocacy materials, and other relevant information. The producers of *Together* received invitations to screen the documentary at more than 20 Chinese and international film festivals. The documentary received a range of honors and prizes from numerous film festivals, and attracted the attention of audiences in China and abroad, serving as a highly effective tool for combating discrimination.

Departments including China's State Council AIDS Working Committee Office, Ministry of Publicity, Ministry of Human Resources and Social Security, Ministry of Housing and Urban-Rural Development, Ministry of Agriculture, Ministry of Health, National Population and Family Planning Commission, State Administration for Industry and Commerce, All-China Federation of Trade Unions, Central Committee of the Communist Youth League, All-China Women's Federation, Red Cross Society of China and All-China Federation of Industry and Commerce continued to implement IEC activities targeted at sex workers, IDUs and MSM, including the Employee Red Ribbon Health Initiative, the "Face to Face" HIV response initiative, targeting women and youth, the "Youth Red Ribbon" movement, the China Children and Youth AIDS Response Activity, the University Student HIV Prevention Awareness Activity, the "Going into Factories and Workplaces" initiative, promoting nationwide HIV prevention amongst migrant workers and the nationwide Migrant Worker Health Promotion Initiative. The "Going into Factories and Workplaces" IEC activity, implemented in 2010, mobilized more than 1500 student volunteers from 85 higher education institutes to visit more than 160 businesses. The Red Ribbon Health

Package activity, implemented in 2011, mobilized more than 1900 students volunteers from 106 higher education institutions to visit businesses. More than 100 HIV prevention awareness raising lectures were also organized. The Ministry of Education actively organized HIV prevention education work in schools. Civil society and community based organizations also used a range of approaches to carry out IEC activities. AIDS Goodwill Ambassadors and celebrities from arts and cultural fields also actively participated in various types of HIV awareness raising and care activities, playing an important role in building a social environment free of discrimination.

Data from sentinel surveillance systems show that in 2010, levels of basic awareness around HIV amongst young students (in-school youth) and male migrants (migrant workers) reached 88.2% and 75.3%.

2.2.1.2 Strengthening interventions amongst key affected populations, reducing the spread of HIV

During 2010-2011 China adopted a working model combining the efforts of disease control bodies, community health service centers and medical treatment facilities to carry out a range of comprehensive services including peer education, outreach, condom promotion and STI services targeted at sex workers. Intervention coverage and quality rose continuously, and interventions with sex workers showed significant results. National sentinel surveillance data show that coverage of interventions amongst sex workers increased from 74.3% in 2009 to 81.0% in 2011; the proportion of sex workers who had been tested for HIV within the past 12 months, and were aware of their HIV status increased from 36.9% to 38.2%; the proportion of sex workers using a condom during their last instance of sexual intercourse increased from 85.1% to 87.5%. In recent years, HIV

prevalence amongst sex workers remained at a low level. In 2011, HIV prevalence amongst sex workers was 0.3%.

During 2010-2011, disease control bodies, medical treatment facilities and community-based organizations continued to strengthen and improve collaboration around interventions with MSM. CBO capacity was increased and efforts to strengthen prevention efforts amongst MSM achieved important results. Sentinel surveillance data show that coverage of prevention interventions amongst MSM increased from 75.1% in 2009 to 76.7% in 2011. The proportion of MSM who received an HIV test during the past 12 months and were aware of their status increased from 44.9% to 50.4%. The percentage who used a condom during their last instance of sexual intercourse increased from 73.1% to 74.1%. In 2011, HIV prevalence amongst MSM was 6.3%.

Working in accordance with the stipulations of the "*Law of Narcotic Control"* and "*Drug Rehabilitation Regulations"*, and taking into account local circumstances, health, public security and food and drug administration authorities sought to explore effective and complementary mechanisms for integrating community methadone maintenance treatment (MMT) into drug prevention work for people who inject drugs. Coverage of community methadone maintenance work increased steadily. At the end of 2011, a total of 738 methadone maintenance clinics had been established in 623 districts and counties of 28 provinces nationwide. A cumulative total of more than 344,000 drug addicts had received community methadone maintenance treatment, and 140,100 were receiving treatment. An average of 190 people were receiving treatment in each clinic. The treatment adherence rate was 74.9%. Community MMT played an important role in reducing new HIV infections. Initial estimates found that new cases of HIV amongst those receiving MMT treatment fell

from 0.54% in 2009 to 0.30% in 2011. National sentinel surveillance data showed that reported use of condoms by people who inject drugs at last instance of sexual intercourse increased from 35.8% in 2009 to 40.4% in 2011; HIV prevalence amongst injecting drug users fell from 9.3% in 2009 to 6.4% in 2011. In 2010 and 2011 respectively, 937 and 913 clean needle and syringe exchange sites were established in 19 provinces (including autonomous regions and municipalities). Each year over 60,000 IDUs reached by needle and syringe exchange programme, and a total of 12,000,000 needles and syringes were distributed each year..

2.2.1.3 Providing comprehensive services to reduce mother-to-child transmission

In 2010 and 2011, efforts to strengthen prevention of mother-to-child transmission of HIV were expanded continuously in China. Since the second half of 2010, efforts began to effectively integrate work to prevent mother-to-child transmission of HIV, syphilis and hepatitis B. In February 2011, the Ministry of Health issued the "*Workplan for Prevention of Mother to Child Transmission of HIV, Syphilis and Hepatitis B"*. This integration provided HIV, syphilis and hepatitis B comprehensive services to pregnant women, utilizing the women's and children's health network.

By the end of 2011, HIV, syphilis and hepatitis B PMTCT comprehensive service models were providing coverage to 39% of counties (including cities, districts). In the 6 provinces with the highest burden of disease, namely Henan, Guangxi, Yunnan, Sichuan, Guizhou and Xinjiang, full coverage was achieved; 72% of coverage in Guangdong. Approximately 44% of all pregnant women received free screening for HIV nationwide.

Data from the National PMTCT Work Management Information System show that in 2011, 8.4 million pregnant women received HIV counseling services, and increase of 3.6 million

over the figure for 2010. Counseling rates increased from 85.2% in 2010 to 89.8%; approximately 8.7 million pregnant women received HIV testing services, representing an increase in the testing rate from 88.7% in 2010 to 92.9% in 2011. The number of reported HIV cases amongst pregnant women was 5313, an increase of 1167 over the 2010 figure of 4146. The percentage of HIV positive pregnant women receiving antiretroviral treatment to prevent mother-to-child transmission was 74.1%. A total of 3380 live babies were born to HIV positive women, and pediatric antiretroviral treatment was used in 85.2% of cases; the percentage of mothers using infant formula instead of breastfeeding was 95.9%. The percentage of infants born to HIV positive mothers receiving an HIV test within 2 months of birth was 21.9%. 7.4% of babies born to HIV positive mothers were infected with HIV, a reduction from the 2009 figure of 8.1%.

2.2.1.4 Expanding counseling and testing service, increasing case identification

China has strengthened its HIV testing network, continuously strengthening testing capacities. By the end of 2011, the number of confirmatory testing laboratories in China had reached 339, and the number of screening laboratories 14,305, achieving coverage of 96.2% of county level CDCs. All provinces now possess capacity for CD4 and viral load testing. A total of 406 laboratories can carry out CD4 testing and 101 laboratories have the capacity to carry out viral load testing.

While continuing to carry out voluntary counseling and testing, and actively promoting provider initiating testing and counseling services, as advocated by the United Nations, efforts have been made to organize medical treatment facilities of various types and at various levels to actively carry out testing and counseling, expanding the coverage of HIV testing and counseling and increasing identification of PLHIV. Results indicate that by the

end of 2011, 14,571 medical treatment facilities at various levels had carried out 84,210,000 HIV tests, a 30.3% increase on the 64,600,000 tests carried out by 9694 facilities in 2010; this resulted in identification of 74,517 new HIV cases, a 16.2% increase on the figure for 2010, 64,108.

As efforts to strengthen implementation of testing for spouses of PLHIV, the proportion of spouses being tested has increased continuously, resulting in increased early detection of HIV infection. Figures show that the proportion of spouses and regular sexual partners of reported PLHIV receiving HIV testing increased from 63.4% in 2010 to 87.1% in 2011.

2.2.1.5 Strengthening the work of blood safety

China developed relevant standards and technical standards, issued and printed "*Technical Operation Procedure for Plasma Collection Stations (2011)*", "Technical Procedures for Blood Banks (2011)", developed normative documents, such as "Medical Screening Requirements for Blood Donor" and "Quality Requirements for Blood and Blood Component", etc. In 2011, the Ministry of Health initiated a pilot programme of nucleic acid testing in blood station, and convened a meeting on Blood Nucleic Acid Testing and Blood Safety to promote and expand the pilot programme gradually, shortening the "window period" for HIV testing. In 2010, the central government disbursed 157 million Yuan RMB to equip 72 nucleic acid detectors and to carry out training of staff. At present, there are a total of 53 blood stations which can carry out nucleic acid testing. By the end of 2011, a total of 1.76 million blood samples had been tested; 9 of these were found to be HIV positive.

2.2.2 Progress and achievements of treatment

2.2.2.1 Strengthening follow-up intervention services with people living with HIV and AIDS

During the past two years, follow-up management work with people living with HIV and AIDS have been further strengthened. Follow-up interventions and CD4 testing have already been included as routine procedures. The proportion of people living with HIV and AIDS covered by follow-up interventions increased from 74.6% in 2009 to 91.9% in 2011. The proportion of PLHIV receiving CD4 testing increased from 54.2% to 71.1%, ensuring early identification of people requiring treatment.

2.2.2.2 Expanding antiretroviral treatment, reducing mortality

In 2011, China revised the "*National Free Antiretroviral Medication Handbook*". The new edition of this handbook contained revised guidelines on treatment initiation times, stipulating that all patients with CD_4^+T cell counts lower than 350/mm^3 should receive treatment. Patients with CD_4^+T cell counts of 350-500/mm^3 who meet certain criteria were also recommended to receive treatment. All pregnant women and PLHIV within serodiscordant households were recommended to initiate treatment, regardless of their clinical phase, as defined by the World Health Organization, or CD_4^+T cell count. Tenofovir also appeared for the first time within the treatment handbook, recommended together with Ziduvodine as a first line treatment medication, reducing issues around side effects and reducing the number of pills which need to be taken. At the end of 2011, there were a total of 3124 facilities providing antiretroviral treatment, based in 2082 counties (or districts) within 31 provinces (or autonomous regions, municipalities). Nationally, the cumulative total numbers of people ever having received treatment, and currently receiving treatment

increased from 81,739 and 65,481 respectively in 2009 to 155,530 and 126,448 respectively in 2011. With respect to children aged under 15, the cumulative total number ever having received treatment, and the number currently receiving treatment stood at 2788 and 2322 respectively. In 2011, an additional 45,843 adults and children were initiated on to treatment, the largest annual increase in new treatment recipients since 2003. The proportion of adults and children meeting antiretroviral treatment criteria who were receiving ART increased from 67.2% in 2010 to 76.1% in 2011. The level of standardization of treatment programmes continued to increase, and the proportion of patients alive after 12 months of treatment and remaining on ART increased from 82.3% in 2009 to 86.9% in 2011.

In 2010, drug resistance testing was first provided for patients for whom treatment had failed. A National ART Resistance Working Team was also established, and the "*HIV Antiretroviral Treatment Drug Resistance Work Framework (2010-2015)"* was issued. During the past two years, HIV drug resistance testing has been rolled out, in order to assist with changes in treatment regimens. Work was also carried out on HIV drug resistance epidemiological monitoring, and capacity building and quality control among drug resistance testing laboratories. Analysis of drug resistance shows that drug resistance amongst patients exhibiting virological failure has increased, and that the issue of drug resistance requires additional attention. At the end of 2011, 18,703 adults and 216 children were using second line treatment regimens.

2.2.2.3 Traditional Chinese Medicine HIV treatment work

Traditional Chinese medicine (TCM) treatment for HIV is unique to China's AIDS response, with trials beginning in August 2004. By end 2011, TCM treatment had already been

expanded, providing treatment to cumulative 18,572 PLHIV. 11,773 were currently receiving treatment within 19 provinces (including autonomous regions, municipalities). Preliminary results from over 9,000 patients receiving TCM treatment showed that clinical symptoms and quality of life were improved significantly. Both TCM and ARV treatment have comparative advantages and can be complementary with one another. TCM explored new methods for PLHIV who are not available for ARV treatment, expanding the coverage of treatment.

2.2.2.4 Tuberculosis HIV coinfection prevention and control efforts

In order to further strengthen efforts to prevent and control tuberculosis-HIV coinfection, China issued the "*China Tuberculosis-HIV Coinfection Prevention and Control Framework"*, as well as the "*China Tuberculosis-HIV Coinfection Prevention and Control Work Implementation Plan"*, and drafted the "*Tuberculosis-HIV Coinfection Prevention and Control Technical Guidance Handbook"*. In 2010, work was started to carry out an epidemiological survey on TB-HIV coinfection and to carry out monitoring work. This allowed in-depth analysis of the epidemiological characteristics of TB-HIV coinfected people. Applied research on isoniazid prevention therapy for HIV and TB co-infection patients, adherence and management models for people with TB-HIV coinfection, was carried out. In 2011, China incorporated TB screening rates for TB and HIV patients, as well as HIV testing rates for TB patients in priority provinces into the *"National Tuberculosis Prevention and Control Plan (2011-2015)"* and the Action Plan, thereby strengthening screening of HIV amongst people with TB and regularization of TB treatment for patients with co-infection. In 2010 and 2011, the percentages of persons co-infected with HIV and TB receiving HIV and TB treatment stood at 44.8% and 35.6% respectively.

2.2.3 Progress and achievements of care and support

2.3.1 Prioritizing children, ensuring the healthy development of children impacted by AIDS

In 2010, the State Council issued the *"Guidance Regarding Strengthening Protections for Orphans"*, convened a nationwide teleconference on strengthening protections for orphans, and laid out comprehensive working plans for strengthening protections for orphans, including children orphaned by AIDS. A working mechanism was put in place to ensure guarantees in the areas of basic welfare, medical treatment, convalescence, education, employment and accommodation. With respect to basic welfare guarantees for orphans, nationwide allowance guidelines were put in place, stipulating that 1000 Yuan RMB should be allocated per month for care of orphans residing in orphanages, and 600 Yuan RMB for orphans living in other settings. In 2010, the Ministry of Civil Affairs provided funding support of 6,660,000 Yuan RMB to orphan support institutions in 9 priority provinces (and autonomous regions) with high concentrations of children orphaned by AIDS; in 2011, this support was increased to 15,000,000 Yuan RMB. Certain regions actively increased coverage of protections, seeking to bring different categories of children requiring assistance into welfare guarantee systems, and clarifying that children impacted by AIDS should receive protections in the same way as children orphaned by AIDS.

China also established a free-of-charge compulsory education system and support programme for families with economic difficulties. The "Four Frees, One Subsidy" policy was actively promoted through education departments at various levels, ensuring that children impacted by AIDS experiencing economic difficulties can access to compulsory education. The All-China Women's Federation continued to make use of the 12.1

Foundation, funded by donations from enterprises, to support children impacted by AIDS. By the end of 2011, this initiative was providing coverage to 15 provinces (including autonomous regions, municipalities). A total of 15757 AIDS-impacted children had received support from this initiative, and 14,153 were currently receiving support. The State Ethnic Affairs Commission and the China National Committee for the Wellbeing of the Youth both organized summer camp activities for children orphaned by AIDS. The China Red Ribbon Foundation and Chinese STD & HIV Prevention Foundation also invested funds to carry out care activities for children impacted by HIV. The Chinese government cooperated with UNICEF in a child welfare service model project, providing coverage to 80,000 children, of whom a large proportion were children impacted by AIDS.

2.3.2 Actively carrying out support activities, implementing care and support policies

The Chinese Government has included people living with HIV experiencing economic difficulties within the Rural 5 Protections programme. This programme provides 3399 Yuan RMB per person per year for care and support of people living in collective institutions, and 2471 per person per year for those living in other settings. PLHIV meeting necessary criteria have also been included in basic welfare schemes. PLHIV whose average household income falls below local basic income levels have also been included in urban-rural welfare guarantee schemes and provided with special care depending on their individual circumstances. In 2011, the national urban basic welfare standard payment was 287 Yuan RMB per person per month. The national rural basic welfare standard payment was 1706 Yuan RMB per person per year. PLHIV experiencing poverty who met relevant criteria were included within health insurance schemes. In implementing urban-rural medical treatment support programmes, authorities in various regions treated PLHIV as

priority support recipients. As well as providing standard medical treatment support, they also implemented a series of special policies, providing exemption from hospital appointment fees, treatment and testing fees, in-patient fees, etc. What is more, some regions included PLHIV experiencing poverty into special disease support schemes, increasing support ratios and ceilings.

2.2.4 Progress and achievements of scientific research

In 2010 and 2011, China worked carefully and scientifically to achieve the aims of reducing HIV incidence and mortality, and other major requirements of the national response. Efforts were made to smoothly drive forward *"HIV and Viral Hepatitis Infectious Disease Prevention"* and *"Major Innovative Medication Development*", two major sci-tech projects authorized in 2008 by the State Council. These two projects focused on the three key areas of diagnosis, prevention and treatment, and led to the establishment of a joint team bringing together institutions or organizations of different fields, and achieving a number of important results.

The first of these was that the quality of diagnostic reagents reached a high international standard. The 4th generation of diagnostic reagent and automatic high speed nucleic acid blood screening equipment was successfully developed, which shortens the window period from 3 weeks to 2 weeks. It ensures blood safety and decreases the transmission of HIV. The second was the significant results achieved by comprehensive interventions. Through increasing doses of methadone used in MMT and strengthening urine testing for opiates to prevent concealed drug taking, new infections of HIV amongst people who inject drugs fell by 61%; early-stage ART was rolled out for PLHIV, resulting in a 67% fall in new

HIV cases amongst spouses of PLHIV in serodiscordant households. Early-stage ART is set to become an important new measure in HIV prevention and control. The third achievement was the completion of clinical trials on a number of effective, low side-effect, low resistance drugs, with strong market potential, such as Sifurvitide, Alburvitide. China has also initiated production of generic medicines for which patents have expired, such as 3TC, which has been approved for manufacture in China since June 2010. The fourth, the pediatric treatment regiments have been optimized, reducing mortality rates to levels approaching international standards. TCM treatment regimens have been shown to delay the development of AIDS in 61% of patients with asymptomatic HIV, and significantly increase CD4+T cell counts. Fifthly innovation research has accelerated progress with vaccine development. A DNA/replication vaccine clinical phase I-b trial has been completed, and phase II is beginning. Approval documents for these two trials have been acquired.

3. Best Practice

3.1 Integrating interventions and building a comprehensive response

—Comprehensive service models for prevention of mother-to-child transmission of HIV, syphilis and hepatitis B

With the objective of preventing mother-to-child transmission of HIV, syphilis and hepatitis B, while at the same time improving mother and child health, the Ministry of Health reviewed technical developments and experience from within and outside China in the field of PMTCT of HIV, syphilis and hepatitis B and, taking into account China's needs in

the area of PMTCT of congenital syphilis and hepatitis B, began in the second half of 2010 to integrate and standardize efforts of PMTCT of HIV, syphilis and hepatitis B, and initiated comprehensive services nationwide for PMTCT of HIV, syphilis and hepatitis B.

3.1.1 Primary strategies and approaches

3.1.1.1 Issuing policies, strengthening investment

In February 2011, the Ministry of Health issued the *"Workplan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B"*, clearly setting out the government's response strategy, intervention measures and requirements with regard to organization and management. This workplan provides guidance to all regions around implementation of efforts to prevent mother-to-child transmission of HIV, syphilis and hepatitis B, and reiterates the government's policy of "Strengthening government leadership, ensuring all departments fulfill their respective responsibilities, promoting full social mobilization and broad participation, integrating service resources, improving intervention quality, expanding coverage and promoting standardization." In 2010 and 2011, the central government allocated a total of over 1.7 billion Yuan RMB, ensuring implementation of comprehensive service work.

3.1.1.2 Multisectoral participation. Broad awareness raising efforts

With regard to health awareness raising, departments of health at all levels are working closely with other relevant departments, taking advantage of their respective competencies, to carry out a variety of awareness raising activities aiming to raise awareness around prevention of mother-to-child transmission of HIV, syphilis and hepatitis B. Medical treatment facilities at all levels have also integrated health awareness raising activities with routine health services within ante-natal clinics, family planning clinics, youth

health clinics, schools for pregnant women, pre-marital health clinics and community health facilities.

3.1.1.3 Combining with routine interventions, utilizing networks

In implementing work, efforts have been made to combine HIV PMTCT interventions with routine mother and child health care work, creating a service model with women's and children's health departments at the centre, and supported by disease control and healthcare departments. Comprehensive response work was carried out, making use of the multi-level women's and children's health service network and disease prevention and control public health service network at national, provincial, city, county, village and township levels.

3.1.1.4 Integrating services and implementing measures

With regard to testing and counseling work, medical treatment facilities at all levels have started providing HIV, syphilis and hepatitis B PMTCT pre-testing counseling, counseling and post-testing counseling services as part of standard prenatal health service provision,

Medical treatment facilities at all levels provide free antiretroviral medications to infants born to HIV positive women (in accordance with the national *"Workplan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B"*, antiretroviral medication should be used from the 14th week of pregnancy to prevent mother-to-child transmission), as well as appropriate midwifery services and scientific guidance around infant feeding; follow-up and HIV testing is provided for children born to women living with HIV, ensuring early detection; pregnant women with CD_4^+ T cell counts of ≤350/mm^3, Co-trimoxazole is utilized for prevention.

Medical treatment facilities at all levels provide standardized treatment and appropriate

midwifery services to infants born to women infected with syphilis; infants born to women infected with syphilis are provided with preventive treatment, follow-up and congenital syphilis diagnosis and treatment services.

In terms of interventions with children born to women testing positive for hepatitis B surface antibodies, medical treatment facilities at all levels provide injected hepatitis B immunoglobin (100 IU) to infants born to these women within 24 hours of birth and complete three hepatitis B vaccinations for these infants within 24 hours, 1 month and 6 months, in accordance with national regulations.

In terms of care, medical treatment facilities at all levels have strengthened prenatal healthcare and child healthcare service provision for pregnant women living with HIV and infants born to these women, ensuring provision of care and support to women infected with HIV, syphilis or hepatitis B.

3.1.2 Progress and achievements

After one year of implementation, the comprehensive service model has been expanded to cover 1156 counties (or districts) 347 prefectures within 31 provinces (or autonomous regions, municipalities) across China, providing coverage to 39% of all counties (or districts). In the 7 provinces (or autonomous regions) with the most serious epidemics, including Henan, Guangdong, Guangxi, Yunnan, Sichuan, Guizhou and Xinjiang, full coverage has already been achieved; approximately 44% of all pregnant women in China receive free screening services. In 2011, more than 8.4 million pregnant women received HIV counseling services, 3.8 million more than in 2010. Counseling rates increased from 85.2% in 2010 to 89.8% in 2011; more than 8.7 million received HIV antibody testing services, representing an increase in testing rates from 88.7% in 2010 to 92.9% in 2011. A

total of 5313 pregnant women were diagnosed with HIV, an increase of 1167 cases from the 4146 diagnosed in 2010. In 2011, 3407 HIV positive women gave birth. Of these, 74.1% received antiretroviral treatment, an increase on the figure of 73.8% seen in 2010; a total of 3380 live births were recorded, with pediatric antiretroviral medication used in 85.2% of cases; the proportion of infants fed using infant formula increased from 95.3% in 2010 to 95.9% in 2011. 7.1 million pregnant women were also tested for syphilis, with syphilis testing covering 83.5% of pregnant women. 7.5 million pregnant women were provided with hepatitis B surface antigen testing, representing coverage of 87.8% of pregnant women. 85.9% of infants born to women testing positive for hepatitis B surface antigen were provided with injected hepatitis B immunoglobin.

Efforts to integrate HIV, syphilis and hepatitis B PMTCT services have achieved relatively good results; firstly, integration allows a clear picture of levels of infection of the three diseases amongst pregnant women in different regions to be built up, facilitating early-stage interventions. Secondly, integration ensures that pregnant women are able to receive testing for HIV, syphilis and hepatitis B during one single visit to a health service provider, reducing the number of times which a pregnant woman must visit such providers, increasing convenience and reducing the cost of testing. Thirdly, through providing comprehensive, systematic and standardized services to HIV positive pregnant women and infants born to them, comprehensive data can be collected, ensuring service quality. Provision of comprehensive services for PMTCT of HIV, syphilis and hepatitis B has played an important role in driving progress towards achievement of *the Action Plan* and the *"China Syphilis Prevention and Control Plan (2011-2020)"*, and is an example of best practice within China's *"Four Frees, One Care"* policy.

3.2 Responding to AIDS, fulfilling social responsibility

—China's Private Companies on the Move

International experience shows that private companies can play an important role in the AIDS response. China's companies are also playing an active role in the country's response to AIDS. Under the leadership of the All-China Federation of Industry and Commerce, more than 20 member companies jointly initiated a national foundation to promote HIV prevention and control work – the China Red Ribbon Foundation. By actively fundraising and cooperating with the government in implementing AIDS response plans, this foundation supports and promotes the AIDS response in priority remote and poverty-affected regions. Since its establishment in April 2005, the Foundation has received and donated a total of more than 80 million Yuan RMB in cash and goods. More than 40 large companies have continued to donate funding and goods for the AIDS response. At the same time, several hundred companies and chambers of commerce have provided one-off donations, participating in the AIDS response in a number of ways, including for example through carrying out internal AIDS response activities, and thereby demonstrated the strong corporate social responsibility of Chinese companies. To date, the following initiatives have been carried out.

3.2.1 Providing support and living arrangements for AIDS-impacted children

Approximately 6 million Yuan RMB was invested in Henan's Shangcai County to establish the China Red Ribbon Home. Using funding provided by the Foundation, an accommodation facility was constructed, in which the local government takes responsibility

for managing orphans and providing their living expenses. Currently 87 AIDS-impacted orphans are resident in the home. The Foundation has made an important contribution to support the government to meet the challenge of ensuring living arrangements for children orphaned by AIDS. Currently, these children are studying in junior school, and are in good health both physically and psychologically. 3.56 million Yuan RMB was invested in Yunnan's Longchuan County to build a "China Red Ribbon Care School" building and sports field, providing accommodation for orphans impacted by AIDS within that county, and providing funding support for almost 200 children. Shanxi Red Ribbon Primary School received a donation of 38,000 Yuan RMB to install a computer classroom, improving their learning environment. A summer camp was also supported, and attended by 100 AIDS-impacted orphans, giving them new experiences and allowing them to feel cared for.

3.2.2 Implementing a nutritional support programme for children living with HIV receiving ART

The "Nutritional Support Programme for Children Living with HIV Receiving ART", supported by companies is currently providing 100 Yuan RMB per month per child living with HIV to pay for supplemental nutrition, for a total of 800 children living with HIV. After receiving the additional nutritional support, a large number of children with advanced AIDS witnessed significant improvements in terms of development, height, weight, etc. and a noticeable reduction in infections, improving treatment outcomes. Statistics show that the majority of these children gained 2kg within a period of 3 months.

3.2.3 Supporting the AIDS response in priority regions

Liangshan Prefecture, Sichuan, has been classified as a priority support region and has received support from three projects, the "Red Ribbon Class", the "Red Ribbon Clinic" and

the “Mother and Child Nutrition Support” programme, which have supported local governments in implementing AIDS response policies. At the end of 2011, a total of 3.98 million Yuan RMB had been invested in Liangshan Prefecture’s Zhaojue County to build a Red Ribbon ART Care Centre. 2.6 million RMB was invested in Zhaojue County and Meigu Country to establish 26 Red Ribbon Village Health Clinics (6 of these have already been built); these interventions have directly resolved the shortcomings of the health care system in this poverty impacted areas. Three additional Red Ribbon Classes have been added, supporting a cumulative total of 193 AIDS-impacted children with study and welfare needs; a series of PMTCT initiatives have been developed which in addition to providing healthcare packages, delivery packages and milk powder to women giving birth in hospitals, also helped to detect 69 HIV positive women, and support them to receive PMTCT interventions; working together with the School of Public Health at Fudan University, a baseline survey was carried out in high prevalence townships in Zhaojue County, providing gynecological checkup services, HIV rapid testing, hospital birth information etc. to women of childbearing age, encouraging these women to seek out testing services and give birth in hospitals, and helping to develop new HIV response models for poverty-impacted areas.

3.2.4 Carrying out HIV Awareness Raising Education

Since 2011, private companies have donated over 100,000 health packages, providing support for the “Red Ribbon Health Package”, raising awareness around HIV amongst migrant workers, and providing a care and health to migrant workers while carrying out HIV prevention work within companies. During the World AIDS Day period, several companies set up information boards in shopping areas, workplaces and communities,

extending the reach of these activities to the community. Working together with universities and grassroots organizations, HIV awareness raising was also carried out, making use of the media to maximize the impact of awareness raising work. A series of “World AIDS Day” activities was carried out, improving awareness around HIV amongst the whole of society, and building a supportive environment for HIV response work.

Chinese private companies have taken action, participating in the AIDS response and fulfilling their corporate social responsibility. They have been recognized for their contributions by relevant government departments and beneficiaries.

3.3 Overcoming AIDS, Paying Back Society

In 2010, Shengli village in Jilin Province was the source of a major news event when it emerged that Wang Mengcai, a local PLHIV had been elected as the village chief. Within next to no time at all, the story of his appointment spread throughout the surrounding area like wildfire.

3.3.1 Background

Wang Mengcai is an average member of the community in Shengli village, Jilin Province. In October 2003, he was diagnosed with HIV during a trip to Beijing, and later received treatment in Ditan hospital.

While he was in hospital in 2003, Wang Mengcai and a handful of other PLHIV received a visit from Prime Minister Wen Jiabao on World AIDS Day. Wen Jiaobao and several other leaders even shook hands and chatted with Wang Mengcai – this was something that he could never have imagined in his wildest dreams, not to mention the most

unforgettable moment in his capacity as a representative of the PLHIV community.

3.3.2 Actions

3.3.2.1 Leading by example in anti-discrimination work

In October 2003, Wang Mengcai's homeland, Taobei District, was declared to be one of the counties in the China CARES Project, and thereby became one of the national leaders in a pilot scheme for comprehensive prevention, treatment and care. In March 2004, Wang Mengcai returned home, having recovered his health, and actively threw himself into HIV work in the China CARES project with the support and care of local government and health authorities. By using his own story of meeting and shaking hands with Prime Minister Wen Jiabao as an example, he explained that HIV cannot be transmitted through everyday contact. As he continued his work, his fellow villagers gradually accepted what he was saying, and local PLHIV were able to return to everyday village life, fully integrated into the rhythm of big and small events. In fact, villagers loved going to Wang Mengcai's house to chat and play chess, mahjong or cards, sometimes around mealtime they would even decide to stay for dinner. In November 2004, a reporter from Beijing TV came to Shengli village to film a program, and he asked random passersby in the street, "Are you afraid of HIV?" The villagers replied, "No, we aren't afraid – Prime Minister Wen Jiabao shook hands with Wang Mengcai – what is there to be afraid of?" Over the years, Wang Mengcai has become a true spokesman and a dedicated volunteer for HIV work, and has been embraced by the village community. In 2009, when Wang Mengcai's child was accepted by a top university, nearly 500 villagers turned up at his house to congratulate him and take part in the celebratory party.

3.3.2.2 Government Care and Livelihood Development

After he was diagnosed with HIV, Wang Mengcai received care and support from the local government. To guarantee Wang Mengcai and his family's basic living conditions, Baicheng Civil Affairs Bureau provided them with a subsistence allowance, bringing them into the social security system. Before each spring festival, Baicheng Health Bureau and Baicheng CDC would send him daily necessities such as rice, flour, cooking oil etc. Although Wang Mengcai's health and living expenses were guaranteed he nevertheless wished to secure his own living, and improve his living conditions through his own hard work. With the support of the local Industry and Commerce department, as well as 17,000 RMB from Ditan Red Ribbon Family and the encouragement of his fellow villagers, he set up an agricultural machinery repair business in Spring 2005. Thanks to his enthusiastic and honest service, as well as his technical abilities and willingness to help the less fortunate, he was quickly able to win the approval of those in the surrounding community. In fact, farmers from far and wide would make the trip to his shop to buy spare parts or get their machinery repaired. His business was soon bringing in a decent salary, and with that his living conditions also greatly improved, so that his entire family was filled with a new sense of confidence in the future.

3.3.2.3 Election as village chief, paying back society

In July 2010, the village held an election to decide the new village chief. Wang Mengcai applied for election, and received 619 votes, far more than any of his competitors. On the 20th July 2010, Wang Mengcai took office as the new village chief of Shengli village. In his opening speech he said "To be honest, I didn't become village chief for the reputation or the benefits. I don't have any other purpose except to do something for the community, to make things better for my neighbours, to pay back society."

After taking office, Wang Mengcai did his best to help the other villagers become more affluent with the support of local government. To improve the transport situation, so that grain could be more easily transported into and out of the village, the community laid down over 10 kilometres of road, which not only linked up four hamlets but also connected the village with the neighboring town. To expand the scale of animal rearing and raise the quality of the milk being produced locally, Wang Mengcai encouraged isolated dairy farmers to move their production to Shengli village. After half a year's work, a dairy farm comprising more than 200 cows, and producing more than 1000 kg of fresh milk a day had been established.

Wang Mengcai's work received fulsome praise from the villagers; in their eyes, he is not only a PLHIV, but also an excellent village chief and benefactor.

3.3.3 Vision

Thanks to his tireless dedication and outstanding results, Wang Mengcai has set up a model for all PLHIV. In 2010, he won the "Red Ribbon Self-Reliance Award". Before World AIDS Day 2011, Wang Mengcai came to Beijing again in the company of many other PLHIV volunteers to take part in a public awareness campaign. While he was in Beijing, he met Prime Minister Wen Jiabao again. However, to his amazement, even after several years Wen Jiabao still recognized him, and warmly shook hands with him. Wen Jiabao was overjoyed to learn that Wang Mengcai had been elected as the village chief, and encouraged him to keep up the struggle against HIV, while leading his fellow villagers towards a more prosperous tomorrow. The village Wang Mengcai lives in has since become a model village for demonstrating the AIDS response in Baicheng City, and Wang Mengcai has become one of the elders in the Baicheng City PLHIV Family. As a

volunteer, he is extremely active in Baicheng City, Jilin and even China in helping more PLHIV to overcome AIDS.

4. Challenges and solutions

4.1 Challenges

Although China has made progress in HIV prevention and control, the epidemic remains serious, with new trends still emerging; furthermore, old and new problems are interlocking with one another, so that the situation is more complex than ever before.

4.1.1 The epidemic is still serious in certain regions and among certain populations: HIV prevalence is clearly rising among MSM; transmission between intimate partners is increasing; finally, a large number of PLHIV remain undetected.

4.1.2 Standard and comprehensive PMTCT has not yet been introduced to over 50% areas nationwide (mainly low prevalence areas), and transmission rates are still high in these areas.

4.1.3 HIV risk factors are still widespread: sexual transmission has become the main infection route, which means that transmission will be even harder to detect; syphilis and other STIs are also becoming more prevalent.

4.1.4 PLHIV who were infected earlier are gradually developing AIDS, so both the number of AIDS deaths and the number of people requiring treatment are clearly rising. The emergence of ART resistance has increased the pressure and difficulties associated with treatment.

4.1.5 Some regions and departments are not sufficiently concerned with HIV work; related

policies are not always being properly implemented; the coverage of prevention and treatment services is still insufficient; and discrimination and stigma still exist.

4.1.6 Present technology cannot satisfy the needs of the epidemic; the effectiveness and specificity of HIV prevention and control is still inadequate; international resource is decreasing gradually and the gap generated needs timely filling up.

4.1.7 The mechanism ensuring civil society's participation in AIDS response needs further improvement, and participation needs to be strengthened.

4.2 Solutions

We need to recognize that the AIDS response is essential, long-term and challenging, and fully implement *"Regulations on Prevention and Treatment of HIV"*, *"State Council Notice on the Further Strengthening of the AIDS Response"* and *the Action Plan.* We need to work towards the objective of reducing new infections, lowering AIDS mortality, reducing discrimination against people affected by HIV and improving the living conditions of PLHIV. We need to maintain government leadership, departmental responsibility and full social participation while adhering to the following working principles: prioritized HIV prevention; combined prevention and treatment; firm legal foundations for the HIV response; policies informed by scientific evidence; emphasis on priority work areas; differentiated responses based on local epidemic conditions; expanded service coverage; improved service quality. Finally, we need to implement the *"Five Expands, Six Strengthens"* policy in a way that is consistent with the spirit of *"Four Frees, One Care"*, so that the AIDS response is continuously improved and achieves ever greater impact.

4.2.1 Local governments are responsible for the AIDS response within their jurisdictional

area. The government of high prevalence areas should fully recognize seriousness of the epidemic, and the government top leader should take responsibility； Local governments will strive to improve the working mechanism of government leadership, departmental responsibility and full social participation.

4.2.2 Fully implement comprehensive response. Expand IEC coverage and create positive social environment. Emphasis priority areas to reduce sexual transmission of HIV. Provide comprehensive intervention to drug users and promote methadone maintenance treatment solidly to reduce the harm caused by drugs and AIDS. Continue to expand AIDS, syphilis and hepatitis B PMTCT coverage, to achieve PMTCT of AIDS, syphilis and hepatitis B to be covered in all counties nationwide. Expand monitoring and test coverage and detect as many HIV cases as possible. Provide timely ART, strengthen follow-up and improve treatment outcomes according to patients' specific needs and the principle of providing treatment wherever the PLHIV resides. Strengthen blood safety management and prevention of iatrogenic transmission. Strengthen service provision and management of PLHIV and fully implement care strategies.

4.2.3 Distinguish high prevalence, medium prevalence and low prevalence regions on the basis of local epidemic conditions and risk factors, and develop local responses that accord with these needs.

4.2.4 Implement deeper health system reforms; strengthen prevention and treatment capacity at grassroots level; establish a new mechanism for the AIDS response at the community level.

4.2.5 Improve the current financial mechanism which is based on the principle of majority

state financing, local management of funds and multi-channel fundraising; allocate HIV funding in an appropriate manner; and gradually increase the amount of funding for the national response. Governments at all levels should guarantee the AIDS response can be continued after the closure of international cooperation projects.

4.2.6 Incorporate social participation into the comprehensive AIDS response and strategic planning; make use of society's potential to carry out HIV work by purchasing services via bidding or appointment, and by providing technical and/or material support

4.2.7 Strengthen scientific research, accelerate the transformation of research into tangible results. Strengthen international cooperation and actively assimilate the latest international theories and technology in the field of HIV response.

5. Support from national development partners

During 2010-2011, China maintained the working mechanism of government leadership, departmental responsibility and full social participation in its national AIDS response. The Chinese government values its relations with its partners, and has received tremendous support from the UN, international NGOs, bilateral organizations, enterprises and CSOs, whose contributions have had a positive impact on HIV work in China.

5.1 Participation and support from international partners

International cooperation projects play an important role in China's national AIDS response. According to incomplete data, there were respectively 66 (2010) and 56 (2011) international cooperation projects that were carried out in China by more than 10

international partners, with a total annual budget of 649 million Yuan RMB (2010) and 388 million Yuan RMB (2011). The project areas included policy advocacy, HIV monitoring and testing, prevention interventions, treatment, anti-discrimination, support for civil society participation in the AIDS response, monitoring and evaluation etc. Hence, these projects have represented an important complement to the national strategy, introduced successful and advanced response experience, strategy and technology, and promoted China's AIDS response.

In 2010, the Global Fund China AIDS Programme was successfully integrated with China's AIDS Response workplan and budget. The aim of this integration was to ensure that efforts were combined, promoting joint response work. However, as a result of frequent changes and uncertainty with Global Fund policies pertaining to programme management and funding usage, the implementation of the programme itself, and China's overall AIDS response plan was impacted. In particular, in May 2011, the Global Fund suddenly suspended fund disbursement, which had negative impact on China's AIDS response work. In terms of funding, the 2010 programme budget amounted to USD $595 million, but as a result of the Global Fund's suspension of fourth quarter funding, the actual amount received was USD $48.5 million. In 2011, the programme budget amounted to USD $63.48 million, but because the Global Fund only authorized funding for the period September-December 2011, a total of 31.52 million was received. On 22nd November 2011, at the 25th Global Fund Board Meeting, a resolution was made that the already-approved Phase 2 China Global Fund programme (2013-2015) could no longer be funded (upper ceiling for funding was set at USD $268 million). Because of the integration of the Global Fund Programme and national response work, this programme impacted on

more than 2000 counties. The decision of the Global Fund to hugely reduce funding meant that the national response plan and budget allocations needed to be completely revised. Some areas of the response had to be suspended, and CSOs, in particular CBOs, were totally unable to continue participating in AIDS response work. A large number of staff was lost, with impact on the ability to sustainable capacity building and services provision. What is more, China's ability to achieve 2011 national response targets was impacted, and interventions amongst KAPs were particularly impacted, which attracted international attention.

In October 2011, the Chinese Ministry of Health and UNAIDS China Office held the Sixth ICP Conference in Beijing to strengthen international cooperation and experience-sharing. The conference carried out broad, in-depth consultation on these twin areas, and proposed constructive suggestions for the future.

In future, China will continue to strengthen cooperation and interaction with international partners. We hope that international partners will continue to provide funding support, as well as the latest international theories and technology relating to the HIV sector, so that together we can explore new pathways and strategies in HIV prevention and treatment.

5.2 Participation and support from corporate

Chinese enterprises and international enterprises based in China have participated in the domestic AIDS response in a number of different ways: they have used their own advantages to carry out IEC work among their staff; they have donated money to the AIDS response or reduced the cost of their products so as to provide support; they have directly donated products to be used in HIV work, and so on. During 2010-2011, the All-China

Federation of Industry and Commerce mobilized the participation of private companies in the AIDS response, not only managing to raise over 49.7 million RMB, but also motivating a large number of workers to take part in HIV work as volunteers. Hundreds of Chinese and foreign companies responded to the call of *"The Corporate Social Responsibility Summit Meeting on Fighting HIV"* and joined together to issue the *"Companies Against HIV Beijing Statement"*, so as to raise companies' awareness of their own responsibilities, and advocate for more effective corporate involvement in the AIDS response. Currently, corporate participation in HIV work is still inadequate, and we need to mobilize more companies to fulfill their corporate social responsibility by supporting HIV work.

5.3 Participation and support from CSO and CBO

The Chinese government encourages and supports the participation of relevant organizations and individuals in the national AIDS response. Indeed, China has already instituted the purchase of services etc. to promote CSOs' role in IEC, prevention interventions, care and support. In 2011, Prime Minister Wen Jiabao and Vice Premier Li Keqiang listened to the views of CSOs, volunteers and PLHIV representatives during their respective inspection of HIV work, and later issued important directives based on their findings. In 2011, the Minister for Health, Chen Zhu held two colloquia on the participation of CSOs in the AIDS response so as to understand the problems and difficulties associated with their work in order to better mobilize their future participation.

At present, there are around 1500 CSOs and community-based organizations that are active in HIV work. In 2010-2011, they were able to use government funding provided via the Social Mobilization Program to carry out their activities: in total, 10 million RMB was

issued to 73 organizations, thereby allowing them to carry out 115 projects in areas such as IEC, prevention, care and capacity-building. In 2010, the Global Fund provided 44.32 million RMB to support 1245 CSOs and community-based organizations in carrying out HIV work, principally among most at risk populations and PLHIV. Plenty of people living with HIV, target populations and volunteers established community based organizations. With the advantage of easy access to special social groups, flexible working method and high effectiveness, they proactively support the government in IEC, testing and intervention to key affected populations, follow-up to PLHIV and patients, care and support.

China Preventive Medicine Association, Chinese Association of STD & AIDS Prevention and Control and the Chinese Foundation for the Prevention of STD & AIDS among others are all playing a useful role in coordination and expert leadership. Furthermore, China's volunteer workforce is growing in size and participating in every stage of the AIDS response thanks to their involvement in activities organized by schools, CSOs etc.

Henceforth, the Chinese government will promote the deeper participation of CSOs in the AIDS response, and will increase its financial commitment. In turn, we hope that CSOs will coordinate their efforts with the national strategy, make the most of their unique advantages and actively contribute to the AIDS response.

6. Monitoring and evaluation environment

6.1 Overview of the monitoring and evaluation system

China has already established a mechanism whereby SCAWCO is responsible for

coordination, China CDC is responsible for technical support and specific departments represented on SCAWCO are responsible for coordinating monitoring and evaluation activities within their own administrative jurisdiction. At the local level, monitoring and evaluation activities also take place according to the same mechanism.

In 2010-2011, the national monitoring and evaluation system was further strengthened, thus catalyzing the improvement of the national response.

6.1.1 Continuous improvements to information systems and data quality

In 2008, China launched its Comprehensive Response Information Management System (CRIMS) to provide timely, comprehensive data for its AIDS strategic planning and M&E. In 2010-2011, the system was adjusted in line with developments in the national response to better fulfil its core functions. Thanks to the upgrade the system's ability to collect, analyze and logically verify information have all improved: information-collection is now even more systematic and regular; analysis results are now even more comprehensive, accurate and responsive to changes in the AIDS epidemic. In the same time, information management system on HIV, syphilis and hepatitis B PMTCT is also established and put into operation.

In 2010, the work of HIV/AIDS sentinel surveillance has been further strengthened with number of sentinels sites increased to 1888 all over country, covering 8 categories of groups, namely drug users, MSM, sex workers, male clients of STD clinic, male drivers and conductors on coaches, male migrant population, pregnant women and young students, Over 800 thousands of people were monitored in 2010 and 2011,

In order to improve data quality for the purposes of M&E, China CDC has established a complete set of protocols for on-site monitoring and data verification, and issued a series

of technical manuals and workguides to standardize all processes relating to data collection on a national level. At the same time, on-site verification has benefited data management by ensuring rhe accuracy and reliability of the information collected. For example, in 2011, China CDC organized an investigation of the data quality relating to HIV work in over ten provinces.

6.1.2 Organizing M&E, and utilizing related data

Every level of governments and every government department organizes a variety of Monitoring activities e.g. multi-sectoral, international cooperation projects, comprehensive technical review, specialized technical review, to facilitate the implementation of AIDS policies and strategies. For example, in 2010 and 2011, SCAWCO organized a joint team comprising representatives from nearly 20 different government agencies to carry out M&E in Guangdong, Guizhou, Inner Mongolia and Hainan. In 2011, the Ministry of Health organized comprehensive M&E for maternal and child health in Inner Mongolia, Heilongjiang, Shaanxi, Anhui, Jiangsu and Qinghai.

In 2010, the government compiled the UNGASS report and submitted to UNAIDS; it also submitted its 2010 and 2011 “Monitoring and reporting on the health sector response on HIV/AIDS ” to the World Health Organization. In 2011, the government held the final evaluation of its “China’s Action Plan for reducing and preventing the spread of HIV/AIDS (2006-2010)”. The evaluation provided important data and conclusions for the formulation of the subsequent Five Year Action Plan, as well as for other HIV work. In 2011, the Ministry of Health, together with UNAIDS and the World Health Organization, completed their estimates concerning the HIV epidemic, and published them in the “2011 Estimates for the HIV/AIDS Epidemic in China”.

In recent two years, The Ministry of Health publishes monthly reports on infectious disease epidemics, these reports include statistics on the number of people diagnosed with HIV and the number of AIDS-related deaths. Around World AIDS Day, SCAWCO and the Ministry of Health publish data on the AIDS epidemic and the national response via a range of different channels and formats. Finally, health authorities regularly publish M&E information via official websites, press conferences, journals, experience-sharing case-studies etc. so that organizations and individuals that are concerned about AIDS can understand the progress of the epidemic and the steps that are being taken to control it.

6.2 Current gaps

The current "China HIV/AIDS Response M&E Framework (trial version)" requires updating. Although there is now a greater degree of commitment to M&E at the national level, it is still much less than is necessary. There is also a lack of integration and comprehensive analysis of M&E data between different systems and different departments, which means that M&E results are not sufficiently utilized in practice. Finally, grassroots-level M&E staff are lack requisite technical skills. There is limitation on information collection about HIV transmission behaviors among populations. M&E on CBO's participating in AIDS response is not sufficient; the capacity of M&E staff at primary level needs to be strengthened.

6.3 Suggestions for the next stage

Firstly, we must formulate the "China National AIDS Response M&E Framework (2011-2015)" to support the implementation of its new Action Plan and to satisfy the needs

of HIV work in China. Secondly, we must strengthen policy advocacy on the topic of M&E, so that M&E gets the attention that it deserves. Next, we must do more to evaluate the impact of treatment and prevention initiatives to serve the goals of lowering the number of new HIV cases and AIDS mortality. Subsequently, we must improve data integration and comprehensive analysis, so that M&E information is used in a more effective manner and fully realizes its potential to shape the AIDS response. Finally, we must enhance training for grassroots-level M&E staff, so as to raise their capacity.

Annex 1 National Commitment and Policy Instrument (NCPI) Part A

Annex 2 National Commitment and Policy Instrument (NCPI) Part B

Annex 3 Funding matrix