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Fighting AIDS and Other Communicable Diseases in China

The challenges of fighting the HIV/AIDS epidemic in China were taken up in a number of conference presentations and also featured prominently in all of the conference discussions. Key speakers included Zunyou Wu and Jiangping Sun of the China CDC National Center for AIDS/STD Control and Prevention (NCAIDS), Wiwat Rojanapithayakorn from the China office of the WHO, and Martin Taylor of the China office of the United Kingdom's Department for International Development (DFID). The key points of their presentations and the subsequent discussions are summarized below.

As the conference participants discussed the state of the HIV/AIDS epidemic in China, it quickly became clear that the sheer size of the country poses special challenges. In 2005, out of a population of 1.3 billion, an estimated 650,000 people were living with HIV/AIDS, translating into the relatively low prevalence rate of 0.05 percent. However, in a country the size of China, a small change in the prevalence rate can rapidly result in a huge number of new infections. Some experts cautioned that, despite strong leadership and early successes, the prevalence rate still has the potential to quickly jump to 1 percent if momentum wanes in the campaign against the disease.

In 2005, there were 70,000 new infections recorded. Zunyou Wu, director of NCAIDS, explained that an estimated 49.8 percent of these came from sexual contact, 48.6 percent from injecting drug use, and 1.6 percent from mother-to-child transmission. The government's current target is to keep the caseload under 1.5 million people by 2010, up from 650,000 in 2005. However, as other participants pointed out, this target already incorporates expectations that new infections will increase beyond the current 70,000 per year.

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For one, the sheer numbers of people in danger of becoming infected are extraordinarily large. According to the estimate of Wiwat Rojanapithayakorn of the WHO, there are 30–50 million people in high-risk groups. The number of “registered” drug users is officially 1.1 million people, and the likely number is closer to 3.5 million. Meanwhile, the sex industry is growing and commercial sex workers still have low levels of condom usage. According to rough estimates, there may be 6 million sex workers nationwide and more than 10 million men who frequent them. In addition, there are roughly 120 million people who can be classified as migrants, and this population also tends to be at risk for HIV/AIDS.

It is no surprise, given the size of China, that there is a high level of diversity in the characteristics of HIV epidemics in different parts of the country. The population of some single provinces are larger than that of many mid-size countries. Most provinces currently experience relatively low prevalence rates, with outbreaks concentrated among high-risk groups such as IDUs and commercial sex workers. However, other areas, such as the Dehong area on the border with Myanmar or parts of Henan Province, have generalized epidemics with rates over 1 percent. The differences by region are exacerbated by wide economic gaps between urban and rural areas, leading to substantial disparities in the capacity of local governments to implement effective interventions.

CHINA'S NATIONAL RESPONSE

China's national response to HIV/AIDS has accelerated dramatically since 2003, when the SARS outbreak focused the government's attention on the threat of communicable diseases. While the country's size, the diversity of epidemics, and disparities between individual provinces have complicated the task of fighting the disease, numerous conference participants admitted to being impressed by China's rapid response in the past several years.

A wide range of commentators were quick to praise the strong political backing for AIDS initiatives at the highest levels of government and the way in which this has been accompanied by an enthusiastic response at the local level. This political commitment has come to be symbolized by a series of new national and local government policies and edicts, and it has been reflected in the central government's AIDS budget, which was increased eightfold, from RMB100 million in 2002 to more than RMB800 million two years later. It also has led to important legislative changes,

notably including the March 2006 promulgation of China's first AIDS law outlawing discrimination against people living with HIV/AIDS.

One important initial step in the national response was the government's launch of a comprehensive educational campaign to help raise awareness about HIV/AIDS and combat stigma. Celebrities such as basketball star Yao Ming were mobilized to educate the public about HIV/AIDS through the media, and mass events have been held around the country.

In conjunction with these educational initiatives, a major effort has been undertaken to expand disease surveillance and testing. Since 2003, the number of national HIV/AIDS sentinel surveillance sites has increased from 194 sites to 329 sites, while more than 400 provincial sites have been established as well. In 2004, a major campaign was carried out to test individuals in certain high-risk groups, which resulted in a substantial increase in the identification of infections. Nevertheless, most people nationwide have not yet been tested, and it appears that the majority of people living with HIV/AIDS continue to be unaware of their status.

A wide range of prevention and treatment initiatives have also been launched around the country, although numerous Chinese and foreign participants remarked that these programs' coverage is still insufficient. Also, since the epidemic is concentrated among high-risk groups in most places, emphasis has started to be placed on harm reduction for IDUs. So far, 128 methadone clinics have been opened, mainly in urban areas, and another 1,500 are planned in the next three years. Meanwhile, 91 needle-exchange programs have been launched, primarily in rural areas, with 1,400 more planned.

INTERNATIONAL CONTRIBUTIONS TO CHINA'S AIDS INITIATIVES

Since 2003, China's domestic mobilization has been accompanied by a dramatic upswing in international involvement in the fight against HIV/AIDS. Historically, China has striven to be self-dependent, but Chinese participants insisted that a major factor in its success to date in battling AIDS has been its willingness to encourage international support and work with overseas donors.

This involvement has come in the form of both multilateral and bilateral initiatives, with the Global Fund taking a leading role. Jiangping Sun, deputy director of the China CDC's NCAIDS, explained that the Global Fund has

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carried out three rounds of funding in China so far. Starting in September 2004, the first round of US\$98 million in funding targeted community-based programs and was designed to mitigate and reduce the spread of AIDS from seven highly affected provinces in central China; the second round of US\$64 million focused on IDUs and commercial sex workers; and the third round of US\$29 million aims to prevent sexual transmission among high-risk groups and to thus forestall the spread of the epidemic into the general population.

As public and private international organizations have hiked their support for programs in China, it has become increasingly critical for them to coordinate their activities in order not to overburden the organizations working on the ground. Martin Taylor of DFID explained how aid agencies from the United Kingdom, Norway, and Australia have begun to coordinate their activities in China, putting resources into the same projects and working together to harmonize documentation, reporting, and monitoring requirements to reduce the overhead costs of these programs. DFID is now working with Chinese officials to reduce the number of reports and meetings needed to operate projects in the region by moving to use the Global Fund framework for the projects, even sharing the same project management office.

THE CHALLENGES AHEAD

Despite the Chinese government's strong leadership and the progress of recent years, there are still numerous significant challenges that need to be overcome in order to stem the spread of HIV/AIDS.

Chinese and foreign experts alike agreed that there has been a rapid initiation of effective programs, particularly prevention interventions, but these urgently need to be scaled up. Many of these initiatives have tended to be small-scale programs, which has meant that they have had low coverage and limited impact. As one Chinese participant remarked, still only a small proportion of individuals in high-risk groups have access to prevention services, and those not in high-risk groups tend to have even less access. Meanwhile, testing initiatives have targeted plasma donors and IDUs, but testing is still limited among people at risk of being infected through heterosexual contact. Treatment coverage in particular remains low, and this is exacerbated by the challenges of working in the context of a weak healthcare system. For example, as of December 2005, an estimated

73 percent of the 75,000 people diagnosed with clinical AIDS were not receiving ARV treatment, although this was a significant improvement relative to the percentage a few years earlier.

Of course, as several participants noted, China has a greater capacity to scale up coverage than many countries. Its central government–led system continues to allow a rapid and comprehensive national mobilization, and there clearly is a strong political commitment to stemming the spread of communicable diseases. However, once directives are issued from above, care needs to be taken that programs are not just implemented in a pro forma fashion but that they are done so in the most effective manner possible.

A major obstacle that has continued to make prevention, testing, and treatment more difficult has been widespread stigma against high-risk populations and those affected by HIV/AIDS. One Chinese official related how even when free ARV treatment is provided, some patients still decline it due to stigma and fear that their privacy might be compromised. The new antidiscrimination law may be useful as one step in diminishing this stigma, but there is still a long way to go.

This persistent stigma is one reason cited by several Chinese officials who argued that there is a critical need to improve multisectoral cooperation in China. For example, the government has found it particularly difficult to reach out to MSMs, a highly stigmatized group which government officials have had little experience working with in the past. Government agencies are realizing that they have to rely more on NGOs in this effort and they are now engaged in consultations with NGO representatives.

Nevertheless, it is still proving challenging for government agencies—particularly local governments—to work with NGOs, which operate in an uncertain environment and which are a new phenomenon at the grassroots level. In this context, international involvement appears to have been particularly beneficial. NGOs have been involved in the first three rounds of Global Fund–supported activities to some extent, for example through the establishment of an NGO advisory group, and this has started to give them a platform for broader participation in the fight against AIDS. In order to encourage greater NGO participation, conference participants recommended that priority be placed on more funding for Chinese NGOs, the creation of coalitions that will allow NGOs to receive government funds even when they are not registered with the government, and a greater acceptance of advocacy groups for people living with HIV/AIDS.