



and other provinces. Subsequently, infection spread to the sexual partners and newborn children of IDUs, and through sex to other non-drug using communities until finally, in 1998, HIV cases were reported in every one of the 31 mainland provinces (including autonomous regions and municipalities). As of March 2005, Yunnan still had the highest prevalence of HIV. IDUs account for almost half of all HIV cases in the country (42.6%) and infection through needle sharing remains the number one source of HIV transmission in China (China Ministry of Health 2005).

A separate outbreak occurred among commercial plasma donors. From the late 1980s until the early 1990s, thousands of commercial blood collection stations were established around the country, mostly in rural areas. Farmers were paid 50 yuan (CNY) for their plasma, which was an easy way for them to supplement their income, and consequently the practice was extremely popular (Wu et al. 2001). Although they were supposed to wait 15 days between donations, some people patronized several collection centers, used false names, and donated many times per week. Usually, 800 milliliters of blood was taken, the plasma was removed, and the red blood cells were reinfused into the donor. The tubing was reused and was not sterilized between donors, and contamination during this process was the major reason so many donors were infected. Intermittent reports of HIV infection in areas where plasma donation was popular alerted authorities to the possibility of outbreaks of HIV. In response, the government temporarily closed all commercial collection centers and issued a new Law of Blood Donation in 1997. A sizeable number of former plasma donors (FPDs) had already been infected, however, and this mode of transmission now accounts for 26.2% of known HIV infections. Most severely affected were Henan and its neighboring provinces. Most FPDs have been infected for up to ten years and hence account for most of the known AIDS patients. Secondary infection from this group appears to have been low and it is hoped that it will remain so (State Council AIDS Working Committee Office et al. 2004).

The third largest subgroup comprises those who contracted HIV through either heterosexual or male homosexual sex. Infections through sex represent 8.8% of all known infections. Men who have sex with men (MSM) are emerging as a new high-risk group as many engage in unsafe sexual practices (Choi et al. 2004). Efforts to include them in the national sentinel

surveillance programs have been largely unsuccessful (Wu et al. 2004), although the government has plans to improve surveillance among MSM.

A smaller group (2.9%) consists of people who contracted the disease through normal blood transfusion, including hemophiliacs. Many of these cases have been reported from areas where plasma donation was popular in the 1990s. This has raised concerns about the safety of the blood supply in some areas.

Another small but potentially growing group is children who were infected through mother-to-child transmission (0.9%). This group is expanding, and in some areas of Yunnan and Xinjiang, the prevalence of HIV among pregnant women has been reported as being 1.3% and 1.2% respectively.

A significant proportion of known HIV cases contracted the disease through unknown means, although it is probable that the majority contracted it through sexual transmission, including MSM. This group accounts for 18.6% of total cumulative cases and close to 30% of the newly reported cases in 2003 and 2004. This is a clear indication that the disease has moved into the general population and is no longer confined to high-risk communities. Further evidence of this is the changing gender ratio of those infected. In 1990–1995, the male-to-female ratio was 9:1; currently it is estimated to be 2.5:1 (China Ministry of Health 2005). This represents a significant shift in the prevalence of HIV among women. Increasing infection among commercial sex workers (CSWs), expanded drug use among women in China, and increased rates of sexually transmitted diseases (STDs) in general have made women more vulnerable to the disease (Gill et al. 2004). As sexual transmission rates increase, the proportion of female cases will likewise rise and this could in turn lead to an increase in mother-to-child transmission.

The most recent estimate of the HIV-infected population of China was made at the end of 2003. At that time, 840,000 people (range: 650,000–1,020,000) were predicted to be HIV-positive, 80,000 of whom were thought to have AIDS (State Council AIDS Working Committee Office et al. 2004). The actual, cumulative number of reported HIV cases as of December 2005 is just 135,630 (China Ministry of Health 2005). While the overall prevalence, given China's enormous population, is less than 1%, some areas have already reached a stage of generalized epidemic. The accuracy of the estimates has been called into question and the real figures

are feared to be higher. Left unchecked, the epidemic could gain considerable momentum and some project that up to 10 million people could be infected by 2010 (Lanfranco 2005). With this fear in mind, the Chinese government is increasing its commitment to fighting the epidemic.

## Stronger Government Commitment and Leadership

In 1985, when the first case of AIDS was identified in China, the government immediately started developing policies that they hoped would stop HIV from both entering into and spreading through the country. Many of these laws were neither realistic nor feasible, especially in remote areas, and they effectively impeded rather than facilitated HIV control (Wu et al. 2004). It was not until 2003, when the SARS outbreak heightened awareness about public health issues, that any real attention was paid to the potential economic and social instability that HIV/AIDS could bring.

Subsequently, the government became more proactive. On September 22, 2003, the executive vice minister for health, Mr. Gao Qiang, speaking on behalf of the Chinese government at the United Nations (UN) Special Session on AIDS, made five commitments for responding to HIV/AIDS:

- to strengthen government efforts in leadership and clarify governmental responsibility
- to provide free treatment and medicines to HIV/AIDS patients who are economically disadvantaged
- to improve laws and regulations and intensify the intervention for HIV risk behaviors
- to protect the legitimate rights of HIV-infected individuals and oppose social discrimination against them
- to be more active in international cooperation

Since that declaration, a host of policies and developments have been introduced to uphold those commitments.

### *HIV/AIDS Policy and Legislation*

**“Four Frees and One Care” Policy**—On World AIDS Day 2003, Premier Wen Jiabao visited AIDS patients at Beijing Ditan Hospital and announced the “Four Frees and One Care” policy. The “four frees” include

free antiretroviral (ARV) treatment for AIDS sufferers among rural residents and urban poor, free HIV testing, free services to prevent mother-to-child transmission, and free schooling for AIDS orphans. “One care” refers to social and economic support for those infected and their families. This policy was initially carried out in areas where the HIV epidemic was caused by plasma donation, and was later implemented in areas where the epidemic has been caused by injecting drug use.

**State Council Working Committee on HIV/AIDS**—In February 2004, a State Council Working Committee on HIV/AIDS was established, comprising representatives from 23 ministries and 7 provinces. Its tasks are to develop and follow up on national guidelines, policies, and programs for HIV/AIDS prevention and care, and to help mobilize and coordinate departments across the Chinese bureaucracy in their efforts to combat HIV/AIDS. Several expert advisory groups assist the committee.

**National Policy Framework**—In March 2004, the working committee released the State Council Document No. 7, outlining the national policy framework for responding to HIV/AIDS. The document requires government at all levels to develop plans of action on HIV/AIDS prevention, treatment, and care, and includes guidelines for increased assessment and accountability of the relevant parties. In response, 11 new policy initiatives were drafted by different government agencies in 2004, as outlined in the following documents:

- Notice on HIV/AIDS Prevention IEC [Information, Education, and Communication] Guidelines 2004–2008 (State Council Working Committee Office)
- Notice on Key Messages on HIV/AIDS Prevention and Control (Publicity Department of the Central Committee of the Chinese Communist Party and Ministry of Health)
- Notice on Free Voluntary Counseling and Testing (Ministry of Health and Ministry of Finance)
- Notice on ARV Treatment Management (Ministry of Health and State Administration of Traditional Chinese Medicine)
- Notice on Implementing the Policy on ARV Treatment (Ministry of Labor and Social Security)

- Notice on Strengthening Assistance to Poor People Living with HIV/AIDS (PLWHA), Families of PLWHA and Orphans (Ministry of Labor and Social Security)
- Notice on Establishing a Task Force on Interventions among High Risk Groups by Centers of Disease Control at All Levels (Ministry of Health)
- Implementation Guidelines on Condom Promotion for Preventing HIV/AIDS (Ministry of Health and five other national agencies)
- Notice on Directive Principles of Protecting Medical Staff from Occupational Exposure to HIV/AIDS (Ministry of Health)
- Notice on Professional Training on Infectious Diseases, including HIV/AIDS, for Medical Staff (Ministry of Health)
- Notice on Strengthening HIV/AIDS Prevention and Control in All Places for Re-education through Labor (Ministry of Justice and Ministry of Health)

In total, nearly 30 new government policies have been issued at the national, provincial, and local levels since 2003. These new laws and policies define the objectives and responsibilities of all levels of government regarding HIV/AIDS and provide a legal framework from which people with HIV/AIDS can defend their rights to treatment, care, and other services. On a humanitarian level, the policies have led to improvements in the quality of life of those affected through the provision of services such as free HIV testing, ARV treatment for people with AIDS, and financial support for affected families. In addition, a new law, the HIV/AIDS Act, has been drafted and is expected to be implemented by the end of 2005.

### ***Major National Programs***

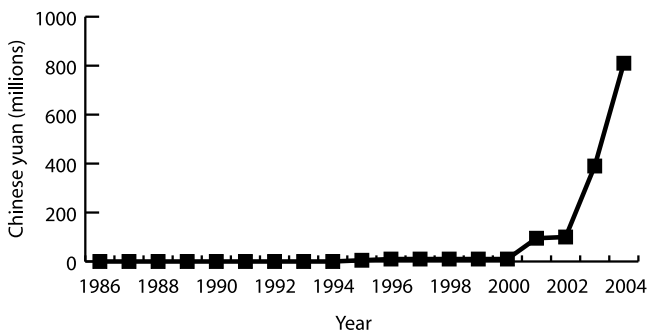
**China Comprehensive AIDS Response**—The Chinese Ministry of Health has selected 127 counties in 28 provinces heavily hit by HIV for comprehensive HIV/AIDS prevention and care in a program known as the China Comprehensive AIDS Response, or China CARES. The program will provide free testing and counseling, promote condom use and safer drug injection, and provide free ARV treatment for HIV-infected individuals to reduce HIV transmission and its social, economic, and psychological impact upon the HIV-infected and affected. Designated expert groups are

assigned to each of 127 sites to provide technical support for implementing comprehensive programs.

**Financial Commitment**—The financial contribution from the Chinese central government is substantial and increasing; it rose from CNY100 million in 2002, to CNY390 million in 2003, and to CNY810 million in 2004 (see fig. 1).<sup>1</sup> The central government is expected to allocate some CNY3.86 billion for 2005–2007, which will be used to help local governments fight AIDS and HIV. At the same time, AIDS funding from provincial governments has also increased greatly, with CNY179 million allocated in 2003 and CNY195 million in 2004.

**Detection, Screening, and Surveillance**—Infrastructure available for identifying HIV cases has been vastly upgraded. There are now 3,756 screening laboratories and 57 confirmatory laboratories in 2,249 counties and city districts. The number of national sentinel surveillance sites increased from 194 in 2003, to 247 at the end of 2004, and stood at 295 by mid-2005. More than 400 surveillance sites have been established at the provincial level, covering almost all target groups. Voluntary counseling and testing (VCT) services have been extended from 365 counties/districts in 15 provinces in 2002, to 1,973 counties/districts in all 31 provinces in 2005.

**Figure 1. Funding for HIV/AIDS prevention and control allocated by the Chinese central government, 1986–2004**



Source: Data taken from Ministry of Health website ([www.moh.gov.cn](http://www.moh.gov.cn)).

1. Between 1994 and July 2005, the yuan was pegged at roughly CNY8.28 to US\$1. Subsequently, the value of the yuan has increased slightly.

In order to understand the scale of the HIV epidemic among its residents, the government of Henan province organized large-scale screening of FPDs in 2004. Some 280,000 FPDs were invited to participate in HIV tests and approximately 25,000 subjects tested HIV-positive. Similarly, large-scale screening of HIV among vulnerable groups was carried out in Yunnan province. Some 410,000 subjects, including IDUs, CSWs, spouses of HIV-infected individuals, pregnant women, out-patient clinic attendants, and STD clinic attendants, were invited for HIV tests. Among them, 13,000 were found to be HIV-positive. Since then, nationwide screening of high-risk groups—including FPDs, CSWs, IDUs, and MSM—has been conducted in all provinces, municipalities, and autonomous regions, and these programs have recently been completed or are ongoing. Screening is also being done in detention centers and detoxification centers. Results of the screening are now being analyzed and will be announced sometime in late 2005.

**ARV Treatment**—In June 2003, the national Free ARV Treatment Program was launched, and as of March 2005 it was reaching more than 16,000 patients. The program provides ARV drugs to AIDS patients who are rural residents and to those living in urban areas facing financial difficulties.

A number of training programs have been established to increase the professional capacity of healthcare workers responsible for dispensing ARV treatments and managing patients taking the medications. Nine training centers have been established and 1,100 health professionals from all provinces have taken “train the trainers” courses.

**Prevention of Mother-to-Child (Perinatal) Transmission**—Free testing and counseling services for pregnant women was initiated in five provinces in 2004. To date, 310,000 women have been tested at these sites, with 387 identified as HIV-positive. Of those, 207 received ARV treatment to prevent perinatal transmission. HIV-positive pregnant women are offered intensive counseling about how to reduce the risk of HIV transmission to their children. Abortion is offered as one option; however, if they choose to keep the child they are provided with free medical care and ARV treatment, and, where available, delivery is by Caesarian section. The government also provides formula to infants for 12 months. Free programs

to prevent mother-to-child transmission are now being expanded to other affected regions.

**Programs for IDUs**—To target HIV-related harm reduction among drug users, needle-exchange programs have been established at more than 50 sites. In addition, several methadone maintenance treatment sites were piloted in 2004 to help heroin users overcome their addiction. After evaluating these sites, the program was scaled up and there are now 35 methadone clinics in nine provinces. This intervention is continuing to expand and plans are being implemented to open 1,500 clinics by 2008.

**Programs for CSWs**—To encourage safe sex practices and control HIV transmission among CSWs, a number of outreach programs have been undertaken, of which a major component is the promotion of condom use. One hundred percent condom use has initially been promoted among CSWs in two provinces and will later be expanded to include an additional two provinces. Six national ministries have jointly issued guidance on national implementation of condom promotion, which includes condom promotion strategies, methods, and sector responsibilities. Recently released guidelines for combating HIV among CSWs will encourage them to seek reproductive health services, be treated for venereal disease, and require customers to use condoms. Those working in entertainment places, restaurants, hotels, and in open streets will also be offered HIV/AIDS and safe-sex education, as well as tests and treatment for STDs.

**HIV Education and Anti-Stigma Campaign**—The government has made a significant effort to raise knowledge about HIV among the general public to fight HIV/AIDS-related stigma and discrimination. President Hu Jintao, Premier Wen Jiabao, Vice-premier Wu Yi, and other leading government officials have publicly visited AIDS patients, eaten with them, and shaken their hands to present positive examples to the Chinese community and to validate public health messages that social contact does not transmit HIV. Popular figures such as basketball star Yao Ming and actor Jackie Chan have starred in antidiscrimination advertisements. Numerous large-scale HIV education campaigns have been launched targeting women and students, and throughout the country there are banners and posters with

AIDS awareness messages designed to increase knowledge and encourage tolerance toward those affected by HIV.

Importantly, the government has recently drafted legislation to protect the rights of people with HIV in its new HIV/AIDS Act. Article 9 of the proposed act (to be implemented by the end of 2005) stipulates that this law protects the rights of HIV-infected people, their spouses, and their children to enjoy employment, education, health services, and participation in social activities. It further explains that these groups should not be discriminated against by either institutions or individuals. Additionally, the Infectious Disease Prevention and Control Act was amended in 2004 to include clauses that pertain to people infected with HIV. Specifically, the act stipulates that people confirmed or suspected to be carrying an infectious disease should not suffer discrimination from others and that they have the right to confidentiality and fair and timely treatment. Individuals or organizations who provide prevention and control or healthcare services and who violate this law will be called to account and may face prosecution or punishment.

**Securing the Blood Supply**—In 1995, when the government realized that commercial plasma selling was a major source of contamination of the blood supply, it temporarily shut down all plasma collection centers in China (Wu et al. 2001). Blood and plasma collection centers were reviewed according to existing regulations in 1996 and 1997, and those meeting the minimum standards were reissued their licenses. A new Law on Blood Donation was issued in 1997. In the ensuing years, the government has enhanced its efforts to ensure the safety of the blood supply, particularly in western and central China. In 2001, more than CNY2 billion was raised by the central and local governments to renovate blood collection and supply institutions in mid-western China, and to improve the overall quality of their equipment (Wu et al. 2004). Illegal blood/plasma collection continues in China, and after the State Council Working Committee on HIV/AIDS was established, one of its first moves was to issue a notice calling for a crackdown on illegal commercial blood and plasma collection practices. In 2004, the government carried out an examination of more than 900 blood collection and supply institutions and 36 blood product manufacturers nationwide, of which 144 were forced to shut down. Campaigns to raise public awareness and increase

voluntary blood donations have been implemented and voluntary blood donation is on the increase.

## **Major International Cooperation Programs**

In recent years, international cooperation and communication with international agencies such as the World Health Organization and the United Nations, as well as with other nations, have been strengthened. The American, British, and Australian governments, among others, have made significant financial contributions to China's efforts to combat HIV/AIDS, and in June 2005, the U.S. government pledged a further US\$35 million over four years (Lanfranco 2005). In 2004, China received CNY421 million in support from the international community, bringing the total amount of support and pledges from international organizations and agencies, as well as from other nations, to approximately CNY1.137 billion.

### ***World Bank Health IX HIV/STI Prevention and Care Project***

The World Bank has loaned US\$25 million to Fujian, Shanxi, Guangxi, and Xinjiang for HIV prevention. Local governments are providing matching funds of CNY43 million. The project is a seven-year program (1999–2004, extended to 2006) for policy advocacy, capacity building, surveillance, and prevention. Attached to the program is a capacity-building grant funded by the Australian Agency for International Development (AusAID). Family Health International (FHI) also provides support to the program. The initial phase of the project focused on using innovative strategies to effect behavioral change among high-risk groups, while the second phase is focusing on providing services to CSWs, migrant workers, IDUs, PLWHA, and young people.

### ***Global Fund to Fight AIDS, Tuberculosis and Malaria***

In 2003, after being rejected in the first two rounds of grant competitions for work on HIV/AIDS, China won a US\$32 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) for 2004–2005, with the promise of additional funding of up to US\$66 million for 2006–2008 should the first two years run satisfactorily. The Global Fund

money is being used to finance new equipment and programs in China CARES sites. Funds have been used for HIV education programs, health worker training, condom promotion, and VCT.

In 2004, in the fourth round, China was awarded a second Global Fund grant. The projects funded under this new grant primarily target IDUs and CSWs in seven provinces. The activities are well coordinated and complement existing government programs.

### ***U.S. Global AIDS Program***

Beginning in March 2004, the Global AIDS Program (GAP) of the U.S. Centers for Disease Control and Prevention (CDC) has been conducting a bilateral collaborative program in China, working primarily with the China CDC. The program, which has a budget of US\$15 million for 5 years, is closely linked with China CARES counties to undertake surveillance, prevention, VCT, harm reduction among IDUs, and care and support for HIV-infected and affected people. It also seeks to enhance strategic planning, advocacy, and communication. GAP works as a complement to other ongoing projects and tries to enhance integrated programming.

### ***U.S. National Institutes of Health Support for Research Projects***

The U.S. National Institutes of Health (NIH) have funded several large research programs to increase the HIV/AIDS research capacity of China. The largest of these was a US\$15 million grant from the Comprehensive International Program for Research on AIDS. This five-year project, which started in 2002, has five sub-projects: 1) epidemiology; 2) behavioral intervention; 3) immunology; 4) clinical outcomes; and 5) vaccine development. The HIV Prevention Trials Network, in collaboration with FHI, has ongoing trials in Xinjiang and Guanxi provinces. The NIH have also awarded a US\$3 million International Clinical, Operational, and Health Services Research and Training Award for the China Multidisciplinary AIDS Prevention Training Program. China's CDC, together with Yale University and the University of California, Los Angeles, are using the funds for HIV/AIDS-related training and higher education. China is also one of five sites selected for an international prevention trial funded by the National Institutes of Mental Health, evaluating the use of popular opinion leaders to shift community attitudes toward safe sex practices.

### ***UK Department for International Development***

In 2000, the UK Department for International Development (DFID) launched the five-year, £15 million China-UK HIV/AIDS Prevention and Care Project, which is being implemented by the China CDC with support from FHI and the Futures Group Europe. Its aims are to develop replicable models of HIV/AIDS prevention, treatment, and care among high-risk and vulnerable groups in Yunnan and Sichuan.<sup>2</sup>

In 2005, the British government pledged a further £6 million to expand a joint program between DFID, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Chinese government, called the Roadmap Tactical Support Project (CHARTS). Funding and support also come from the Norwegian and Australian governments and FHI. The project will provide technical resources to improve strategic management of HIV/AIDS activities and provide support to the Chinese government to develop China's national response to HIV/AIDS.

### ***AusAID HIV/AIDS Prevention and Control Project***

Since 2002, AusAID has been working with local CDCs in Xinjiang on a five-year project to improve local capacity to control HIV transmission. The \$A14 million of funding is being used to develop and strengthen community-based intervention and educational programs, to build the capacity of the local governments, and to increase the effectiveness of the health systems. AusAID also supports HIV/AIDS projects in Tibet, Yunnan, and Guangxi and has recently pledged a further \$A3.9 million toward the CHARTS project.

## **Nongovernmental Organizations**

Nongovernmental organizations (NGOs) have a significant role to play in filling in the gaps in HIV-related services. NGOs, both Chinese and foreign, have already played an important role through education and behavioral intervention activities and through the provision of social support in affected

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2. Further information is available on the project's website: <http://www.cnukaids.com/en/>.

areas. There are currently about 50 large Chinese NGOs and even more small NGOs working in HIV/AIDS prevention and control. Key players include the All-China Women's Federation, the Youth League, the Chinese Foundation for the Prevention of STD and AIDS, the China Preventive Medicine Association, the Chinese Family Planning Association, and the China Family Education Society. Previously in China, only those NGOs that were attached to government agencies were able to register and be awarded NGO status, which affords tax exemption and other benefits. The government has recently recognized the need for greater involvement of NGOs and has relaxed the registration process, which will facilitate the emergence of even more groups that can work in this area.

NGOs from abroad are involved in a number of projects. For example, FHI (with funding from the U.S. Agency for International Development) is implementing the IMPACT Project in the southern border provinces of Yunnan and Guangxi; the William J. Clinton Foundation is supporting a US\$10 million pediatric treatment program to fill the gap in treatment for HIV-infected children where no programs currently exist; the pharmaceutical company Merck is planning a US\$25 million comprehensive treatment, care, and information program in Sichuan province; the Hong Kong-based Chi Heng Foundation works with vulnerable groups and provides care for AIDS patients and their children; and the Global Business Coalition on HIV/AIDS and the Ford Foundation fund projects in China as well (Lanfranco 2005).

## Challenges

In spite of all these efforts, China faces a number of challenges that may impede the control of HIV. One of the biggest problems is that the majority of those carrying HIV still do not know that they are infected, as is true in most countries around the world. The national testing and surveillance system has been considerably enhanced, but it requires still further improvement. The system is weak and largely incomplete, data mapping of the course of the epidemic remains scant, and testing approaches are neither consistent nor routine. Better information is needed to determine the scale and likely progression of the epidemic.

### ***Need for Improvement in the Public Health System***

A significant contributing factor to the problems faced in surveillance is the current state of the public health system. Last year, a U.S.-led delegation to China described it as “debilitated and dysfunctional” (Gill et al. 2004). Indeed, in its current condition, it has trouble meeting the government’s promises of free treatment and care.

The public health system currently suffers from a major deficit of qualified people who can work in HIV/AIDS prevention and control. For example, in Yunnan only 200 clinicians have HIV/AIDS training to serve the estimated 80,000 people who are infected. There are few physicians, nurses, laboratory staff, counselors, or trained personnel who are able to provide advice to HIV patients and their families. In many places, even those in areas of high HIV prevalence, healthcare workers lack basic knowledge (Hesketh et al. 2005) and HIV-positive patients have reported being refused treatment because healthcare staff fear infection. Clearly, education and training to raise the capacity of these staff are needed. There are already training programs available for physicians and health workers, but many of these people do not have formal medical qualifications to begin with—throughout most of rural China, village doctors are typically high school–educated villagers who provide first aid and dispense medications. Finding better qualified staff is extremely difficult and many are reluctant to work in rural cities, let alone villages, where the majority of HIV-infected people live.

The public health system also suffers from having inadequate facilities. For example, there are a limited number of sites that can assess CD4+ cell count and viral load among patients. There are also fears that, should all HIV/AIDS patients demand the free services they are entitled to, the system would buckle under the workload and already stretched resources would not be able to meet the demand.

### ***Complexity of ARV Treatment***

The national free ARV treatment program also faces challenges. Some believe that it was hastily implemented and that, as a result, the delivery of the program has not been as effective as needed and may be wasting precious resources. The vast majority of medical professionals are not proficient in prescribing, administering, or monitoring the current, quite basic ARV regimens and may have trouble providing appropriate care should more

complex regimens become available. Many patients receive ARV treatment with little or no counseling and nonadherence is a major problem. That may be leading to the creation of drug-resistant strains of the virus, which will only serve to exacerbate the treatment dilemma. Currently, only first-line treatment is available (d4T or AZT with 3TC and Nevirapine). In the absence of alternative regimens, many patients cannot tolerate the side effects and cease treatment.

While China manufactures many chemical ingredients for the production of ARV medications, it does not make these available domestically. A wider range of regimens is needed, but the government has been hesitant to violate U.S. patent laws by producing generic copies of HIV medications. The alternative, importing appropriate second-line drugs, has been slow to occur because as a major buyer China would need to ensure that it could procure the drugs at a price that is affordable and reliable, and from a manufacturer who can guarantee delivery.

### ***Difficulty Reaching High-Risk Populations***

The majority of those affected by HIV lie outside mainstream society and, for that reason, they are extremely difficult to reach with prevention campaigns, harm-reduction interventions, and treatment programs. Most of those infected reside in rural, remote, and poor parts of the country with limited infrastructure. As a result, the vast majority of those infected with HIV are unknown to the system. Many are members of marginalized groups such as drug users, sex workers, and gay men who avoid government-sponsored interventions and assistance because they fear incarceration or other punishment. The government also finds itself at odds when dealing with these groups since they are often engaging in illegal activities (Gill et al. 2004). Outreach in many areas is hampered by crackdowns by local public security bureaus that perform sweeps to round up socially undesirable elements and detain them in re-education and detoxification centers (Davis 2005). This serves to drive these high-risk groups further underground, making them more difficult to reach with prevention programs. The government has called for greater cooperation between public security bureaus and other governmental and nongovernmental organizations involved in outreach to allow intervention and education activities with high-risk groups to proceed without the threat of arrest. Fear of discrimination and

punishment leads people to avoid seeking VCT, treatment, and support, thereby increasing the chances of them contracting or spreading HIV (OHCHR/UNAIDS 1996).

### ***Emerging Threat of China's "Floating Population"***

A group that is increasingly being looked upon as the new threat to AIDS prevention and control is the so-called "floating population"—the 130 million or so migrant workers who typically come from poorer regions of the country and work in the cities as laborers, restaurant workers, and CSWs (Anderson et al. 2003). According to some surveys among males in this group, anywhere from 10% to 50% engage in highly risky sexual behavior, with perhaps 70% having never used condoms. Many of them have low levels of literacy and have limited access to prevention and treatment programs.

### ***Stigma and Discrimination***

Stigma and discrimination are also barriers to transmission prevention. In many areas, HIV carriers face discrimination from health workers, other villagers, and authorities. When stigma exists, people are less likely to get tested and those infected are reluctant to accept their situation (UNAIDS 2003). In both cases, the likelihood of secondary transmission is high. The government has tried through legislation and public education to curb HIV/AIDS-related discrimination. Enforcement of policy is difficult, particularly in rural areas, and previously some of those working to raise HIV awareness have suffered harassment from local authorities (Davis 2005). The government has recognized that ignorance and stigma are the biggest obstacles to tackling HIV/AIDS and plans to increase announcements and other actions to gain people's attention and shift community attitudes.

## **Conclusion**

Recent developments in the response to HIV/AIDS in China clearly demonstrate the Chinese government's commitment and willingness to take action to control AIDS. At the executive meeting of the State Council on June 15, 2005, Premier Wen Jiabao announced nine major measures

to curb the spread of HIV/AIDS in China. The government explicitly identified target groups—CSWs, MSM, IDUs, people infected with STIs, and migrant workers, as well as the general public—and outlined pragmatic guidelines for behavioral interventions. Recognizing the conflict that exists between the various departments involved, the new guidelines instruct local staff to seek cooperation from the Ministry of Public Security and the State Administration of Industry and Commerce, among others. With this mandate, it will be easier for the Ministry of Health to work with other government agencies to improve the effectiveness and efficiency of their battle with HIV/AIDS. As Premier Wen said recently at a meeting with UN officials, “China is still facing serious challenges in HIV/AIDS prevention and control, but the Chinese government is determined and capable of curbing the spread of the disease to ensure the people live a healthy and peaceful life” (Xinhua News Agency 2005).

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