An evaluation of HIV Prevention Policies in China

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Executive Summary: HIV/AIDS prevalence in China has increased considerably in the last few years, reaching an estimated total of 650,000 to 800,000 HIV/AIDS cases. Even though the disease started as a concentrated problem affecting only vulnerable populations (IDUs and blood and plasma donors), it is now a national problem that merits an aggressive prevention campaign. The need of an effective prevention policy is justified by many of the characteristics that China has, such as the lack of universal health insurance coverage, a limited health budget, and the decentralization of health policies to provinces with high poverty rates.

Women, commercial sex workers, and men who have sex with men are considered particularly vulnerable groups, especially for future trends of HIV/AIDS infections. China-specific factors such as the lack of condom use and inequitable health care delivery, and the stigmatization of the populations with the most HIV/AIDS infection risk have all contributed to the spread of the disease to the general population.

The Chinese government has recently acknowledged China’s HIV/AIDS epidemic and started to implement different kinds of policies, but still needs to improve many different policy and program areas in order to create a strong nationwide response towards the prevention of HIV/AIDS. Thus, this paper recommends: (i) more coordination between central and local governments, (ii) emphasis on mass education campaigns; (iii) increase technical support and training for health professionals; and (iv) a more reliable information and data gathering system.
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1. INTRODUCTION

A Chinese proverb states, “A good beginning is half the success.” Hopefully this is true for China. After nearly 16 years of denying and ignoring HIV/AIDS, China finally acknowledged the presence of HIV/AIDS, actually the presence of an estimated 600,000 people living with HIV/AIDS, in 2001. Presently, after 5 years of official government programs to prevent and treat HIV/AIDS, China finds itself with an estimated 850,000 people currently living with HIV/AIDS, causing China to have one of the highest rates of HIV/AIDS incidents in the world. Thus China needs urgently to prevent and control HIV/AIDS transmission. This is important not only for China, but also for the rest of the international community. With over 1.3 billion people, demographic issues that effect China, also affect over 10% of the world’s population.

The characteristics of the HIV/AIDS epidemic in China are very unique and quite different in comparison to HIV/AIDS epidemics throughout the world. HIV/AIDS initially spread throughout rural China (via intravenous drug use (IDU), and the use of HIV positive blood transfusions throughout central China), and only recently via increased migration movements of rural Chinese moving to urban areas to seek higher incomes, has HIV/AIDS proliferated to Chinese urban areas. Currently, China is in a difficult situation attempting to figure out the best way to address both the HIV/AIDS concerns of rural China (questionable blood transfusions, IDU, inadequate health services) with the HIV/AIDS concerns of urban China (increases in the number of commercial sex workers, rising rates of HIV positive men who have sex with men), and HIV/AIDS concerns that are common throughout China (lack of condom use and awareness, stigma and discrimination against people living with HIV/AIDS, lack of capacity among government officials, limited health care budgets, and a lack of consensus regarding HIV/AIDS statistics and data). Therefore, the purpose of this paper is to describe the trends of HIV/AIDS in China; and analyze existing government preventive interventions, to evaluate their adequacy and effectiveness regarding China’s unique HIV/AIDS epidemic.

The paper is structured as follows: 1) Section 2 describes the history and evolution of the disease, including regional trends and rates of prevalence among different groups of the population; 2) Section 3 gives an overview of the government preventive policies at the federal level and some of the constraints that it faces to have an effective HIV prevention policy; 3) Section 4 includes a description of local and provincial policies in China regarding HIV/AIDS; and 4) Section 5 states recommendations for China to improve their HIV/AIDS policies and programs.

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2. BACKGROUND ANALYSIS

2.1. History of HIV/AIDS in China

China’s first experiences with HIV/AIDS occurred in 1985, when HIV/AIDS was introduced to the country via “foreigners”, probably commercial traders or Chinese nationals returning home from working abroad. Thus when the Chinese government started surveillance of HIV/AIDS in 1986, HIV/AIDS was often called a “foreigners” disease since most incidents of reported HIV/AIDS did not occur among people living in China.

This changed abruptly in 1989, when China experienced its first HIV outbreak among rural intravenous drug users (IDU) in Yunnan Province along the border areas between China and Myanmar. This area, known as the “golden triangle” (along with the Chinese border area with Laos and Vietnam), is renown for opium and heroin production, smuggling, and trading. Therefore China’s first in-country HIV outbreak was among drug users sharing unclean and HIV infected needles. Although the epidemic was originally confined to the Yunnan province and the IDU community, HIV/AIDS spread quickly throughout southern China in the 1980s via IDU communities along the major drug trafficking roads in Guangxi, Xinjiang, Sichuan, and Guangdong provinces. At present HIV/AIDS prevalence among IDU in the above-mentioned provinces is 70%.

Epidemiologists speculate that IDU began donating blood and plasma for money in the late 1980s. Blood donation is a cultural taboo in China, and thus China suffers from chronic blood shortages, and anyone willing to donate blood or plasma is usually not turned away. Further, China has relied upon private blood sellers (known as “blood heads”) in the past to gather needed blood for medical purposes. The blood heads usually traveled to rural areas in the late 1980s and early 1990s, where people were more than willing to donate blood for quick money. Thus HIV/AIDS was transmitted throughout China (primarily in rural areas of the central provinces) in the early 1990s via two methods. First, the blood heads often reused dirty needles when they extracted blood from rural donors, and repeatedly exposed blood donors to HIV. This caused several villages in central China to be almost 100% infected with HIV. However, more common, the blood drawn by the blood-heads was often separated by blood type and put in giant centrifuges, without any HIV screening. HIV negative blood was mixed with HIV infected blood, and unknowingly given to individuals during transfusions. This was particularly common in

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2 Wu Z., pg. 7.
3 Wu Z., pg. 7.
4 Wu Z., pg. 7.
5 Wu Z., pg. 8.
6 Wu Z., pg. 7.
7 Wu Z., pg. 7.
9 Gill B. Pg. 96.
10 Gill B. Pg. 96.
central China, where the health centers of several of the poor provinces of Henan, Sichuan, Yunnan, Shanxi, and Shaanxi bought blood from the blood-heads for low costs. By 1996 HIV/AIDS could no longer be perceived as a foreigner’s disease, as epidemics of HIV infected entire rural regions and put HIV/AIDS infection rates between 50,000 to 100,000 persons.  

### Table 1. Basic Indicators of HIV prevalence in China

<table>
<thead>
<tr>
<th>HIV Indicator</th>
<th>Estimate (year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult prevalence of HIV/AIDS (15-49 years)</td>
<td>0.1%-0.2% (2003)</td>
</tr>
<tr>
<td>Estimated number of people living with HIV/AIDS (0-49 years)</td>
<td>430,000 – 1,500,000</td>
</tr>
<tr>
<td>Reported number of people receiving antiretroviral therapy</td>
<td>12,219</td>
</tr>
<tr>
<td>Estimated total number of people needing antiretroviral therapy</td>
<td>122,000</td>
</tr>
<tr>
<td>HIV testing and counseling sites: number of sites</td>
<td>1,600 (2004)</td>
</tr>
<tr>
<td>HIV testing and counseling sites: number of people tested at all sites</td>
<td>466,281 (2004)</td>
</tr>
<tr>
<td>Prevalence of HIV among adults with tuberculosis (15-49 years)</td>
<td>0.7% (2002)</td>
</tr>
</tbody>
</table>

Source: WHO, 2005

From 1994 to the present, HIV/AIDS transmissions have continued to increase throughout all provinces of China. At present HIV is often transmitted by other modes besides IDU and blood transfusion, including men who have sex with men (MSM), mother to child transmissions, and heterosexual transmission, which is becoming the most prevalent method of spreading HIV/AIDS in China.  

Heterosexual transmission has been accelerated by China’s growing commercial sex industry, which serves the sexual needs of many rural migrant workers in urban areas. Although supposedly banned in 2003, blood heads continue to operate in rural areas, as owners of these operations pay bribes to local officials not to enforce regulations and bans against their services.  

In 2001, with HIV/AIDS rates estimated at over 600,000 persons, the central Chinese government decided to take action, by formally announcing policies and programs to prevent HIV/AIDS.  

By 2003, the government began running HIV/AIDS service announcements on television and radio, and Premier Wen Jiabao was famously photographed shaking an AIDS patient’s hands, in an attempt to lessen stigma. Unfortunately, the government’s actions have not been adequately directed and organized, as many of them rely on local or commune implementation, which are erratic at best. At present it is estimated that 650,000 to 800,000 Chinese are infected with HIV/AIDS. In 2004, there were an estimated 70,000 new HIV

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12 Wu Z. pg. 7.
13 Gill B. pg. 96.
15 Wu Z. pg. 7.
infections, and 25,000 AIDS deaths\textsuperscript{17}. Without effective policies and programs, China is predicted to have an HIV/AIDS epidemic as high as 10 million infected persons by 2010\textsuperscript{18}.

At present there are four major modes of HIV transmission in China: blood donation, mother to child transmission, drug use, and sexual contact (heterosexual and homosexual). Although each mode of transmission is often linked with a specific at-risk group, boundaries between at-risk groups are becoming increasingly blurred as the prevalence of HIV/AIDS increases in the general population, via the increased rates of unsafe sexual transmission and greater movements of peoples throughout China. Listed below are descriptions of the major at-risk groups regarding HIV/AIDS in China. Table 3 summarizes data on prevalence rates among different population groups.

<table>
<thead>
<tr>
<th>Route of Transmission</th>
<th>Range of estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low estimate</td>
</tr>
<tr>
<td>Drug use</td>
<td>43.9%</td>
</tr>
<tr>
<td>Blood donation</td>
<td>9.4%</td>
</tr>
<tr>
<td>Heterosexual transmission</td>
<td>8.4%</td>
</tr>
<tr>
<td>Homosexual transmission</td>
<td></td>
</tr>
<tr>
<td>Blood/blood product use</td>
<td>0.6%</td>
</tr>
<tr>
<td>Mother to child</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Source: avert.org

Table 2. Rates of prevalence per demographic groups

2.2. Factors Contributing to a Rapid Spread of HIV/AIDS in China

\textit{Lack of Condom use or awareness}. Recent studies report that 77\% of citizens surveyed in 2003 did not know that HIV transmission could be prevented by condom use. This is exemplified by a recent study which reported that 1/3rd of female college students, and less than one-half of overall youth were aware of a condoms’ importance in preventing HIV/AIDS and sexually transmitted diseases (STDs).\textsuperscript{19} Further, only 6\% of married women use condoms\textsuperscript{20} yet more than 90\% of married women use sterilization or intrauterine devices as a method of contraception. This lack of awareness of condoms’ usefulness, as a contraceptive and a mode of preventing STDs remains a major hurdle in efforts to prevent HIV/AIDS. However, ignorance regarding condom

\textsuperscript{18} World Health Organization
\textsuperscript{20} Accessed on 21 February 2006.
usage is probably rooted in the cultural belief that condoms promote promiscuity, and also most family planning workers in China do not suggest condoms as a method of STD prevention.  

| Table 3. Trends in the use of Contraceptive Methods among Married Chinese Women (%) |
|-----------------------------------------------|---|---|---|---|---|
| Male sterilization                           | 10   | 13   | 12   | 9    | 8    |
| Female sterilization                         | 25   | 37   | 42   | 40   | 37   |
| Intrauterine device                          | 50   | 40   | 40   | 43   | 46   |
| Condom                                       | 2    | 2    | 2    | 4    | 6    |
| Oral contraceptive pill                     | 8    | 5    | 4    | 2    | 3    |
| Other methods                                | 5    | 3    | <1   | 1    | 1    |


Inequitable Health Care Delivery. China's current health care system was created in 1978, following the announcement by Deng Xiaoping that the central government would greatly reduce its involvement in health care financing and coverage. The central government transferred much of the health care funding responsibility to provincial and local authorities requiring them to provide support via local taxation. The immediate effect of this policy created a health care gap between urban areas and rural areas, as rural areas did not have as large or wealthy of a tax base to fund their health care system. The health care gap was further exacerbated by the central governments withdrawing from health care delivery (diagnosis, testing, and treatment), and relying on local health care systems to deliver their services by utilizing fees for diagnostic and testing services (especially the use of expensive technology in these processes), illness treatments, and pharmaceutical prescriptions. As a result, it has been estimated that 80% of health resources are allocated to big cities, and in rural areas, the fee for health care services are often too expensive, and few rural Chinese citizens are able to afford and utilize health care facilities. This is a major concern for the health of China, since rural citizens comprise 70% of the population but have access to only 37.5% of the national technical health workers. Finally, the present health care delivery system ended the barefoot doctor program in rural areas, and thereby severely limited public health education and prevention programs throughout rural communities.

The inadequate rural health care system has been a negative regarding the increased transmission of HIV/AIDS in China, because a majority of the HIV/AIDS high-risk populations come from and live in rural areas of China. Without strong public health education programs, many people are unaware of the causes and prevention methods for HIV/AIDS. The expensive fees of the rural health care system cause many people to not pursue HIV testing.

Also related to inequitable health delivery, are the lack of trained health care professionals that are knowledgeable of HIV/AIDS. This is particularly noted in the lack of HIV testing.

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21 Mulley S. “Condoms common, but not for disease protection [Used for family planning in China]” Medical Post. 20 February 2001. Vol.37, Iss. 7. pg. 65

centers, and the poor care and treatment of people living with HIV/AIDS, especially in rural areas. Of great concern, many health professionals, due to their lack of knowledge of HIV/AIDS, put themselves at great risk when they improperly handle blood or body fluids that are possibly infected with HIV. A recent study in Northern China elucidated that many nurses are aware of the causes of HIV/AIDS but are unaware of all of the possible modes of transmission for HIV/AIDS. This poses a serious issue, since an overwhelming majority of Chinese nurses have been, “stuck by needles” while drawing blood from a patient, or splashed by a patient’s body fluids in the past year.23

3. CENTRAL GOVERNMENT HIV/AIDS POLICIES AND PROGRAMS

3.1 Central government’s HIV/AIDS policies.

Recently, the Government of China (GOC) has decided on HIV/AIDS treatment and prevention policies that include improving the expertise and awareness of medical staff, increasing information campaigns about HIV/AIDS including condom advertisements, and providing clean needle exchanges in large cities. Listed below are the major policies and programs that the central government has enacted to treat and prevent HIV/AIDS in China.

State Council AIDS Working Committee. In 2003 the central government established the State Council AIDS Working Committee as a separate entity within the Ministry of Health.24 The Committee, under the leadership of Vice Premier Wu Yi, was formed to develop strategies to contain HIV/AIDS and coordinate the national response in the areas of prevention, treatment, and care and support for people living with HIV/AIDS. The Committee includes many diverse organizations that collaborate with the government in this effort. While every province and autonomous region has an AIDS Working Committee to coordinate the regional response, the formation of this national committee is a firm step towards ensuring that policy decisions at the top levels of the central government, reach all Chinese citizens.25

CARES Program. A major achievement of the State Council AIDS Working Committee was the creation of the China CARES program26. The goal of this program is to integrate a comprehensive and community based HIV/AIDS response strategy in the areas of health education, treatment, and care for people living with HIV/AIDS. The program is designed to provide free and subsidized HIV testing, counseling, and antiretroviral treatment to affected communities and individuals. The program operates through clinics run by the China Center for Disease Control and Prevention (CDC) at the provincial, county, and township levels. Officially launched in the spring of 2003, the program trained three doctors from 56 counties throughout

23 Chen WT. pg. 421.
China to become more aware and better equipped to diagnose, counsel, and treat people living with HIV/AIDS\textsuperscript{27}. The CARES program has established a quota of treating 5000 HIV/AIDS patients in the 56 counties that received physician training, by providing free domestically manufactured retrovirals to the CARES program participants. By the end of October 2003, Chinese CDC officials reported that all counties in this program met the treatment quotas for this program, and were looking to expand the program in the future.\textsuperscript{28}

\textbf{Four Frees & One Care Policy.} The Four Frees and One Care Policy announced by the government in December of 2003 is an ambitious policy initiative concerning the financial support and treatment of people living with HIV/AIDS throughout China. This program features four frees: 1) Free Voluntary testing & Counseling; 2) Free Counseling & Treatment for HIV+ pregnant women; 3) Free schooling for HIV/AIDS orphans; and 4) Free retrovirals to urban poor and rural area population. The program also consists of one care policy of Economic Assistance to families affected by AIDS\textsuperscript{29}. The distribution of free antiretroviral drugs to rural and urban AIDS patients is China’s attempt to fill in the great gaps that the current health care system in China cannot cover. The four frees and one care policy has effectively become the foundation of China's treatment strategy.

\textbf{Policy Effectiveness Evaluations.} Another important step taken by the new State Council AIDS Working Committee was the commitment to do a mid-term evaluations regarding the progress made by China's Medium-and Long-Term Program for the Prevention and Control of AIDS program (1998-2010), and evaluate the results of the recent 5-year Action Plan to Control HIV/AIDS (2001-2005). By agreeing to undertake evaluations of these programs national leaders are demonstrating their commitment to creating strong and effective policies to address future HIV/AIDS issues in China.

\section*{3.2. Constraints regarding Central Government HIV/AIDS Policies}

Unfortunately, the Chinese central government has several constraints that limit the ability of the government to enact all of their HIV/AIDS policies. Some of these constraints are:

\textbf{Limited Health Care Budgets.} Central government expenditure on health issues has dropped significantly since the 1980s.\textsuperscript{30} At present the central government has reduced funding for health care in rural China, where the largest percentage of HIV/AIDS at-risk populations.

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reside. Further, China has adopted a policy of investing greatly into its economic growth with the idea that when China is fully developed, the country can then reinvest and solve health issues.  

**Lack of capacity within the government.** Although UNDP, the US Centers for Disease Control, DFID, and other international organizations are educating Chinese government officials about HIV/AIDS (particularly at the provincial and community level), unfortunately their efforts and effect are rather limited to a small number of Chinese officials. Thus, many Chinese officials are simply not knowledgeable enough of HIV/AIDS to properly enact government policies and programs to efficiently and properly prevent HIV/AIDS.

**Culture and stigmatization of marginalized populations.** Education and open discussion about safe sexual activities to prevent HIV/AIDS is taboo within Chinese culture. Thus it has been difficult for the Chinese government to implement major safe sex campaigns throughout China. Only recently has the Chinese government viewed HIV/AIDS as a health issue rather than an issue of immorality and deviancy. Regrettably the government has perpetuated a lack of knowledge and fear of HIV/AIDS, and increased stigma and discrimination against people living with HIV/AIDS.

While the current government has realized its faults by not acknowledging HIV/AIDS as a major health issue until recently, the Chinese government remains unwilling to work with major at-risk populations that are either illegal according to Chinese law or immoral in relation to Chinese culture. Thus the government chooses to ignore commercial sex workers, IDU, and men who have sex with men or simply throw these individuals in prison, rather than conforming policy and programs to better control the specific reasons that make these groups at extreme risk of transmitting and receiving HIV/AIDS. Fortunately, several international organizations are willing to work with the marginalized populations, such as the Ford Foundation’s efforts to build knowledge and develop policies and public understanding regarding people of different sexual orientation and HIV/AIDS risk. However, international organization’s activities regarding HIV/AIDS prevention are closely monitored by the central government, and if their activities undermine government authority in anyway, these programs and the work of international organizations in China can be ended abruptly.

**Information Systems:** Unfortunately it is difficult to find consistent and up to date data regarding HIV/AIDS in China. Lately, the government has tried to improve data collection through sentinel health care facilities, but the data collected is not representative of the real HIV/AIDS prevalence rates in China. This is due to the stigmatization that HIV has created in China and thus people are afraid to find out their HIV status. Also many people with HIV/AIDS can not attend rural sentinel health care facilities due to the expensive costs of receiving health care services, have to travel great distances to reach a health care center, and/or many individuals

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33 Gill B. pg. 7.
are simply unaware of their HIV status. While completing the research regarding this paper, it was extremely difficult to consistently cite data and statistics regarding HIV/AIDS in China, as international organizations, the Chinese government, and academic experts have not come to a consensus about the actual HIV/AIDS rates and data in China. This poses great problems for the Chinese government and international organizations regarding HIV/AIDS policy and program planning.

**NGO and International Organization’s involvement.** Due to China’s authoritarian control over its domestic affairs, the government has been less interested in receiving international advice and assistance regarding HIV/AIDS prevention policy and programming than other countries experiencing HIV/AIDS epidemics in Asia, Africa, and Latin America. International organizations have often found that their models for completing HIV/AIDS work in developing countries work best when they collaborate with local NGOs and grassroots organizations. International organizations favor this model since NGOs have greater access to communities and stronger abilities to communicate and implement projects due to their local and cultural knowledge. However, Chinese grassroots and community NGOs are tightly controlled and restricted in China, as all NGOs must have an official government sponsor which advises in their decision making process. Further, the central government allows the creation of only one NGO per topic or issue in each province. Although many international organizations do their best to adjust to the Chinese system by hiring more Chinese persons on staff, without the assistance of independent local NGOs, international organizations lack the ability to truly affect the regions and populations with the greatest risk for HIV/AIDS transmissions.

**4. LOCAL AND PROVINCIAL HIV/AIDS POLICIES AND PROGRAMS**

As mentioned earlier, China’s current health care system focuses on a decentralized model, with health care services including health prevention and public health projects financed and provided at a township and community level. This means that quality, scope of services, and effectiveness differ greatly, depending on an area’s wealth and ability to finance certain health care services. Hence, there is a great variety of HIV/AIDS projects being put in place across China. The following is a brief list of HIV/AIDS programs that four provinces have introduced.

**4.1. Examples of HIV/AIDS Prevention Policies**

**Yunnan Province.** Yunnan province has one of the highest rates of HIV/AIDS in China, especially among IDU. Due to the high HIV/AIDS prevalence rates, Yunnan province has also become one of the most maverick provinces regarding HIV/AIDS prevention policies and programming. Local ordinances that the provincial government enforces include, all hotels must provide free condoms, and health centers must provide free HIV/AIDS testing, methadone, and needle-exchange programs for IDUs (although due to Yunnan’s poverty, these programs have

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34 Burris S. pg. 1525.
35 Burris S. pg. 1525.
occurred on a limited basis). Recently, Yunnan province has required police officers to go through HIV/AIDS training, which includes components on how to deal with IDU more efficiently and utilize various methods to encourage IDU to receive treatment and HIV testing.

**Shanghai Province.** Due to Shanghai’s wealth as the largest city in China, and a major port for international trade, the government of Shanghai can afford to offer all of the programs that Yunnan Province has developed, more comprehensively at all health clinics within the city. This wealth affords Shanghai the luxury of pursuing policies and regulations that are of secondary prevention in nature. These policies and regulations include lessening discrimination against people living with HIV/AIDS, developing legal status and rights for people living with HIV/AIDS, and training health care workers who have occupational hazards related to handling HIV positive blood or infectious body fluids. Shanghai’s wealth also allows the province to consult with international experts and consider future plans and models to prevent and treat HIV/AIDS in the future. This is in contrast to Yunnan Province where the provincial government can only afford to react to current HIV/AIDS threats and situations.

**Henan Province.** The provincial authorities have received permission from the central government to acknowledge condoms as a “medical device” in order to legitimize an intensive advertisement campaign promoting condoms. This is important since sexual transmission of HIV has become the most prevalent mode of transmission in Henan Province, and by acknowledging condoms as medical devices, Henan Province officials have the authority to encourage health care providers to sell and promote condom usage.

**Xinjiang Uygur Autonomous Region.** Xinjiang province has enacted very few HIV/AIDS prevention policies. This is related to three reasons. First, the province has a very low HIV/AIDS prevalence rate and does not acknowledge HIV/AIDS as a critical policy issue. Second, although Xinjiang is not the poorest province of China, its relative poverty limits the type and amount of HIV/AIDS policies and regulations that the region can implement. Finally, since a majority of people living with HIV/AIDS in Xinjiang are Uygurs one of China’s minority ethnic groups, the provincial government has felt less compelled to enact HIV/AIDS prevention policies.

### 4.2. Analysis of HIV/AIDS Prevention Policies

What is apparent in this quick description of provincial level HIV/AIDS activities, is that the extent to which a local government can enact policies to prevent and treat HIV/AIDS is related

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38 Burris S. pg. 1525.  
to the prevalence of HIV/AIDS in their province, and the wealth of the province to afford health care delivery and HIV/AIDS programming. Thus many of the wealthy coastal provinces can often provide HIV/AIDS prevention and treatment services that are not available in rural areas. For example, 90% of IDU in Sichuan Province are HIV positive\textsuperscript{42}, whereas only 40% of IDU in Guangdong region, one of China’s wealthiest regions, are HIV positive.\textsuperscript{43} This is partially related to Sichuan Province’s greater number of IDU users, however it is also related to Guangdong Province’s wealth and ability to enact clean needle distribution programs in most provincial health centers\textsuperscript{44}, whereas Sichuan, due to its greater poverty, has a more limited clean needle distribution program. Therefore, perhaps HIV/AIDS prevention activities are occurring disproportionately in wealthy coastal provinces, which are enacting HIV/AIDS prevention policies that are more consistent with secondary prevention, preventing and treating a disease that has already developed its risk factors\textsuperscript{45}. Meanwhile, there is a greater need for HIV/AIDS prevention programs in the rural communities of the central provinces, since there are greater numbers of at-risk populations in these areas. Further, the HIV/AIDS prevention programs for the rural areas of the central provinces would be more consistent with primary prevention, actions taken to prevent the on-set of a disease upon a population.\textsuperscript{46}

5. CONCLUSIONS AND RECOMMENDATION

In this section we highlight recommendations for the Chinese central and provincial governments to strengthen their HIV/AIDS prevention policies.

5.1. Coordination between central and local governments.

China has fragmented and varied policies regarding HIV/AIDS prevention and treatment in different provinces. Policies that are being supported in one province may be totally undermined by the policies of another provincial government. This may not have been an issue 20 years ago, but in today’s China the freedom of movement, and the need of migrants from rural areas to fuel urban economies, causes great inter-province movement.\textsuperscript{47} The large number of floating workers is a significant risk to China since most of these workers are men and women between the ages of 15 to 45, in their most sexually active stages of life.\textsuperscript{48} What is clear is that China needs more rigorous and unified policies to prevent HIV/AIDS. Therefore, stated below are recommendations for the Chinese government to consider regarding improved HIV/AIDS prevention.

\textsuperscript{42} Choi S. pg. 1675.
\textsuperscript{43} Kato K. pg. 1161.
\textsuperscript{44} Kato K. pg. 1163.
\textsuperscript{48} Bates G. pg. 96.
• The Central government should consider creating a unit coordinator within the State Council AIDS Working Committee, which will take the lead in coordinating the national efforts for preventing HIV/AIDS. Essentially this new unit coordinator program would embolden the current CARES program, by operating and coordinating HIV/AIDS programming at all levels of intervention, national, provincial, or local government level. Thus the unit coordinator would be able to operate and work with all Chinese health clinics. We propose that the unit coordinator designate essential national HIV/AIDS prevention goals and at-risk populations to target with HIV/AIDS prevention programs. The unit coordinator will work primarily on promoting a national HIV/AIDS strategy and will make certain that all provincial and local HIV/AIDS programs are following the unified national strategy to achieve the national reduction of HIV/AIDS incident rates.

• The Ministry of Health (MOH) should encourage provincial HIV/AIDS prevention administrators to submit statistical information and epidemiological outcomes of their programs on an annual basis. Based on this information, the central government would increase and update its surveillance of HIV/AIDS prevention programs via the newly created unit coordinator program and the State Council AIDS Working Committee. Therefore the MOH would be more certain that the HIV/AIDS programs in China are moving towards a collective decrease in HIV/AIDS incidents.

• Further, the MOH should host an annual conference for administrators and coordinators of provincial and local HIV/AIDS programs, and other prevention stakeholders (such as the Ford Foundation and China CDC). This conference would aim to update the national HIV/AIDS strategy plan, share the results and achievements of successful HIV/AIDS programs with all conference attendees, and allow HIV/AIDS stakeholders to network and develop new program and HIV/AIDS prevention ideas.

• Once the Unit coordinator has unified the national efforts, the central government will be more able to respond to the financial and budgetary discrepancies of completing HIV/AIDS programs in impoverished provinces. This is very important, since most at-risk populations in China live in the most impoverished Chinese provinces, such as Yunnan, Guangxi and Henan.

5.2. Mass Education

As stated in the constraint section of this brief, there are significant cultural issues that influence stigma and discrimination against people living with HIV/AIDS in China. Changing cultural beliefs is a difficult and long process. Thus, instead of trying to change Chinese culture, it would be best for the Chinese government to continue with their current mass-education and national mass-media advertisements regarding HIV/AIDS prevention, in the hopes that future generation will have different and better attitudes toward HIV/AIDS.
Although HIV/AIDS prevention is included in high school Biology throughout China, the Chinese government should look into increasing HIV/AIDS education within all levels of the education system. The MOH and Ministry of Education (MOE) should coordinate efforts in order to design improved and compulsory health education that includes HIV/AIDS prevention. Further the MOH and MOE should work on training programs for teachers and provide teachers with HIV/AIDS curriculum ideas.

Education programs should work to de-stigmatize misconceptions about condoms. Perhaps it would be best for China to adopt the common HIV/AIDS prevention strategy of “ABC”, promoting abstinence, being faithful, and when one is sexually active to use condoms. If possible, celebrities and political figures could help in the advertisement and promotion of condom usage. For instance, advertisements by African celebrities and politicians regarding HIV/AIDS prevention and the use of condoms have proven to be successful in sub-Saharan Africa. And just as the picture of Premier Wen Jiabao shaking hands with HIV/AIDS patients has led to further acceptance of people living with HIV/AIDS, an acknowledgement of the importance of using condoms by chief authorities in the Chinese government may also decrease morality objections and negative feelings towards condoms among the Chinese population. To further the success of this policy, the MOH should push for family health centers to promote condom usage, even among married couples in China, as a method to prevent STDs.

It would also be encouraging for the Chinese government to create and implement more HIV/AIDS prevention programs among at-risk populations. Although, this may be a conflict of legal interest, as the police and other law enforcement agents may not approve of providing social welfare programming towards “criminal populations” (commercial sex workers, IDU, etc.). Therefore, the government should allow neutral organizations, such as international health organizations, to increase their efforts to engage at-risk populations and promote HIV/AIDS prevention education.

5.3. Increasing Technical Support and Training

Currently, knowledge and conceptualization of HIV/AIDS prevention policy in China is controlled by a select few in the central government, a handful of provincial administrators, and several small government sponsored NGOs. However, by increasing technical trainings and exchanges concerning HIV/AIDS prevention, Chinese stakeholders will be more competent to develop and implement successful programs to prevent and reduce HIV/AIDS incidence rates. Increasing knowledge and capacity of HIV/AIDS stakeholders throughout China will help the central government meet its goals of decreasing HIV/AIDS incidence.

The central government should increase the exchange of technologic and scientific knowledge of HIV/AIDS with provincial administrators and policy makers. This may include the creation of local workshops for provincial leaders regarding HIV/AIDS, or more advising from
academics and central government health administrators for provincial administrators and policy makers.

- Although current medical school and health professional programs have a more rigorous education regarding HIV/AIDS, unfortunately health professionals who finished their education 10-15 years ago did not receive as extensive or in some cases no HIV/AIDS prevention education. China may consider following the United States’ health care system and enforcing *recertification programs* for health care professionals. Thus every few years, health care professionals will be required to attend health care education programs that will teach health care workers about the latest technology, techniques, and successful treatment models for preventing HIV/AIDS programs.

### 5.4. Reliable Information System

As was stated in section 3.2., “Constraints regarding Central Government HIV/AIDS Policies” one clear constraint to developing and implementing effective HIV/AIDS policies in China is the difficulty to find consistent and current data regarding HIV/AIDS prevalence and incidents. In order to address this problem, the following recommendations promote better information gathering and consistency in information development.

- First and foremost, all government agencies and organizations (international and domestic) involved in gathering data on HIV/AIDS prevalence in China should become more transparent with their methodologies for gathering data and calculating national prevalence rates. Hopefully, through the different HIV/AIDS data stakeholders sharing their methodologies, a middle ground and most consistent figure can be developed and agreed upon by all HIV/AIDS stakeholders in China.

- It is also encouraged for the various HIV/AIDS stakeholder to gather more information on at-risk populations. With more available data on these populations, stakeholders will have a better opportunity to create models and programs that can accurately and specifically treat or provide prevention towards peoples that are of the greatest risk of spreading HIV/AIDS.

- Although the Chinese government is enacting policy evaluations via the “Policy Effectiveness Evaluations” program, it would be advisable for the central government to authorize more impact, process, and outcome evaluations of various current provincial and local HIV/AIDS programs. We would encourage the evaluators to utilize impact evaluations, since it is of great importance to learn which HIV/AIDS prevention models are finding the greatest success.
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