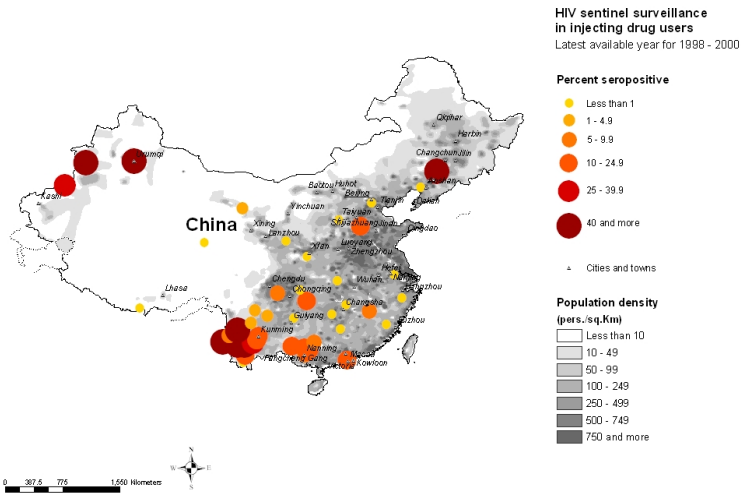
CHINA

December 2005

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 78 000**
Antiretroviral therapy target declared by country: 30-50 000 by the end of 2005



Map Data Source:
WHO Regional Office for the Western Pacific; Center for International Earth Science Information Network (CIESIN), Columbia University; and Ministry of Health, China
Map production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

World Health Organization

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1 299	National Statistics Bureau
Population in urban areas (%)	2004	41.7	National Statistics Bureau
Life expectancy at birth (years)	2003	71	WHO
Gross domestic product per capita (US$)	2004	1270	National Statistics Bureau
Government budget spent on health care (%)	2003	16.9	National Health Accounts
Per capita expenditure on health (US$)	2003	62	National Health Accounts
Human Development Index	2003	0.755	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2004	0.07%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2004	840 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Jun 2005	15 500	NCAIDS*
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	78 000**	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	2,100	NCAIDS*
HIV testing and counselling sites: number of people tested at all sites	Dec 2005	448 443***	NCAIDS*
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

* National Center for AIDS Prevention and Control.
** According to NCAIDS, the number of patients needing antiretroviral therapy in 2004 was 80 000.
*** At voluntary counselling and testing sites operated by the United States Centers for Disease Control and Prevention.

3. Situation analysis

Epidemic level and trend and gender data
China has a low overall HIV prevalence but high prevalence in certain population groups and at some sites. WHO/UNAIDS estimated that 840 000 people in 0-49 years old were living with HIV/AIDS at the end of 2004, and the estimated HIV prevalence was 0.07% (with a low estimate of 0.05% and a high estimate of 0.08%). There are geographical differences in prevalence levels within subpopulations. Since 2001, reported HIV/AIDS cases have increased at a 30% annual rate, most likely as a result of increased surveillance. HIV is reported from 31 of China's 34 provinces and other administrative units on mainland China. Currently, the main mode of transmission remains injecting drug use (42%), but sexual transmission and mother-to-child transmission have been increasing. Women are increasingly at risk of becoming infected with HIV, with a slight increase among antenatal care attendees since 1996.

Major vulnerable and affected groups
HIV prevalence is high among injecting drug users, especially in Yunnan, Guangxi, Sichuan, Xinjiang and Guangdong provinces. Injecting drug users are the largest vulnerable population group (more than 3 million), with HIV infection rates up to 80% in some areas in Xinjiang and more than 20% in Guangxi and Yunnan. A prevalence of 7% or more is reported among injecting drug users in 16 provinces. Data from sentinel surveillance also indicate that infection rates among sex workers and men who have sex with men are increasing. A HIV prevalence of 0.5-1% is reported among sex workers, and one-off surveys among men who have sex with men have shown rates of 1% or more in Beijing, Shenyang and Guangzhou. Former paid plasma donors, mostly concentrated in central China, had prevalence rates as high as 65%. Although the epidemic is still concentrated among certain population groups, evidence now suggests that the epidemic is spreading into the general population. The proportion of total HIV cases among females increased from 15% in 1998 to 39% in September 2004 and that of mother-to-child transmission from 0.1% in 1997 to 1.0% in 2004. Risk factors include low awareness of HIV/AIDS, low rates of condom use, pervasive stigma and discrimination, high rates of mobility and migration and the availability and affordability of commercial sex. Most new infections are identified among young people.

Policy on HIV testing and treatment

In December 2003, the government made five commitments to enhance its efforts to prevent and control HIV/AIDS: (1) to clarify targets, identify responsibilities and improve evaluation and supervision; (2) to provide free antiretroviral drugs to low-income people; (3) to improve laws and regulations and launch public awareness campaigns; (4) to protect the legitimate rights of people living with HIV/AIDS and oppose social discrimination against them; and (5) to increase international cooperation on HIV/AIDS. The government also committed to a "four frees and one care" policy - free antiretroviral drugs to people living with HIV/AIDS who are rural residents or people with financial difficulties living in urban areas; free voluntary counselling and testing; free drugs to pregnant women living with HIV/AIDS to prevent mother-to-child transmission and HIV testing of newborn babies; free schooling for children orphaned by HIV/AIDS; and care and economic assistance to families affected by HIV/AIDS. The policy of free voluntary counselling and testing has begun to be implemented, but its roll-out is constrained by the lack of incentives for health workers to provide the services free of charge. A new policy to provide free HIV counselling and testing, including rapid testing, is currently being reviewed. The government plans to grant subsidies to cover costs and to improve access to voluntary counselling and testing. Efforts are also under way to address issues related to the voluntary and confidential nature of HIV testing.

Antiretroviral therapy: first-line drug regimen, cost per person per year
The average annual cost of antiretroviral therapy is between US$ 400 and US$ 1250 per person, depending on the regimens used. The current first-line regimen of zidovudine (or stavudine) + lamivudine + nevirapine is provided free of charge in the National Free Antiretroviral Therapy Programme. Limited amounts of combinations of zidovudine + lamivudine (Combivir®) and of efavirenz are also available within the National Free Antiretroviral Therapy Programme. Prophylaxis to prevent mother-to-child transmission consists of zidovudine from 28 weeks and during labour and a single dose of nevirapine for the mother at the beginning of labour and to the infant within 72 hours of birth.

Assessment of overall health sector reponse and capacity
The national HIV/AIDS response is led by the Ministry of Health, the State Council Working Committee on HIV/AIDS and the National Center for AIDS/STD Prevention and Control (NCAIDS). Increasing national commitment to HIV prevention and control efforts in China has been demonstrated in recent years by improving policy-making and multisectoral and societal participation in the fight against HIV/AIDS. In April 2004, the government established the State Council AIDS Working Committee, a multisectoral body responsible for formulating national HIV/AIDS policy that is headed by the Vice-Premier and includes 22 vice-ministers and 7 provincial vice-governors. A National Plan for HIV/AIDS Prevention and Control for 1998-2010 was launched in 1998, and the China Plan of Action for Containment and Control of HIV/AIDS (2001-2005) was launched in 2001. Work has already begun on developing the next five-year action plan for 2006-2010. These plans are supplemented by technical guidelines on managing sexually transmitted infections, managing people living with HIV/AIDS, interventions in vulnerable populations, HIV testing and HIV surveillance. In addition, each province has its own plan (and will soon be developing its next five-year plan) for preventing and controlling HIV/AIDS. In 2005, the Ministry of Health and the NCAIDS supported the development of provincial plans for scaling up antiretroviral therapy. In addition, the State Council AIDS Working Committee is developing provincial HIV/AIDS comprehensive prevention and care plans with support from the United Kingdom Department for International Development and WHO. The China AIDS Response (China CARES) Project is a comprehensive prevention, treatment and care programme, including antiretroviral therapy. This project was initiated in 2002 in 51 pilot sites and has now been extended to 127 counties in provinces with high and low prevalence rates. Guidelines for delivering a package of essential care services in resource-constrained and rural settings of China have been developed with technical assistance from NCAIDS, WHO and other development partners, including the William J. Clinton Foundation, Médecins Sans Frontières, the Global AIDS Program of the United States Centers for Disease Control and Prevention, Family Health International and the China-UK Project funded by the United Kingdom Department for International Development. The Round 3 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria covers 58 counties, 39 of which overlap with the China CARES Project. The Global Fund Round 4 grant is also expected to adapt and use the guidelines. A 100% condom use programme is operating in 10 provinces, and harm reduction programmes are being expanded. Several laws and regulations have been designed and promulgated since 1995 to enhance the safety of the blood supply. The HIV/AIDS surveillance system includes nearly 250 national and about 400 provincial surveillance sites, monitoring injecting drug users, sex workers, men who have sex with men, male clients of clinics for sexually transmitted infections and people with tuberculosis. The China CARES Project provides free voluntary counselling and testing for high-risk and vulnerable population groups who are willing to be tested for HIV. China has also been strengthening its laboratory and diagnostics capacity. NCAIDS is developing national strategies for training health workers, for monitoring people receiving care and treatment and for monitoring and evaluation in collaboration with partners. The Ministry of Health has established nine national training centres to train health workers in antiretroviral therapy. A county-level training centre providing a three- to four-month residency programme in antiretroviral therapy is being piloted in Anhui Province. A monitoring and evaluation framework is being developed. A national Task Force on HIV Drug Resistance was established in 2004 and is composed of epidemiologists, lab scientists and technicians, clinicians, social scientists and four core laboratories: NCAIDS, China Medical University, Shanghai Municipal Center for Disease Control and Prevention and Military Medical Academy. In 2004, a survey was conducted in 14 provinces on HIV drug resistance and related factors in China comprising people living with HIV/AIDS who were naïve to versus experienced in antiretroviral therapy. The rate of HIV drug resistance was 3.6% among drug-naïve people living with HIV/AIDS and 17.2% among those experienced with antiretroviral drugs. In 2005, the drug resistance monitoring survey was scaled up to 29 provinces. By the end of September 2005, about 2300 samples had been collected of the necessary sample size of 3000. All four core laboratories are involved in the study. Data will be analysed in the first quarter of 2006.

Critical issues and major challenges
The local capacity of the public health sector to treat HIV/AIDS remains limited, and the national response is constrained by several factors including limited human resource capacity, limited availability of laboratory support and insufficient community support mechanisms for counselling and adherence. People are often unaware of their HIV status, and access to voluntary testing and counselling is limited. Capacity to deliver antiretroviral therapy is inadequate due to a scarcity of trained health care staff and infrastructure shortages, especially below the county level. Access to services at the county and village level is further restricted by the lack of incentives for health workers to provide free services to poor people in rural areas who do not have any health care insurance. Procurement mechanisms for antiretroviral drugs need to be strengthened. Many of the marginalized and vulnerable populations are difficult to reach. The links between HIV/AIDS treatment services and drug dependence treatment services and outreach programmes for vulnerable populations need to be strengthened. Planning for scaling up antiretroviral therapy is multisectoral, but coordination among national or international partners and initiatives needs to be strengthened, and a comprehensive, long-term nationwide plan needs to be developed. Community participation also needs to be built into efforts to scale up antiretroviral therapy and to reduce fear, social stigma and discrimination. Surveillance and information systems need to be strengthened.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

• WHO estimates that between US$ 492.3 million and US$ 496.0 million was required to support scaling up antiretroviral therapy over 2004-2005 in China to reach the WHO "3 by 5" treatment target of 30 000-50 000 people by the end of 2005, based on 50% of estimated need (2003).
• Funding for HIV/AIDS activities has increased during the past few years, with a substantial portion allocated for treatment and care. In 2000, the overall central government budget for HIV/AIDS was RMB 10 million (RMB 1 = US$ 0.12 in December 2005). It had increased ten-fold to RMB 100 million by 2001, to RMB 300 million by 2002, to RMB 470 million by 2003 and to RMB 810 million by 2004.
• Since the pilot sites were initiated, China CARES Project counties received RMB 300 000 from the central government, which was matched by local funds and allocated to treatment and care activities depending on local needs. In the 2003 budget, RMB 270 million was allocated specifically for antiretroviral therapy in 15 highly affected provinces.
• China submitted a successful Round 3 proposal on comprehensive care, treatment and support to the Global Fund (US$ 97.8 million for HIV/AIDS over a period of five years and two-year approved funding of US$ 32.1 million), with a focus on increasing awareness, prevention and care within the framework of the China CARES Project. As of November 2005, US$ 23.7 million had been disbursed. The Round 3 grant is expected to provide antiretroviral therapy to 40 000 people, covering approximately half the China CARES Project counties in the central provinces of Hebei, Henan, Hubei, Shanxi, Shandong, Shaanxi and Anhui. China also submitted a successful Round 4 proposal to the Global Fund focusing on vulnerable populations, including injecting drug users and sex workers, approved for US$ 63.74 million with additional funds matched by the Government of China targeting the provinces of Yunnan, Xinjiang, Guangxi, Sichuan, Guizhou, Hunan and Jiangxi, where the epidemic is driven by injecting drug use and sex work. As of November 2005, US$ 8.2 million had been disbursed to begin implementing activities. The Round 4 proposal aims to provide treatment to 45 000-50 000 people over five years. China has also submitted a Round 5 proposal (targeting Chongqing, Liaoning, Heilongjiang, Jilin, Inner Mongolia, Ningxia and Gansu provinces) for a total of US$ 29 million focusing on prevention among sex workers, men who have sex with men and migrant population. The proposal has been approved, pending the availability of funds.
• Other funding sources for treatment and care include multilateral and bilateral partners such as the William J. Clinton Foundation, Merck Sharp & Dohme, the Global AIDS Program of the United States Centers for Disease Control and Prevention, WHO, the China-UK Project, Bristol-Myers Squibb, the United States National Institutes of Health, China Integrated Programs for Research on AIDS (CIPRA) as well as site-specific support from the Australian Agency for International Development, Médecins Sans Frontières France, Médecins Sans Frontières Belgium, the United States Agency for International Development via Family Health International and Project Hope.
• GlaxoSmithKline has committed to donating lamivudine for the next five years in support of scaling up antiretroviral therapy in China. In the next few years, the Bill & Melinda Gates Foundation will become one of the international major funding partners in China.

5. Treatment and prevention coverage

• In 2003, WHO/UNAIDS estimated China's total antiretroviral therapy need to be about 100 000 people, and the WHO "3 by 5" target was calculated as 50 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that 78 000 people required treatment.
• The government declared a national target of providing treatment to 10 000-15 000 people by 2004 and 30 000-50 000 people by the end of 2005.
• As of June 2005, 15 500 people were receiving antiretroviral therapy in China in 441 counties of 28 provinces, autonomous regions and special municipalities with an 8% dropout rate and 10% death rate.
• Under the National Free Antiretroviral Therapy Programme, first-line treatment is being provided free of charge with the ultimate goal of scaling up access to antiretroviral therapy free of charge for anyone in rural or urban areas not covered by basic health care insurance.
• Médecins Sans Frontières operates two HIV/AIDS treatment clinics and Family Health International one. In addition to supporting a 3- to 4-month residential training programme for county physicians, the William J. Clinton Foundation is supporting treatment sites in Yunnan and Hubei.
• NCAIDS has rolled out treatment for children infected with HIV/AIDS in six counties in collaboration with UNICEF, the William J. Clinton Foundation, WHO and other partners. The William J. Clinton Foundation offered the government an in-kind donation of paediatric antiretroviral drugs for 2000 children starting in July 2005. The number of children receiving treatment in China is not known.
• The China CARES Project provides free voluntary counselling and testing for high risk and vulnerable population groups who are willing to be tested for HIV. As part of the programmes for preventing mother-to-child transmission, HIV testing is offered to all pregnant women. A survey on the progress of voluntary counselling and testing in various provinces in early 2005 revealed that, by the end of 2004, 1611 voluntary counselling and testing sites had been set up throughout the country, including 478 in Henan Province, 177 in Hubei Province and 164 in Sichuan Province. Of the 1611 sites, 1214 were at the county level, 357 at the municipal or prefecture level and 40 at the provincial level. Some 63% (1017) were within sites of the Chinese Center for Disease Control and Prevention, 33% (535) within hospitals, 1% (12) within methadone clinics and 3% (47) within other facilities (such as maternal and child health centres, family planning service stations and detoxification centres). According to a questionnaire survey, 6674 staff are providing voluntary counselling and testing services. There were expected to be 2100 voluntary counselling and testing sites in China by December 2005. In 2004, 27 provinces (not including Inner Mongolia, Shandong, Tibet and Jiangxi) reported providing counselling services to a cumulative total of 509 229 clients, among which 466 281 clients (92%) received an HIV test at a voluntary counselling and testing site (including group counselling and testing).
• Harm reduction programmes are also being expanded. At the end of 2005, China had 128 methadone clinics, to be increased to 1500 by the end of 2008. There are 50 needle and syringe exchange sites (operated by the health sector and nongovernmental organizations), and the plan is to increase the number to 1400 by the end of 2008 and offer services to 100 000 injecting drug users.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management
China is operating within the framework of the China Plan of Action for Containment and Control of HIV/AIDS (2001-2005), a multisectoral plan coordinated by the State Council. The State Council Working Committee on HIV/AIDS was set up in 2004 and takes the lead in formulating national HIV/AIDS policy, supported by WHO. It is chaired by the Vice Premier and Minister of Health. The Ministry of Health and NCAIDS coordinate national human resources planning and the strengthening of the health system with support from the United Nations Theme Group on HIV/AIDS in China, UNAIDS, UNDP and the United Kingdom Department for International Development. HIV/AIDS working committees have been established in all provinces.

Service delivery
The Ministry of Health and NCAIDS take the lead in delivering HIV/AIDS prevention, care and treatment services. The Ministry of Health procures medicines and manages the supply chain, supported by NCAIDS, the State Food and Drug Administration, WHO, UNICEF and the William J. Clinton Foundation. WHO supports the process of prequalification of antiretroviral drugs. WHO also supports NCAIDS and the Chinese Academy of Medical Sciences in building human resource capacity and developing training guidelines. NCAIDS and the Chinese Medical Association coordinate site-level training activities in collaboration with the Global AIDS Program of the United States Centers for Disease Control and Prevention, the William J. Clinton Foundation and Médecins Sans Frontières. NCAIDS and the Chinese Medical Association undertake testing and counselling activities in collaboration with WHO, the Global AIDS Program of the United States Centers for Disease Control and Prevention and local hospitals. Responsibility for laboratory technical support, including training, quality assurance, and quality control, falls under the NCAIDS National Reference Laboratory. The Ministry of Health, NCAIDS and the Chinese Medical Association also take the lead in accelerating prevention activities, supported by other ministries and WHO. UNAIDS, WHO the United Nations Office on Drugs and Crime and the Australian Agency for International Development provide support for targeted interventions for vulnerable populations. UNICEF supports programmes for mothers and children affected by HIV/AIDS.

Community mobilization
NCAIDS and the Chinese Medical Association take the lead in programme communication, capacity-building activities for people living with HIV/AIDS and adherence and psychosocial support, supported by the United States Centers for Disease Control and Prevention and the China-UK Project. The Ministry of Education supports information and behaviour change communication programmes targeted at young people. Involvement of communities and people living with HIV/AIDS in prevention and care programmes is limited in China. However, there are increasing calls for civil society to play a greater role, and local nongovernmental organizations, including groups of people living with HIV/AIDS, are increasing in number and growing stronger. Some pilot projects involving people living with HIV/AIDS exist but on a small scale. International nongovernmental organizations involved in HIV/AIDS awareness programmes include PATH, Save the Children UK, Marie Stopes International, World Vision, International Red Cross, Netherlands Red Cross and the Ford Foundation.

Strategic information
NCAIDS and the Ministry of Health provide leadership in surveillance, monitoring and evaluation. Designated hospitals and local centres for disease control and prevention are coordinating the tracking of people receiving antiretroviral therapy with support from the United States Centers for Disease Control and Prevention. NCAIDS conducts surveillance of antiretroviral drug resistance with support from WHO and the United States Centers for Disease Control and Prevention. WHO provides technical guidance on developing monitoring and evaluation capacity.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far
• Conducting a joint WHO/UNAIDS scoping mission to review the status of antiretroviral therapy implementation and to identify opportunities for scale-up and areas for WHO support
• Reviewing technical protocols included in the 14 State Council action points, including voluntary counselling and testing, management of antiretroviral therapy, management of opportunistic infections, compensation for health workers, a training plan and support for orphans
• Providing technical assistance to national authorities in developing proposals for the Global Fund Rounds 3, 4 and 5
• Providing technical assistance to national authorities in expanding access to treatment and care, including:
- developing a comprehensive national plan for care and treatment
- developing an essential care package for people living with HIV/AIDS (Global Fund Round 3)
- reviewing national guidelines on antiretroviral therapy
- developing a national manual on providing antiretroviral therapy free of user charges
- promoting training materials for health workers at the provincial and district levels
- supporting the development of a patient monitoring tool
- addressing incentives for health workers to provide free services to poor people in rural areas who do not have health care insurance
- defining an operational research agenda for HIV/AIDS
- providing support for long-term access to quality antiretroviral drugs (including issues related to local, generic production of antiretroviral drugs)
- providing support for laboratory services, including developing and implementing a plan for the monitoring and surveillance of HIV drug resistance
- providing support for condom programming (100% condom use programme), strengthening services for prevention of mother-to-child transmission and building capacity to strengthen voluntary counselling and testing services
• Establishing an HIV/AIDS country team to support the government and other partners in scaling up antiretroviral therapy, and strengthening capacity for training

Key areas for WHO support in the future
• Providing technical assistance in developing provincial plans for scaling up care and treatment
• Providing technical assistance for adapting WHO Integrated Management of Adult and Adolescent Illness training modules and conducting training of health workers at the decentralized level
• Providing technical assistance for strengthening surveillance and monitoring and evaluation systems, including HIV behavioural surveillance and drug resistance prevention, monitoring and surveillance
• Providing technical assistance in integrating programmes for preventing mother-to-child transmission and MTCT-Plus within the context of the adult national free antiretroviral therapy programme
• Providing technical assistance in reviewing and updating policy and guidelines for testing and counselling
• Providing technical assistance in introducing second-line antiretroviral drug regimens
• Mobilizing partners, including nongovernmental organizations and people living with HIV/AIDS
• Expanding interventions targeting marginalized groups of the population such as injecting drug users and sex workers

Staffing input for scaling up HIV treatment and prevention
• WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one senior adviser for prevention and care; one senior adviser for care and treatment (HIV/AIDS Country Officer); one technical officer for surveillance and prevention; one senior programme officer for prevention; one national technical officer for care and treatment; and one national programme officer for prevention and care coordination. It is planned to recruit three national technical officers for implementing the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy and one national AIDS Medicines and Diagnostics Service technical officer.

This country profile was developed in collaboration with national authorities, the WHO Country Office for China and the WHO Regional Office for the Western Pacific.