

Country progress report - China

Global AIDS Monitoring 2018



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Social protection - Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

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Empowerment and access to justice - Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

China actively promotes the scaling-up of HIV testing and has made remarkable achievements in recent years. Along with the increment of annual amount of HIV testing, a huge number of cases diagnosed and identified. From 2008 to 2017, the number of various types of medical and health facilities that undertaking HIV testing increased from 7,642 to 30,435; Annual amount of HIV testing increased from 45 million person-times to 201 million person-times, accounting for 3.4% to 14.5% of the whole population, the number of new cases identified increasing from 56,362 cases to 134,512 cases.

In 2016, China declared to provide ART for those people living with HIV/AIDS who were willing to receive treatment and had no contraindications. That policy increased the ART coverage of people living with HIV/AIDS from 67.0% in 2015 to 80.4% in 2017. As of the end of 2017, the number of people on ART in China is up to 609,829, and newly increased number of people on ART in 2017 is 131,593.

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

China attaches great importance to the prevention and treatment of children living with HIV/AIDS. In 2015, China achieved a full coverage of PMTCT. In 2017, China launched the initiative of “eliminating HIV/AIDS mother-to-child transmission: China is in action” and kicked-off the pilot project to eliminate mother-to-child transmission. It was guided by the WHO's elimination standard to develop an integrated Chinese evaluation program to eliminating mother-to-child transmission on HIV/AIDS, syphilis and hepatitis B. As of the end of 2017, there were 5,669 HIV positive children under the age of 15 receiving ARV treatment, with 682 cases newly increased in that year.

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

In 2017, with greater emphasis on breaking sexual transmission, China steadily promoted the comprehensive interventions targeting female sex workers and man who have sex with man, and continuously strengthened HIV counseling and testing. Taking the advantages of Internet platform and intervention management tools, China has conducted Internet + high-risk interventions, explored the effective intervention strategies and working models, which has improved intervention quality. Meanwhile, China has continued to promote community-based methadone maintenance treatment and clean needle exchange program among injecting drug users.

Policy questions: PrEP (2017)

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

No, guidelines have not been developed

Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

In accordance with the "China Women's Development Program (2011-2020)", China has formulated policies and measures to protect the rights and interests of poor women. A national basic living protection system for orphans and children living with HIV/AIDS was established and efficiency protected the basic living condition of children living with HIV/AIDS national-wide. In March of 2016, China implemented the "Anti - Domestic Violence Law of the People 's Republic of China", stipulating the scope, prevention, disposal of domestic violence, as well outlining personal safety protection and legal responsibility. It plays an important role in preventing and stopping domestic violence, as well protecting family members' legitimate rights and interests.

Knowledge of HIV and access to sexual reproductive health services

Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

In 2017, China continued to carry out pilots of HIV/AIDS prevention and control at universities, incorporating HIV/AIDS education into teaching plans and annual assessments, and scaling up the pilot experiences. Through the establishment of the University Young Students' HIV/AIDS Prevention Fund, it supported university student organizations to carry out HIV/AIDS prevention activities, organized experts and celebrities continue to carry out the "Youth Red Ribbon into the Campus" activities in universities, and revised "HIV/AIDS Prevention Educational Film" at the middle school stage. All the above measures further strengthened the school-based HIV/AIDS prevention and sexual health education.

Social protection

Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

China protects the legitimate rights and interests of the people living with HIV/AIDS in terms of medical care, employment, schooling and others. China has essentially established the national-wide basic medical security system, delivering free basic public health services for all urban and rural residents. The level of social protection has been further improved. The coverage of social insurance has been expanded and strengthened the link of relevant policies of social welfare, social insurance and social assistance and guarantees the basic medical care for the elderly. The standard of living expenses for the children orphaned by HIV/AIDS has also been raised. China actively enhanced poverty alleviation and support productive activities for HIV-infected people and patients who are in compliance with poverty alleviation conditions and have the ability to work.

Policy questions (2016/2017)

Yes and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

No

d) Does it recognize adolescent girls and young women as key beneficiaries?

No

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

Yes

f) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

Lack of information available on the programmes
Complicated procedures
Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30%% of all service delivery is community-led by 2020

Progress summary

China has included the participation of social power get involved into the overall prevention and control work plan. In 2017, China used “China AIDS Fund for Non-governmental Organization” (CAFNGO) ,with the total funding of 50 million RMB, to actively support more than 700 NGOs in delivery high-risk group interventions, follow-up services, care and support for PLWHAs. Mobilized by CAFNGO ,provinces like Yunnan, Shanghai, Guangxi and others have successively invested hundreds of thousands to tens of millions RMB through the mechanism of government procurement services for local NGOs to conduct HIV/AIDS prevention and control. In addition, at the national level, combined with government and non-governmental funds, China further strengthened the NGO-related capacity building, in-depth investigation and social campaigned for NGOs greater participation in HIV/AIDS prevention and control.

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers

Progress summary

In recent years, China keeps increasing investment in HIV response. In 2017, China's fiscal expenditure was 6 billion 880 million RMB on HIV response, an increase of more than 5.4% of 2016. In 2015, the state set up a special "China AIDS Fund for Non-governmental Organization" (CAFNGO) to support social organizations in participating in HIV response.

Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

China fully promoted ruling the country by law, enhancing human rights protection, guaranteeing the legitimated rights and interests of all people including people living with HIV/AIDS. Over the past years, the "Chinese Regulations on HIV/AIDS prevention and control" have been fully enforced to protect the legal rights of the infected people to accessing medical care, employment and schooling, etc.

Policy questions (2016)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at scale at the national level

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Take discrimination in the health settings as an example, including at least: (1) If the medical staff show discriminations, the discriminated AIDS patients can complain to the medical department of the medical institution to seek a solution; (2) the discriminated AIDS patients can complain to the health supervision institution and ask the health supervision agencies and medical institutions to investigate and deal with such issues.

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

In 2016, China released the “Health China 2030 Plan” including prevention and control strategies of HIV/AIDS and other major diseases. In 2017, China fully implemented the “Healthy China 2030 Plan” and promoted healthy China. In October 2017, China issued “China Viral Hepatitis Prevention and Control Plan (2017-2020)”, which proposes the implementation of prevention and control measures for viral hepatitis and suppress the spread of diseases. Since 2009, China has intensified efforts to prevent and control “two cancers” (cervical cancer and breast cancer), “two cancers” inspection program among rural women integrated into major public health services has promoted the equalization of basic public health services. From 2009 to 2016, central government invested 2 billion 286 million RMB in 1,299 project counties and provided free cervical cancer screening to more than 60 million rural women aged 35-64 years. As the end of 2017, the project has been implemented for three period, the coverage has been gradually expanded, and the number of beneficiaries has continued to increase. In 2017, China continued to work in accordance with the National Work Plan for the Implementation of the co-infection of Mycobacterium Tuberculosis and HIV (Trial) and to screen for newly diagnosed and followable HIV-infected persons with TB symptoms and related tests, it will conduct AIDS screening among the TB patients in the 294 key counties (districts) for the prevention and control of double infection in China.

Policy questions (2016)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

No

b) The national strategic plan governing the AIDS response

No

c) National HIV-treatment guidelines

No

What coinfection policies are in place in the country for adults, adolescents and children?

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics