



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.3 billion (mid-2010)
Estimated Population Living with HIV/AIDS**	700,000 [450,000–1,000,000] (end 2007)
Adult HIV Prevalence**	0.1% [$<0.1\%$ – 0.2%] (end 2007)
HIV Prevalence in Most-At-Risk Populations**	IDUs: 50% (one prefecture in Yunnan province) (2006, 2005); 8.1% (Beijing) (2007) MSM: 2.1% (Beijing) (2007); 1.5% (Shanghai) (2007); 1.7% (the South) Sex Workers: 20% (Yunnan province) (2006); 0.3% (Beijing) (2007)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	19% (end 2007)

*U.S. Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF *Towards Universal Access*, 2008

With 0.1 percent of adults estimated to be HIV-positive, China is a low-HIV prevalence country. However, the Joint United Nations Program on HIV/AIDS (UNAIDS) estimates that 700,000 people in the country are HIV-positive. The epidemic in China remains concentrated among at-risk groups, particularly injecting drug users (IDUs), who alone make up 44 percent of HIV-infected people in all of China. However, while the epidemic was previously driven primarily by transmission during injecting drug use, heterosexual transmission has now become the main mode of HIV transmission and homosexual transmission is increasing rapidly. Infections acquired through heterosexual transmission tripled between 2005 and 2007, a sign that the epidemic is changing and gradually spreading to the general population. HIV cases among women have also doubled during this past decade. Infections have now been reported in all of China's provinces, with more than 53 percent

of cases reported in the five highest-prevalence provinces: Guangdong, Guangxi, Henan, Xinjiang, and Yunnan. Conversely, fewer than 1 percent of cases occur in the five provinces with the lowest prevalence, including Ningxia, Qinghai, and Tibet.

Among IDUs, one of China's most-at-risk populations (MARPs), HIV prevalence generally ranges nationally from 6.7 to 13.4 percent, with an exception of one prefecture in Yunnan province where 50 percent of IDUs were found to be HIV-positive. China is estimated to have the world's largest IDU population of 2.4 million. Another most-at-risk group in Yunnan is sex workers, who have HIV prevalence rates as high as 20 percent. While the total population of female sex workers (FSWs) is relatively small, their number of male clients is far greater and may be as high as 37 million. Recent studies have also identified a trend of increasing levels of HIV prevalence among men who have sex with men (MSM), with prevalence reaching 2.1 percent among MSM in Beijing, according to data from 2007 cited by UNAIDS. It is now estimated that 12 percent of HIV infections could be attributed to unsafe sex between men. Rural populations, the poor, and those living along transport routes are also vulnerable. High rates of interaction occur between MARPs, particularly IDUs and sex workers. For example, a study of IDUs in Sichuan Province found that more than 40 percent of females and 34 percent of males were engaged in sex work.

Several key factors, including high-risk practices, a large migrant population, and stigma and discrimination, put China in danger of a broader epidemic. Inadequate condom use among sex workers is thought to be common, with 60 percent of FSWs estimated to not consistently use condoms with clients. IDUs also report high rates of risk behavior, with surveys indicating that 40 percent of IDUs share needles. Significant proportions of MSM (17 to 41 percent) also have sex with women or sell sex, which can increase the spread of the virus to the general population. Having more than one sexual partner in the previous six months is another risk factor among MSM, with 70 percent of MSM in an urban area of China reporting this behavior. China's migrants, numbering 120 million to 150 million, also face heightened risk. Studies have found rural-to-urban migrants often have higher rates of sexually transmitted infections (STIs) and report frequent intoxication and substance use. In addition, HIV/AIDS stigma and discrimination persist. In Yunnan, for example, 30 percent of health professionals said they would not treat an HIV-infected patient, according to a 2005 study cited by UNAIDS.

As of 2008, China had an estimated tuberculosis (TB) incidence of 97 new cases per 100,000 people, and it remains one of the world's 22 "high burden" countries for TB designated by the World Health Organization (WHO). Approximately 1.7 percent of new TB cases in 2008 occurred among people who are also HIV-positive. Although the current number of HIV-TB co-infections is relatively low, an increase could pose a challenge to providing treatment and care for both diseases in the future.



National Response

The Government of China (GOC) is in the process of strengthening its HIV/AIDS response and intensifying efforts in prevention, treatment, care, and support. As outlined in its long-term plan for 1998–2010, China's HIV/AIDS program focuses on reducing transmission among at-risk populations and preventing further spread of HIV among the general public. Between 2001 and 2005, the Government established centers for disease control and prevention nationwide; secured increased funding for HIV/AIDS education, prevention, treatment,

surveillance, and pilot programs for high-risk populations; and issued updated regulations and recommendations on STI clinical diagnosis and treatment. China introduced a National Plan of Action for 2006–2010 to provide the framework for its HIV/AIDS response over the short term. Between 2005 and 2007, China also increased the number of surveillance sites by about 20 percent. National financial outlays for HIV programs also increased more than threefold between 2003 and 2006.

Prevention services for traditionally marginalized groups have expanded, including a major effort to expand harm reduction programs for drug users. By 2007, more than 88,000 IDUs enrolled in methadone treatment programs, with an annual retention rate of about 65 percent, and nearly 50,000 IDUs were participating in needle and syringe programs. Annual HIV incidence among IDUs in southwestern China declined by nearly two-thirds after harm reduction programs were introduced. While policymakers in China have generally accepted the public health evidence of the effectiveness of harm reduction, work remains to increase the acceptance of this approach by public security personnel, who are a critical component of the rapid scale-up of IDU prevention services. Another important development is the Government of China's recent adoption of a new law that allows the possibility for drug users to recover in their communities, rather than be confined to rehabilitation centers as the current drug control regulation requires.

Through support of and partnerships with community organizations, a national prevention effort has also been launched to reach MSM. China estimates that MSM covered by HIV prevention programs increased from 38 percent in 2007 to 75 percent in 2009. However, new infections among MSM are rising while the percentage of positive test results among other high risk groups (IDUs and sex workers) has remained relatively stable. In 2006, China also began a national HIV education and communication campaign for rural-to-urban migrants.

China has adopted the Four Frees and One Care program which offers free antiretroviral (ARV) drugs, free drugs for prevention of mother-to-child transmission (PMTCT), free schooling for orphaned children, and free economic assistance and care to affected households. In 2007, just 19 percent of those in need of ARV drugs in China were receiving them. With fewer than one in three people living with HIV diagnosed, improvement is also needed in promoting knowledge of HIV status.

China receives assistance from a variety of foundations, civil society groups, corporations, and international organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund approved \$5.8 million in funds to China for a sixth-round grant in 2008 to prevent a new wave of HIV infections and mobilize civil society to scale up HIV/AIDS control efforts. The U.S. Government (USG) provides nearly 30 percent of the Global Fund's contributions worldwide.

USAID Support

Through the U.S. Agency for International Development (USAID), China received \$5.5 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs in China are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

USAID does not have an office in China and thus channels its HIV/AIDS support for China through the USAID Regional Development Mission for Asia (RDMA). USAID/RDMA supports innovative prevention activities in 15 high-HIV burden provinces, with higher levels of support in Yunnan and Guangxi for the development of replicable local implementation models. The focus of more intense efforts in these provinces is on establishing high-quality “comprehensive prevention package” (CPP) models. Prevention elements are tailored by local governments, nongovernmental organizations (NGOs), community-based organizations (CBOs), and “government-operated (or -organized) NGOs” (civil society organizations with close party or government links). In 2009, a comprehensive review of the CPP models was carried out, and programming was modified as a result. Prevention activities are also focused on methadone maintenance and treatment (MMT) centers and sentinel surveillance sites. MARPs were specifically targeted through the establishment of nearly 800 condom outlets to increase condom availability.

Programming strategy for China has shifted from direct implementation support to provision of technical support for program scale-up. For example, USAID/RDMA has continued to develop and strengthen programs to ensure a continuum of care and treatment for IDUs and FSWs in Yunnan and Guangxi Provinces. These demonstration sites strengthen GOC institutional care and treatment and CBO/NGO support services, which are woven into an integrated package that is being replicated by other GOC and Global Fund-supported projects. USAID/RDMA also continues to support GOC and Global Fund scale-up of the “essential care package” model, which provides quality care and support services to HIV-positive individuals. The package includes ART drug adherence, home-based care and support, prophylaxis against opportunistic infections, follow-up support to ensure regular ART, clinical monitoring, and condom promotion.

To build technical and program capacity, USAID/RDMA provides technical support to the GOC to improve the quality of the 100% Condom Use program by revising national guidelines, strengthening the capacity of implementing staff, and linking the program with services for STI treatment and HIV testing, counseling, care, and treatment. The program helps local partners leverage condoms from GOC sources and targets these supplies to MARPs, such as street-based FSWs and MSM.

USAID/RDMA also provides targeted assistance to policymakers in applying strategic information in planning and advocating for HIV/AIDS resources at the local level and in strengthening the enabling environment through policy formulation and implementation. The Mission helped the GOC strengthen the three-tier health network services using home- and community-based care and support, such as income generation activities for people living with HIV/AIDS (PLWHA). Care support services in Anhui and Henan Provinces also included prophylaxis for opportunistic infections; viral load testing; condom promotion; referral to treatment facilities for TB, HIV, and hepatitis C virus, and PMTCT. USAID also conducts advocacy training at the local level to improve the understanding of the role of advocacy in data collection, data analysis, and the policy development process, and to build practical skills on how to advocate for key issues.

Through PEPFAR, USAID works closely with other USG partners in China, including the U.S. Embassy and U.S. Centers for Disease Control and Prevention, under a unified USG/China HIV/AIDS strategy and operational plan. USAID’s role under the strategy is to support partners at the community level in creating and implementing the CPP model for most-at-risk groups.

USG has also supported the development of community-based models of interventions to strengthen livelihoods and help improve the quality of life of PLWHA and their families. In 2009, four new partnerships were developed, including three interventions with hospital-based PLWHA support groups and one intervention with a support group of MMT clinic clients living with HIV.

Important Links and Contacts

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USAID’s HIV/AIDS Web site, China:

http://www.usaid.gov/our_work/global_health/aids/Countries/asia/china_05.pdf

RDMA Regional HIV/AIDS Program’s Web site: http://www.usaid.gov/rdma/programs/activity_88.html

For more information, see USAID’s HIV/AIDS Web site http://www.usaid.gov/our_work/global_health/aids