



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.3 billion (mid-2007)
Estimated Population Living with HIV/AIDS**	650,000 [390,000-1,100,000] (end 2005)
Adult HIV Prevalence**	0.1% [<0.2%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	IDUs: >50% (Xinjiang, Yunnan, and Sichuan provinces) (2006, 2005) MSM: 3.1%-4.6% (Beijing) (2003, 2006), 1.5% (Shanghai) (2007), 1.7% (the South); Sex Workers: 20% (Yunnan province) (2006)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	27.0% (end 2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

China is a low-HIV-prevalence country, with 0.1 percent of adults estimated to be HIV-positive, but due to the country's large population, UNAIDS estimates that 650,000 people in the country are HIV-positive. The epidemic in China is 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, approximately half of China's new infections in 2005 occurred during unprotected sex, a sign that the epidemic is spreading to the general population. HIV infections have been reported in all of China's provinces, with the majority of cases occurring in Guangdong, Guangxi, Henan, Xinjian, and Yunnan. Conversely, there are very few cases in Ningxia, Qinhai, and Tibet.

The most-at-risk groups in China include IDUs, more than 50 percent of whom were found to be HIV-positive in parts of Xinjian, Yunnan, and Sichuan provinces, and sex workers, who in Yunnan have HIV-prevalence rates as high as 20 percent. Recent studies

have identified a trend of increasing levels of HIV prevalence among men who have sex with men (MSM), reaching 3.1 to 4.6 percent among MSM in Beijing, according to data from 2005 and 2006 cited by UNAIDS. It is now estimated that 7 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. With high rates of interaction between at-risk groups, particularly IDUs and sex workers, the HIV/AIDS situation in China is considered to be driven by multiple epidemics.

Several factors put China in danger of a broader epidemic. Knowledge about HIV prevention is low. In a 2003 survey cited by UNAIDS, 40 percent of adults were unable to name a single way to protect themselves from infection. The country has a large migrant population, numbering 120 million to 150 million, who face heightened risk. 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. Stigma and discrimination persist. For example, 30 percent of health professionals in Yunnan said they would not treat an HIV-infected patient, according to a 2005 study cited by UNAIDS.

China has an estimated tuberculosis (TB) incidence of 45 new cases per 100,000 people, according to the World Health Organization. Approximately 0.5 percent of new TB cases in 2006 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 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 nationwide centers for disease control and prevention; secured increased funding for HIV/AIDS education, prevention, and treatment, as well as surveillance and pilot programs for high-risk populations; and issued updated regulations and recommendations on the clinical diagnosis and treatment of sexually transmitted infections. China introduced a National Plan of Action for 2006–2010 to provide the framework for its HIV/AIDS response over the short term.



China has adopted a program titled the Four Frees and One Care program. The program offers free antiretroviral drugs, free drugs to prevent mother-to-child transmission, free schooling for orphaned children, and care and economic assistance to affected households. In 2006, around 27 percent of those in need of antiretroviral drugs in China were receiving them.

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

China for a fifth-round grant in 2006 to prevent a new wave of HIV infections and is considering a sixth-round grant for China to mobilize civil society to scale up HIV/AIDS control efforts. The U.S. Government (USG) provides one-third of the Global Fund's contributions.

USAID Support

Through the U.S. Agency for International Development (USAID), China in fiscal year 2008 received \$5.96 million for HIV/AIDS programs and services. USAID programs in China are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

Although USAID does not have an office in China, HIV/AIDS support is channeled to the country via the USAID Regional Development Mission in Asia (RDMA). USAID/RDMA works in the two southern provinces with the highest HIV/AIDS prevalence: Yunnan and Guangxi. RDM/A works to scale up effective packaged prevention, care, support, and treatment programs to reach most-at-risk populations (MARPs), enhance program quality, and strengthen the strategic information base and enabling environments necessary for effective programs. Specific interventions focus on strengthening the capacity of the government in monitoring and evaluation and service delivery, as well as expanding and delivering HIV/AIDS services to most-at-risk populations. This includes support to peer outreach, drop-in centers, voluntary counseling and testing, referrals for sexually transmitted infections (STIs) treatment and services, and referrals to care and treatment, including treatment adherence.

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. In addition, USAID/RDMA strengthens civil society and government partners to effectively respond to HIV/AIDS in China. Specifically, USAID strengthens the technical and institutional capacity of MSM and people living with HIV/AIDS (PLWHA) groups. 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, as well as 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 (CDC) under a unified USG/China HIV/AIDS strategy and operational plan. The strategy is centered on providing the Government of China and other partners with effective, high-quality intervention models that focus on MARPs and are linked to quality care and treatment for PLWHA. USAID's role under the strategy is to support partners at the community level in creating and implementing the minimum package of services model for most-at-risk groups. USAID also works closely with the local Chinese government counterparts by providing technical assistance.

Fiscal year 2007 key USAID achievements in China were:

- Increased level of condom use among MARPs in hot-spot locations;
- Expanded MPS to five hot-spot locations;
- Provided technical assistance to 19 additional sites for detoxification center peer education through leveraging with the Global Fund and AusAID;
- Increased membership in all drop-in-centers through outreach activities;

- Initiated HIV-TB services in two sites in Guangxi;
- Provided technical assistance to develop a national HIV/AIDS monitoring and evaluation framework and a resource packet for curriculum development;
- Installed effective manual and electronic systems for the inventory management of antiretroviral drugs and implemented standard operating procedures for the use of these drugs; and
- Supported an evaluation to assess the impact of behavioral change intervention among intravenous drug users in China.

Important Links and Contacts

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USAID HIV/AIDS Web site, China: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/china_05.pdf

Mekong Regional HIV/AIDS Initiative Web site: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/aneregion.html

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

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