

China 2010 UNGASS Country Progress Report (2008 - 2009)

Ministry of Health of the People's Republic of China

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Status at a glance

(I) Participation of Stakeholders in Process of Report Drafting

Preparation of the 2010 China “Declaration of Commitment on HIV/AIDS” Implementation Progress Report (hereafter referred to as the “Report”) was led by the Chinese Ministry of Health, and supported by the China Office of the Joint United Nations Programme on HIV/AIDS (UNAIDS). A core UNGASS Report Working Group was established, whose members included representatives from the Ministry of Health, the State Council AIDS Working Committee Office (SCAWCO), the Chinese Centre for Disease Control and Prevention (CDC), the UNAIDS China Office, and the China HIV/AIDS Prevention Association (AIDS Association).

From November 2009 to February 2010 work was carried out to collect indicator data and relevant information, and carry out analysis, with the active participation of government departments, specialist technical institutions, UN agencies, civil society organisations and community-based groups. In March 2010, the Ministry of Health, SCAWCO, UNAIDS, the World Health Organization China office (WHO) and the AIDS Association together drafted the narrative report.

In order to fully seek the opinions of stakeholders on the draft version of the 2010 China UNGASS Report, the Ministry of Health convened a consultation meeting on 16th March 2010 and invited representatives from Ministry member departments of the State Council AIDS Working Committee (SCAWC), experts from the Ministry of Health HIV/AIDS Expert Consultant Committee and representatives from specialist technical institutions, United Nations agencies, bilateral organisations, international NGOs, businesses, civil society organisations, community-based groups and PLHIV to share their views on the

report. After the meeting, the core working group brought together the various opinions, carried out analysis and research and appropriately incorporated the opinions and recommendations into the report, revised the opinion seeking draft, creating a draft to be submitted for approval. After approval from the Ministry of Health, the report will be finalised.

(II) Overview of China's AIDS Epidemic

Case reporting data show that by the end of 2009, a total of 326,000 cases of people living with HIV had been cumulatively reported in China. Of these, 107,000 were cases of AIDS. The number of reported deaths was 54,000. The 2009 AIDS epidemic estimation for China showed: at the end of 2009, the estimated number of alive people living with HIV in China was 740,000 (560,000 – 920,000). Women accounted for 30.5% of these cases. Prevalence among the population as a whole was 0.057% (0.042% - 0.071%); of the total number of cases of people living with HIV, 105,000 were cases of alive AIDS (97,000 – 112,000); It is estimated that 48,000 people (41,000 – 55,000) were newly infected with HIV in 2009. Overall, China is still experiencing a low-prevalence epidemic, with some key regions experiencing high prevalence epidemics. However, the epidemic has already started to spread from high-risk populations to the general population. China's AIDS epidemic is exhibiting the following characteristics: 1. The rate of increase in the growth of the AIDS epidemic has slowed further; 2. sexual transmission continues to be the primary mode of transmission, and homosexual transmission is increasing rapidly; 3. nationally, the AIDS epidemic is in a state of low prevalence, with some areas exhibiting serious epidemics; 4. the number of people affected by AIDS is increasing, and transmission modes are diversifying.

(III) Policies and Response Work

During 2008-2009, China has continued to build a response based on the "Regulations on HIV/AIDS Prevention and Treatment" and "China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)," with

government taking the lead, multiple sectors meeting their individual responsibilities and full-society participation. Adhering to the principles of prioritising prevention, combining prevention and treatment and implementing a comprehensive response, the Government of China implemented the “Four Frees, One Care” policy and has worked to ensure a comprehensive strategy involving prevention, treatment and support. China’s AIDS response has achieved significant results.

1 Strengthening Leadership. Following Through on Political Commitment

The Chinese government is continuing to strengthen leadership in the AIDS response. President Hu Jintao and Premier Wen Jiabao have participated in World AIDS Day activities for several years running, setting a good example of positive participation in the AIDS response. In 2008, State Council Vice Premier Li Keqiang convened and chaired a plenary session of SCAWC, setting out the direction and priorities for the next phase of the AIDS response. All relevant departments formulate AIDS response action plans on an annual basis and intensively carry out work in the AIDS response. All levels of the Chinese government have strengthened AIDS awareness and policy education training among leadership cadres at all levels, ensuring the effective implementation of the AIDS response. Central government funding for the AIDS response has also been stepped up. Funding in 2008 and 2009 amounted to 1.07 and 1.22 billion RMB respectively. Local governments are also continuing to allocate funding to the AIDS response. The successful application for the Global Fund AIDS Rolling Continuation Channel Programme also facilitated the effective integration of government funds from all levels and international programmes in the AIDS response. The Chinese government has implemented the “Four Frees, One Care” policy, stepping up anti-discrimination awareness raising and continuously working to protect the rights of PLHIV as well as strengthening protection of rights to antiretroviral

treatment (ART), medical service and education of populations affected by HIV or AIDS.

2 Implementation of the AIDS response

The Chinese government carries out AIDS related awareness raising work aimed at the population as a whole and has increased efforts in this area in recent years. The government has organized a range of AIDS awareness raising activities. Results from the interim evaluation of “China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2007)” (hereafter referred to as the “Action Plan”) showed that levels of basic AIDS awareness among urban residents, rural residents, young people in school, young people out of school, and rural migrant workers were 84.3%, 75.5%, 85.1%, 82.3% and 74.5% respectively. Basic AIDS awareness among different population groups had increased significantly, and had met interim objectives.

During the past two years, at the same time as clamping down on drug dealing, drug use and sex work, in accordance with the law, China has implemented a number of intervention measures directed at high-risk populations, including condom promotion, methadone maintenance treatment, needle exchange etc. and has continuously expanded the coverage of interventions. National sentinel surveillance data showed that the percentages of sex workers, MSM and IDUs covered by HIV prevention programmes had increased from 46.4%, 37.8% and 24.8% respectively in 2007 to 74.3%, 75.1% and 38.5% respectively in 2009. The percentage of sex workers who had used a condom during their last instance of intercourse increased from 82.1% in 2007 to 85.1% in 2009. The percentage of MSM who had been tested for HIV and who were aware of their result increased from 32.7% in 2007 to 44.9% in 2009 and the percentage who had used a condom during their last instance of intercourse increased from 64.4% in 2007 to 73.1% in 2009. The percentage of drug users who had used sterile injection equipment the last time they

injected drugs increased from 40.5% in 2007 to 71.5% in 2009.

In April 2008, the national “Prevention of Mother-to-Child Transmission Work Implementation Procedures (Draft)” document was drawn up. Through the provision of comprehensive services, the coverage of PMTCT services was continuously expanded. Central government financing supported the steady expansion of PMTCT coverage from 271 counties (or cities, districts) in 2007 to 453 counties (or cities, districts) in 2009. The number of pregnant women being screened for HIV increased from approximately 1.96 million annually to more than 4 million in 2009. In 2008 and 2009, the percentages of HIV-positive pregnant women who received antiretroviral medicines to reduce the risk of mother-to-child transmission were 74.2% and 75.3% respectively. In 2009 the percentage of infants born to HIV positive mothers who are also HIV positive was 8.1%.

In accordance with relevant stipulations on blood product testing set out in “Blood Management Measures”, “Blood Station Quality Control Standards” and “China Blood Transfusion Technology Operating Procedures”, all blood stations in China have put in place and set up blood product preparation quality control systems. Blood stations in China collected 3311 tons of blood in 2008 and 3311 tons in 2009, 100% of which was screened for HIV.

The nationwide free-of-charge VCT network is now fundamentally complete. Different models are being used in different regions to try to improve the accessibility of VCT. By the end of 2009, a total of 7335 VCT clinics had been established nationwide. In 2009, pre-testing counseling was given more than 1.63 million times, and testing was carried out more than 1.6 million times. HIV positive testing rates were 1.3%. On this basis, the inclusion of testing and counselling services in regular medical services has been actively promoted in medical facilities.

In 2008 the criterion for initiating antiretroviral treatment was revised from a CD4+T lymph cell count of 200/ul to 350/ul, increasing the number of people receiving treatment. Coverage of antiretroviral treatment increased steadily year on year. In 2009, 20,105 adults and children living with HIV started ART, the highest annual number of new ART recipients since 2003. By the end of 2009, the total numbers of people having ever received treatment and currently on treatment had increased from 42,576 and 34,746 respectively in 2007 to 81,739 and 65,481 respectively. By the end of 2009, 2155 adults and 85 children had already started second-line treatment plans. The percentage of adults and children with advanced HIV infection receiving antiretroviral therapy was 62.4%. The percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy has remained steady at over 80% since 2006. The percentage of people living with HIV who started treatment in 2008 and continued treatment for 12 months was 82.3%. Prior to the initiation of the free antiretroviral treatment plan, the case mortality rate for adults with AIDS was 28/100 person years. Evaluation of the 5 years of the antiretroviral treatment plan has shown that the case mortality rate of treatment recipients, after 6 months of receiving treatment, has fallen to a stable rate of 5/100 person years. Coverage of the National Traditional Chinese Medicine (TCM) HIV Treatment Programme also expanded steadily, with coverage currently being provided to 17 provinces providing free TCM treatment to 9,267 people living with HIV.

In 2005, China formulated the “China Tuberculosis and HIV Co-Infection Prevention and Treatment Work Framework (trial version)”, and started in 2007 to implement a tuberculosis and HIV/AIDS co-infection response in 134 counties located in 14 provinces, which were experiencing relatively serious epidemics. The programme provided free tuberculosis treatment and antiretroviral treatment for the more than 2000 people found to be co-infected

with tuberculosis and HIV annually.

On the basis of the “Four Frees, One Care” policy, the Chinese government has issued policies providing AIDS-affected orphans with care in 9 areas, including living conditions, education, medical treatment, recovery, accommodation and employment, and has encouraged adoption of AIDS-affected orphans by relatives and society. In 2009, the Ministry of Civil Affairs issued a policy specifically concerning children affected by AIDS, and made available project funding to establish a Support Guidance Centre for AIDS-Affected Children, creating a vertically-integrated working system. The China Red Ribbon Foundation, China STD & AIDS Prevention Foundation and others have also provided funding to support implementation of care programmes for orphans. Government departments from across China have responded to the call made jointly by the Ministry of Health, Ministry of Civil Affairs, All-China Women’s Federation, and other departments to initiate support activities and public benefit activities aimed at protecting orphans, and have issued relevant local policies. This has increased the systematization of the care and support system, and has allowed the creation of a ‘one to one’ support mechanism, promoted implementation of care and protection measures and organization of self-help through production and mutual support initiatives, and improved the living conditions and development potential of people living with HIV and provided care for orphans and old people without family through a variety of channels.

In 2008, China launched key large scale scientific research programmes focusing on HIV, viral hepatitis and other diseases providing strong technical support to “reduce incidence and mortality of HIV.”.

As important government partners in the response to AIDS, international organizations, businesses, civil society organizations, community-based

groups, PLHIV and volunteers have played an important role, participating in a broad range of areas within the AIDS response, and becoming an important component of China's overall AIDS response.

Over the past two years, China's AIDS response monitoring and evaluation system has undergone significant improvements.

3 Main Challenges and Solutions

China's AIDS response still presents rigorous challenges, and some issues remain unresolved. Furthermore, several new situations and issues have emerged during the development of the response. The primary challenges currently being faced are as follows: The AIDS epidemic is becoming increasingly complex, with serious epidemics in some regions and among some populations, and it has not been possible to effectively bring new infections under control. Some people living with HIV also remain undiagnosed. The risk factors promoting the spread of the AIDS epidemic still exist. Interventions directed at high-risk groups, particularly MSM groups, still lack effectiveness, making this work very challenging. Implementation of the "Four Frees, One Care" policy is uneven. Coverage of PMTCT and antiretroviral treatment is insufficient. There is potential for strengthening participation by civil society organisations in the AIDS response. Social stigma still exists to a considerable degree.

In order to address the issues outlined above, and as set out in the "Regulations on the Prevention and Treatment of HIV/AIDS", efforts will continue to be based on the principles of "prioritising prevention, combining prevention and treatment and implementing a comprehensive response." By strengthening leadership, the government will ensure that all government departments are fulfilling their responsibilities, and promote the regularisation, systematisation and standardisation of a sustainable AIDS response. The

government will work to carry out AIDS response work in key geographical areas and with migrants, expanding surveillance and testing and discovering new cases of HIV to the greatest degree possible. The quality and outcomes of interventions will be improved as will the availability and coverage of ART and PMTCT services; the government will continue to implement the “Four Frees, One Care” policy, protecting the rights of populations affected by AIDS. Civil society organisations and community-based groups with a strong sense of social responsibility will be supported, and the business and volunteers will be encouraged to participate and become involved in the AIDS response. The AIDS response will be linked to efforts to strengthen equality of public health services as part of the reform of the healthcare system. Capacity building among frontline medical institutions will be strengthened, improving their capacity for comprehensive service provision.

(IV) Overview Table of UNGASS Core Indicator Data

Core Indicators	Data		Source/Methodology	Numerators and denominators	Explanation
1. Domestic and international AIDS spending by categories and financing sources	2008	¥ 2,249,724,600 YUAN	MoH, SCAWCO, CDC, UN Agencies	Not applicable	
	2009	¥ 2,415,305,100 YUAN	As above	Not applicable	
2. National Composite Policy Index	Annex 3		Papers, documents, interviews, discussions, surveys	Not applicable	
3. Percentage of donated blood units screened for HIV in a quality assured manner	2008	100% (3311/3311)	Department of Medical Administration, Ministry of Health	Numerator: Number of donated blood units (tons) screened for HIV in a quality assured manner. Denominator: Total number of donated blood units (tons).	Unit: ton
	2009	100% (3654/3654)	Department of Medical Administration, Ministry of Health	Numerator: Number of donated blood units (tons) screened for HIV in a quality assured manner. Denominator: Total number of donated blood units (tons).	

4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	62.4% (65481/105000)		Nationwide Comprehensive AIDS Response Information Management System 2009 China epidemic estimates	Numerator: Number of persons receiving antiretroviral therapy on 31 st December 2009 Denominator: Estimated number of AIDS patients alive at the end of 2009	The National Center for AIDS/STD Control and Prevention, China CDC carried out estimates together with WHO and UNAIDS China Office of the number of people requiring antiretroviral therapy in 2009, finding the estimated number of people needing ART treatment to be approximately 190,000. Calculating according to this estimate, the percentage of adults and children with advanced HIV infection receiving ART is 34.4%
5. Percentage of HIV-infected pregnant women who receive antiretrovirals to reduce the risk of mother-to-child transmission	2008	74.2% (977/1316)	PMTCT Information Management Online Direct Reporting System	Numerator: Number of HIV-infected pregnant women who delivered and received antiretrovirals in 2008. Denominator: Number of HIV-infected women who delivered in 2008.	The estimated number of HIV-infected pregnant women who delivered in 2008 is 7226. Calculating based on this estimation, the percentage of HIV-infected pregnant women receiving ART for PMTCT is 13.5%
	2009	75.3% (1554/2065)	PMTCT Information Management Online Direct Reporting System	Numerator: Number of HIV-infected pregnant women who delivered and received antiretrovirals in 2009. Denominator: Number of HIV-infected women who delivered in 2009.	The estimated number of HIV-infected pregnant women who delivered in 2009 is 6953. Calculating based on this estimation, the percentage of HIV-infected pregnant women receiving ART for PMTCT is 22.4%.
6. Percentage of	No Data Available				

estimated HIV-positive incident TB cases that received treatment for TB and HIV					
7. Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	No Data Available				
8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know the results	Female Sex worker	36.9% (22765/61743)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed female sex workers who had been tested for HIV within the past 12 months and who were aware of their test results. Denominator: Number of female sex workers surveyed.	The mean average is used for this percentage value. Median average is more generally used in China.
	MSM	44.9% (2836/6319)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed MSM who had been tested for HIV within the past 12 months and who were aware of their test results. Denominator: Number of MSM surveyed.	The mean average is used for this percentage value. Median average is more generally used in China.
	IDU	37.3% (9755/26141)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed IDU who had been tested for HIV within the past 12 months and who were aware of their test results. Denominator: Number of IDU surveyed.	The mean average is used for this percentage value. Median average is more generally used in China.
9. Percentage of most-at-risk populations reached with HIV	Female Sex worker	74.3% (45984/61903)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed female sex workers who responded “Yes” to both of	The mean average is used for this percentage value. Median average is more

				the two questions set out in the UNGASS report handbook. Denominator: Number of female sex workers surveyed.	generally used in China.
prevention programmes	MSM	75.1% (4741/6315)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed MSM who responded "Yes" to both of the two questions set out in the UNGASS report handbook. Denominator: Number of MSM surveyed.	The mean average is used for this percentage value. Median average is more generally used in China.
	IDU	38.5% (10095/26191)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed IDU who responded "Yes" to both of the two questions set out in the UNGASS report handbook. Denominator: Number of IDU surveyed.	The mean average is used for this percentage value. Median average is more generally used in China.
10. Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child	Data Not Relevant To Our Country				
11. Percentage of schools that provided life skills-based HIV education within the last academic year	No Data Available				
12. Current school attendance among orphans and among non-orphans aged 10–14	No Data Available				

13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	85.1% (Young people aged 15-24 in education)		Interim evaluation of 2008 “Action Plan”	Percentage awareness value is median value.	
	82.3% (Young people aged 15-25 not in education)		Interim evaluation of 2008 “Action Plan”	Percentage awareness value is median value.	
14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Female Sex worker	54.1% (33524/62016)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed female sex workers correctly answering all 5 questions set out in the UNGASS Report handbook. Denominator: Number of surveyed female sex workers who responded to all of the questions set (including answer: “Do not know”)	The mean average is used for this percentage value. Median average is more generally used in China.
	MSM	51.1% (3231/6324)	As Above	Numerator: Number of surveyed MSM correctly answering all 5 questions set out in the UNGASS Report handbook. Denominator: Number of surveyed MSM who responded to all of the questions set (including answer: “Do not know”)	The mean average is used for this percentage value. Median average is more generally used in China.
	IDU	57.3% (15029/26233)	As Above	Numerator: Number of surveyed IDU correctly answering all 5 questions set out in the UNGASS Report handbook.	The mean average is used for this percentage value. Median average is more generally used in China.

				Denominator: Number of surveyed IDU who responded to all of the questions set (including answer: "Do not know")	
15. Percentage of young women and men who have had sexual intercourse before the age of 15	No Data Available				
16. Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	No Data Available				
17. Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	No Data Available				
18. Percentage of female sex workers reporting the use of a condom with their most recent client	85.1% (49344/57973)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed female sex workers who reported having used a condom with the last client with whom they had had sexual intercourse. Denominator: Number of surveyed female sex workers who reported having engaged in commercial sex during the past 12 months.	The mean average is used for this percentage value. Median average is more generally used in China.	
19. Percentage of men	73.1%	2009 National HIV/AIDS	Numerator: Number of	The mean average is used	

reporting the use of a condom the last time they had anal sex with a male partner	(3903/5339)	Sentinel Surveillance Results	surveyed MSM who reported having used a condom the last time they had anal sex with a male partner. Denominator: Number of surveyed MSM who reported having had anal sex with a male partner during the past 6 months.	for this percentage value. Median average is more generally used in China.
20. Percentage of injecting drug users who report the use of a condom at last sexual intercourse	35.8% (3014/8418)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed IDU who reported the use of a condom at last sexual intercourse. Denominator: Number of surveyed IDU reporting having injected drugs and having had sexual intercourse during the past month.	The mean average is used for this percentage value. Median average is more generally used in China.
21. Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	71.5% (5524/7725)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of surveyed IDU reporting having used sterile injecting equipment the last time they injected. Denominator: Number of IDU surveyed reporting having injected drugs during the past month.	The mean average is used for this percentage value. Median average is more generally used in China.
22. Percentage of young women and men aged 15–24 who are HIV infected	0.2% (23/14152)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of 15-24 year old pregnant women diagnosed as HIV positive during pre-natal clinical checkups. Denominator: Number of 15-24 year old pregnant women receiving HIV testing during	The mean average is used for this percentage value. Median average is more generally used in China.

				pre-natal clinical checkups.	
23. Percentage of most-at-risk populations who are HIV infected	Female sex worker	0.6% (357/61919)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of female sex workers testing positive for HIV. Denominator: Number of female sex workers receiving HIV testing.	The mean average is used for this percentage value. Median average is more generally used in China.
	MSM	5.0% (1020/20266)	A national MSM epidemiological survey carried out in 61 major cities in 2009	Numerator: Number of MSM testing positive for HIV. Denominator: Number of MSM receiving HIV testing.	
	IDU	9.3% (2429/26091)	2009 National HIV/AIDS Sentinel Surveillance Results	Numerator: Number of IDU testing positive for HIV. Denominator: Number of IDU receiving HIV testing.	The mean average is used for this percentage value. Median average is more generally used in China.
24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		82.3% (14004/17007)	National Comprehensive AIDS Response Information Management System	Numerator: Number of adults and children who were still alive and on ART 12 months after initiating treatment on 31 st December 2009, Denominator: Total number of adults and children who initiated ART during the twelve months prior to the beginning of the reporting period on 31 st December 2009.	
25. Percentage of infants born to HIV-infected mothers who are infected		8.1% (57/702)	National PMTCT Online Direct Reporting System	Numerator: Number of children infected with HIV. Denominator: Number of children born to mothers infected with HIV and aged 18 months or more at the end of 2009.	Following the UNGASS report guidelines, the estimated percentage of infants born to HIV-infected mothers who are infected in 2009 is 22.3%

I. Overview of the AIDS epidemic

Case reporting data show that by the end of 2009, a total of 326,000 cases of people living with HIV had been cumulatively reported in China. Of these, 107,000 were cases of AIDS. The number of reported deaths was 54,000. The 2009 AIDS epidemic estimation in China showed: at the end of 2009, the estimated number of alive PLHIV in China was 740,000 (560,000 – 920,000 people). Women accounted for 30.5% of these cases. Prevalence among the population as a whole was 0.057% (0.042% - 0.071%); of the total number of people living with HIV, 105,000 were cases of alive AIDS (97,000 – 112,000 people); It is estimated that 48,000 people (41,000 – 55,000) were newly infected with HIV in 2009, and that the prevalence among the population as a whole was 0.057%. Overall, China is still experiencing a low-prevalence epidemic, with some key regions experiencing high prevalence epidemics. However, the epidemic has already started to spread from high-risk populations to the general population.

China's AIDS epidemic is exhibiting the following characteristics:

(I) The rate of increase in the growth of the AIDS epidemic has slowed further

Epidemic estimate results show that the estimated total number of PLHIV in 2009 is still increasing, but that the number of people newly infected with HIV is continuing to decrease. Compared to the epidemic estimate figures from 2007, the number of PLHIV has increased by 40,000, with the number of people living with AIDS increasing by 20,000. However, the number of people newly infected with HIV each year fell from 50,000 in 2007 to 48,000 in 2009.

Case reporting data shows that a cumulative total of 326,000 cases of HIV or AIDS had been reported by the end of 2009, with 107,000 of these being cases of AIDS; the number of reported deaths was 54,000. The large scale screening carried out in 2004 among key populations led to the number of reported cases for that year being noticeably higher than in the previous year. After 2004, the number of cases reported among people who had previously

sold blood gradually fell year on year. The percentage of reported cases accounted for by people who had previously sold blood also fell from 16% in 2003 and 40% in 2004 to 4-7% in 2005. After 2005, with the gradual introduction of various AIDS prevention measures, the categories of people receiving testing and the numbers of people receiving testing increased significantly. However, the number of newly discovered and reported cases of HIV increased at a relatively slower rate. The rate of year-on-year increase in reported cases of HIV fell from 9.0% in 2006 to 5.8% in 2009.

Sentinel surveillance data showed that with the exception of MSM populations, where the percentage of positive HIV antibody test results increased, the percentage of positive test results among IDUs, sex workers, people seeking treatment for STIs, and pregnant women remained relatively stable. This shows that with the exception of MSM populations, the occurrence of new infections has been brought under control to a considerable degree.

(II) Sexual transmission continues to be the primary mode of transmission, and homosexual transmission is increasing rapidly

Of the 740,000 people estimated to be living with HIV in 2009, the percentage infected through sexual transmission reached 59.0%. 44.3% were infected through heterosexual transmission and 14.7% through homosexual transmission. Of those infected through heterosexual transmission, around 1/3 were infected through spousal transmission, and 2/3 through non-spousal transmission. Among the 48,000 new infections estimated for 2009, heterosexual transmission accounted for 42.2% and homosexual transmission 32.5% of cases. This is a significant increase compared with the 2007 estimates, where 12.2% were infected through homosexual transmission. Homosexual transmission has therefore become a very significant mode of transmission for new infections in 2009.

Among reported cases, the proportion due to homosexual and heterosexual transmission has exhibited a gradual growth trend over the years. The proportion resulting from homosexual transmission increased from 2.5% of cases in 2006 to 3.4% in 2007. In 2008 it reached 5.9% and in 2009, 8.6%;

heterosexual transmission increased from 30.6% in 2006 to 38.9% in 2007. In 2008 it reached 40.3% and in 2009 stood at 47.1%. Mother-to-child transmission has fluctuated between 1.3%-1.5%.

In the past two years, national sentinel surveillance results have shown that the rate of positive HIV antibody test results among MSM populations is consistently greater than 1%, and is increasing year on year, becoming one of the most important drivers of the AIDS epidemic. Results of a survey of MSM populations in 61 cities carried out in 2008-2009 showed that the rate of positive HIV antibody test results among MSM populations in large and medium cities had reached an average of 5%. In the main cities of the South-West, such as Guiyang, Chongqing, Kunming and Chengdu, the HIV infection rate was greater than 10%, demonstrating the high speed of transmission among this population.

(III) Nationally, the AIDS epidemic is in a state of low prevalence, with some areas exhibiting serious epidemics

2009 epidemic estimate results showed that 6 provinces had epidemic figures of more than 50,000 people, together accounting for 61.8% of the estimated total national figure; 9 provinces had epidemic figures of 10,000-50,000 people; 8 provinces had epidemic figures of fewer than 5,000 people, together accounting for 2.3% of the estimated total national figure.

Since 1998, a total of 31 provinces (autonomous regions and municipalities) have had epidemic reports. By the end of 2009, 90.5% (2787/3080) of counties (or districts) had reported cases of HIV or AIDS. Internet-based real-time reporting data showed that there was a relatively large difference among the epidemic figures reported by different provinces. The total cumulative number of reported cases in the 6 provinces with the greatest reported numbers of HIV and AIDS cases (in descending order: Yunnan, Guangxi, Henan, Sichuan, Xinjiang and Guangdong) accounted for 70%-80% of the total number reported for the whole country. The number of reported cases in the 7 provinces with the lowest reported numbers of HIV and AIDS cases (Tibet, Qinghai, Ningxia, Inner Mongolia, Tianjin, Gansu and Hainan) accounted for 1% of the total

number reported for the whole country. The 20 counties (or districts / cities) with the highest reported numbers of HIV and AIDS cases are primarily situated in Yunnan, Guangxi, Xinjiang, Henan, Sichuan and Guangdong provinces.

In Yunnan, Sichuan, Guangxi and Xinjiang, where the AIDS epidemic is relatively serious, regions where the increase in the rate of reported cases has been relatively rapid since 2007 include Butuo County, Zhaojue County, Meigu County and Yuexi County in Liangshan Prefecture, Sichuan Province; Liuzhou City's Luzhai County and Liujiang County and Hezhou City's Babu District, Guangxi Province; regions which have consistently had relatively high numbers of reported cases include Yingjiang County, Luxi City and Ruili City in Dehong Prefecture, Yunnan Province, Kaiyuan City and Gejiu City in Honghe Prefecture, Yunnan Province; Yining City and Tianshan District of Urumqi, Xinjiang Province. Zhumadian City and Weishi County in Henan Province have experienced relatively serious epidemics in the past, but these have become more stable in recent years.

Differences in infection rates between different populations are also quite large. HIV infection prevalence among drug users (particularly injecting drug users) is the highest, and exhibits clear regional disparities. Sentinel surveillance results show that sentinel sites with high infection prevalence are also concentrated in Yunnan, Xinjiang, Sichuan, Guangxi, Guizhou and Guangdong provinces. In places such as Lincang City, Dali Prefecture, Dehong Prefecture and Wenshan Prefecture, Yunnan Province, and Dazhou City in Sichuan Province, HIV positive testing rates among drug users are all in excess of 50%. HIV positive testing rates among sex workers in the majority of regions remain relatively low. Sex worker surveillance sites where HIV antibody positive testing rates exceed 1% are concentrated in Yunnan, Xinjiang, Guangxi, Sichuan and Guizhou provinces. In HIV high-prevalence regions, HIV infection prevalence among pregnant women is also quite high. For example, the positive HIV antibody testing rate among pregnant women in Yining City, Xinjiang rose continually between 1997-2008, remaining above 1% after 2003. In the five provinces of Henan, Yunnan, Guangxi, Xinjiang and

Anhui, the total reported cases of mother-to-child transmission account for 78.1% of the national total.

(IV) Number of people affected by AIDS increasing, transmission modes diversifying

Case reporting data show that there was a clear increase in reporting number among those in the 50+ age group between 2006-2009. In the 50-64 age group, the reported number of cases increased from 6.1% of the total number of reported cases in 2006 to 10.6% in 2009. In the 65+ age group, the reported number of cases increased from 1.67% of the total number of reported cases in 2000 to 4.3% in 2009. In the 65+ age group, males accounted for the majority of cases. Since 2005, the male to female sex ratio has exceeded 4.4:1, and sexual transmission has become the primary mode of transmission. Case reporting shows that, the number of cases of HIV or AIDS among people categorised as students has exhibited gradual growth. With the continuing increase in population mobility, introduced cases of HIV resulting from women migrating from different regions or countries for marriage have occurred in different regions throughout the country. Surveys of women marrying into Shandong, Shanxi, Jilin, Anhui and Jiangsu provinces show that the introduction of these people living with HIV has resulted in spousal transmission and mother-to-child transmission.

II. National response to the AIDS epidemic

During 2008-2009, in accordance with the “Regulations on Prevention and Treatment of AIDS”, and “China’s Action Plan (2006-2010) for Reducing and Preventing the Spread of HIV/AIDS”, China has continued to improve and strengthen its working mechanisms in the AIDS response, which are based on government taking the lead, all departments fulfilling their individual responsibilities, and full participation from all sectors of society. Based on principles of prioritizing prevention, combining prevention and treatment, implementing a regulated, evidence-based response, China has actively implemented the “Four Frees, One Care” policy and carried out comprehensive response work, which has produced significant results and progress in the AIDS response.

(I) Strengthening leadership. Following through on political commitment

(1) National leaders are taking the lead in setting a positive example.

On 1st December 2008, Chinese President Hu Jintao and Vice Premier Li Keqiang visited Beijing’s Ditan Hospital to inspect AIDS prevention and treatment work. On the 22nd World AIDS Day in 2009, President Hu Jintao and Vice Premier Li Keqiang participated in the Capital AIDS Prevention and Treatment Volunteer Event, and personally donating money for PLHIV. On World AIDS Day 2008, State Council Premier, Wen Jiabao paid a special visit to Fuyang City in Anhui Province, travelling to a village and personally visiting people living with HIV, orphans and front-line medical workers, learning more about the work being done in the AIDS response. On 1st December 2009, Premier Wen Jiabao and Vice Premier Li Keqiang visited Beijing’s Ditan Hospital to observe AIDS prevention and treatment work. They convened an expert workshop, and set out instructions for the next phase of the AIDS response. President Hu Jintao and Premier Wen Jiabao have made unremitting efforts, over a period of several years, to set an example for all of society to participate in the AIDS response.

(2) Continuous stepping-up of organizational leadership, efforts of all

sectors strengthened.

Over the two-year period, the Chinese government's leadership in the AIDS response has continued to strengthen. In April 2008, the State Council consolidated and reshuffled the members of the State Council AIDS Working Committee. Vice Premier of the State Council Li Keqiang was appointed as Committee Chair, with heads of 30 departments and 7 provinces (or autonomous region) serving as members. The Ministry of Culture and the All-China Federation of Industry and Commerce joined the Committee as new member institutions, giving impetus to efforts to mobilise business and society, and forging links between the AIDS response and culture initiatives. Nationally, all 31 provinces (autonomous regions and municipalities) and 88% of local (city) level governments have established AIDS response leadership bodies. In November 2008, a plenary meeting of the State Council AIDS Working Committee was convened, in order to systematically summarise experiences gained in the AIDS response, and to clarify priorities and key areas for the next phase of the AIDS response. During the two-year period, the duties and obligations of committee member departments have been set out more clearly. All relevant departments are required to draft an AIDS response work plan on an annual basis, while the government actively coordinates resources to support AIDS response work carried out by these departments. Multiple sectors have joined forces to create a strong force for the AIDS response, ensuring the promulgation and implementation of a range of policy measures, promoting the full rolling-out of a range of interventions including awareness raising education, prevention interventions, care and support. Departments including the Ministry of Health, Ministry of Public Security, Ministry of Finance, Ministry of Justice, Ministry of Railways, the Central Committee of the Communist Youth League and the All-China Women's Federation have established coordinating working mechanisms. The Ministry of Civil Affairs issued "Recommendations Regarding the further strengthening of the Welfare System for AIDS-Affected Children", and carried out AIDS response awareness training for all personnel working within the system. The Ministry of Education set out clear requirements for the inclusion of HIV prevention content in school curricula, and the inclusion of relevant classes and lectures. In 2008, the "Middle and Primary School Health Education Guidance

Framework” was issued, setting out objectives and basic content for health education, including content related to HIV and AIDS prevention and treatment; in 2009, the Ministry of Education organised the creation of a series of “Middle and Primary School Health Education Teacher Guides”, covering grades from primary 1 to senior 3. The State Administration for Industry and Commerce established an AIDS response network team made up of more than 30,000 people. The General Administration of Press and Publishing issued a notification requiring all Chinese newspapers and magazines to carry out AIDS awareness raising work and also convened a Main National Media AIDS Training Conference; the Ministry of Public Security held a National Public Security System AIDS Knowledge Competition; the Red Cross Society of China carried out HIV prevention peer education training with different populations and implemented behaviour change intervention activities. The All-China Women’s Federation conducted the “Face to Face” awareness raising initiative, supported events supporting children orphaned by AIDS and incorporated data on the AIDS response into the Women’s Federation annual statistical indicator system, allowing combined planning. The Central Committee of the Communist Youth League has conducted awareness raising activities with young people across China, including the “Youth Red Ribbon” and model “Face to Face” HIV prevention initiatives. The All-China Federation of Trade Unions continued to carry out the Employee Red Ribbon Health Initiative, which focuses on carrying out awareness raising education among rural migrant workers. Relevant departments have continued to actively carry out monitoring and evaluation and investigative research activities under the framework of their individual action plans or strategic plans, giving impetus to their own individual work in the AIDS response. In 2008 and 2009, based on their competitive advantages and individual competencies, multiple departments set out a clear division of labour and worked closely together to carry out AIDS awareness raising activities targeted at workers, farmers, women, young people, migrant workers, university students, leadership cadres, etc., as well as support and assistance initiatives with PLHIV and their families, and orphans.

(3) Awareness-raising training among leadership cadres strengthened,

promoting effective implementation of AIDS response.

As well as carrying out awareness raising activities over the two year period, leaders from relevant departments, experts and goodwill AIDS ambassadors, nominated by the Ministry of Health visited Jiangxi, Hubei, Jiangsu, Shaanxi, Yunnan, Fujian and Guizhou provinces to give AIDS awareness raising lectures and live teleconferencing was used for the broadcasting of lectures in some provinces. Starting in 2005, the Central Publicity Department, SCAWCO and Tsinghua University organised four training sessions for a total of 260 people from the Publicity Departments from 31 provincial, autonomous region and municipal committees as well as media leaders from 19 media agencies, such as Xinhua News Agency, People's Daily and the State Administration of Radio, Film and Television etc. The General Administration of Quality Supervision, Inspection and Quarantine held lectures on AIDS response policies within their system. The Ministry of Human Resources and Social Security continued to support vocational schools in carrying out HIV prevention training, raising awareness among cadres within the Human Resources and Social Security system, teachers in vocational schools and students. The Central Party School held an AIDS response training session and workshop in Kashi, Xinjiang Province, for Party School systems from 12 provinces and relevant departments. Party School distance learning systems were also utilised to carry out bilingual (Chinese and Uighur language) broadcasts to 90 receiver stations across Xinjiang province. Other departments also carried out awareness raising training work. For example, the Ministry of Housing and Urban-Rural Development provided training to more than 200 leaders at division level or above through its Development System leadership cadre training. The Central Committee of the Communist Youth League held an HIV prevention training session in Beijing as well as the "Youth Red Ribbon" awareness raising "Go West" activity. Training was carried out for close to 2000 League cadres, students and rights protection workers. The All-China Federation of Trade Unions asked the China Institute of Industrial Relations to carry out training with more than 500 Trade Union Chairpersons from large enterprises at local city level across China. The Ministry of Education carried out training for cadres in local departments and county offices through the Chinese Academy of Governance, and initiated online training. All regions

have strengthened AIDS response knowledge and policy education for leadership cadres at all levels, and awareness training work with leadership cadres at all levels is being carried out nationwide.

(4) Increasing funding support, strengthening resource integration.

In recent years, central government financing for the AIDS response has increased significantly. In 2007, dedicated funding for the AIDS response amounted to 940 million RMB. In 2008 and 2009, this increased to 1.07 billion RMB and 1.22 billion RMB respectively. Local government financial authorities also continued to increase funding for the AIDS response. According to incomplete statistics, local government financing amounted to 570 million RMB in 2008 and 610 million RMB in 2009. In order to allocate limited resources in the most appropriate manner, prevent overlapping investment and ensure effective use of funding, the Ministry of Health used the successful application for the Global Fund AIDS Rolling Continuation Channel Programme (RCC) in 2009 to carry out effective integration of national AIDS response funding at all levels and international AIDS response programme funding, uniting forces for full implementation of the National AIDS Response Plan.

(5) Continuing to protect the rights of PLHIV.

Strengthening implementation of the “Regulations of AIDS Prevention and Treatment” and ensuring that the rights and responsibilities of PLHIV are guaranteed. In the past two years, while continuing to actively implement the “Four Frees, One Care” policy, protecting the core rights of populations affected by AIDS to treatment, healthcare, education, etc., the Chinese government has strengthened protection of the rights of PLHIV. For example, the issue of personal insurance clauses that discriminated against PLHIV was resolved when the China Insurance Regulatory Commission encouraged the Insurance Association of China to issue the “Standard Policy Clause Formats for Certain Personal Insurance Product Clauses” in 2008, clarifying that personal insurance products should no longer include “the insured person is living with HIV or AIDS” as a clause exempting the insurer from liability. At the same time, personal insurance companies were asked to bring policies fully up to date, inspect existing policies and make necessary revisions. Insurance

companies were encouraged to explore new insurance products suitable for PLHIV. Relevant departments of the Chinese government are also actively organising investigation of legal regulations forbidding the entry into China of PLHIV, and are promoting revision of these regulations, according to due process, with the aim of completely revoking clauses prohibiting the entry into China of people living with HIV. At the same time as acting to remove institutional discrimination, the Chinese government also stepped up anti-discrimination awareness-raising. In 2009, the government organised the China HIV and AIDS Anti-Discrimination Innovation Contest. All sectors of society, including several hundred universities actively participated in this contest, and more than 30,000 entries were received, helping to create a positive environment for the removal of discrimination.

(II) Implementation of the AIDS Response

1 AIDS Prevention Work: Progress and Achievements

(1) Stepping up advocacy and education, improving HIV-related awareness

In recent years, the Chinese government has carried out AIDS related advocacy and education aimed at the population as a whole and has organized a range of AIDS awareness raising activities. Relevant departments have continued to run the National Rural Migrant Worker HIV Prevention Awareness Raising Education Project, the National Farmers Health Promotion Activity, and other health promotion activities, creating a positive advocacy environment. In 2008, the Chinese government organised large-scale AIDS prevention awareness raising activities in Guangxi, Qinghai and Hubei Provinces, entitled “Red Ribbon Bringing Guangxi Together”, “Hold the Red Ribbon, Build a New Qinghai” and “Floating Red Ribbon of Hubei”. SCAWCO, the Ministry of Health and the Beijing Municipality AIDS Working Committee Office, together with the UNAIDS jointly organized the World AIDS Day National Stadium – the Bird’s Nest Red Ribbon Activity. The Ministry of Agriculture and Ministry of Human Resources and Social Security both set up dedicated sections on the AIDS response on their websites and in their newspapers. In 2009, the Chinese government organized online chat activities

entitled “The Challenges of migrants for the AIDS Response” and “The Current State of the AIDS Response and Policy Measures” on the Xinhua Website.

At the same time, SCAWCO, the Ministry of Health, the Ministry of Education, the Ministry of Civil Affairs, the Population and Family Planning Commission, the China Communist Youth League Central Committee, the All-China Women’s Federation and the China Youth Concern Committee continued to work together to carry out China Children and Youth AIDS Prevention Activities, University Student AIDS Prevention awareness raising activities, etc., and organized varied and interesting awareness raising interventions. Over the past two years, the Ministry of Education has actively promoted the implementation of HIV prevention education in schools across China. All regions have taken appropriate measures to implement in-school HIV prevention education activities according to relevant regulations and policies. Media including radio, television, newspapers and magazines, etc., have strengthened awareness-raising on AIDS. Civil society organizations and community-based groups also utilized a range of channels to carry out awareness-raising work effectively.

The results of the “China Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2007)” mid-term evaluation organized by SCAWCO in 2008 showed that levels of basic HIV/AIDS awareness in China among urban residents, rural residents, in-school youth, out of school youth and rural migrant workers were 84.3%, 75.5%, 85.1%, 82.3% and 74.5% respectively. Levels of basic HIV/AIDS awareness among these major population categories all increased noticeably.

(2) Strengthening interventions with high-risk populations, reducing transmission of HIV

At the same time as clamping down on drug dealing, drug use and sex work in accordance with the law, in recent years, China has implemented a number of necessary intervention measures directed at high-risk populations, including condom promotion initiatives, methadone maintenance treatment, and needle exchange, and has expanded the coverage of interventions, with the aim of

effectively slowing the spread of HIV.

By the end of 2009, 2701 counties (and districts) had carried out condom promotion work targeted at sex workers. Each area implemented measures based on the local situation, including intervention measures such as peer education, outreach service provision, installation of automatic condom vending machines, placing condoms in public facilities, 100% condom use promotion, integrating sexually transmitted infection services and female reproductive health and HIV behavioural interventions, etc. National sentinel surveillance data showed that the percentage of sex workers covered by HIV prevention programmes increased from 46.4% in 2007 to 74.3% in 2009. The percentage of sex workers who had used a condom during their last instance of intercourse increased from 82.1% in 2007 to 85.1% in 2009.

With regard to MSM populations, the Ministry of Health drew up the “MSM Population Comprehensive AIDS Response Trial Work Implementation Plan”, and carried out comprehensive AIDS response trial work with MSM populations in 61 cities across China. This allowed a clear picture to be built up of prevalence levels among MSM populations and the characteristics of risk behaviour in this population. Comprehensive response measures including testing and counseling, case reporting, medical follow-up and treatment, STI services and core peer interventions were put in place. HIV and STI counseling and testing services were accessed a total of 57,000 times, and 2,600 new cases of HIV were discovered, an average infection prevalence of 5.0%. Through implementation of the trial work, intervention work with MSM populations is being stepped up, and coverage is being expanded. National sentinel surveillance data showed that the percentage of the MSM population covered by HIV prevention programmes increased from 37.8% in 2007 to 75.1% in 2009. The percentage of this population that had been tested and was aware of the test result increased from 32.7% in 2007 to 44.9% in 2009. The percentage who had used a condom during their last instance of intercourse increased from 64.4% in 2007 to 73.1% in 2009.

Roll-out of methadone maintenance treatment for drug using populations

continued steadily, with coverage increasing continually. By the end of 2009, 680 maintenance treatment clinics had been set up, covering 27 provinces (autonomous regions and municipalities), treating a cumulative total of 242,000 people, with 112,800 currently in treatment and an annual retention rate for those in treatment of 65.6%. As well as providing regular medication, methadone maintenance treatment clinics carry out regular urine tests for morphine and tests for HIV, hepatitis C and syphilis on treatment clients. Furthermore, other services including intervention activities and referral services can be provided within clinics. With the constant expansion of the scale of methadone maintenance treatment and the number of people receiving treatment, significant changes are also being seen in the behaviour of drug using populations. The coverage of maintenance treatment services is also constantly improving. In 2008 and 2009, the number of needle exchange points in 21 provinces (autonomous regions and municipalities) across China was 897 and 962 respectively. The monthly average numbers of people visiting clean needle exchange points were 36,084 and 39,075 respectively. National sentinel surveillance data showed that the percentage of injecting drug users covered by HIV prevention programmes increased from 24.8% in 2007 to 38.5% in 2009. The percentage of drug users who had used sterile injection equipment the last time they injected drugs increased from 40.5% in 2007 to 71.5% in 2009.

(3) Providing comprehensive services, reducing mother-to-child transmission

In April 2008, the national “Prevention of Mother-to-Child Transmission Work Implementation Procedures (Draft)” document was revised by the Ministry of Health and a series of technical documents and guides on PMTCT were formulated or revised. As well as this, various forms of targeted specialized or comprehensive trainings were carried out with personnel working in relevant fields, comprehensively improving the service capacity of frontline specialist staff. Moreover, multi-level National, Provincial, Prefecture and County monitoring and guidance systems have already been put in place across the country, increasing levels of standardization in monitoring and guidance activities at all levels and strongly promoting the implementation of a range of

PMTCT measures. In 2008, the “Prevention of Mother-to-Child Transmission Management Online Information Direct Reporting System” was activated, further strengthening and improving information management work.

The number of regions, and in particular the number of high HIV prevalence provinces, which are covered by PMTCT interventions, is continually increasing, as is the number of pregnant women, pregnant women infected with HIV and children benefitting from these interventions. In 2007, 271 counties (and cities and districts) received central government funding supporting the implementation of PMTCT work. This number increased steadily, reaching 453 counties (and cities and districts) in 2009. 42.5% of counties (and cities and districts) in the 6 provinces with the most serious AIDS epidemics were covered; the number of pregnant women annually screened for HIV increased from 1.96 million to 4 million in 2009. As well as central government funding support, some provinces utilized local funding and other programme support, and incorporated this work into standard mother and child healthcare services, rolling these out province-wide. In 2009, the number of pregnant women screened for HIV over several provinces was 1.4 million. In 2008 and 2009, the percentages of HIV-infected pregnant women giving birth who received antiretroviral medicines to reduce the risk of mother-to-child transmission were 72.4% and 75.3% respectively. In 2009, the total number of pregnant women tested and found to be HIV positive, and reported was 3662, of whom 2065 gave birth and 1554 (75.3%) used antiretroviral medication; 2059 live children were born, 1701 (82.6%) of whom were given antiretroviral medication. In 2009 the percentage of infants born to HIV-infected mothers who were also infected with HIV was 8.1%. Basing calculations on the estimated number of HIV-infected mothers giving birth in 2009 (6953), the estimated percentage of HIV-infected mothers giving birth in 2009 who received ART for PMTCT was 22.4%. In 2009, the estimated percentage of children born to HIV-infected mothers who were also HIV-infected was 22.3%.

(4) Strengthening management, ensuring safety and efficacy of blood for clinical use

In accordance with relevant stipulations on blood product testing set out in

“Blood Management Procedures”, “Blood Station Quality Control Standards” and “China Blood Transfusion Technology Operating Procedures”, all blood stations in China have put in place and set up blood product preparation quality control systems. All blood stations and laboratories are under government control, and must participate in laboratory quality evaluations, organized by the Ministry of Health, to ensure that the quality of blood conforms to national standards, and that blood for clinical use is safe and of use. In 2008, blood stations in China collected 3311 tons of blood, 99.98% of which was collected on a voluntary, non-compensated basis. In 2009, a total of 3654 tons was collected. Blood stations and laboratories have all set up quality control systems and standardized standard operating procedures have been issued. 100% of laboratories carry out internal quality control, and participate in mutual evaluation with other laboratories. 100% of collected blood products are screened for HIV.

(5) Expanding testing and counseling services, improving HIV detection rates

In recent years, the establishment of the HIV testing laboratory network system has seen significant progress. By the end of 2008, a total of 318 confirmation laboratories had been established, as well as 8306 screening laboratories, covering 93.8% of county level CDCs; 257 laboratories have CD4 testing capabilities and 82 laboratories are able to carry out viral load testing. All Chinese provinces, with the exception of Tibet, now have coverage. A relatively comprehensive HIV laboratory testing quality control and quality assurance system has also been set up, providing a solid basis for the provision of HIV surveillance and testing.

The nationwide free-of-charge VCT network is now fundamentally complete. All counties have established at least 1-2 free VCT points, and have used various service models to improve the accessibility of VCT. By the end of 2009, a total of 7335 VCT clinics had been established nationwide. VCT clinics in CDCs accounted for 43.4% of these. VCT clinics in general hospitals (including Traditional Chinese Medicine Hospitals) accounted for 26.1%. VCT clinics in township health center accounted for 14.8% and VCT clinics in other places

accounted for 15.7%. In 2009, pre-testing counseling was given more than 1.63 million times, and testing was carried out more than 1.6 million times. HIV positive testing rates were 1.3%. Of those found to be HIV positive, 93.9% received positive result counseling.

Building on the basis of VCT service provision, strategic efforts have been made to actively promote expanded HIV testing and counseling. In 2008, China formulated the “National Guidebook for Provider Initiated HIV Testing and Counselling (PITC) in Medical Facilities (First draft)”, setting down a foundation for the expanded inclusion of testing and counselling into routine medical services. From June 2008 – August 2009, PITC trials were initiated in three provinces – Guangdong, Shandong and Liaoning. In 2007, PITC services were initiated in Sichuan’s Liangshan Prefecture, driving the identification of more cases of HIV and AIDS. This experience provides a reference for the expansion of PITC services on a nationwide basis.

2 Progress and achievements in HIV treatment

(1) Strengthening follow-up services with people diagnosed with HIV or AIDS

In recent years, government at all levels has been placing increasing importance on follow-up of people diagnosed with HIV or AIDS. Efforts have been stepped up at all stages of the process, from testing and diagnosis, to provision of follow-up counseling, carrying out CD4 testing, implementing behavioural interventions, providing antiretroviral treatment, etc. Consequently, the percentage of PLHIV receiving follow-up and CD4 testing has significantly increased. By the end of 2009, the percentage of PLHIV receiving follow-up interventions had increased from the 2007 level of 32.8% to 74.6%; the percentage receiving CD4 testing had increased from 45.3% in 2007 to 54.2%; the rate of testing of spouses of those newly diagnosed with HIV increased from 24.7% in 2007 to 63.4%. More and more PLHIV are receiving effective follow-up services, and obtaining prevention, treatment and care services.

(2) Expanding antiretroviral treatment, reducing mortality from AIDS

Since 2003, China has progressively increased funding support for

antiretroviral medication, patient testing reagents, transport subsidies for follow-up of PLHIV and capacity building for medical workers, thus providing support for continued implementation of the nationwide free antiretroviral treatment plan. In 2008, China drafted the “China Free Antiretroviral Medication Treatment Handbook” providing recommendations on treatment criteria for people diagnosed with HIV. The recommended criterion for initiating antiretroviral treatment was revised from a CD4⁺T lymph cell count of 200/ul to 350/ul. With the support of relevant policies, the coverage of antiretroviral treatment has increased year on year. The composition of those receiving treatment has also gradually expanded from the start of the treatment programme, when a majority of treatment recipients were former blood donors or recipients to today, where treatment is expanding among children, those infected through sexual intercourse, drug users and populations in closed settings. By the end of 2009, the total number of people having ever received treatment and total number of people currently on treatment had risen from 42,576 and 34,746 people respectively in 2007 to 81,739 and 65,481 people respectively. Among these, the total number of children having ever received ART was 1793, and the number currently receiving treatment 1594. Calculating based on a denominator of the estimated number of people with AIDS alive at end-2009, the percentage of adults and children with advanced HIV infection who were receiving ART was 62.4%. In 2009, 20,105 AIDS adults and children started ART, the highest annual number of new ART recipients since 2003. The percentage of new treatment recipients infected through sexual transmission (including homosexual transmission) who were receiving ART was 57.5%. 18.7% of cases were a result of drug use. By August 2009, treatment coverage for people with reported cases of HIV, who were available for follow-up and who met treatment criteria was 72%. In order to ensure that those who had become resistant to first-line medications were able to continue to receive antiretroviral treatment. In 2009, nationwide roll-out of second-line medication was initiated. By the end of 2009, 2,155 adults and 85 children had begun a second line treatment plan. NCAIDS of Chinese CDC, together with the WHO and UNAIDS China Offices carried out estimates of the number of people requiring ART in China in 2009, arriving at a figure of about 190,000. Calculating based on this estimate, the percentage of adults and children with

advanced HIV infection who are receiving ART is 34.4%.

Furthermore, in order to ensure that more people are able to obtain treatment and care, the scope of the national Traditional Chinese Medicine (TCM) HIV treatment trial programme is being expanded. Currently, this programme is already covering 17 provinces (autonomous regions and municipalities) providing free TCM treatment to 9267 PLHIV. Furthermore, in order to effectively carry out antiretroviral treatment work, the government has strengthened monitoring of drug resistance.

Standardisation of antiretroviral treatment is also being continually improved. The proportion of people living with HIV who completed 12 months of treatment and completed a follow-up and a CD4 test increased from 34.0% in 2007 to 78.5% in 2009; the percentage of people with AIDS receiving treatment who received 1 viral load test per year increased from 19.3% in 2008 to 48.5% in 2009. The percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy has remained steady at over 80% since 2006. The percentage of people living with HIV who started treatment in 2008 and continued treatment for 12 months was 82.3%. The national free antiretroviral treatment plan has effectively reduced the case mortality rate of people with AIDS. Prior to the initiation of the free antiretroviral treatment plan, the case mortality rate for adults with AIDS was 28/100 person years. Evaluation of the 5 years of the antiretroviral treatment programme has shown that the case mortality rate of treatment recipients, after 6 months of receiving treatment, has fallen to a stable rate of 5/100 person years.

(3) Strengthening combined management for tuberculosis and HIV co-infection

In 2005, the Ministry of Health established a Tuberculosis and HIV Prevention and Treatment Coordination Group and Working Group. These groups held regular meetings and formulated the “China Tuberculosis and HIV Co-Infection Prevention and Treatment Work Framework (trial version)”, clearly stating for the first time that HIV response planning and tuberculosis response planning

must be carried out jointly. In 2006, under the leadership of the Ministry of Health, tuberculosis and HIV response trial sites were set up in 6 counties in 4 provinces, in order to explore working methods and processes for addressing tuberculosis and HIV co-infection. Starting in 2007, tuberculosis and HIV co-infection prevention and treatment work was initiated in 134 relatively high HIV prevalence counties, located in 14 provinces. Joint action support environments were created, and cases of HIV were discovered among PLHIV, and cases of HIV were discovered among people with tuberculosis. The programme also provided free tuberculosis treatment and antiretroviral treatment for the more than 2000 people found to be co-infected with tuberculosis and HIV annually.

3 Progress and achievements in HIV care and support work

The Chinese government has always paid serious attention to populations affected by AIDS. On the basis of the “Four Frees, One Care” policy, the Chinese government has issued policies providing AIDS-affected orphans with care in 9 areas, including living conditions, education, medical treatment, recovery, accommodation and employment, and has encouraged adoption of AIDS-affected orphans. In order to actively encourage child fostering, the government offers significant subsidies. Foster institutions have also been established, providing suitable arrangements for the care of orphans. In 2009, the Ministry of Civil Affairs issued a policy specifically concerning children affected by AIDS, increasing the minimum childcare standard from 100 RMB per child per month to 600 RMB per child per month, and convened a working meeting on welfare protection for AIDS-affected children, promoting the implementation of this policy. Project funding was also made available to establish a Support Guidance Centre for AIDS-Affected Children, creating a vertically-integrated working system. The China Red Ribbon Foundation, China STD & AIDS Prevention Foundation and others have also provided funding to support implementation of care programmes for orphans.

Government departments from across China have responded to the call made jointly by the Ministry of Health, Ministry of Civil Affairs, All-China Women’s Federation, and other departments to initiate support activities and public

benefit activities aimed at protecting orphans, and have issued relevant local policies. This has increased the systematization of the care and support system, and has allowed the creation of a 'one to one' support mechanism, promoted implementation of care and protection measures and organization of self-help through production and mutual support initiatives, improving the living conditions and development potential of people living with HIV and providing care for orphans and old people without family through a variety of channels. Henan Province issued the "Five Ones" requirement (dispatch of one working team and one medical team, construction of one clinic, creation of one prevention and treatment team and formulation of one treatment and support programme for each village with a serious epidemic), ensuring the implementation of the "Four Frees, One Care" policy, and allowing PLHIV and their families, as well as AIDS affected orphans to obtain the support they need and improve their living conditions and to promote the development of a package of effective response models. In Hubei and Sichuan provinces, response working mechanisms for monitoring of medication use, one-to-one support, production self-support, anti-discrimination and community care have also been developed. The All-China Women's Federation utilized 50 million RMB donated by business to establish the "1st December" Care Foundation, which in 2009 provided support to almost 10,000 children affected by AIDS. A number of celebrities also participated in events to provide support to populations affected by AIDS. These activities significantly improved the quality of life of these populations affected by AIDS.

4 Strengthening Scientific Research

In order to provide support to reduce the incidence rate of infection and reduce mortality from AIDS, China launched several major infectious disease specialist technical institutions projects, aimed at HIV, viral hepatitis and other diseases. Over the two year period, a total of 316,180,000 RMB was invested to support research into HIV testing reagents, epidemic patterns, ART treatment, immune protection and vaccination, biological prevention interventions, etc. A range of scientific research projects are currently running smoothly.

III. Best practice

(I) Following through on commitment, strengthening advocacy and training for leadership cadres

Creating a regulated and evidence-based response is the fundamental guiding principle in China's AIDS response. According to the stipulations of the "Infectious Disease Prevention Law" and the "Regulations of AIDS Prevention and Treatment", government departments at all levels undertake an important role in the AIDS response in terms of organization and leadership, provision of funding, monitoring and inspection, etc. Individual departments are responsible for the specific formulation and implementation of AIDS prevention and treatment policies and measures. Once policies have been set out, leadership cadres play a decisive role in policy implementation. Insufficient awareness and understanding among some local government departments and leadership cadres was identified as an important problem in the 2007 report. In 2008 and 2009, the Chinese government has prioritised awareness raising among leadership cadres at all levels, and has treated increasing training for leaders and cadres as a key task to be prioritized, achieving significant results. The primary measures that have been taken are outlined below:

1 The Chinese leadership has taken the lead in setting a positive example, placing great importance on the AIDS response.

After having participated in World AIDS Day events in 2004 and 2007, Chinese President Hu Jintao visited Beijing's Ditan Hospital on 1st December 2008 together with State Council Vice Premier Li Keqiang to observe AIDS prevention and treatment work and to encourage the scientific research personnel working there to continue with their in-depth research, and to continue to work together to conquer the global problem of AIDS as early as possible. In 2009, on the eve of the 22nd World AIDS Day, President Hu Jintao and State Council Vice Premier Li Keqiang once again visited the National Conference Centre, in order to participate in the *Capital AIDS Prevention and Treatment Volunteer Activity*, encourage volunteers to actively participate in the AIDS response, and call on society as a whole to care for and protect PLHIV. Chinese State Council Premier Wen Jiabao, has paid close attention to

the AIDS response for a long period of time and between 2003 and 2007 participated in AIDS prevention and treatment activities at least once a year. On World AIDS Day 2008, Premier Wen Jiabao paid a special visit to Fuyang City in Anhui Province, travelling to a village and personally visiting people living with HIV, orphans and front-line medical workers, thus learning more about the work being done in the AIDS response. On 1st December 2009, Premier Wen Jiabao and Vice Premier Li Keqiang visited Beijing's Ditan Hospital to observe AIDS prevention and treatment work. They convened an expert workshop and listened to recommendations from experts working at all levels of the AIDS response, including international experts, community organisations and village medical worker representatives, before setting out requirements for the next phase of the AIDS response. The joint actions of President Hu Jintao and Premier Wen Jiabao demonstrated the great importance placed on the AIDS response by national leaders, set an example for government leaders at all levels to participate in the AIDS response, and embodied the resolve of the Chinese government and Chinese people to control AIDS.

2 Government departments at all levels organising advocacy teams to carry out advocacy and mobilization activities with leadership cadres at all levels. At the start of 2006, the State Council AIDS Working Committee Prevention Policy Advocacy Team was established, and given responsibility for setting out advocacy work plans and for carrying out AIDS prevention and treatment awareness and policy advocacy activities for leadership cadres of relevant departments at provincial level. After completing an advocacy tour of 16 provinces in 2006 and 2007, in 2008 and 2009, leaders from relevant national-level departments, together with experts and Goodwill Ambassadors nominated by MoH, travelled to seven provinces, namely Jiangxi, Hubei, Jiangsu, Shaanxi, Yunnan, Fujian and Guizhou, to carry out AIDS prevention and treatment policy advocacy activities. For some provinces, teleconferencing was used to carry out dissemination of information. At the same time, online learning systems were used to implement online learning for the Ministry of Public Security, Ministry of Civil Affairs and Ministry of Agriculture. In recent years, more than 200,000 leadership cadres at all levels have directly received

national-level advocacy lectures. All provinces and many cities across China have also organised local AIDS prevention and treatment policy advocacy teams, according to national unified arrangements, set out AIDS prevention and treatment policy advocacy lecture training plans and actively carried out advocacy work with local leadership cadres at all levels. In 2009, SCAWCO issued a document expressly encouraging the initiation of advocacy work in all regions. According to statistics: by 30th September 2009, approximately 120,000 leadership cadres and staff members from relevant provincial-level departments, 560,000 leadership cadres and staff members from relevant city-level departments and 760,000 leadership cadres and staff members from relevant county-level departments had received training on HIV prevention and treatment knowledge and policies.

3. Utilising existing leadership cadre training systems to carry out training. Establishing a long-term mechanism for cadre training. Taking advantage of the fact that all Chinese leadership cadres are required to receive training through the cadre training system before receiving promotions, the Chinese government is making full use of the existing leadership cadre training systems existing at all levels, including Party (and League) Schools at all levels and Administration Colleges, actively ensuring that training on AIDS prevention and treatment policy knowledge is incorporated into Party (and League) training curricula at all levels. During the past two years, the China Central Party School has organised and held training classes for multiple Party School systems, has carried out training for Party School teachers at all levels in a planned manner. The Ministry of Human Resources has also incorporated AIDS prevention and treatment policy and knowledge lectures into pre-appointment training for high-level civil servants. By the end of September 2009, Provincial Party Schools from 23 of the 31 Chinese provinces had incorporated AIDS Prevention and Treatment Policy training into teaching plans. AIDS prevention and treatment awareness information has also been included as central training content by the Ministry of Education National Education Administration College, the Ministry of Health Party School, the Ministry of Transport Party School, the State Administration for Industry and Commerce Party School and Party Schools of other departments and

ministries, as well as many city and county-level party schools, and awareness raising training is now being carried out for leadership cadres at all levels on a nationwide basis.

As a result of the positive example set by leaders, advocacy training and training carried out by Party (and League) Schools at all levels, leadership cadres in the majority of regions and departments are now aware of the nature of the AIDS epidemic, the importance of AIDS prevention and treatment work and the long term nature and magnitude of the task ahead. They have also learnt about relevant AIDS prevention and treatment policies, gained a more in-depth understanding of relevant techniques and methods of AIDS prevention and treatment, become more aware of the importance of AIDS prevention and treatment work and strengthened leadership in the AIDS response, and are ensuring full institutional support for the strengthening of the AIDS response in China.

(II) Community-Based Methadone Maintenance Treatment has Achieved Significant Results

Since 2004, when methadone community maintenance treatment work was initiated in China in 8 clinic trial sites in 5 provinces, clinic coverage and the number of people receiving treatment has rapidly increased year on year. By the end of 2009, there were a total of 680 methadone maintenance clinics spread across 27 Chinese provinces (and districts and cities). The total number of drug addicts who had received treatment was 242,000, and 113,000 people were currently receiving treatment. According to analytical estimates of the number of people attending maintenance treatment in 2008 and 2009, participation in methadone maintenance treatment had reduced the likelihood of drug users participating in HIV-related risk activities, and the rate of new HIV infections among those receiving treatment remained below 1%; the number of new HIV cases prevented in these two years is estimated at 3377 and 3900 respectively. Heroin consumption was reduced by an estimated 16.5 tons and 22.4 tons respectively and the value of the drugs trade was reduced by an estimated 6.077 billion RMB and 8.3 billion RMB respectively. Criminal activity was reduced and many opiate abusers and addicts recovered their ability to

operate as normal members of society, contributing to the stability of modern society. The principal strategies employed were as follows:

1 Working principles. Community-based methadone maintenance treatment work is carried out jointly by the Ministry of Health, Ministry of Public Security and the State Food and Drug Administration, under the leadership of the government. A multi-level management system is utilized and work is carried out on a not-for-profit basis, making full use of currently existing medical facilities, pharmaceutical production and supply resources and community management resources.

2 Organisational management structure. A National-Level Working Group has been established by Central Government. Provinces, autonomous regions and municipalities carrying out maintenance treatment have established provincial-level working groups. Areas where medical facilities carrying out maintenance treatment work are located have established local city level working groups. These working groups are responsible for organising maintenance treatment work, and clarifying the working responsibilities of different departments at different levels.

3 Specific implementation. (1). Confirmation and opening of clinics. Not-for-profit medical institutions fulfilling the necessary criteria may make written application to their local health authorities to establish a community maintenance facility. After inspection has been carried out by local authorities, the application will be passed to provincial level authorities. After the application has undergone initial inspection by provincial-level authorities and has been found to meet requirements, it will be submitted to the National-Level Working Group for re-inspection and confirmation. After a maintenance treatment facility has passed inspection and been found to meet the required criteria, it will begin treatment according to national guidelines. (2). Criteria and treatment procedures for treatment recipients. Treatment recipients must be addicted opiate drug addicts aged 20 or above (drug users already infected with HIV are exempted from this criterion), having full civil capacity, and must have undergone multiple drug detoxification treatments and must be still

unable to break free of opiate addiction. Applicants for maintenance treatment must apply for treatment according to the procedures and conditions set out in the regulations. Treatment may commence after the application is inspected and approved by a community treatment facility, identity information has been registered and an informed consent form signed. (3). Supply, use and management of medications. Methadone oral liquid is the medication used for maintenance treatment. Raw materials are distributed from top to bottom on a level-to-level basis, according to the treatment programme plan. Authorities at the provincial level will then coordinate the production and distribution of methadone oral liquid. (4). Management of maintenance treatment and treatment recipients. Maintenance treatment facilities are responsible for day-to-day maintenance treatment work, in accordance with the work plan. This includes on-site monitoring of medication use by treatment recipients, behavioural correction, psychological counselling, disease prevention counselling, urine testing and management of maintenance treatment medications, as well as ensuring that information relating to treatment recipients remains strictly confidential. Treatment recipients needing to travel to other places for short periods of time because of work, personal or other reasons may be provided with medication services in these places. Conditions are also set out for termination or suspension of maintenance treatment. (5). Provision of comprehensive services. Building on the basis of provision of maintenance treatment services, treatment recipients are provided with comprehensive services, such as HIV prevention and treatment awareness raising, employment skills training, implementation of the “Four Frees, One Care” policy and other policies, etc. (6). Monitoring and evaluation. Provincial-level authorities should incorporate the management and supervision of maintenance treatment facilities into their standard AIDS response work plans, and should visit maintenance treatment facilities to carry out on-site monitoring and guidance, on both planned and unannounced visits. The National Level Working Group should carry out spot-checks on maintenance treatment facilities, and carry out on-site monitoring and guidance. For facilities found to be not meeting the required criteria, authorization to act as a maintenance treatment facility will be revoked. Where illegal activity is found to be occurring, prosecution will be carried out according

to the law.

(III) Outstanding results Seen in China Comprehensive AIDS Response (China CARES)

In 2003, the Chinese government decided to set up comprehensive AIDS response China CARES (hereafter referred to as China CARES), applying international experience to the actual situation in China. The objective was to explore, over a period of 3-5 years, comprehensive mechanisms for AIDS prevention and treatment, appropriate to the realities of China, which would stop the spread of HIV and reduce the impact of AIDS.

1 Characteristics of China CARES: **a.** China CARES are made up of a county or district, comprising a fully functional administrative and social area; **b.** China CARES should be quite representative in nature. China CARES are chosen based on a combination of different factors, including the degree of seriousness of the epidemic, the primary transmission pathways, the state of economic development, local customs and practices, AIDS response capacities and the commitment of local government. A total of 127 counties (or cities, districts) in 28 provinces (or districts, cities) were selected, covering a total of more than 40,000 administrative villages and a population of 83,250,000. **c.** Comprehensive AIDS response strategies were put into place, based on local situations; **d.** In order to ensure the provision of sufficient funding for the AIDS response, the Central government and local government made available funding of close to 400 million RMB over 5 years. Other programme funding support amounted to 160 million RMB; **e.** Lessons learnt from the China CARES were gradually expanded to other regions, and a series of national and local AIDS response standards and specialist technical institutions guides were drawn up.

2 Effectiveness of China CARES: The results of an evaluation organised in 2008 of the work being carried out in China CARES showed that the planned working objectives had mostly been achieved: Awareness of AIDS knowledge among the public had reached 86.2% (planned objective 75%); rate of condom use among sex workers was 85% (planned objective 70%); percentage of drug

users who had shared injecting equipment with another person during their last instance of drug use was 12.1% (national level is 27.5%); the total number of people having received antiretroviral treatment was 19,000 (accounting for 46.2% of the national total). The percentage of those living with HIV who were still living 12 months after commencing antiretroviral treatment was 87.4%, (national level is 84.4%). PMTCT services were rolled-out fully, and the rate of mother-to-child transmission fell to 9.1% (compared with 33% when work began in the China CARES).

3 Main strategies and measures employed in China CARES:

a. Setting up working mechanisms based on government leadership, individual departments assuming specific responsibilities and full participation from all society. The China CARES took the lead in China in setting up county-level AIDS Response Committees or Leadership Teams, making clear the responsibilities of the different sectors of government in the AIDS response, and mobilizing and supporting the power of society in carrying out AIDS response activities.

b. Different categories of strategic guidance based on local conditions. China CARES were divided into 5 categories based on their primary transmission pathways and other epidemic characteristics, as well as the response priorities for each zone. The five categories are as follows: priority on treatment and care; priority on treatment and care, with attention given to sexual transmission prevention interventions; strengthening sexual transmission prevention interventions on a basis of awareness raising education; priority on injecting drug transmission prevention interventions; equal importance placed on prevention interventions aimed at injecting drug use transmission and sexual transmission. Different guiding strategies were formulated based on the nature and characteristics of each category.

c. Achieving organic integration of management and specialist technical institutions support mechanisms. A four-level China CARES management system was set up, consisting of national, provincial, local (city) level coordinators and county (district) level offices. The national China CARES

management office is responsible for formulation of China CARES planning and organisation of implementation as well as monitoring and evaluation, training, experience sharing and roll-out work. The provincial-level Health Authorities should establish China CARES management offices, responsible for specific management of work carried out in China CARES. Three level comprehensive AIDS response networks have been established in the majority of China CARES, operating at county, township and village levels. Expert groups have also been established, with responsibility for carrying out specialist technical institutions guidance work to China CARES divided between group members.

d. Development of annual working plan. China CARES should set out annual implementation plans and budgets based on local realities, to be implemented after inspection and clearance from provincial-level and national-level authorities. During the process of implementation, thorough monitoring should be carried out, and any issues discovered should be swiftly resolved. This should lead to a constantly improving work management model operating as follows: Drafting of plan for China CARES → Provincial level review → National Expert Group Review and Guidance → Implementation → Monitoring and evaluation → Issues and feedback → Revision of plans → Re-implementation.

e. Establishing and strengthening a monitoring and evaluation system for the whole process. The China CARES have set up regular work reporting systems to monitor progress and the status of work implementation. Each China CARES carries out twice-yearly self-assessments, and each province carries out one annual comprehensive monitoring activity. National level authorities carry out one annual spot-check monitoring activity in which multiple departments, international organisations, civil society organisations and experts are invited to participate. Monitoring activities involve inspection of files and other materials, carrying out on-site observations, personnel knowledge and skills inspection, individual interviews with stakeholders and surveys and workshop discussions with multiple sectors.

f. Carrying out information exchange and experience sharing and roll-out. “Work Status Updates” are regularly published, sharing information on progress and lessons learned from the China CARES. By the end of 2008, a total of 31 editions had been published. At the same time, a China CARES section of the website has been set up, providing scientific publications on the China CARES. Four collections of experience sharing materials have been published. Provinces and China CARES also issue China CARES working reports, and other documents.

Based on the lessons learned, China initiated the National AIDS Response China CARES Expansion Programme in August 2009. The second round of China CARES included 309 counties supported with Chinese government funding and 441 counties supported by international cooperation programmes, situated in 31 Chinese provinces, autonomous regions and municipalities. The achievement of universal access targets in China is moving towards a new phase.

(IV) “AIDS Care China” Community-Based Groups are Playing an Increasing Role in the National AIDS Response

AIDS Care China is a community-based group working on HIV/AIDS in China, founded in 2001, with the mission of “developing and promoting best practice and practical experience by cooperating and communicating with the government and NGOs to create a tolerant, fair and non-prejudiced social environment, improve the quality of life of people living with HIV/AIDS and push the development of civil society.” As one of the many community-based working groups providing services on HIV/AIDS prevention and control in China, AIDS Care China has carried out a number of projects. In 2006, UNDP and UNAIDS presented ACC with the inaugural Red Ribbon Award for the organization’s community-based approach in combating HIV/AIDS. Thomas Cai, the director of ACC, received a “Special Contribution Award” from Yunnan Provincial government in 2008. On December 1st 2009, Thomas Cai, together with other experts and representatives from other sectors, participated in an AIDS work seminar hosted by Premier of the State Council Wen Jiabao, and received Premier Wen’s recognition and encouragement for ACC’s work.

1 Content and Place of Work

In 2004 AIDS Care China began cooperating with medical/public health departments to improve adherence in ARV treatment, and also began to provide physical assistance and emotional guidance for people living with HIV, including providing allowances for welfare and education, and medical funding in emergencies; AIDS Care China also provided help to children affected by HIV/AIDS; provided intervention services for migrant workers and injection drug users. Current project areas include Guangdong, Guangxi, Yunnan and Hubei Provinces.

2 Working Methodologies and Outcomes

a. ACC supports the national treatment project for PLHIV through: providing training to community staff to help them to assist with treatment-related counselling and education; improving the environment in treatment clinics to help PLHIV to build self-identity and confidence; developing data-management software for regular testing, suitable for use at the grassroots level; improving the follow-up system management, to provide timely treatment entry and referral services and; providing support for ARV treatment in close-settings. By the end of 2009, a total of 35 Red Ribbon Centers had been established in the four provinces, providing ARV treatment services for 13,541 PLHIV and follow-up services for 4,868 PLHIV who had not yet started treatment. Through cooperation with the public security authorities and judicial authorities, ACC also provides assistance with ARV treatment for PLHIV in closed-settings, with a total number of 714 currently receiving treatment. By comparing pre and post-project data it can be seen that: the average number of new ARV treatment recipients in each project site has increased from 4.59 at the beginning to 8.73, an increase of 90%. The annual drop-out rate during treatment has decreased from 3.63% to 1.17%. In the Yunnan project, the survival rate of PLHIV after 12 months of treatment is higher than 93.7%. Among all the PLHIV that received ARV treatment in closed-settings that were available for follow up, 92% were continuing to receive treatment after being sent back to their place of origin.

b. “Self-help Network of Women Living with HIV/AIDS”. This project aims to provide accurate information and services for female PLHIV, to protect their rights, and to encourage them to build a confident and self-supporting attitude. This project has provided service and support to around 1400 women in four provinces, including counselling services, text-message and psychological support, and community group activities. The number of key members of the network is now almost 850.

c. Providing help to children affected by HIV/AIDS. Four “Children’s Homes”, based on a family care model, were set up in the project area and have provided care to 34 AIDS orphans living with HIV. Since 2005, a total number of 256 children affected by AIDS were provided with a monthly welfare allowance of 100–120 RMB, and 340 children affected by HIV/AIDS were provided with an educational allowance. Moreover, a treatment fund has been established. ACC have raised 550,000 RMB since 2007 for this fund, of which 260,000 RMB has been used to help 84 people who required medical services.

d. Prevention and Intervention. ACC have developed a handbook for positive prevention, to provide intervention to PLHIV. A positive prevention and intervention strategy research project into 600 PLHIV suggested that efficient and people-friendly interventions can significantly reduce risk behaviors. According to a one-year observation, the rate of new infections of hepatitis B and C among the intervention group has fallen by 50%. ACC also conducted interventions for migrant workers in the Pearl River Delta, and provided targeted counseling and voluntary testing and referral services for more than 5000 migrant workers over a period of 15 months. ACC also cooperated with 6 Methadone treatment clinics to strengthen referral links between MMT and ARV treatment. By the end of 2009 the positive rate from urine tests in 5 of the cooperating MMT sites was only 12.17%, significantly lower than that of the population not covered by this intervention (22.33%).

Currently, AIDS Care China is reviewing its past experiences, which will be used as a basis for the expansion of this working model to other provinces.

IV. Major challenges and remedial actions

(I) Main Challenges

The 2007 Joint Assessment Report described 7 areas where the Chinese AIDS response was facing challenges. Through two years of hard work, China has made important progress in many areas, such as the coverage of comprehensive intervention services, the quality of interventions with high-risk groups, the participation of civil society organisations and the improvement of the monitoring and evaluation system. Nevertheless, China's AIDS response still presents rigorous challenges, and some issues remain unresolved. Furthermore, several new situations and issues have emerged during the development of the AIDS response. The primary challenges currently being faced are listed here:

(1) The AIDS epidemic is becoming increasingly complex, with serious epidemics in some regions and among some populations, and it has not been possible to effectively bring new infections under control. At the same time, some people living with HIV have not yet been diagnosed.

(2) Leadership cadres from some regions and departments are still failing to fully appreciate the seriousness of the AIDS epidemic, and lack awareness of the dangerous nature of the epidemic, the difficulty and magnitude of response work, and the urgency and long-term nature of the response. A long-term effective response mechanism has not been in place.

(3) The risk factors promoting the spread of the AIDS epidemic still exist. Interventions directed at high-risk groups, particularly MSM groups, lack effectiveness, making this work very challenging. The size of the migrant population is huge, and this population is very sexually active. Targeted interventions remain very challenging to implement.

(4) Implementation of the "Four Frees, One Care" policy is uneven. Coverage of PMTCT and antiretroviral treatment is insufficient.

(5) There is scope for increased participation from civil society organisations in

the AIDS response. The capacity of these organisations needs to be strengthened and working methods need to be standardized.

(6) Social stigma still exists to a considerable degree. Some PLHIV, as well as their families, still face difficulties in terms of employment, study and healthcare.

(7) The number of people working in the AIDS response is insufficient, and the capacity of these people needs to be strengthened, particularly in regions where the AIDS epidemic is relatively serious.

(II) Remedial actions

Based on the “Regulations on the Prevention and Treatment of HIV/AIDS”, the AIDS response will continue to adhere to the principles of “prioritising prevention, combining prevention and treatment and implementing a comprehensive response”, with primary objectives of “reducing incidence of HIV, reducing mortality from AIDS and improving the living conditions of PLHIV” (the two reduce, one improve target), summarising successful experience, exploring effective models and mobilising all sides to step up efforts to implement the “Four Frees, One Care” policy and other measures for prevention and treatment of AIDS, effectively slowing the spread of the AIDS epidemic in China.

(1) The government will work to strengthen organisational leadership, fully carry out the responsibilities allocated to government in the “Regulations on the Prevention and Treatment of HIV/AIDS”, promote the regularisation, systematisation, standardisation and sustainability of the AIDS response and strengthen the result-based management and assessment mechanisms of government at all levels. Member organisations of the State Council AIDS Working Committee will work to strengthen the distribution, implementation and monitoring of AIDS response work carried out within the system.

(2) The government will work to strengthen AIDS response work in key regions

and among the migrant population, and to fully and properly implement a range of AIDS response measures. The scope of monitoring and testing will be expanded, and effective measures will be taken to discover new cases of HIV to the greatest degree possible, ensuring that effective prevention and treatment services are provided to those who need them.

(3) Work will be carried out to strengthen interventions with high-risk populations, improve the quality and effectiveness of interventions and continuously summarise and share experience. Mechanisms will be strengthened to improve the accessibility of treatment and the coverage of PMTCT interventions; prevention of spousal transmission of HIV will be strengthened.

(4) The government will continue to implement the “Four Frees, One Care” policy, protecting the various rights of populations affected by HIV, and will strengthen awareness raising advocacy and education to effectively reduce social discrimination.

(5) Social forces will be actively mobilised and channelled to participate in the AIDS response, especially those civil society organisations and community-based groups with a strong sense of social responsibility. Business and volunteers will be encouraged and mobilised to participate in AIDS response work.

(6) AIDS response work will be linked to efforts to strengthen equality of public health services forming part of the reform of the healthcare system. Capacity building will be strengthened among grassroots community service institutions, particularly those medical and healthcare service institutions operating in areas where the AIDS epidemic is more serious, improving comprehensive service standards.

V. Support from country's development partners

The Chinese government follows a working model based on government taking the lead, multiple sectors fulfilling individual responsibilities, and joint participation from all society in order to carry out an in-depth, sustainable AIDS response. As important partners for the government in the AIDS response, some supportive foreign governments, international organisations, businesses and civil society organisations have become important partners for the government in responding to AIDS. Their broad participation and positive action in the AIDS response has become an important component of China's overall AIDS response.

(I) Participation and Support of International Partners

International cooperation projects have always constituted an important component of China's response to AIDS. According to incomplete statistics, more than 100 international cooperation projects were implemented in China in 2008-2009, involving more than 30 international development partners. Funding support for the two years amounted to 610 million RMB and 580 million RMB respectively (a combined total of approximately US \$174 million).

In order to support China's AIDS response, the United Nations Theme Group on HIV/AIDS (UNTG) has consolidated resources to create the UN Joint Programme on AIDS in China, which works to support China's response to AIDS. In order to strengthen communication and coordination, UNAIDS which, serves as a coordinating mechanism, has set up a regular meeting system with the Ministry of Health to facilitate information exchange and promote the effective implementation of the UN Joint Programme. Several international organisations, supportive foreign governments and private foundations have provided active support to China's AIDS response and have jointly implemented many important cooperation projects. The implementation of international cooperation projects not only makes up for shortages in funding for China's AIDS response, it more importantly introduces successful and advanced concepts, strategies, techniques and experiences from the international response. This provides impetus to the transformation of China's AIDS response political environment, and promotes the formation of working

mechanisms for the AIDS response. Implementation of international cooperation projects has also promoted the development of AIDS response teams, improving quality of service provision and comprehensive capacity. Combining successful experiences from other countries with the situation in China to develop models suitable for China's AIDS response has been especially useful, and has allowed these new models to be gradually rolled out and applied in the Chinese AIDS response. At the same time, new experiences can be shared with other countries, particularly developing countries. Currently, international cooperative AIDS programmes constitute one part of China's AIDS response comprehensive framework, and are already providing coverage at the national, provincial, city and county levels. Areas of work receiving support include all sides of the AIDS response. Furthermore, under the guidance of the UN's "Three Ones" principle (one national AIDS coordinating authority, one agreed HIV/AIDS action framework, one agreed country-level monitoring and evaluation system), AIDS response resources from all levels have been integrated, promoting the stepping up of AIDS response work across China.

Since 2003, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has supported China to carry out multiple rounds of cooperative AIDS response projects, achieving highly positive results. In 2008, the application for the 8th Round AIDS project was again successful, focusing on comprehensive prevention and treatment among migrant populations. In 2009, with the support of international cooperation partners, and based on the Global Fund's rolling principle, China successfully applied for the Global Fund HIV/AIDS Rolling Continuation Channel Programme (RCC Programme). The objective of the RCC programme is to achieve comprehensive consolidation of Global Fund support funds with the resources of the recipient country, promoting unified planning of AIDS response work and full implementation of national AIDS response planning. The duration of the RCC programme is 6 years (2010-2015), and covers 31 provinces (and municipalities, autonomous regions). The upper limit for total funding supported by the Global Fund is US \$510 million (including Round 8).

In November 2009, with the objective of strengthening information exchange and experience sharing from international cooperation projects, China's Ministry of Health, together with the UN China Theme Group on HIV/AIDS jointly hosted the 5th Conference for the International Cooperation Programme on AIDS in Shanghai, China, providing an overview of the past 20 years of international cooperation programmes in China. This conference fully demonstrated the lessons and experiences gained from integration of the priorities and strategies of international cooperation programmes into China's AIDS response, which has supported the AIDS response in China.

China is increasingly beginning to play a role in cross-regional cooperation on the AIDS response. For example, the Chinese Ministry of Health has carried out joint AIDS control programmes in the China-Myanmar, China-Laos and China-Vietnam border regions, establishing cross-border cooperation mechanisms to provide services to high-risk populations, carry out behavioural interventions, hold health promotion activities, etc., jointly strengthening AIDS prevention intervention work in border regions.

In current and future work, international cooperation partners should continue to raise funds to introduce the newest AIDS response strategies and experiences to China, promoting the introduction of international best practice and strategy in China. Effective AIDS response measures should be explored, rolled-out and implemented, using the RCC programme as an entry point, providing support for China's AIDS response. At the same time, practical experience exchanges between China and other countries will be actively strengthened, allowing China's experiences from the AIDS response to be shared with the world.

(II) Participation and support of business sector

In 2007, the Chinese government issued the "Notification Regarding Mobilisation of the Business Sector for Broad Participation in the AIDS Response". In 2008, the All-China Federation of Industry and Commerce became a member organisation of the State Council AIDS Working Committee, and actively called on businesses to participate in the AIDS response.

A number of Chinese and international well-known, large-scale companies began donating money and resources to the China Women's and Children's Development Foundation, the China Red Ribbon Foundation and the Chinese Foundation for Prevention of STD and AIDS. Several well-known banks and companies also funded the construction of school teaching buildings, supporting children affected by AIDS. Several Chinese producers of ART medications have also made appropriate contributions to support treatment for PLHIV, improving the quality of life of PLHIV, reducing medication prices and reducing the burden placed on the government.

More and more companies have begun to set out internal AIDS prevention strategies, and are carrying out AIDS prevention and treatment awareness raising and anti-discrimination education within the workplace, actively fulfilling the social responsibilities of business. Some businesses are also working to support the migrant population, and in particular rural migrant workers, by carrying out AIDS awareness raising education initiatives.

Merck. Co. has actively cooperated with the Chinese government to carry out AIDS prevention and treatment programmes. In Liangshan Prefecture, Sichuan, where the epidemic is relatively serious, Merck has mobilised resources to study the epidemic and control the spread of HIV.

On the eve of World AIDS Day 2009, the Beijing office of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) launched the China HIV/AIDS Media Partnership (CHAMP). Public service announcements produced by CHAMP have been displayed in national media and broadcast on provincial-level television stations. Broadcasting slots were all provided free of charge by partner media organisations, achieving excellent results in terms of advocacy.

Although significant results have been achieved through participation of Chinese businesses in the AIDS response, it is important that more businesses fulfil their social responsibility, and provide support to China's AIDS response.

At the same time, companies must properly implement the “Labour Contract Law” and “Employment Promotion Law”, ensuring that the rights of PLHIV are protected; within companies, awareness-raising activities and training should be carried out, reducing stigma and creating a good quality working environment.

(III) Participation and support of civil society organisations and community-based groups

In recent years, with the stepping up of the AIDS response, the number of civil society organisations and community-based groups participating in the AIDS response has steadily increased. The capacity of these organisations is also continually increasing and the importance of their role is becoming greater and greater. According to incomplete statistics, by the end of 2009, more than 500 civil society organisations and community-based groups were actively participating in the AIDS response. At the same time, the number of volunteers becoming involved in PLHIV mutual help organisations, women’s groups and high-risk population intervention groups continued to increase, providing support to the government with the implementation of various projects in the AIDS response involving awareness-raising, interventions with high-risk populations, treatment and care, etc..

Civil society organisations utilise government-provided funds mobilised from society in the national AIDS response to implement AIDS prevention and treatment activities. Statistics show that between 2002-2008, more than 50 civil society organisations used funds mobilised from society of 41 million RMB to carry out 384 projects involving awareness raising, interventions, care and capacity building. Prior to 2007, national social mobilisation funded projects for the AIDS response did not exceed 6 million RMB. In 2008, funding increased to 10 million RMB, supporting civil society organisations to carry out work. From 2005-2009, international cooperation programmes supported civil society organisations and community-based groups to carry out projects in the AIDS response with funding of 80.24 million RMB. Funding in 2008 amounted to 31.06 million RMB and 37.25 million RMB in 2009. These projects did not only support civil society organisations and community-based groups to carry

out a range of activities in the AIDS response, but also allowed these groups to strengthen their own capacities. Some community-based groups are continuing to grow, and are registering with the Ministry of Civil Affairs, thus becoming civil-society organisations.

In 2009, the Global Fund China Country Coordinating Mechanism (CCM) held elections. Two representatives were elected according to principles of openness, transparency and equal participation representing PLHIV and community-based groups, demonstrating the principle of full participation of PLHIV in the AIDS response in action, and ensuring that PLHIV continue to play an active role in planning, implementation and monitoring of the AIDS response.

The Chinese Preventive Medicine Association, the AIDS Association, and other public benefit civil society organisations are continuing to play an important coordinating role. In 2007, the AIDS Association, together with 16 provincial-level associations jointly established the National STD and AIDS Response Association System Alliance, with the objectives of supporting, guiding and standardizing response work carried out by civil society organisations. Currently, 19 provincial-level associations are already actively participating. In December 2009, the AIDS Association convened the “Inaugural All-China Civil Society Organisation Experience Sharing Meeting on Participation in the AIDS Response” in Xi’an. 500 drafts were submitted for experience sharing, and more than 350 representatives from 29 provinces (and districts, cities) participated in the meeting to share experiences. Representatives from more than 100 community-based groups engaged in experience sharing during the meeting and in satellite meetings.

The Chinese government is now fully aware of the power and role which civil society organisations can play in the response to AIDS, and is progressively increasing funding and policy support, thus helping to resolve some of the difficulties civil society organisations may face in participating in the AIDS response. Civil society organisations should continue to carry out internal capacity building and continue to provide prevention and treatment services to

key populations, in accordance with the stipulations of the “Regulations on HIV/AIDS Prevention and Treatment” and the requirements of the National HIV/AIDS Plan and Action Plan.

VI. Monitoring and evaluation environment

(I) Current State of Monitoring and Evaluation in China

In 2007, China issued the “China AIDS Response Monitoring and Evaluation Framework (Trial Version)” (hereafter referred to as the “Framework”), clearly setting out guidelines for organization and management, content and indicators, reporting and feedback, methodology and funding support for monitoring and evaluation (M&E). In line with the requirements set out in the “Framework”, China has already created a system in which SCAWCO acts as a coordinating body; NCAIDS takes responsibility for provision of support from specialist technical institutions and; member organizations of the State Council AIDS Working Committee are responsible for coordinating AIDS M&E work. M&E work at all levels is carried out in accordance with national management systems and mechanisms. Service providing institutions carry out response work including data collection, analysis and reporting, according to procedures and guidelines set out by national AIDS response specialist technical institutions. AIDS Working Committee Offices and Health Departments at all levels provide feedback and issue M&E results through appropriate channels. In 2008, in order to provide support for the implementation of the “Framework”, China formulated the “User Handbook of the National AIDS Response M&E Framework (trial version)”, providing detailed operating procedures and specialist technical institution guidance for the collection of indicator data; an interim evaluation was then carried out on the implementation of “China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)”, using the “Framework” as a guide.

Where regular monitoring and supervision is concerned, NCAIDS is responsible for collection, reporting and analysis of relevant AIDS response-related information. In January 2008 NCAIDS carried out a relatively comprehensive electronic integration of the AIDS response information system, creating and starting operation of the China HIV/AIDS Response Information Management System (CRIMS), providing comprehensive, reliable, scientific and timely data for formulation and evaluation of response planning. In 2009, with the aim of further improving the quality of data, the government

issued the “AIDS Response Data Quality Evaluation Protocol” and initiated evaluation work.

Currently, a multi-component comprehensive surveillance system has already been established in China, including the National Internet-based Real Time Reporting System, the HIV/AIDS Sentinel Surveillance System (including behaviour surveillance) and the Special Epidemiological Survey. The HIV/AIDS Sentinel Surveillance System is an important component of this system. By the end of 2009, a total of 1318 HIV/AIDS sentinel surveillance sites were operational and reporting data, carrying out monitoring of 14 population categories including drug users, sex workers, males seeking treatment in STI clinics, MSM, clients of sex workers, long-distance truck drivers, pregnant women, people with tuberculosis, young students, migrants, spouses of PLHIV, people undergoing pre-marital health checks, people entering and leaving China and people seeking treatment in hospitals. In 2009, the number of people surveyed was 460,000.

In terms of on-site supervision, China has carried out various forms of on-site supervision work, based on principles of category-based supervision and the requirements of response efforts. The first form of supervision was joint multi-sectoral supervision, which aims to strengthen local government leadership and comprehensive policy advocacy. In 2008-2009, a number of member organisations of the State Council AIDS Working Committee carried out multi-sectoral joint supervision in Sichuan, Guangxi, Hebei, Qinghai and Chongqing. More than 32 people from 10 departments participated in this supervision activity. The second form of supervision was international cooperation programme joint supervision which is organised by the Ministry of Health every two years. In 2008, the Ministry of Health organised for experts and representatives from international organisations to carry out joint supervision of international cooperation projects in Guangxi, Anhui, Guizhou and Shandong. The third form was comprehensive supervision carried out by AIDS response specialist technical institutions, and organised by the health authorities, which aims to resolve specialist technical institutions issues and check data quality. In 2008-2009, experts from the Ministry of Health HIV/AIDS

Expert Committee carried out comprehensive specialist technical institution supervision of more than 100 counties in 22 provinces (or districts, cities) including Guangdong, Liaoning, Hebei and Inner Mongolia, with the participation of experts from relevant fields. The fourth form was dedicated supervision activities organised by the member organizations of the State Council AIDS Working Committee, which aims primarily to supervise various departments within the sector in meeting their responsibilities in the AIDS response. The fifth form was specific supervision for various programmes, for which responsibility is mostly taken by the individual programmes, and the aim of which is primarily to evaluate the implementation status of each programme.

In terms of publication and utilization of M&E results, China has distributed M&E information through publication and distribution of the “Joint Assessment of the HIV/AIDS Prevention, Treatment and Care in China”, “China AIDS Epidemic and Response Progress Report” and “National Comprehensive AIDS Response Data Monthly (Quarterly and Annual) Report.” Through utilising websites, convening press conferences, mail distribution and other such channels, AIDS response M&E information and feedback from various levels and departments is distributed, and guidance is provided to work being carried out in the AIDS response. In 2008-2009, after completing supervision activities, SCAWCO and NCAIDS provided provinces which had received supervision with formal supervision feedback reports, providing a basis for implementation of recommendations and promotion of reform, ensuring the effective utilization of the M&E results.

Besides this, from June to October 2009, SCAWCO and the Global Fund AIDS grant RCC programme office jointly organized assessment activities to analyse and evaluate the operational situation of the national AIDS response M&E system, according to the ‘Guidelines for the Assessment of Country AIDS Response Monitoring and Evaluation System’ issued by UNAIDS. This assessment identified gaps in work implementation and the main factors causing these gaps, and provided suggestions for improvements and recommendations.

(II) Challenges faced

China's AIDS response M&E system has still not been completed. There are no institutions or dedicated personnel at the grassroots level which are clearly responsible for M&E activities and awareness; prioritization of M&E at the grassroots level is still insufficient; the capacity of M&E personnel is insufficient, particularly in terms of data analysis personnel, where capacity is severely lacking. This creates obstacles for the effective analysis and utilization of M&E results.

(III) The next phase of measures

The next phase of work involves further improving the "Framework", clarifying the duties and responsibilities of various departments in terms of M&E, establishing and completing M&E organization and management systems and corresponding M&E information systems; funding for M&E should be utilised and managed to ensure the correct use of dedicated funds; the establishment of M&E work groups and personnel capacity building should be stepped up. The construction of M&E teams must be strengthened and the capacity of the team members should be improved. Effective utilisation of AIDS response data should be strengthened.

Annex 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

Annex 2: Funding Matrix

Annex 3: Key indicators for 2010 Reporting on the Health Sector's response to HIV/AIDS (For Hong Kong SAR)

Annex 4: Key Indicators for 2010 Reporting on the Health Sector's response to HIV/AIDS (For Macau SAR)

Annex 1: Consultation/preparation process for the country report on monitoring the progress towards the implementation of the Declaration of Commitment on HIV/AIDS

Preparation of the 2010 Progress Report on the implementation of “Declaration of Commitment on HIV/AIDS” (hereafter referred to as the “Report”) was led by the Chinese Ministry of Health, which coordinated relevant multi-sectors and organizations on the collection, verification, discussion, analysis of data, and drafted the narrative reports, before submitting the report through the online system to UNAIDS. Stakeholders including government departments, civil society organisations and international organisations actively participated in this process, and made significant contributions. Here, a brief overview is given outlining the report preparation and completion process and of the report.

1. Establishing a core working group, carrying out thorough preparations for the report.

In July 2009, the Chinese Government initiated preparation work for the country progress report on implementation of the UNGASS “Declaration of Commitment on HIV/AIDS”. Designated personnel were requested to study the Guidelines on Construction of Core Indicators, analyse other countries’ report submissions for the previous period on the UNAIDS website, and to analyse the feedback and recommendations provided by UNAIDS on the previous report round.

From 29th September to 2nd October 2009, the Chinese government sent representatives to participate in the 3rd Asia Pacific Monitoring and Evaluation Meeting in Bangkok, organised by the Asia-Pacific Regional Office of UNAIDS, to receive training on preparation for the 2010 UNGASS Report. After the meeting, a report preparation work plan and timetable was immediately prepared, and a core working group, headed up by the Ministry of Health, was established, composed of representatives from the Ministry of Health, the Chinese Centre for Disease Control and Prevention, the China Office of UNAIDS and the AIDS Association. All members were allocated specific

working responsibilities.

On 26th October 2009, the core working group held its inaugural meeting, where information regarding this round of reporting was discussed, including the background to the report, report format, content and requirements, and arrangements for completion of work. The guidelines on the construction of core indicators were analysed in depth; the applicability and availability in China of the 25 core indicators was analysed, as were data sources, tools, data collection and analysis procedures, and the principles upon which the drafting of the report should be based. An initial division of labour was set out, and working mechanisms and procedures for the core working group were drawn up, ensuring the smooth implementation of the various areas of work.

2. Collecting data through a range of channels and report drafting, building a comprehensive picture of China's AIDS response.

From November 2009 to February 2010, the core working group carried out collection, review and analysis of indicator data. With significant support from the Ministry of Health, Ministry of Education, Ministry of Civil Affairs, Ministry of Science, NCAIDS, China CDC, Maternal and Child Health Center, Center for TB Prevention and Control, as well as international organisations and civil-society organisations, the majority of indicator data was obtained, and substantial amounts of material were provided for the narrative report. Furthermore, through carrying out literature review and interviews with relevant organisations and individuals, NCAIDS completed Part A of National Composite Policy Index.

Work on National Composite Policy Index Part B was led by the Chinese AIDS Association. The China HIV/AIDS Information Network (CHAIN), the Dongjien Center for Human Rights Education and Action and other organisations worked together to coordinate participation of community-based groups in filling out the responses to this section. UNAIDS China office provided specialist technical support. On 16th November 2009, the Chinese Association of STD & AIDS Prevention and Control organised a discussion meeting, setting out clearly work planning and a division of labour; On 2nd December, a second

meeting was convened, and a report drafting working team was established, including representatives from civil society organisations and community-based groups among its members. Through a variety of methods, the working group mobilised civil society organisations to actively participate in the survey. These methods included setting up a page on the CHAIN website, <http://www.chain.net.cn> and establishing an email account for posting information and collecting feedback. In December 2009, the AIDS Association convened a seminar and an opinion-seeking meeting. Through distributing and collecting questionnaires at these meetings, mobilising participants to fill in online surveys, and encouraging mailed-in and email feedback, opinions and recommendations were broadly sought from civil society organisations and community-based groups, particularly PLHIV networks and representatives of high-risk populations and other vulnerable groups. According to incomplete statistics, 58 civil society organisations and community-based groups participated in online surveys, workshops and opinion-seeking meetings, and a total of 66 completed questionnaire surveys were received from representatives civil society organisations, community-based groups or individuals from more than 20 provinces (or districts, cities) from across China. CHAIN and the Beijing Aizhixing Research Institute carried out analysis of relevant laws and regulations. From January to February 2010, the National Composite Policy Index Part B working group carried out data analysis and review, filled in the questionnaire, and organised a consultation meeting with the participation of civil society organisations and community-based groups to discuss initial findings.

From 3rd – 15th March 2010, the Ministry of Health, the UNAIDS China Office and the WHO China Office jointly discussed and developed the draft narrative report. The UNAIDS China Office also allocated a dedicated member of staff to carry out translation of the report.

3. Achieving consensus on the report through a broad process of opinion-seeking.

In order to fully seek the opinions of stakeholders on the draft of the report, the Ministry of Health, UNAIDS and the AIDS Association convened a meeting and

discussed methods and processes for seeking opinions. It was decided that a consultation meeting should be used for this purpose, and a list of participants was created. On 16th March 2010, the Ministry of Health convened a consultation meeting. More than 50 representatives from SCAWC member organisations, the Ministry of Health Expert Consultant Committee, specialist technical institutions, UN agencies, bilateral organisations, international NGOs, businesses, civil society organisations, community-based groups and PLHIV. All parties gave full approval and recognition to the initial draft, and a range of opinions and recommendations were given regarding the initial draft. After the meeting, the core working group brought together the various opinions, carried out analysis and appropriately incorporated the opinions and recommendations into the report, and revised the opinion seeking draft, creating a draft to be submitted for approval. After review and approval from Ministry of Health leaders, the final draft will be submitted to UNAIDS.

The UNGASS report constitutes a relatively comprehensive overview of China's work in the AIDS response. It fully reflects the progress that has been made in implementing the "Declaration of Commitment on HIV/AIDS" in China. After the report has been submitted to UNAIDS, it will be made publicly available, allowing governments, organisations, scientific research bodies and civil society within and outside China, who have an interest in China's AIDS response to study and use. Data and survey results for the various indicators included in the report are held by SCAWCO. SCAWCO is also responsible for carrying out interpretation of report content.

4. Clarification

The following clarification is given regarding a number of the results from the survey for NCPI survey section B: (1) Mobilisation and report filling methods used for the completion of section B for this report were different from those used in 2007. As a result, it is not appropriate to compare the results obtained from this year's survey and the 2007 survey. (2) Although a variety of methods were used to carry out mobilisation, only a limited number of civil society organisations and community-based groups participated in the survey, giving

the results limited representativeness. (3) Through workshop discussions it has been established that civil society organisations and community-based groups experienced significant difficulty in interpreting the content and text of the questionnaire, with some questions being insufficiently clear. This is likely to have affected the ways in which questions were interpreted and answered.(4) In some questions, response options were not clear, and only “yes” or “no” were provided as options, meaning that proper explanation of answers could not be provided.

Annex 2: Funding Matrix

UNGASS "Declaration of Commitment on HIV/AIDS" Core Indicator 1 (Domestic and international AIDS spending by categories and financing sources). Funding Matrix – 2009 (units: 10,000 Yuan RMB)									
Category of AIDS spending	Total (RMB)	Public spending			International funding				
		Total	Central/National-Level	Sub-National Level	Total	Bilateral	UN Agencies	Global Fund	All other international financing
Total (RMB)	241530.51	183581.00	122295.00	61286.00	57949.51	7631.96	4815.32	31418.01	14084.22
1. Prevention					31045.61	4773.61	2627.99	15731.49	7912.52
2. Care and treatment					9316.52	571.85	374.00	5048.57	3322.10
3. Orphans and vulnerable children					1179.80		1179.80		
4. Project management and administrative strengthening					3023.91		76.16	1281.75	1666.00
5. Human resources					3270.63		42.45	2248.18	980.00
6. Social protection and social services					44.20		44.20		
7. Supportive environment					10066.80	2286.50	468.68	7108.02	203.60
8. HIV-related research					2.04		2.04		

UNGASS “Declaration of Commitment on HIV/AIDS” Core Indicator 1
(Domestic and international AIDS spending by categories and financing sources). Funding Matrix – 2008 (units: 10,000 Yuan RMB)

Category of AIDS spending	Total (RMB)	Public spending			International funding				
		Total	Central/National-Level	Sub-National Level	Total	Bilateral	UN Agencies	Global Fund	All other international financing
Total (RMB)	224972.46	163952.00	107069.00	56883.00	61020.46	9087.19	5431.95	30567.13	15934.19
1. Prevention					32625.37	5035.70	2888.32	15624.55	9076.80
2. Care and treatment					6205.42	516.51		3725.64	1963.27
3. Orphans and vulnerable children					1005.78		951.08		54.70
4. Project management and administrative strengthening					5682.66	3184.98	776.39	1701.29	20.00
5. Human resources					7770.78	350.00	441.52	2360.56	4618.70
6. Social protection and social services									
7. Supportive environment					7569.89		214.08	7155.09	200.72
8. HIV-related research					160.56		160.56		

Annex 3 Key Indicators for 2010 Reporting on the Health Sector's response to HIV/AIDS (For Hong Kong SAR)

(A) Testing & counseling

Indicator	Numerator	Denominator	Indicator value %	Comment
Number (and percentage) of people age 15 and over who receive HIV testing and counselling and know the result	-	-	-	No local data is available
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the result	-	-	-	No local data is available
Proportion of sexually active young men and women aged 15-24 who had an HIV test in the preceding 12 months and who know the results	-	-	-	No local data is available
Percentage of pregnant women who know their HIV status	51,737	52,688	98.2%	Information derived from the Universal Antenatal HIV Testing Programme in 2008
Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	Men who have sex with men; Female sex workers; Heroin drug users attending methadone clinics	MSM FSW HDU	MSM 35.7% FSW 48.8% HDU 81%	Information obtained from the following surveys / surveillance system: MSM – PriSM 2008 FSW – CriSP 2009 HDU – MUT 2009
Percentage of TB clients who had an HIV test result recorded in the TB register	4,121	4,585	89.9%	Information derived from patient records of government TB & Chest Clinics in 2008

(B) Prevention of mother to child transmission

Indicator	Numerator	Denominator	Indicator value %	Comment
Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	1	1	100%	Information derived from the data in the Mother-to-child Transmission Registry in 2008
Percentage of infants born to HIV-infected women who receive an HIV test within 12 months	1	1	100%	Information derived from the data in the Mother-to-child Transmission Registry in 2008
Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women	-	-	-	No local data is available

(C) Antiretroviral therapy

Indicator	Numerator	Denominator	Indicator value %	Comment
Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	Adults 1,386	Adults 1,517	Adults 91.3%	Information derived from facility-based antiretroviral therapy registers in 2008

Annex 4 Key Indicators for 2010 Reporting on the Health Sector's response to HIV/AIDS (For Macau SAR)

(A) Testing & counseling

Indicator	Numerator	Denominator	Indicator value %	Comment
Number (and percentage) of people age 15 and over who receive HIV testing and counselling and know the result	188 (2009) 209 (2008)	NA NA		
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know the result	-	-	NA	
Proportion of sexually active young men and women aged 15-24 who had an HIV test in the preceding 12 months and who know the results	-	-	NA	
Percentage of pregnant women who know their HIV status	5967(2009) 5462(2008)	NA NA	>90% 93.92%	The numerator is the number of blood samples collected from pregnant women for HIV testing and is usually slightly greater than the actual number of the pregnant women. Data of 2009 is still under collection and not yet confirmed.
Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results	-	-	NA	For the most-at-risk populations, only a KAB survey on female sex-workers was conducted in 2008 but this question was not covered in the survey. Trials of regular behaviour survey covering this issue will be started in 2010 on sex-workers and drug users.

Indicator	Numerator	Denominator	Indicator value %	Comment
Percentage of TB clients who had an HIV test result recorded in the TB register	362 (2009) 418 (2008)	362 418	100% 100%	All newly diagnosed TB clients at TB clinic have to undergo routine HIV test. The

				numerator and denominator is the number of incident TB cases in that year
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(B) Prevention of mother to child transmission

Indicator	Numerator	Denominator	Indicator value %	Comment
Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	0	0	NR	No pregnant women was found HIV-infected through our prenatal surveillance on pregnant women in 2008 or 2009
Percentage of infants born to HIV-infected women who receive an HIV test within 12 months	0	0	NR	No infant born to HIV-infected women in 2008 or 2009
Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women	0	0	NR	No infant born to HIV-infected women in 2008 or 2009

(C) Antiretroviral therapy

Indicator	Numerator	Denominator	Indicator value %	Comment
Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	NA	NA		

NA= Not Assessed