

China Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:

National Commitment and Policy Instrument (NCPI) Part A: Based on the data requirements, relevant materials were collected on six different topics (strategic planning; political support and leadership; human rights; prevention and control; treatment, care and support; M&E). The main data gathering methods include: literature review and key informant interviews. Literature review brought together laws, regulations and policies produced by the State Council and SCAWC member organizations; guidelines, manuals and research produced by national technical bodies, and so on: (i) Strategic planning – materials were collated on specific working areas using national plans, action plans and departmental plans (ii) Political support and leadership – materials were collected on the HIV work carried out by national leaders, and departments belonging to SCAWC (iii) Human rights – literature review on the protection of PLHIV legal rights in areas such as marriage, employment, healthcare, education, economic development etc. (iv) Prevention and control – legal, regulatory and technical documents were collected, as well as records of work and outcomes achieved in IEC, monitoring and testing, intervention, follow-up and management. (v) Treatment, care and support – policies and records of activities carried out by relevant departments were collected; impacts were assessed on the basis of available materials (vi) M&E – M&E frameworks were collected, and outcomes of M&E work were arranged. Experts were also interviewed via different methods e.g. telephone, face-to-face, focus group, seminar, in order to obtain and compare a variety of different viewpoints, and reflect the opinions of those who are most knowledgeable about the AIDS response. Data was validated on the principle of “sufficient proof, clear resources, saved original texts, multi-party confirmation”. Specific methods include: (1) in cases where the relevant content came from national laws and regulations, we returned to the original text for analysis; (2) in cases where the data came from research reports, we read the entire article, then summarized the main data and viewpoints; (3) in cases where the information came from experts, we validated it via multi-stakeholder review.

***** National Commitment and Policy Instrument (NCPI) Part B Building on the foundation of the work to draft the “National Commitment and Policy Instrument Part B” section of the “China 2010 HIV/AIDS Response Progress Report”, the Chinese Association of HIV/AIDS Prevention and Control was again requested to prepare the “National Commitment and Policy Instrument Part B” section of the “China 2012 HIV/AIDS Response Progress Report”, and took the lead in mobilizing civil society participation to jointly complete the report. Survey Process 1. Preparation phase (December 2011) 1. Acceptance of work On 20th December 2011, the Chinese Association of STD & AIDS Prevention and Control (the AIDS Association) received a request from the State Council AIDS Working Committee Office (SCAWCO) to take the lead in preparing the “National Commitment and Policy Instrument Part B” (Part B). This work was treated as a priority by the leaders of the AIDS Association. Following this, the AIDS Association convened multiple discussion workshops bringing together representatives from CBOs, established a working group and set out a timetable for work. Representatives from UNAIDS also participated in these meetings. 2. Establishment of the working group In order to prepare Part B, the AIDS Association established a drafting group and a technical support group. The drafting group was primarily composed of representatives from the AIDS Association, China Red Ribbon Network, Mangrove PLHIV Support Centre, Korekata Cultural Centre, etc. The technical support group was composed of representatives from UNAIDS, SCAWCO and specialists from the AIDS field. 3. Preparation of information and questionnaire survey plan In accordance with the requirements set out in the guidelines, each section should be completed through review of relevant documents and interviews with key stakeholders. During the process of survey completion, surveys should be carried out among different populations. For Part B, no less than 60% of questionnaires should be from CBOs. Working on this basis, the drafting group drew up an information collection and questionnaire survey plan and collected information through a range of approaches, including literature review, online surveys, e-mail and telephone interviews. In contrast to the last process of information collection for Part B, the process for this report used an approach whereby information was collected from different categories of respondent, ensuring a varied range of information sources. Furthermore, given the spread of the internet, and the fact that grassroots organisations at all levels are able to access the internet, mailed survey questionnaires were not used

for this report. The drafting group members set out a division of responsibility, each taking responsibility for contacting different population groups and carrying out the questionnaire survey with those groups. 4. Other work planning In order to ensure that community participants could understand the questionnaire, the writing team simplified the questionnaire, making the process of conducting telephone interviews easier. The writing team also carried out review and analysis of existing materials, policies, documents and work reports. 2. Questionnaire survey and information collection phase (January 2012) 1. Questionnaire survey process (1) Online survey) On 4th January 2012, the online survey system was put online. Links to the Red Ribbon Network website are available below: <http://www.chain.net.cn/gg/35148.htm> - Announcement <http://www.chain.net.cn/survey/index.jsp> - Survey questionnaire (2) Information collection by population category Information was primarily collected from the following population categories: PLHIV groups, MSM groups, IDU groups, sex worker groups, women's groups, civil society groups registered with the Ministry of Civil Affairs, bilateral/international bodies. 2. Results of questionnaire survey As of 10th February 2012, 100 questionnaires had been received from provinces across China, completed by civil society representatives and individuals. All survey data was entered into the survey questionnaire database. 76 questionnaires, representing 76% of the total, were from grassroots organizations, exceeding the 60% planned target. 16 questionnaires were collected from PLHIV groups, 20 from MSM groups, 5 from IDU groups, 11 from sex worker groups, 10 from women's groups, 14 from civil society organizations registered with the Ministry of Civil Affairs, 10 from bilateral/international bodies and 14 from others. 3. Analysis of information (January-February 2012) On 12th February 2012, the China Red Ribbon Network extracted all information from the questionnaire database. The AIDS Association carried out an analysis of all data. On 14th February, the data analysis was completed. 1. Response selection questions All questionnaire responses were analysed and responses were finalised for each question based on majority selection. 2. Scoring questions A median average was taken of all questionnaire scores. A mean average score was also calculated for comparison. 3. Narrative content The drafting team synthesized content from the descriptive sections of the questionnaire and other collected information and referred to national and local policies, laws, action plans and analysis reports including the "Infectious Disease Prevention and Control Law", "Regulation on Prevention and Treatment of AIDS", "State Council Notice Regarding Further Strengthening of AIDS Prevention and Control", "China's Action Plan for HIV/AIDS Reducing and Preventing the Spread of HIV/AIDS During the 12th Five Year Period (2011-2015)", before drafting the final report text. 4. Report drafting and consultation (February to early-March 2012) 1. Report drafting and consultation workshop Building on the questionnaire analysis, the drafting team carried out further verification of results ensuring that opinions from civil society groups were reflected as well as information from other sources. On 15th February 2012, the first draft of the civil society survey analysis report was completed. On 16th February 2012, at the Global Fund CBO Advisory Group meeting held in Beijing's Xiaoxiang Tower, feedback was sought from the CBO Advisory Group on the report draft. The working group then carried out further revisions to the report based on feedback collected, developing a second draft. On 20th February 2012, after consulting with stakeholders at the SCAWCO consultation meeting, the drafting group carried out further revisions, producing a third draft on 26th February. On 28th February 2012, the writing group completed the Party B section based on the third report draft. Between 24th-26th February 2012, consultation was carried out with PLHIV CBOs and IDU CBO representatives. On 26th February 2012, feedback was sought from AIDS Associations and Preventive Medicine Associations from 31 provinces (including municipalities and autonomous regions). On the afternoon of 1st March 2012, consultation was carried out with international organizations and community organizations based in Beijing, and on 5th March, a fourth draft was issued. Following this, several further revisions were made based on input from the drafting group members and experts, to develop a consultation draft. 2. Online consultation On 29th February 2012, the working group published the 3rd draft of the Part B report on the China Red Ribbon website, in order to seek input from civil society. The web link for this was: <http://www.chain.net.cn/gg/35301.htm>. The online consultation process finished on 5th March. 3. Organisations participating in consultation process Close to 60 organisations participated in the consultation process, including 32 community groups (including the Global Fund CBO Advisory Group), 11 international organisations and 22 civil society organisations registered with the Ministry of Civil Affairs. 5. Other information 1. Active participation of civil society organizations During the process of carrying out the questionnaire survey, information was sought from various population groups, achieving positive results. During the process of collating the questionnaires, it was clear that the enthusiasm of civil society organisations was high. All questions were responded to carefully and seriously and information and cases were described in rich detail. In sections relating to civil society participation, scores for each section were higher than last time. 2. Strengthening human rights and legal awareness of civil society organizations During the process of collating data from the questionnaire survey, there was much improvement in responses from civil society organisations, and content was more complete. In some sections, scores were lower than during the last survey exercise. Analysis suggests that this is partly because of an improvement in awareness around human rights and legal issues, meaning that the bar has been set higher. As well as this increase in awareness, answers were also responded to more carefully. 3. Impact of suspension of Global Fund funding had a major impact on CBO participation It was clear from this survey that some scores for prevention and care areas had been significantly affected. A primary cause of this was the suspension of Global Fund funding, which limited available funding for projects and led to work being suspended. This issue was reflected in many areas of the questionnaire. 4. Adjustment of questionnaire survey During the survey process, it was discovered that the design of many of the questions were designed in a complicated manner, making it challenging for respondents to respond. Some questions relating to percentages were designed in an unreasonable manner. National health management authorities or administrative departments have the capacity to answer these questions, but for many civil society organisations, who tend to look at these issues from a 'micro' perspective, it can be challenging to respond to these questions. For example, of the more than 90 questionnaires, only 10 respondents completed question 2.4 in part 4 on the level of coverage of AIDS-impacted orphans and vulnerable children.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

(1) If the data came from research reports, we referred back to the original article(s) and looked for the main data or actual proof therein; (2) If the data came from laws or regulations, then the higher-level law takes precedence; if laws were issued at different times, the most recent is usually taken as the standard; (3) If experts disagreed, we confirmed with multiple partners, and accepted the view of the majority or the party that could provide the most proof. If the disagreement arose between

different data sources, then we examined and verified the sources to ensure authenticity.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Jiao Zhenquan, Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Liu Kangmai, Deputy Director	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Lv Fan, Researcher	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Liu Shiliang, Researcher	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Wang Guiying, Researcher	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Xu Peng, Associate Researcher	Yes	Yes	Yes	Yes	Yes	Yes
National Centre of AIDS/STD control and prevention, China CDC	Zeng Gang, Assistant Researcher	Yes	Yes	Yes	Yes	Yes	Yes
Shandong Province CDC	Fu Jihua, Chief Doctor	Yes	Yes	Yes	Yes	Yes	Yes
Treatment office, National Centre of AIDS/STD control and prevention, China CDC	Wu Yasong, Associate Researcher	Yes	Yes	Yes	Yes	Yes	Yes
China-Gates Foundation AIDS Programme	Zhang Dapeng, Director	Yes	Yes	Yes	Yes	Yes	Yes
Guangdong Province CDC, Institute of HIV/AIDS	Lin Peng, Director	Yes	Yes	Yes	Yes	Yes	Yes
Department of AIDS/STD, Hunan Province CDC	Chen Xi, Director	Yes	Yes	Yes	Yes	Yes	Yes
Department of AIDS/STD, Shanghai CDC	Zhuang Minghua, Director	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
-	-	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

In February 2006, China formulated the “China Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)”, hereafter referred to as the Second Action Plan. Government departments in every part of the country conscientiously implemented the Second Action Plan, with positive impacts on HIV prevention and treatment. By the end of 2011, it was estimated that China had 780,000 PLHIV, which is equivalent to 0.058% HIV prevalence among the general population. Hence China is still a country with a low-level epidemic. Cooperation between CDC, medical institutions and civil society organizations has continuously improved, and civil society organizations have successfully raised their capacity. Every administrative level in the healthcare system has fully played its role in the provision of ART, so that the cumulative total of people on ART has now risen to 150,000. To further promote HIV work in China, the Ministry of Health, and SCAWCO have been establishing working groups since March 2010. These initiated a fresh round of drafting work on the China Action Plan: while analyzing the implementation of the “Second Action Plan”, as well as AIDS responses in other countries, they have called over 10 seminars, and solicited the opinions of UN agencies, domestic civil society organizations and PLHIV through various channels. The plan itself went through numerous redrafts during this period. In February 2011, the “China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Period” (hereafter referred to as the Action Plan) was submitted to member departments of SCAWCO for their opinions. On the basis of their feedback, the Twelfth Five Year was revised for the final time and obtained the approval of the State Council. The purpose of “The Twelfth Five Year Action

Plan” is to reduce the number of new HIV cases, reduce AIDS mortality and reduce discrimination against people affected by HIV, so as to improve the living conditions of PLHIV. By the end of 2015, the rising HIV epidemic among priority regions and populations should have been controlled; the number of new cases of HIV should have reduced by 25% in comparison with 2010; and AIDS mortality should have reduced by 30%, so that the total number of PLHIV is stabilized at around 1.2 million. The working principle of government leadership, departmental responsibility and full social participation should be maintained, with the following characteristics: prioritized prevention; combined prevention and treatment; conformity with the law; responses based on scientific-evidence; emphasis on priority work areas; differentiated responses based on local epidemic conditions; expanded coverage; improved quality. The strategies that will be used include: expanded IEC coverage so as to foster an improved social environment; expanded prevention coverage; improved blood safety and prevention of iatrogenic transmission; expanded testing and monitoring coverage, so as to detect as many cases of HIV as possible; expanded treatment coverage, with corresponding improvements in treatment quality and access; enhanced services and management of PLHIV, with full implementation of care strategies; implementation of differentiated approaches to advance HIV work. In comparison with the Second Action Plan, the “Twelfth Five Year Action Plan” is much more specific and detailed with respect to objectives, working principles and strategies. For example, when dealing with detection of HIV cases, it clearly states that relevant departments must rely on existing healthcare services and infectious disease monitoring networks; equip them with essential materials and personnel; build up their capacity to carry out monitoring and testing; and improve the comprehensive monitoring and laboratory testing network for HIV, STIs and Hepatitis B. When discussing treatment, it states that treatment should be expanded according to the specific requirements of PLHIV, with ART available wherever the PLHIV resides. It also states that HIV treatment should be carried out in a timely manner; and that follow-up should be improved so as to achieve better treatment outcomes. Furthermore, it says that differentiated AIDS responses should be developed at the local level based on epidemic conditions, for example, in high-prevalence regions, treatment, PLHIV management, PLHIV care, and prevention of secondary transmission must be priorities, in order to reduce new cases, lower mortality rates and prevent the further spread of the disease. In medium-prevalence regions, the spread of the epidemic must be controlled; meanwhile in low-prevalence regions, testing and IEC must be strengthened, so that the epidemic does not take hold.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

The State Council

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy **Earmarked Budget**

Yes	Yes

Other [write in]:

National Development and Reform Commission, Ministry of Human Resources and Social Security, Ministry of Housing and Urban-Rural Development, Publicity Dept.of CPC Central Committee, Ministry of Science and Technology, Ministry of Civil Affairs, Ministry of Justice, Ministry of Finance, Ministry of Railways, Ministry of Agriculture, Ministry of Commerce, Ministry of Culture, State Ethnic Affairs Commission, Population and Family Planning Commission, State Administration for Industry and Commerce, AQSIQ, State Administration of Radio, Film and TV, State Food and Drug Administration, State Administration of Traditional Chinese Medicine, All China Federation of Trade Unions, Red Cross Society of China, Federation of Industry and Commerce, etc.N.B.: In practical work, all departments have funding for HIV prevention and control, but in different forms, some are specific funding, some are comprehensive funding.

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

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1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Key populations and vulnerable groups mainly include: IDUs, MSM, sex workers and their clients, clients of STD clinics, male drivers and conductors on coaches, prisoners, migrant populations, orphans, young people, women, spouses of IDUs and PLHIV.

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Relevant laws and regulations guarantee the involvement and participation of civil society organizations in the development of the national strategy, as well as encouraging their participation in the national response. “The Twelfth Five Year Action Plan” states that the Communist Youth League, Women’s Federation, Red Cross, Federation of Industry and Commerce etc. should all take advantage of their networking advantages to carry out various kinds of public education campaigns about HIV prevention and caring for PLHIV. The “State Council Notice on Further Strengthening the AIDS Response” (2010) – hereafter referred to as “The Notice” – states that the Communist Youth League, Women’s Federation, Red Cross, Federation of Industry and Commerce and other people’s organizations and civil society organizations, as well as foundations, private non-enterprise units, residents’ committees, villagers’ committees and other grassroots-based organizations should fully contribute to the AIDS response. It also states that they should be encouraged and supported to participate in IEC, prevention, care and support etc. through service-purchase agreements and other methods. Moreover, it says that they should be given more guidance and management for their HIV work. In view of the above policies and requirements, SCAWCO asked for the opinions of domestic civil society organizations and PLHIV through various channels and at various points during the drafting of the Twelfth Five Year Action Plan; and revised the document

accordingly. The final draft incorporated the input of these different partners. The philosophy of encouraging and ensuring the participation of civil society organizations in the AIDS response is fully reflected in the wording of the Twelfth Five Year Action Plan. It states that “social participation must be fully utilized in the implementation of comprehensive HIV prevention and treatment. Social participation must be integrated into the overall HIV workplan. Volunteers should be encouraged to actively take part in HIV work. Civil society organizations should be enabled to make use of their unique advantages in access to special populations, flexible working styles, high efficiency etc. so that they can make an important contribution to HIV work. Through strengthened cooperation, and activity conducted within approved area, civil society organization participation in areas such as IEC among high-risk populations, behavioral interventions, VCT and PLHIV care should be promoted. Civil society organizations should receive HIV training and management, so that their capacity in HIV work can be raised. Finance departments at every administrative level of the government should increase their investment through appointment, bidding or other service-purchase mechanisms or through the provision of technical or material support so that civil society organizations can gradually increase their coverage in HIV work. Civil Affairs departments should support the registration of civil society organizations; Health departments should conscientiously fulfill their duties as ‘sponsors’ for civil society organizations.”

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

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3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

4

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Regular populations monitored mainly include: IDU, MSM, sex workers and their clients, migrant populations, young people, pregnant women, male drivers and conductors on coaches.

Briefly explain how this information is used:

For the formulation of relevant policies and technical documents, including: strategical planning, HIV propaganda and education, intervention, surveillance, testing, treatment, and other technical guidance or programmes.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Provincial level, prefecture-level and county-level.

Briefly explain how this information is used:

For the government at all levels and technical institutions to formulate relevant policies and technical documents, including: strategical planning; HIV propaganda and education, intervention, surveillance, testing, treatment, and other technical guidance or programmes.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

China is committed to HIV prevention and treatment, and this is apparent from the entire health system's strategic planning. The government has guaranteed the AIDS response infrastructure, personnel and capacity-building resources, drug procurement and suitable distribution channels. "The Second Action Plan" states that "HIV testing and surveillance systems must be robust and the network must be improved. Organizations and capacity-building must be strengthened, with especial efforts to improve working and living conditions for HIV workers in border-areas or at the grassroots level." With respect to funding, the 2010 "Notice" states that "the government-led, multi-channel funding mechanism should be improved, and special funds for HIV and STIs should be implemented, so that overall investment in HIV gradually increases. International HIV funding should be actively sought, and enterprises, foundations, organizations and individuals should be mobilized to donate to the AIDS response". With respect to human resources, the "Notice" states that "training for HIV workers in every kind of organization at every level should be enhanced, with special emphasis on training by academic leaders and innovators, so that the overall quality of the HIV workforce improves. Policies for the favorable treatment of HIV workers should be implemented; including incentive mechanisms for salary distribution, so as to stabilize the workforce and generate enthusiasm for HIV work. Regions with serious epidemics should sensibly assign workers in accordance with local needs." "The Twelfth Five Year Action Plan" states that the system for ensuring the supply of HIV treatment medication should be further improved, so that there are robust institutions in place for drug procurement, transport, payment and storage. It adds that, at an appropriate time and on the basis of treatment requirements, essential ART drugs should be added to the national index of basic medicines through combining the capacity of public finances and medical insurance schemes. To achieve this, effective coordination with medical insurance institutions is necessary. Furthermore, it says that tax breaks should be awarded to imported and domestically-produced ART medication, and in the case of expensive yet widely-used patented medicines from overseas, there should be attempts to explore the feasibility of domestic licensed production, so as to reduce the financial burden associated with HIV drugs. It states that guidance and coordination of domestic drug manufacturers should be strengthened, and R&D, production and approval of new drugs accelerated. Open bidding procedures should be used to identify designated producers. According to the epidemic's spread, the number and types of medicine in storage should be adjusted, and technical preparations should be made for new medicines. At the same time, it proposes that capacity must be strengthened at the grassroots level, based on the following system: county-level CDCs are expected to lead the response, with support from county-level designated hospitals; meanwhile, county health clinics, village clinics and community medical service centers (stations), grassroots family planning-service institutions are designated as the chief platforms for service provision, with rural (township) governments, sub-district offices, villagers' (residents') committees and civil society organizations acting as a complement. Under this system, all community medical service centers and rural health clinics are required to have the capacity to carry out HIV rapid-testing and syphilis testing. County (city, district)-level CDCs in high-prevalence regions should establish separate departments for HIV comprising laboratories for diagnostic confirmation. CDCs and designated medical facilities should possess the necessary facilities for detecting HIV antibodies. Community health centers and rural clinics should have full-time or part-time staff that carry out HIV work, and on-site guidance and technical support should be increased, so that the service ability of grassroots-level facilities continues to improve. County (city, district)-level CDCs in medium-prevalence regions should appoint staff to be responsible for HIV work; CDCs, designated hospitals and mother-and-child health centers should establish HIV screening laboratories, moreover, they should possess the ability to

test for HIV, syphilis and Hepatitis B, and have facilities for HIV antibody detection. County (city, district)-level CDCs in low-prevalence regions should have part-time staff who are responsible for HIV work, and establish HIV screening laboratories. Health and TCM departments should strengthen their HIV staffing arrangements, enhance training for HIV workers at all levels, especially by academics and innovators, and bring HIV knowledge into the examination system for doctors. HIV/AIDS-related technical training and guidance for health workers in grassroots healthcare and family-planning institutions should be enhanced. Policies for the favorable treatment of HIV workers should be implemented by Health, Finance, Human Resources and Social Security and other government departments; such policies should include incentive mechanisms for salary distribution, so as to stabilize the workforce and generate enthusiasm for HIV work. In 2011, the “Notice of the General Office of the State Council on Working Arrangements Concerning Five Major Reforms in the Healthcare System” proposed that treatment for OIs should be supported as necessary from health insurance and economic aid. It also stated that policies relating to the salaries of health workers in infectious disease hospitals, anti-bubonic institutions, anti-schistosomiasis institutions and other CDC institutions should be implemented. On December 1st 2011, while inspecting HIV work, Prime Minister Wen Jiabao said that the number of designated HIV hospitals should be increased in high-prevalence areas, and that they should be equipped with facilities for emergency surgery and expert consultations in order to solve the medical problems of PLHIV. He also recommended exploring whether it would be possible to bring the salary or allowance expenses of front-line HIV workers into the national budget.

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Since 2009, the Chinese government has been continuously enhancing its leadership of HIV work, and has reinforced cooperation between different departments and social participation. It has actively responded to principles espoused by the UN, and has formulated, promoted and implemented strategic plans and policies that are appropriate for the Chinese epidemic. These include: the Second Action Plan, the 2010 “Notice”, the Twelfth Five Year Action Plan, as approved by SCAWC. While formulating the strategies and plans, the government has maintained its commitment to the principles of scientific continuity, departmental implementation and an integrated work plan, and has taken measures to obtain the feedback of related departments, the public, civil society organizations and PLHIV on numerous occasions. Moreover, it has revised its strategies and plans in accordance with their opinions. “The Twelfth Five Year Action Plan” contains important references to the mobilization and encouragement of social participation in the AIDS response, for example, “social participation in the AIDS response must be brought into the overall work plan. Volunteer participation must be encouraged. Civil society organizations must be enabled to make their important contribution to the AIDS response.” Rational and scientific strategic planning has advanced China’s AIDS response, and produced outstanding results. HIV awareness among the general population has risen, such that it is now 84.3% among the urban population and 75.5% among the rural population. The government has continued to push through effective interventions, and coverage has risen among sex-workers and their clients, MSM and IDU, with corresponding reductions in high-risk behavior. Blood safety management has been strengthened, and the risk of infection through blood transfusion services. ARV has been rapidly expanded, which has resulted in the prevention or deferral of a large number of AIDS-related deaths; coverage of care and support services has also increased.

What challenges remain in this area:

Research indicates that the HIV trends in China are still perturbing. The epidemic remains serious in certain regions, and among certain populations, and there are still a large number of PLHIV who have yet to be detected. Risk factors associated with the transmission of HIV are still widespread, and many PLHIV are now beginning to manifest symptoms of AIDS. Overall, the AIDS response faces some new challenges. In certain regions, there is still a lack of understanding about HIV, and relevant policies are being poorly implemented. In this context, there is an even stronger need for the national strategic plan to be steadfastly implemented.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

On September 22, 2010, Premier of State Council, Wen Jiabao participated in the Millennium Development Goals (MDG) Summit at the UN New York Headquarter and gave a speech. Wen gave an overview of China’s progress on fighting against AIDS and China’s position, and called for further strengthening of cooperation in HIV prevention and treatment from the international community. On November 18, 2011, Vice Premier of State Council, Director of SCAWC Li Keqiang hosted a plenary session for SCAWC and pointed out the key points of future HIV prevention and control, as follows: Firstly, construction

of a comprehensive response network, allowing expansion of the response; secondly, building on comprehensive implementation of the “Four Frees, One Care” policy, work to increase medical treatment standards, provide support to alleviate the burden of fees for treatment of OIs, reducing mortality; thirdly, guarantee the supply of first-line medications. Speed up political efforts to support research into development of high quality, affordable second line drugs. An additional priority is to strengthen welfare supports and rights protections for PLHIV, providing basic welfare guarantees for PLHIV meeting relevant criteria, and fully eliminate discrimination in areas including healthcare, employment and education. From November 30 to December 1, 2010, Premier Wen Jiabao visited highest HIV-prevalence Liangshan area in Sichuan Province. Wen went to rehabilitation clinics, county hospitals, village clinics, village schools and Yi ethnic groups’ villages and visited ex-drug addicts, PLHIV and patients, children orphaned by AIDS, and minority ethnic groups’ cadres and people. Wen gave his regards to front-line health and medical staff, and had discussions with cadres at all levels and experts. On November 22, 2012, Vice Premier of State Council, Director of SCAWCO Li Keqiang visited the National Centre for AIDS/STD Control and Prevention, China CDC and hosted a plenary session for SCAWC. He highlighted that the level of doing HIV prevention and treatment should be improved scientifically, and people’s physical health and life safety should be actually protected. On December 01, 2011, Premier of State Council Wen Jiabao visited China CDC to assess HIV prevention and treatment. Premier Wen pointed out that the number of designated hospitals should be increased in areas with high HIV prevalence and efforts should be made to deal with patients’ difficulties in having medical operations. Premier Wen also emphasised that steps should be taken to incorporate protections around occupational exposure to HIV from blood into protection mechanisms, and ensure that employment bonuses for those working on the front lines of the AIDS response are incorporated into central government funding budgets.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes

Have active government leadership and participation?:
Yes

Have an official chair person?:
Yes

IF YES, what is his/her name and position title?:
Mr. Li Keqiang, Standing Committee of the Political Bureau of the CPC Central Committee, Vice Premier of State Council, Director of SCAWC

Have a defined membership?:
Yes

IF YES, how many members?:
Including: officials from Ministry of Health, National Development and Reform Commission, Ministry of Human Resources and Social Security, Ministry of Housing and Urban-Rural Development, Publicity Dept.of CPC Central Committee, Ministry of Education, Ministry of Science and Technology, Ministry of Public Security, Ministry of Civil Affairs, Ministry of Justice, Ministry of Finance, Ministry of Railways, Ministry of Transport, Ministry of Agriculture, Ministry of Commerce, Ministry of Culture, State Ethnic Affairs Commission, Population and Family Planning Commission, State Administration for Industry and Commerce, AQSIQ, State Administration of Radio, Film and TV, State Food and Drug Administration, State Administration of Traditional Chinese Medicine, PLA Department of General Logistics, Ministry of Health, Police’s Department of Logistics, All China Federation of Trade Unions, China Youth Communist League Center Committee, Women’s Federation, Res Cross Society of China, All-China Federation of Industry and Commerce, Henan Province, Hubei Province, Guangdong Province, Guangxi Zhuang Autonomous Region, Sichuan Province, Yunnan Province, Xinjiang Uygur Autonomous Region and other departments and regions.

Include civil society representatives?:
Yes

IF YES, how many?:
Union, the Communist Youth League, Women’s Federation, Res Cross Society of China, etc.

Include people living with HIV?:
No

Include the private sector?:
No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Relevant policy guarantees have now been developed to strengthen information exchange between government departments, civil society groups and private institutions. A number of mechanisms and models have also been developed during the course of everyday operations to facilitate such information exchange. In terms of policy guarantees, the “AIDS Regulations” stipulate that People’s Governments at all levels should develop support measures to provide financial support and convenient arrangements for organisations and individuals carrying out AIDS response work. Relevant organisations and individuals

participating in the AIDS response should receive tax benefits in accordance with the law. The “2nd Action Plan” stipulates that the strengths of working networks of organisations including the Communist Youth League, All-China Women’s Federation, Red Cross, etc. should be leveraged to carry out a range of HIV awareness raising and care advocacy activities to support PLHIV. The 2010 “Notice” stipulated that the work of organisations of social bodies, foundations, civil non-profit organisations and committees including the All China Federation of Trade Unions, the Communist Youth League, All-China Women’s Federation, Red Cross, All China Federation of Trade and Industry, should be leveraged to support the AIDS response, through purchase of services, support for awareness raising activities, prevention interventions, care support activities, etc. Guidance and management of social partners participating in the AIDS response should be strengthened. The “12th Action Plan” stipulates: the power of social partners should be fully leveraged to carry out AIDS response work. Social participation in the AIDS response should be fully integrated into AIDS response workplans. The strengths of social bodies including foundations, non-profit organisations, and specialized HIV organisations including the Communist Youth League, Women’s Federation, Red Cross Society of China, the All-China Federation of Trade and Industry, etc., should be fully leveraged within the AIDS response. The comparative advantages of civil society organisations should be fully leveraged within the AIDS response, taking advantage of their ability to access key affected populations, the flexibility of their working approaches, and their effectiveness. The participation of such organisations in awareness raising, behavioural interventions, testing and counselling and care and support for KAPs should be coordinated based on a principle of local management, strengthening cooperation and guidance. In practical work, a variety of effective information exchange mechanisms and models have been developed. For example, the Chinese Association of STD & AIDS Prevention and Control, which is made up of STD and HIV response workers and passionate individuals from a range of fields, plays an important bridging role between government and civil society, and has organized multiple community experience sharing and communication sessions, implemented response activities, and developed into a powerful force in the response to STDs and HIV. The AIDS Association has convened 6 sessions of the International Cooperation Programme Experience Sharing Conference, playing an important role in facilitating exchange of information and experience between government departments, civil society organisations and private companies. Members of the China Country Coordinating Mechanism for the Global Fund Programs (China CCM) include government departments, NGOs, enterprises, international bi-lateral and multi-lateral organizations, PLHIV, etc, so that it is ensured that all sectors in society participate in HIV programs. Beijing Ditan Hospital ‘Home of Red Ribbon’ has been doing a great job on HIV prevention and control. The number of its volunteers has been increasing. ‘Home of Red Ribbon’ mainly provides psychological support, care and service for PLHIV and patients, provides HIV-related knowledge of care, prevention and treatment, assistants PLHIV to deal with personal problems and difficulties, promotes various activities on HIV prevention and health education, promotes the society’s understanding of HIV, raises attention from the society.

What challenges remain in this area:

The AIDS response requires participation from all sectors of society, as well as multi-sectoral cooperation and the active participation of community based organisations. In China, society’s enthusiasm for participation in the AIDS response needs to be strengthened. There is a need to strengthen information exchange and build easy communication channels between CBOs, and between CBOs and government to allow information sharing. Currently, some CBOs in China lack internal discipline and have weak capacity for development, and a lack of specialist skills, lacking the capacities required by the AIDS response. There is a need for capacity building and training for such organisations.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

3.2%

5.

<p>Capacity-building: Yes</p> <p>Coordination with other implementing partners: Yes</p> <p>Information on priority needs: Yes</p> <p>Procurement and distribution of medications or other supplies: Yes</p> <p>Technical guidance: Yes</p> <p>Other [write in below]: -</p>

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

1. Regulations regarding entry of foreign PLHIV into China On April 24, 2010, the State Council issued the “Decision Regarding Revision of the “Implementation Guidelines for the People’s Republic of China Border Health check and Quarantine Law””, removing restrictions preventing foreign citizens suffering from HIV, STIs, or leprosy from entering China. Article 99 of the “Border Health check and Quarantine Law Implementation Guidelines” was revised to: “Health inspection and quarantine authorities should prevent foreign citizens suffering from serious mental illness, infectious tuberculosis or other infectious diseases which may cause serious harm to public health from entering China.” Article 7, item (4) of the “Implementation Guidelines for the Law on Management of Border Entry and Exit of Foreigners” was revised to: “Foreign

citizens falling into the following categories are not permitted to enter China's borders: ... (4) foreign citizens suffering from serious mental illness, infectious tuberculosis or other infectious diseases liable to cause serious harm to public health; ...” 2. Policy regarding antiretroviral treatment of PLHIV In 2004, the Ministry of Health and State Administration of Traditional Chinese Medicine issued the “Guidance Regarding ART Management Work”, stipulating that in principle, PLHIV should be able to receive ART at their place of residence registration. This meant that persons living away from their place of residence registration needed to return to their place of residence registration to receive medications. In 2010, the “Notice” stipulated that efforts were needed to further strengthen the implementation of the national ART treatment policy. The Notice continued to stipulate a principle of treatment at place of residence, while improving the household treatment and community treatment network, strengthening regular testing for PLHIV, establishing a mechanism to ensure provision of treatment for those away from their place of household registration, ensuring that PLHIV have timely access to standardized treatment services. The “the Action Plan” stipulated that treatment should be provided at place of residence to meet the specific needs of PLHIV, providing timely treatment, strengthening follow-up and improving treatment effectiveness.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

Regulations concerning management of PLHIV who have committed crimes The “Criminal Law” (revised by NPC on May 01, 2011) stipulates that “Any person committing a crime is seen as equal before the law”. The “Prison Law” (implemented 29th December 1994) stipulates that health checkups should be carried out on criminals entering custody. This law also stipulates that criminals requiring medical attention for serious medical conditions can be temporarily permitted to remain out of prison. The “Jail Regulations” (issued by State Council on March 17, 1990) set out situations in which people will not be taken into custody, including where “there is a risk to the person’s life if held in custody”. According to the “Guidelines on medical conditions where external treatment is permitted” (promulgated by Ministry of Justice, Supreme People’s Procuratorate and the Ministry of Public Security on December 31, 1990), people with HIV are classified as being eligible for external medical treatment.

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2011?:

9

Since 2009, what have been key achievements in this area:

Since 2009, the Chinese government has continued to strengthen support for the AIDS response. By the end of 2010, 10 Provinces (autonomous regions , municipalities) had formulated regulations governing their AIDS response efforts. 26 Provinces (autonomous regions , municipalities) had incorporated HIV into local economic and development plans. By the end of 2011, 31 provinces (including autonomous regions and municipalities), and the vast majority of local- (or city-) level governments, and county- (or district-) level governments in counties with serious epidemics had established AIDS response guidance mechanisms, in accordance with national AIDS response working mechanisms, strengthening leadership of local AIDS response work; Governments at all levels have issued a large number of specific policies, based around local realities, to ensure implementation of the “Four Frees, One Care” policy. State Council AIDS Working Committee member bodies have formulated response workplans based on their departmental responsibilities. Ministry of Health, Ministry of Public Security, Ministry of Justice, Ministry of Railways, National Federation of Trade Unions , China Youth Communist League Center Committee, All-China Women’s Federation and other departments (groups) established internal coordination working mechanism. Publicity Dept.of CPC Central Committee, State Administration for Industry and Commerce, and other departments established internal HIV programme coordinator teams in their systems. SCAWCO has coordinated with the Central Party School, and Chinese Academy of Governance to incorporate AIDS response policy content into training content, and in 2011 published an “AIDS Response Government Official Guidebook”. Government officials and experts, together with AIDS response awareness raising personnel, have continued to travel to various provinces (including autonomous regions) to carry out AIDS response policy training. As a result, thousands of provincial-, prefectural- and county-level officials have received training. In recent years, investment in the AIDS response has been further strengthened. In 2010 and 2011, central funding stood at 2.06 billion Yuan RMB and 2.2 billion Yuan RMB respectively; local government investment continued to increase. According to incomplete statistics, provincial level funding for the AIDS response totaled 2.0 billion Yuan RMB in 2010 and 2011. In recent years, state leaders have continued to pay attention to HIV prevention and control. In 2010, Premier Wen Jiabao participated in the Millennium Development Goals (MDG) Summit at the UN New York Headquarter and gave a speech. Wen went to highest HIV-prevalence Liangshan area in Sichuan Province to assess HIV prevention and treatment. In 2011, Wen visited China CDC to assess HIV prevention and treatment. In December 2010, in an effort to further strengthen AIDS response work and effectively control the spread of HIV, the State Council issued the “Notice”, in order to address current and future needs of epidemic response work. The “Notice” required expansion of coverage of IEC work, PMTCT, comprehensive interventions and ART, and called for further strengthening of blood management work, health insurance, care and support, rights protection, leadership and strengthening of AIDS response worker capacities. The “the Action Plan” sets out requirements to reduce the number of new HIV infections and AIDS-related deaths, reduce discrimination against affected populations and increase the quality of life of PLHIV. This Action Plan also called for further efforts to prioritise prevention, combine prevention and treatment efforts, implement the response in accordance with the law, and build a response based on

scientific evidence; emphasis was placed on continuing to focus on priority work areas, providing leadership in different work areas, expanding coverage and improving service quality. In November 2011, the Population and Family Planning Commission issued the "Notice Regarding Further Strengthening AIDS Prevention Work", setting out specific requirements for AIDS response work by population and family planning authorities at different levels.

What challenges remain in this area:

Relevant data shows that there is a lack of prioritisation of AIDS response work in some areas of China, with a lack of active multi-sectoral participation in the AIDS response, and discrepancies between funding support, capacity of response staff and the ever increasing need for AIDS response work. Therefore, under the leadership of the government, according to the changes of prevalence and existing problems the implementation of existing policies need to be strengthened, and new policies need to be developed.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

"Constitution of PRC" revised in 2004, Article 33: 'All persons holding the nationality of the people's Republic of China are citizens of the people's Republic of China. All citizens of the people's Republic of China are equal before the law. The State respects and preserves human rights. Every citizen is entitled to the rights and at the same time must perform the duties prescribed by the Constitution and other laws.' Article 49: 'Citizens' marriages are protected by the nation. It is forbidden to destroy people's freedom of marriage. Maltreatment of the elders, women and children is prohibited.' "Law of the PRC on the Prevention and Treatment of Infectious Diseases" revised by NPC in 2004, Article 16: 'Infectious disease patients, pathogen carriers and suspected infectious disease patients shall, before they are cured or cleared of suspicion, be barred from jobs which the health administration department under the State Council prohibits them from doing because of the likelihood of causing the spread of infectious diseases.' "Employment Promotion Law of PRC" issued in 2007, Article 3: 'The workers enjoy the right to employment on an equal footing and to choice of jobs on their own initiative in accordance with law. In seeking employment, the workers shall not be subject to discrimination because of their ethnic backgrounds, races, gender, religious beliefs, etc.' Article 26: 'When an employing unit recruits persons or when a job intermediary engages in intermediary activities, it shall provide persons with equal opportunities and fair conditions for employment, and it shall not discriminate against anyone in this respect.' "PRC's Law on Employment Contracts" issued in 2007: Article 4: Employers shall establish and improve internal rules and regulations, so as to ensure that Employees enjoy their labor rights and perform their labor obligations. "Compulsory Education Law of the People's Republic of China" revised in 2006, Article 4: 'All children and adolescents who have the nationality of the People's Republic of China and have reached the school age shall have equal right and have the obligation to receive compulsory education, regardless of the gender, nationality, race, status of family property, religion, belief, etc.' "PRC's Law on Protection of Disabled People" revised in 2008: Article 3: 'Disabled persons shall enjoy equal rights with other citizens in political, economical, cultural and social fields, in family life and other aspects.' "Law of the People's Republic of China on the Protection of Rights and Interests of Women" revised in 2005, Article 2: 'Women shall enjoy equal rights with men in all aspects of political, economic, cultural, social and family life. The state shall protect the special rights and interests enjoyed by women according to law. Discrimination against, maltreatment of, or cruel treatment in any manner causing injury even death of women shall be prohibited.'

Briefly explain what mechanisms are in place to ensure these laws are implemented:

During the formulation of laws and regulations related to discrimination and presented above, China stipulated that the violation of relevant regulations leads to appropriate punishment. For example, "The Law of the people's Republic of China on Prevention and Treatment of Infections Diseases" Article 77 stipulates that 'Where a unit or individual violates the provisions of this Law, thus leading to the spread and prevalence of infectious diseases or causing harm or property losses to another person, it/he shall bear civil responsibility according to law.' "The Employment Promotion Law of PRC" Article 61 stipulates that 'Where the labor administrative department or any other relevant department or any of its functionaries violates this Law by abusing his power, neglecting his duties or seeking private interests, the directly liable person-in-charge and other directly liable persons shall be given a sanction according to law.'

Briefly comment on the degree to which they are currently implemented:

In terms of the law system, China's relevant laws are relatively complete. However, supplementary measures are still needed to further strengthen the implementation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:
No

Men who have sex with men:
No

Migrants/mobile populations:
No

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs :
No

Prison inmates:
No

Sex workers:
No

Transgendered people:
No

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in below]:
People living with HIV and AIDS patients' spouses' notification

Briefly describe the content of these laws, regulations or policies:

"Regulations of HIV Prevention and Treatment" in 2006, Article 38: PLHIV and patients should fulfill the following obligation: tell those who had sex with them about their HIV-status or illness in a timely manner.

Briefly comment on how they pose barriers:

"Regulations of HIV Prevention and Treatment" in 2006 stipulates that PLHIV and patients should fulfill their obligations to tell those who had sex with them about their HIV-status or illness in a timely manner. In 2010, the "Notice" also stipulated that follow-up and management of PLHIV should be strengthened, and that PLHIV should be encouraged to notify their sexual partners of their HIV status in a timely manner. However, relevant policies do not specify, if PLHIV/patients do not fulfill their obligations to tell their spouses their HIV-status, how to protect these spouses' rights to know and health rights. Therefore, there should be further specified policies in order to protect the HIV-negative spouses of PLHIV.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes

Avoid commercial sex:
Yes

Avoid inter-generational sex:
Yes

Be faithful:
Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

Testing and counseling, Antiviral therapy, STD prevention and treatment

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

Relevant laws and regulations set out stipulations regarding legal liability, in order to ensure that these laws are implemented. For example, "Regulations on HIV Prevention and Treatment" Article 52: 'When local governments at various levels fail to function these regulations to organize, lead, assure HIV prevention and treatment, or do not take measures of HIV prevention, treatment, care and succor, the government at the above levels shall order to make a change and give public critique; when it causes HIV transmission, epidemic, or other serious consequences, the competent responsible person shall be given an administrative sanction; and if a crime is constituted/established/committed, an investigation shall be carried out for criminal liability in accordance with the law.' Article 61: 'The competent health department of the people's governments at the county level or above shall order a warning and a change within a limited period of time to the manager of public locations, who fails to check the health-certification of the servants or to permit servant without a health certification to provide the serve, and to the manager of public location, who fails to put condom vending machine or distribute condoms in its location which is identified by the people's government at Provinces, Autonomous Regions, or Municipalities. The managers may also be imposed a fine of, no less than 500 RMB and no more than 5000 RMB; when the manager fails to make a change within the limited period of time, the business shall be ordered to stop, and when the circumstance is serious, its business permission or license shall be revoked by its issuing department.' Furthermore, the government encourages relevant departments and groups to carry out relevant work, and has developed monitoring and inspection workplans. Necessary M&E is carried out, ensuring the implementation of relevant policies.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	HIV-free spouses of PLHIV and patients
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	HIV-free spouses of PLHIV and patients
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	HIV-free spouses of PLHIV and patients
Yes	Yes	Yes	Yes	Yes	HIV-free spouses of PLHIV and patients
Yes	Yes	Yes	Yes	Yes	HIV-free spouses of PLHIV and patients
Yes	No	Yes	No	No	HIV-free spouses of PLHIV and patients

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

9

Since 2009, what have been key achievements in this area:

Laws, policies and plans issued by the government since 2009, including the “Second Action Plan”, the “Notice”, and the “the Action Plan” have all set out guidelines around HIV prevention interventions, which have been implemented, resulting in important successes. For example, a range of AIDS IEC activities have been carried out, targeting a range of populations, including migrant workers, youth, women, ethnic minorities, etc. HIV policy training and other relevant training has also been carried out with officials from People’s Governments and relevant departments at all levels. Strengthening management of blood safety has effectively reduced risks of HIV transmission through blood transfusion. HIV VCT has been strengthened, and medical healthcare personnel have been actively encouraged to provide VCT services. Interventions with KAPs have been stepped up, and comprehensive intervention measures have been rolled out widely to prevent HIV transmission through sexual contact, injecting drug use and mother-to-child transmission. PLHIV follow-up has been strengthened, preventing second generation infections. Treatment as prevention strategies have been actively explored.

What challenges remain in this area:

As the HIV epidemic develops and HIV programs has been furthermore developed, the propaganda and education of HIV, prevention and intervention measures and other aspects all need to be adjusted. Therefore, new policies need to be made to address new problems. For example, sexual transmission has become the main mode of transmission, and particularly, the rate of sexual transmission among MSM is obviously increasing. It is needed to make necessary policies and technical guidance, and have strong protections to ensure the work.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Ways to identify national AIDS prevention programs include: through the national AIDS surveillance and testing system, data analysis, thematic findings, the national M&E results, reflections from relevant staff and other information.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

China has already developed a comprehensive service system for treatment care and support. After issuing the “Four Frees, One Care” policy in 2003, China began providing free of charge ART to PLHIV experiencing economic difficulties, and provided comprehensive care and support services. Follow-up interventions, CD4 testing, etc. became routine work items; in 2011, the third edition of the “National Free ART Medication Treatment Handbook” was issued; at the end of 2011, the cumulative number of treatment recipients increased from 80,000 in 2009 to 150,000 in 2011; in 2010, China began offering free drug resistance testing to PLHIV whose treatment regimen had failed; The “Technical Guidelines on TB-HIV Co-infection Response Work” were drafted, further strengthening the response to TB-HIV coinfection. Governments at all levels incorporated PLHIV experiencing economic difficulties, as well as their families, into government welfare schemes, providing welfare benefits in accordance with relevant socio-economic policies; PLHIV with productive capacity were supported to engage in work which they have capacity to carry out, increasing their income. In 2010, the State Council issued the “Opinions Regarding Strengthening Protections for Orphans”, convened a nationwide teleconference on strengthening protections for orphans, and laid out comprehensive working plans for strengthening protections for orphans, including children orphaned by AIDS. A working mechanism was put in place to ensure protections in the areas of basic welfare, medical treatment, convalescence, education, employment and accommodation. In 2010, the “Notice” stipulated that efforts should be made to strengthen health insurance, and reduce the costs of medical treatment for PLHIV. Taking into consideration HIV treatment needs, medical welfare funds, funding capacity of central government and other players, new categories of antiretroviral medications and OI medications were added to the list of basic medications, expanding the scope of available medications. Medical welfare protections were steadily improved, reducing medical treatment costs for those covered by medical welfare schemes, including PLHIV. Care and support were strengthened, thereby improving the quality of life of PLHIV. Support and late-stage emotional support and terminal care were strengthened. Welfare protection policies protecting children impacted by AIDS were strengthened, ensuring the timely provision of welfare benefits to children impacted by AIDS. In rural areas, support work was integrated with poverty alleviation work, supporting PLHIV to support themselves through production. The “12th Action Plan” stipulates that, taking into account the specific circumstances of PLHIV, and in accordance with the principle of providing treatment at place of residence, treatment should be provided in a timely manner and follow-up work should be strengthened, thereby improving treatment outcomes. The Action Plan also stipulates that welfare protections for PLHIV should be improved, further alleviating medical treatment costs for PLHIV. While continuing to implement policies regarding free provision of ART and health insurance, medical support schemes should be used to alleviate fee burdens for those with opportunistic infections. Local governments should provide support to alleviate economic burdens of PLHIV, reducing the burden of medical expenses. Support for PLHIV should be strengthened, including emotional support for those with late-stage AIDS and provision of terminal care. Work should be carried out to integrate AIDS response work and poverty alleviation efforts, supporting economically underprivileged PLHIV to engage in productive activities, and ensuring that the rights to employment of PLHIV who possess productive capacity and who are willing to work receive adequate protections.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Following the issuing of the “Four Frees, One Care” policy, China initiated work to provide free of charge ART. With the implementation of this work, the numbers of people having receiving treatment and currently receiving treatment increased, as did coverage of treatment. Government departments at all levels issued policies and implemented care and support measures. Mutual support and production activities were organised, improving the development capacities of PLHIV. Policies ensuring access of orphans impacted by HIV to welfare, education, medical and recovery benefits were issued, and support and care interventions were arranged for children orphaned by, or impacted by AIDS. While continuing to put in place guarantees protecting the rights of PLHIV to treatment, healthcare and education, protections for the rights of PLHIV were also

strengthened.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

The "AIDS Regulations" issued in 2006 stipulate that economically underprivileged people living with HIV in urban and rural areas should receive free antiretroviral medications; economically underprivileged PLHIV in urban and rural areas should also receive medications to treat opportunistic infections free of charge; HIV counselling and testing services should also be provided free of charge; pregnant women living with HIV should also be provided with free medications to prevent mother-to-child transmission of HIV. The "Notice", issued in 2010 stipulates that medical welfare protections should be strengthened, reducing the medical expense burdens of PLHIV. ART should be added to the list of basic medications, together with medications to treat opportunistic infections, thereby increasing the range of medications available. The "Notice" stipulated that basic medical protections should be improved, alleviating the medical expense burdens of people enrolled in medical insurance schemes, including PLHIV. Care and support should be strengthened, improving the quality of life of PLHIV. Support for PLHIV should be improved, as well as emotional care for late-stage AIDS patients and terminal care. Policies setting out welfare protections for children impacted by AIDS should be implemented, ensuring the timely distribution of welfare payments for children impacted by AIDS. The "the Action Plan" (2011-2015) stipulate that medical support schemes should be used to alleviate medical expenses for PLHIV receiving treatment for OIs, while continuing to provide free ART and medical insurance, and based on the actual circumstances of individual PLHIV. Local governments were instructed to provide support for economically underprivileged PLHIV, reducing their healthcare expenses. PLHIV should be supported to engage in productive activities, and the rights to employment of PLHIV who possess productive capacity and who are willing to work should receive adequate protections. In 2010, the General Office of State Council issued the "Opinions Regarding Strengthening Protections for Orphans", setting out protections for orphans, including children orphaned by AIDS. Local governments have actively implemented this policy.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

Including antiviral treatment drugs, condoms, methadone, etc. For example, a nationwide HIV treatment drugs supply system has been developed. The system drug procurement, distribution, payments and reserving is also relatively complete.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

After years of efforts, both central and local finance departments expanded their spending on antiviral therapy. The assistance was divided into different categories to push relevant officials to save and take care of people who were in poverty because of HIV. One-to-one helping activities were held. Funding was raised to improve PLHIV and patients and their families livelihood and help them produce. Through the implementation of treatment, care and support, continuous improvements of the working mechanism that connecting antiviral therapy, care and production, the increasing trend in China has been slowed down; the mortality has declined; the quality of living for PLHIV and patients has been improved step by step; the coverage rate, consistency rate and effectiveness have all been improved.

What challenges remain in this area:

At present, the coverage rate and mortality for PLHIV in China still falls behind of developed countries'. Some challenges still exist in the antiviral therapy field: late diagnostics and late treatments for PLHIV still exist. Therefore, the coverage of treatment needs to be further expanded, particularly comprehensively implementing antiviral therapy and carrying out more effective comprehensive service among PLHIV among IDUs, MSM, sex workers.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

80%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

8

Since 2009, what have been key achievements in this area:

In recent years, efforts to provide support to children impacted by AIDS have made impressive progress. In terms of policy, in 2010, the General Office of the State Council issued the "Opinions Regarding Strengthening Protections for Orphans"; authorities in all regions have thoroughly implemented the "Opinions Regarding Orphan Protection Work" and the "Four Frees, One Cares" policy, jointly issued by the Ministry of Civil Affairs Central Committee and 15 other ministries, setting out requirements regarding protections for AIDS impacted orphans, including free education, and household and educational support, as well as vocational training for older orphans. Authorities in all regions also established support and care centers for children impacted by HIV. Coverage of ART amongst children living with HIV was increased. Relevant ministries jointly issued the "Notice Regarding Implementation of the 12.1 Orphan Care Household Support Campaign", providing welfare, educational, recovery, accommodation and employment support for children orphaned by AIDS, providing care and support for children orphaned by AIDS. The Ministry of Civil Affairs issued the "Opinions Regarding Further Strengthening Welfare Protections for Children Impacted by AIDS", stipulating that a stipend of 600 Yuan RMB basic welfare payment should be paid monthly to children orphaned by AIDS. A further 50 million Yuan RMB was invested into a special project to support orphans in priority provinces with high numbers of children impacted by AIDS, including Henan and Yunnan. This funding was used to construct a support and assistance centre for children orphaned by AIDS. A multi-level network was also gradually established to make arrangements for children orphaned by AIDS, developing into a 5-level vertical work management system operating at provincial-, prefectural-, county-, village- and township-levels. All-China Women's Federation established China Warmth "12.1" Love Found. By the end of 2011, China Warmth "12.1" project has covered 15 provinces (regions, cities). The numbers of children who received assistance from this project and children who are receiving assistance from this project have reached 15,757 and 14,153. State Ethnic Affairs Commission and China National Committee for the Wellbeing of the Youth held summer camps for children orphaned by HIV respectively. China Red Ribbon Foundation, Chinese Foundation for Prevention of STD and AIDS and other organizations also financially supported orphans. Chinese government and UNICEF cooperated to carry out the project of children's wellbeing demonstration districts. Almost 80,000 children were covered and children affected by HIV makes a large proportion of them.

What challenges remain in this area:

The implementation of "Four Frees and One Care" policy in various areas is unbalanced. In some areas, policies on caring and supporting HIV-positive children are still incomplete, and their work was not sufficiently implemented. Social discrimination still exists in some areas.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

With the continued development of China's AIDS response, China's M&E system has been strengthened. M&E plays an important role in ensuring the realisation of AIDS response plans and the achievement of objectives. The major elements of China's M&E include: "China's AIDS Response Monitoring and Evaluation Framework (trial version)", "Sentinel Surveillance Protocol", "Plan for Evaluation of Implementation Quality of National AIDS Response Measures", on-site M&E, the "Action Plan" evaluation plan, the national data review plan, the "Comprehensive AIDS Response Information Management Guidelines", etc., as well as joint M&E carried out by local governments and departments, international cooperation programme M&E, comprehensive technical guidance and specialised M&E initiatives. As prevalence changes and the HIV programs develop, new problems will continue to emerge. Therefore, the national M&E plan and other M&E plans need to be revised.

1.1 IF YES, years covered:

2006-2010

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes

Behavioural surveys:
Yes

Evaluation / research studies:
Yes

HIV Drug resistance surveillance:
Yes

HIV surveillance:
Yes

Routine programme monitoring:
Yes

A data analysis strategy:
Yes

A data dissemination and use strategy:
Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes

Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

5%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

The National AIDS Response Monitoring and Evaluation Framework no longer fully meets the needs of the AIDS response, and necessary revisions have been made to this Framework. There is still a need to improve utilization of M&E results. The number of personnel carrying out M&E work at the grassroots level is insufficient, and there is a need to strengthen capacity.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes

In the National HIV Commission (or equivalent)?:
Yes

Elsewhere [write in]?:
Relevant ministries

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Staff from SCAWCO	15	-	2004
Relevant staff from Ministry of Health and China CDC	120	-	2002

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] **Fulltime** **Part time** **Since when?**

- - - -

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

Responsibilities: The Chinese Centre for Disease Prevention and Control is responsible for establishment and management of a "Comprehensive AIDS Response Data Information System", which manages the collection and analysis of data reported by local authorities in China, and for reporting this data in a timely manner to national M&E bodies for the purposes of policy advocacy, information integration, planning and to provide data for M&E work. Relevant international cooperation programmes also submit progress reports in a timely manner to national M&E bodies. Mechanisms: The Chinese Centre for Disease Prevention and Control is responsible for providing technical support for M&E work, including collection, analysis and reporting of M&E data and the implementation of relevant research and training. Member bodies of the State Council AIDS Working Committee took responsibility for coordinating and commissioning work relating to M&E of this system. SCAWCO established a national-level M&E expert group, acting as consultants for M&E work. The National-level M&E Expert Group is composed of technical personnel from the field of HIV prevention and control M&E. The National Level M&E Expert Group was involved in the drafting and revision of the National AIDS Response M&E Plan, participating in national-level AIDS response M&E work, participated in reviewing the annual M&E report and took responsibility for national M&E training.

What are the major challenges in this area:

Monitoring and evaluation of management and coordination requires strengthening, and there is insufficient integration and comprehensive analysis of data from different monitoring systems; M&E capacities are insufficient, quality and analysis of monitoring data requires strengthening. Utilization of M&E data needs to be improved.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

The China Centre for Disease Prevention and Control is responsible for establishing and managing databases including the "National AIDS Comprehensive Response Data Information Management System" and "HIV, Syphilis and Hepatitis B PMTCT Management Information System", for collecting and analysing HIV data reported from across the country, and for reporting relevant data to relevant departments in a timely manner.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

Provincial level, city-level and county-level

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

Communications and advocacy

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

SCAWCO established a national-level M&E expert group, primarily composed of technical personnel from the fields of comprehensive AIDS response work and evaluation. The expert group participated in the drafting and revision of the National AIDS Response Monitoring and Evaluation Framework, was involved in national-level AIDS response M&E work, participated in reviewing the annual M&E report and took the lead in carrying out national M&E training. During the process of developing the the Action Plan, the national-level expert group was responsible for carrying out analysis of implementation of the "Second Action Plan", analyzing the state of China's AIDS response and international response strategies and experience, before convening more than 10 consultation meetings of various types, and carrying out a range of consultations in order to develop

the Action Plan, and have it endorsed by the State Council.

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

More than 1000 technical 'person-trainings' were provided by specialist organisations (10 training areas, with each training carried out in each province once annually)

At subnational level?:

Yes

IF YES, what was the number trained:

More than 9000 'person-trainings'

At service delivery level including civil society?:

Yes

IF YES, how many?:

More than 100,000 'person-trainings', including trainings for disease prevention and control departments, women's and children's health departments, medical treatment facilities and CBOs.

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Through provision of on-site M&E. Timely feedback and guidance was provided to resolve issues identified during M&E process. Multiple site visits were also carried out to assist local response bodies with strengthening of capacity.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

8

Since 2009, what have been key achievements in this area:

At the national level, specialised and comprehensive M&E plans were developed, and M&E capacity was strengthened through training. Multi-sectoral M&E was carried out, and the implementation of response work in various areas was assessed. M&E work promoted the thorough implementation of China's AIDS response, improving quality of interventions, identifying emerging issues and allowing these to be addressed in a timely manner.

What challenges remain in this area:

Generally speaking, the number of staff members available to carry out M&E work was insufficient, and there is a need to improve usage of M&E data. The complexity of AIDS response work meant that some indicators are difficult to obtain data for qualitative; there is also a need to improve capacities for collection and comprehensive analysis of M&E data among different departments; finally, there are still some quality issues with data quality, and further guidance and training is needed to strengthen data collection skills.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

During the past two years, senior national leaders have been extremely committed to the dialogue with civil society representatives: on World AIDS Day 2011, Prime Minister Wen Jiabao met with PLHIV and community representatives; on 18th November 2011, Vice Premier Li Keqiang held a similar exchange; Minister of Health Chen Zhu has also held numerous meetings with PLHIV and CBOs during the course of 2011. The concern shown by senior leaders has had a positive impact in reducing stigma and discrimination, and raising awareness about rights among society at large. At the same time, community representatives have also been able to explain to senior leaders about their difficulties and needs when carrying out HIV work. The government has also invited representatives from civil society to take part in discussions during the policy formulation process, for example, for the Twelfth Five Year Action Plan. On such occasions, civil society representatives have put forward constructive comments and suggestions. However, civil society organizations still feel that they lack access to information, and that they don't have enough opportunities to express their ideas. Furthermore, in some regions, civil society organizations are only just beginning to take part in the policy-making process. Suggestions: There should be a mechanism for civil society participation at the national and/or provincial levels, to ensure that community-based organizations (CBOs), especially those from the grassroots, have the chance to express their opinions. Furthermore, such a mechanism should ensure that different populations are represented. The government should provide financial support for the growth and development of CBOs; it should also improve the legal environment so that they HIV/AIDS CBOs can register and establish a standardized system for their management. Case-studies: CBO Advisory Committees were set up for the Global Fund HIV Program, including a national-level committee and provincial-level committees. The CCM also set aside seats for CBO and PLHIV representatives. Civil society representatives took part in the drafting of "Chengdu City 2011-2015 MSM AIDS Response Plan". On World AIDS Day 2008, Sichuan Province issued "Sichuan Province Operational Guidelines on Promoting Social Participation in the AIDS Response". While drafting this document, relevant government departments consulted with CBOs.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2

Comments and examples:

Few civil society organizations can take part in national strategic planning or budgeting. Suggestions: Support the participation of civil society organizations in national strategic planning, and increase transparency. Establish mechanisms that ensure civil society organizations can participate in planning and budgeting at every administrative level; increase the number and scope of participation; ensure that each type of organization and each region is represented during the process; prioritize the participation of women and PLHIV. Affirm the role played by civil society in the AIDS response; accept that CBOs are grassroots-based, survive in the community and can benefit HIV work, rather than concentrating on their imperfections. Case-studies: Some civil society organizations have taken part in the planning and budgeting of the AIDS response at the national level. In some provinces, the government invites academics and civil society representatives to participate in drafting annual plans and HIV strategies. Nevertheless, there are very few CBO representatives that have access to such opportunities, and their impact is limited. Many MSM groups took part in the discussions around the drafting of a MSM Prevention Strategy and Technical Manual. Their impact has been considerable.

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

2

c. The national HIV reports?:

2

Comments and examples:

Suggestions: Define a matching funding package at each administrative level, so that governments can effectively implement current policies. Help CBOs to raise their capacity, including report-writing, summarizing and experience-sharing abilities. Provide sufficient budgets, and formulate strategies that ensure funding reaches CBOs. Clearly define responsibilities and working areas at the national and provincial levels; publish annual HIV budgets; publish budgets for CBO participation in the AIDS response, including specific standards; provide more financial support for CBOs to carry out work in areas such as stigma-reduction and legal service provision. Design the budget such that weaker CBOs are prioritized, and encouraged to develop. Case-studies: CBOs took part in the AIDS response and the National CBO Advisory Group as part of the Global Fund program, and were thereby able to comment on strategies and budgets. Moreover, the Global Fund Program also established the definition of civil society organizations and the proportion of funding that they were entitled to.

4.

a. Developing the national M&E plan?:

2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

2

c. Participate in using data for decision-making?:

2

Comments and examples:

Few civil society organizations have the opportunity to take part in M&E activities, or the utilization of HIV-related data. Suggestions: Establish regular mechanisms for the participation of civil society organizations in national or provincial-level M&E activities. These mechanisms should be permanent, and not based on one-off or temporary activities. Case-studies: In 2010, a group of CBOs in Honghezhou, Yunnan Province took part in the Global Fund's M&E activities, however, their participation was not via election, and so they cannot be said to be truly representative.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

3

Comments and examples:

Suggestions: On the one hand, the government should provide more financial and policy support to CBOs; on the other hand, it should allow them to maintain their independence and uniqueness. Expand the range of work that CBOs are allowed to carry out, so that they can play even more roles in the AIDS response. For example, it is currently unfeasible for IDU to provide emergency naloxone treatment, because naloxone is a prescription drug, and therefore this problem is not easy to solve. Strengthen capacity-building for CBOs, and provide support for project-bidding and financing Case-studies: In recent years, CBOs representing MSM, IDU, sex-workers, PLHIV etc. have come together and promoted the participation of their communities to different degrees.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Suggestions: Create appropriate mechanisms for CBO fund allocation and management. Clearly define budget plans and

funding levels for CBOs at every level of government. Make allowances for office rental, HR costs, administrative costs, capacity-building etc. when allocating funds to support CBOs in the response. After carrying out a CBO capacity evaluation, any subsequent technical support should take the organization's development as the starting point, in addition to providing technical support for areas such as prevention and care. Capacity-building should therefore include areas such as management, fundraising etc. in order to fully consider the organization's own demands and define a systematic plan that is also user-specific. The responsibility for capacity-building and technical support should be awarded to suitably qualified civil society organizations. Institutionalize and guarantee government purchase of CBO services; provide funding to support the development of CBOs and promote outsourcing to CBOs within their geographic regions and service areas. Encourage enterprises to provide funding and technical support to CBOs. If possible, establish a special fund and manage the capital therein. Case-studies: CBOs cannot access enough funding to carry out HIV activities – it is estimated that around 90% of China's CBOs did not have enough money to carry out HIV work in 2011 as a result of the Global Fund freeze. In 2010-2011, CHAIN experimented with some different technical support models. For example, online learning and experience-sharing, one-to-one training. The different models all showed some signs of promise. In 2010, the RCC supported 8 capacity-building projects, of which 6 were regional training activities, 1 was on support and management, and 1 was on construction of evaluation system. All the training activities were carried out by civil society organizations.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

>75%

Men who have sex with men:

>75%

People who inject drugs:

<25%

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

<25%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

<25%

Home-based care:

<25%

Programmes for OVC:**

<25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

Since 2009, many CBOs have taken part in the national AIDS response, grown and matured, and made important contributions in HIV awareness-raising, KAP interventions, PLHIV treatment and stigma reduction etc. Their key achievements include: The government is more and more committed to civil society participation in the national AIDS response, with Prime Minister Wen Jiabao commenting, "In recent years, the number of civil society organizations and volunteers involved in the AIDS response has rapidly grown. They are rooted in local communities, and take advantage of this to carry out effective work in HIV prevention and care. We should fully recognize their impact, and support them to carry out work even more enthusiastically." Major government documents refer to guaranteeing civil society participation, including the provision of financial support. Civil society representatives took part in the formation of these policies. The "China Red Ribbon Beijing Forum" has opened channels of communication between civil society representatives, academics and government on the issue of "law and human rights". Civil society organizations have gained more opportunities to participate in policy-making, and their policy-making capacity has improved. For example, NGOs made a significant contribution in advocating for second-line medication. Moreover, civil society has made progress in its ability and awareness of participation, with a much stronger recognition of the importance of advocacy. The Global Fund CCM mechanism has provided a space for civil society participation and advisory groups have been set up at national and provincial level. These mechanisms are a positive example, and will pave the way for future involvement. Local governments are starting to support civil society development in a planned fashion in some provinces and regions. For example, some CBOs can obtain funding via government service purchase agreements; in Shanghai, there is an MSM organization that has registered with the Civil Affairs Bureau. Civil society organizations have take part in all areas of the AIDS response, but especially in awareness-raising and interventions among KAPs, VCT, stigma and discrimination reduction, PLHIV care etc. In these areas they have played a major and irreplaceable role. The coverage of their activities is also expanding, so that now civil society organizations are not only active in large/medium-sized cities, but also in schools and villages. Their services are also becoming more diverse and reaching more different populations. For example, HIV/AIDS CBOs have been extremely active in carrying out follow-up visits and referrals, and have assisted healthcare professionals in their work e.g. reducing drug dependency, and providing psychological support to those on ART so that they better adhere to their medication. Among MSM, CBOs have been effective in mobilizing the community to get tested, and have carried out important work in prevention, STI referral, stigma-reduction

surveys and advocacy. Among IDU and female sex-workers, CBOs have carried out peer education, behavioral interventions (e.g. issuing condoms, needle-exchange, MMT etc.), anti-discrimination and policy advocacy etc. National HIV funding has started to reach grassroots levels. This is especially true of the Social Mobilization Fund, which in its early phase was implemented by SCAWCO and was only accessible to national partners, however since being taken over by Chinese Association of STD & AIDS Prevention and Control in 2010, it has been implemented at the provincial level, with a requirement that more than 70% of the funding should be allocated to grassroots organizations.

What challenges remain in this area:

Since 2009, the main challenges facing civil society organizations have been the following: The government has not sufficiently recognized and supported the important role played by civil society organizations in the AIDS response. This is especially true of local governments, which in some cases, do not understand the characteristics and role of civil society, and therefore do not accord corresponding value to their participation in the AIDS response. At the national level, the government has not provided sufficient institutional commitment to civil society participation, for example, because CBOs are generally unregistered, they cannot obtain resources; and this leads to other problems such as high staff turnover, or even CBO closure. Finally, national policies are weakly implemented at the local level, and there is no mechanism for public scrutiny. Civil society participation needs to shift from a project-by-project basis to a more long-term, institutionalized format. Civil society participation needs to become part of local AIDS response planning. Civil society organizations do not participate enough in policy-making, and lack a deep understanding of the policy-making process. It is thus difficult for them to produce high-quality policy reports, and their recommendations are often piecemeal and unlikely to gain official acceptance. Civil society organizations are extremely mixed in terms of their effectiveness, and there is no mechanism for encouraging innovation. There are few opportunities for local organizations to take part in national-level experience-exchanges, and such opportunities that are available are restricted to a handful of people. CBOs need scientific standards for their work, organizational and institutional standards and a supportive civil society environment. At present, CBOs still lack strategic plans during their development. Relations and communication between CBOs, CDC and other government departments still need to improve. Civil society organizations lack necessary support in terms of capacity, HR, administration.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

In accordance with "Regulations on Prevention and Treatment of AIDS", China maintains the following principles: prioritized prevention; combined prevention and treatment. It also maintains the following working mechanism: government leadership of the AIDS response with relevant departments taking responsibility in their areas and the full participation of society. The central government mobilizes and financially supports the collaboration of civil society organizations and community-based groups with government partners in the AIDS response via the Social Mobilization Fund. The Global Fund HIV Program has established mechanisms for the participation of civil society representatives, for example the CCM, and the CBO Advisory Groups that have been set up at national and provincial levels. In 2010, the China Red Ribbon Forum was established. This is a mechanism for promoting dialogue between government departments and civil society on the topic of "AIDS and human rights". The Interim Steering Committee comprises women, PLHIV, MSM as well as representatives from other populations. To date, the Forum has been held three times, and has invited all stakeholders and communities affected by HIV to discuss questions including compensation for PLHIV infected via blood transfusions and discrimination.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

Article 33 of the Constitution states that citizens of the PRC are equal before the law. Article 26 of the "Employment Promotion Law" states that employers must provide equal employment opportunities and working conditions, and must not practice employment discrimination. Article 30 states that employers must not refuse to employ people who are carriers of infectious disease pathogens. Article 36 of the "Education Law" states that those in education are entitled to equal rights in law with respect to admission, advancement and employment etc. Article 25 of the "PRC Protection of Minors Law" states that teaching staff should care for, love and respect their students, and must not discriminate against them or reject them. Article 13 of the "PRC Marriage Law" states that husbands and wives enjoy equal status within the household. Article 16 of the "PRC Prevention and Treatment of Infectious Diseases Law" states that government and society should care for and help infectious disease patients, carriers of infectious disease pathogens and suspected infectious disease patients so that they can receive timely treatment. No organization or individual may discriminate against infectious disease patients, carriers of infectious disease pathogens or suspected infectious disease patients. Discrimination, abuse, abandonment and cruelty towards women are strictly prohibited. Article 3 of the "PRC Protection of Disabled People Law" states that disabled people enjoy the same political, economic, cultural, social, familial etc. rights as other citizens. Article 2 of the "PRC Protection of Women's Rights Law" states that women enjoy the same political, economic, cultural, social, familial etc. rights as men. It also states that the realization of sexual equality is one of China's founding principles, and that China will adopt necessary strategies in order to gradually improve every aspect of institutional protection for women's rights, and eliminate all forms of discrimination against women.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

Relevant government departments ensure that these laws are implemented, for example justice departments, law enforcement agency, Women's Federation, Disabled Person's Federation etc. On the one hand, law-enforcement and justice agencies ensure the strict implementation and application of the law; on the other hand, all government agencies, civil society organizations and individuals are required to respect the law. To ensure that these laws are implemented, China has a "Legal Supervision Mechanism", which monitors agencies involved in legal rights, investigation, trial and law-administration. It carries out monitoring from the angles of legislation, law-enforcement and justice to ensure the correct implementation of the law.

Briefly comment on the degree to which they are currently implemented:

These laws are being gradually implemented. Most laws are respected in practice, but at the local level, implementation is not always as desired. For example, even though the law guarantees healthcare access for PLHIV, there are still some hospitals that refuse treatment and surgical procedures to PLHIV. On World AIDS Day 2011, Prime Minister Wen Jiabao stated that we must clean up existing laws and regulations, and revise any discriminatory clauses. Relevant government departments are already at work on revising these laws and regulations.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

Article 360, Paragraph 1 of the Criminal Law states that anyone who knows they have syphilis, gonorrhea or other serious STIs, and carries out prostitution or purchases sexual services is punishable by up to 5 years in prison, detention or supervision, and a fine. Article 66 of the "Management of Public Order Punishment Law" states that prostitutes and their clients are punishable by 10-15 days in detention, and an optional fine of less than 5000 RMB; in less serious cases, they are punishable by up to 5 days in detention or a fine of less than 500 RMB. The Public Security Department's dynamic management and control system for IDU. Article 4 of the "NPC Standing Committee's Decision on the Prohibition of Prostitution and Purchase of Sexual Services" states that public security agencies may cooperate with relevant government departments to forcibly gather and detain prostitutes and their clients for the purposes of legal and moral education and productive labor, so as to make them change their bad habits. The period of detention is from 6 months to 2 years. Repeat offenders who have been previously punished by public security agencies may be sentenced to re-education-through-labor, and fined up to 5000 RMB. "The State Council Notice on Further Strengthening HIV/AIDS Response" (No.48 Document in 2010 of the State Council) states that "while cracking-down on prostitution, the purchase of sexual services, group sexual activity and other illegal practices, we must strengthen comprehensive interventions targeting vulnerable and high-risk populations, carry out HIV education in entertainment venues and set out condoms and/or condom machines." In 2001, the Ministry of Public Security brought "improper sexual behavior" involving homosexual sex-work into the scope of prostitution and purchase of sexual services. Its description of "improper behaviour" includes but is not restricted to the following: anal intercourse, oral intercourse, masturbation etc.

Briefly comment on how they pose barriers:

Contradictions between laws, policies and HIV strategies increase the difficulty of prevention work among certain populations. The illegal status of sex-workers means that it's very hard to achieve prevention and treatment coverage among this population. In some locations, migrant populations are unable to access ART because of "hukou" registration restrictions. The dynamic management and control system for IDU, as well as compulsory urine-testing, reduce IDU access to harm reduction services. According to "International Norms on HIV and Human Rights", China should check and revise its punishment and reform institutions, to ensure that they conform to international human rights standards and do not represent an obstacle to the provision of HIV prevention, treatment and support services. AIDS laws and regulations should also ensure civil society participation, and promote the involvement of vulnerable populations in HIV work.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

The seventh part, "Development Areas, Main Objectives and Strategies" of the "China Women's Development Framework" (2011-2020) states that "we should promote the improvement of laws on sexual equality; enhance procedures for carrying out sexual equality reviews of laws and regulations, strengthen the awareness and ability of women to protect their own rights in accordance with the law; crack-down on rape and trafficking, as well as the organization, compulsion, luring, sheltering or introduction of women into prostitution, and any other crimes that seriously harm the rights of women; prevent and put a stop to violence against women; ensure women's property rights within marriage; ensure that women receive legal and judicial aid in accordance with the law." "PRC Protection of Women's Rights Law" prohibits discrimination, abuse, abandonment and cruelty towards women. Article 37 states that women's physical safety must not be threatened, and that restriction of women's freedom of movement via illegal detention or other means is strictly prohibited. It also prohibits illegal physical searches against women. Article 38 states that women's health rights must not be violated. It forbids drowning, abandonment or cruelty towards female infants; it also forbids discrimination and abuse towards women of infertility or the women giving birth to female infants. Furthermore, it forbids the use of superstition and violence as a means to harm women, and prohibits abuse, neglect or cruelty towards women. Article 39 forbids the trafficking and kidnapping of women; it also forbids the purchase of trafficked or kidnapped women and any attempts to prevent the liberation of such women. "Marriage Law" clearly prohibits domestic violence. The Criminal Law guarantees protection for women against violence, intimidation and rape.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Although there aren't any policies or strategies that directly refer to "human rights", there are many references to the "rights" of populations affected by HIV. According to the "State Council Notice Regarding Further Strengthening of AIDS Prevention and Control" issued in 2010, treatment and care must be effectively carried out, and the legal rights of PLHIV must be respected. "Prevention and Treatment of Infectious Diseases Law" states that the privacy of PLHIV must be protected, and their information should remain confidential. "Regulations on Prevention and Treatment of AIDS" guarantees the legal rights of PLHIV in marriage, employment, health and education. It also forbids discrimination against PLHIV. The "Four Frees, One Care" policy that forms part of the regulations has also had a major impact in that it guarantees free ART and PMTCT; at the same time, it also makes provisions for economic support to help PLHIV in poverty. "National Human Rights Action Plan (2009-2010)" demands increased efforts in HIV treatment and prevention, and protections for health rights.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

There isn't a clearly defined, fully independent body that is responsible for recording, reporting and dealing with issues relating to discrimination against people affected by HIV, however, relevant policies and regulations do define steps and mechanisms for dealing with such problems. For example, with respect to the problem of discrimination in healthcare settings, Article 55 of the "Regulations on Prevention and Treatment of AIDS" states that any healthcare service-provider that avoids or refuses to treat PLHIV for other health-related complaints, or that fails to offer consultation, diagnosis and treatment services, may be ordered to make a correction within a specified time-limit, publically criticized and issued a warning by a department

responsible for health work within the People's Government at county-level or above; if the service-provider is found guilty of causing the spread of HIV or of other serious consequences, the responsible parties may be demoted, dismissed or expelled; moreover, the professional licence of that organization and/or individual may be revoked; if the behavior of the health service-provider constitutes a criminal offence, they will be subject to criminal proceedings. There are some organizations that provide legal services to PLHIV and affected populations. However, these organizations are limited in number, and the number of people who use their services after experiencing discrimination are also limited, because of social pressure, lack of rights awareness etc.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
-	Yes	-

If applicable, which populations have been identified as priority, and for which services?:

China provides free ART, including first-line and second-line medication, and PMTCT. Interventions for sex-workers, including free condoms and VCT. Needle exchange, MMT and other harm-reduction services for IDU. Condoms promotion, community mobilization for HIV testing, and peer education for MSM.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Article 26 of the "Regulations on Prevention and Treatment of AIDS" states that: "Local branches of the People's Government and related departments should act in accordance with this regulation by formulating strategies based on the epidemic situation in their jurisdictional area, encouraging the participation of residents' committees, villagers' committees and other relevant organizations and individuals in HIV prevention; and by helping high-risk populations to change their behavior." Article 27 states that: "People's Governments at the county-level and above should set up AIDS Response and Narcotics control coordination mechanisms, so that relevant departments can implement HIV prevention and treatment work among IDU. Provincial-level Health, public security and Drug Regulatory Departments should cooperate with one another, and actively carry out MMT and other planned interventions targeting IDUs on the basis of epidemic and drug-abuse conditions in their jurisdictional area." Article 41 states that: "medical institutions should provide HIV consultation, diagnosis and treatment services to PLHIV. The medical institution must not avoid or refuse treating PLHIV for non-HIV related conditions on the grounds of their HIV status." "China's Mid-Long Range Plan for Reducing and Preventing the Spread of HIV/AIDS (1998-2010)" states that IEC must be strengthened to change high-risk behavior, and control the transmission of the disease via sexual intercourse and drug-injection. It also states that prevention and treatment of STIs must be standardized, and that strategies relating to STI testing, prevention and treatment must be implemented. In addition, it says that HIV transmission via blood, blood products and iatrogenic pathways must be strictly controlled. Finally, it states that a social environment that is favorable to the prevention and treatment of HIV should be created, so that the impact of HIV on individuals, families, communities and society is minimized. The "Ministry of Civil Affairs Notice on Strengthening Support for Economically Disadvantaged PLHIV, Affected Family Members and Orphans" states that implementing each policy on economic support and providing essential financial assistance to PLHIV, affected family members and orphans in difficulty is the responsibility of each level of the People's Government; moreover, it is an important task for civil affairs departments. It also states that each level of government must rigorously apply the law, accomplish its duties and steadfastly oppose any kind of discriminatory behavior towards PLHIV or their family members. Finally, it says that each level of government must incorporate PLHIV and family members that meet the economic standards into the scope of economic assistance. The "Ministry of Labor and Social Security Notice on Implementing ART Policies" states that, when putting the basic urban medical insurance scheme into effect, every local government must ensure that PLHIV who participate in the scheme are treated exactly the same as patients with other diseases, and can enjoy equal access to medical insurance and insurance-related benefits. Discriminatory policies towards PLHIV who participate in the insurance scheme are strictly forbidden. The "State Council Notice Regarding Further Strengthening of HIV/AIDS Response" states that prevention of mother-to-child transmission is a priority for AIDS work, and that PMTCT (including prevention of congenital syphilis) must be gradually expanded to the whole country. Every kind of mother-and-child healthcare service provider at every level must incorporate relevant pre- and post-partum services, for example, HIV and syphilis testing, free ART for pregnant PLHIV women and their infants; preventive medication; follow-up visits etc.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

HIV education campaigns and VCT are available to the entire population; at the same time, there are also specialized services for individual populations. Sex-workers can access workplace-based interventions, including free condoms and VCT. HIV prevention services are also gradually being linked up with reproductive health services. IDU can access needle exchange programs; MMT and VCT are also available and constantly being expanded. MSM can access free condoms and VCT.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

Yes

IF YES on any of the above questions, describe some examples:

The "National Human Rights Plan (2009-2010)" established performance objectives for HIV.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

-

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

3

Since 2009, what have been key achievements in this area:

Revision of legislation, for example, the promulgation of a new "Narcotics Prohibition Law" and "Administrative Measures for the Prevention and Control of AIDS at Ports". Establishment of "China Red Ribbon Forum". This has provided civil society and the government with a channel for discussing "HIV and Human Rights", and has facilitated dialogue on the topics of compensation for PLHIV infected via blood transfusions. Cancellation of travel restrictions for PLHIV entering China. Thanks to a rise in rights awareness among PLHIV, there have been three cases of employment discrimination litigation. Although these cases were not successfully prosecuted, they were nevertheless effective in catching the attention of the government and the public. Later, the government started to discuss the revision of related discriminatory laws.

What challenges remain in this area:

Policies, laws and regulations still need to be implemented in practice; in some cases, laws are not operational, for example, penalties for discrimination are lacking. The majority of PLHIV and marginalized populations do not fully understand their own rights; because of tremendous stigma and discrimination very few people are willing to stand up for their own rights. Discrimination and refusal of treatment in healthcare settings is still a serious issue. There is a lack of monitoring and reporting mechanisms.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

3

Since 2009, what have been key achievements in this area:

The government has started to pay attention to the issue of human rights, and has issued “National Human Rights Plan (2009-2010)”. This is the first national plan to take human rights as its topic. Public awareness is rising, and more rights campaigns are taking place.

What challenges remain in this area:

Government departments, community-based organizations and key populations all have a limited understanding of rights issues. Mechanisms for human rights protection and oversight are not well-established. Victims of rights abuses lack channels for redress. Existing laws and policies are not being properly implemented; in some instances, existing laws and law enforcement may even cause rights abuses.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Identified based on epidemic trends and current situations of different populations in China; Identified through analyzing and summarizing experience from routine HIV prevention work, implementation and M&E of HIV prevention programs and experience from past work; Identified based on the real needs of PLHIV; Determined through joint research carried out by disease control experts, behavioural intervention experts and public health experts; Identified based on the “12th Five Year Action Plan” and the National HIV/AIDS Action Plan.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

-

HIV prevention in the workplace:

-

HIV testing and counseling:

Agree

IEC on risk reduction:

-

IEC on stigma and discrimination reduction:

-

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

-

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

-

School-based HIV education for young people:

-

Universal precautions in health care settings:

Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

Expansion of interventions amongst priority populations. Gradual establishment of intervention network operating at large city- medium city- small city- county-levels. Established behavioural intervention working models for IDU, MSM and PLHIV groups featuring a variety of intervention models and condom promotion. This resulted in certain reduction in transmission and

established a testing intervention strategy focussing on MSM, strengthening coverage of interventions amongst MSM; Comprehensive implementation of HIV counseling and testing services. National authorities, working together with civil society organizations, have driven improvements in awareness and testing rates amongst key affected populations. Rapid testing has been promoted, and guidelines for HIV rapid testing drawn up. Guidelines on CBO provision of rapid testing services are being drawn up by CBOs, together with disease control authorities and international organizations. Rapid expansion of coverage of free ART, leading to reduction in mortality amongst those receiving treatment. During the 11th Five Year period, China's efforts to provide ART prevented approximately 30,000 AIDS-related deaths. More PLHIV are receiving care. HIV positive partner testing is being rolled out, preventing new infections in households where one partner is HIV positive. Expansion of PMTCT, reducing risks of mother-to-child transmission. Continued efforts to raise public awareness. TV broadcasting of PSAs and the filming of a film about HIV have spread HIV awareness amongst target populations, increased awareness around positive prevention, improved the capacity and awareness of out-of-school young people around HVI prevention, increased awareness of HIV status and achieved important results in promoting anti-discrimination messages amongst the public. HIV response work is being increasingly prioritised by the government. State investment in the AIDS response is increasing. Laws and policies relating to HIV prevention and control are being strengthened; society is also paying more and more attention to HIV and social participation in the AIDS response is increasing.

What challenges remain in this area:

International cooperation programmes have been reduced, with many leaving China. Support from domestic companies, foundations and individuals are limited. Although central funding for the AIDS response is increasing, investment in awareness raising and interventions with specific high risk populations is relatively low, as is investment in training and support for civil society organisations. Local government funding for civil society organisations is also insufficient; large amounts of funding are still not being effectively utilised for direct service provision; civil society organisations lack funding and sustainability of funding is low; despite the withdrawal of international funding, the Chinese government has still not established mechanisms to support civil society organisations or purchase services from them. Suspension of Global Fund funding disbursements has had a very serious impact on the participation of civil society organisations. Very few civil society organisations have sufficient capacity and funds to carry out prevention services amongst key affected populations. The overall capacity and quality of civil society organisations needs strengthening; the enthusiasm of business for participation in the AIDS response is relatively low and needs strengthening. Addressing stigma and discrimination remains a huge challenge. The total number of PLHIV in China is continuing to increase; increasing numbers of PLHIV are contracting AIDS, and AIDS cases and mortality are increasing; sexual transmission of HIV has not been effectively brought under control, and a trend of rapidly increasing transmission amongst MSM is apparent. Reducing the rapid increase in transmission amongst the MSM population is a very serious challenge. Linkages between HIV prevention and treatment work require further strengthening. Loss to follow-up of PLHIV is still an issue. Efforts are needed to strengthen linkages between VCT, follow-up, CD4 testing and ART. The effectiveness of interventions with key affected populations is low. The impact of routine advocacy work in changing opinions among the public is not noticeable; there is a lack of mechanisms to encourage innovation; there is a necessity to research and develop new thinking and strategies around prevention, based on the changing characteristics of the epidemic, increasing return on investments. Currently, 56% of PLHIV in China have not been diagnosed. There is an urgent need to expand accessibility of VCT amongst KAPs. There are still large variations in coverage and accessibility of intervention services amongst KAPs: amongst MSM populations, awareness is high, but risk behaviour is also high, and there is a lack of effective peer education intervention models; there is a lack of comprehensive services for injecting drug users. Awareness raising and promotion of condoms by the media has still not been made a priority strategy. Comprehensive and effective condom promotion remains very difficult. Insufficient effort has been put into raising awareness around treatment. Implementation of positive prevention is insufficient. There is insufficient HIV prevention education, particularly strategic, targeted education amongst young people. Prioritization of prevention awareness of young people has been given insufficient attention, and young people's willingness to participate is insufficient. Awareness raising amongst the public needs to be strengthened.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

National Four Frees, One Care Policy. ART, treatment of opportunistic infections (OIs), routine healthcare and TCM treatment, psychological support and family care. Treatment has been prioritised. "China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2005-2010)": improvement in quality of medical services for PLHIV; comprehensive implementation of HIV treatment; care and support for PLHIV and their families; prioritization has been: 1. Standardising HIV ART and improving availability; 2. carrying out laboratory testing and resistance monitoring; 3. Strengthening prevention and treatment of OIs; actively promoting TB-HIV co-infection response work; 4. Providing support and protection for children orphaned by AIDS and old people left without support as a result of AIDS; 5. Encouraging and guiding social partners to participate in HIV prevention and support work.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Free counselling, free testing, free CD4 testing, free ART, free provision of PMTCT medications and pediatric testing reagents. Treatment is directly provided through the CDC. CDC carries out regular follow-up and care. CBOs are involved in household follow-up and care for PLHIV. Service support is provided through CDCs and designated treatment hospitals at all levels. Treatment and care are free of charge. Linkages between related services are good. There are strong linkages between all elements of service from diagnosis to treatment, and cooperation between government and civil society is strong. Treatment is provided by the state. Some care and support services are provided by a number of social entities. Participation of CBOs through international cooperation AIDS programmes has yielded important results.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

-

Cotrimoxazole prophylaxis in people living with HIV:

-

Early infant diagnosis:

-

HIV care and support in the workplace (including alternative working arrangements):

-

HIV testing and counselling for people with TB:

-

HIV treatment services in the workplace or treatment referral systems through the workplace:

-

Nutritional care:

-

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

-

Sexually transmitted infection management:

-

TB infection control in HIV treatment and care facilities:

-

TB preventive therapy for people living with HIV:

-

TB screening for people living with HIV:

-

Treatment of common HIV-related infections:

-

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

Scope of ART has been expanded, allowing more people to access treatment, and reducing mortality; accessibility of medication and testing has improved. Quality of life of PLHIV has been improved.

What challenges remain in this area:

Service provision costs are relatively high under the existing service system. There is a lack of experienced and willing healthcare personnel, and many have not received training on providing relevant services to certain populations. Abilities and attitudes of clinical doctors are mixed; costs for OI treatment remain high. In some regions, cheap, effective treatment for OIs has not been provided. Grassroots community members and PLHIV receive very limited treatment and care support. Care and support services currently being provided by the government in some places are not meeting the needs of PLHIV in a timely manner. Discrimination, and in particular discrimination in healthcare settings, makes it highly difficult for PLHIV to receive surgery. In many areas, there is a lack of specialist HIV wards, and services provided do not meet the needs of PLHIV. There is a need to strengthen sanctions for various forms of breaches of patient confidence. Financial compensation and subsidies for PLHIV should not be seen as the utmost priority. The majority of people would prefer to receive exemptions of healthcare expenses. There is a lack of standardized service packages. It is very difficult for PLHIV to gain access to affordable, effective treatment for OIs. The way in which some service provision activities are implemented is at odds with planned approaches. Care activities are not implemented in accordance with the needs of patients. The vast majority of CBOs carrying out care activities are unable to obtain funding support.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

75%

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?”:

5

Since 2009, what have been key achievements in this area:

The issue of children impacted by AIDS has attracted government attention, and efforts have been made to address this issue through policy and social welfare support. Within “China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS During the 12th Five Year Period”, it is clearly stipulated that children orphaned by AIDS should be protected under social welfare provisions for orphans, that treatment expenses for HIV-related OIs should be reduced, and that CBOs should be supported to participate in the AIDS response. China has also rolled out a number of support models for children orphaned by AIDS including small-scale home support, foster care, institutional care, etc. In 2010, the government issued the “State Council Opinions Regarding Strengthening Welfare Protections for Orphans”. The Ministry of Finance allocated 2.5 billion Yuan RMB to support the implementation of this policy.

What challenges remain in this area:

Policies to support children orphaned by AIDS have not been fully implemented in various areas. Older orphans are not receiving life skills guidance and education during their adolescence, including employment skills support. As a result, many of these orphans are falling into difficulties from which they are unable to extricate themselves, or embarking on development paths harmful to themselves and society. There is a lack of channels to systematically and fairly provide support to orphans. Linkages between welfare support and privacy are insufficient. Linkages between demand and provision are incomplete. Arranging adoption of HIV positive orphans is often difficult. There is a lack of specialised monitoring bodies and measures for orphan support. Care approaches which simply provide food and lodging and not care and support can result in orphans developing psychological problems.

Source URL: <http://aidsreportingtool.unaids.org/51/china-report-ncpi>