

2014 China AIDS Response Progress Report

**National Health and Family Planning Commission of
The People's Republic of China**

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Abstract

1. Participation of Stakeholders in Report Drafting Process

The State Council AIDS Working Committee Office (SCAWCO), established in NHFPC, launched the drafting of the Progress Report for AIDS Control in China in 2014 (hereinafter referred to as Report 2014), wrote letters to relevant departments and organizations to collect data and information, and provided training for the personnel of relevant organizations.

According to the division of tasks and the requirements of the Guidelines for Preparation of Progress Report about Global AIDS in 2014 by United Nations Program on HIV/AIDS (UNAIDS), the NHFPC, Ministry of Education (MOE), Ministry of Civil Affairs (MCA), All-China Women's Federation (ACWF), All-China Federation of Industry and Commerce (ACFIC) and Chinese Foundation for Prevention of STD and AIDS (CFPSA) as well as China Center for Disease Control and Prevention (CDC) and UN organizations conducted the collection of and analysis on indicator data and relevant information and filled in the National Commitments and Policies Instrument Section A Questionnaire. Through web surveys, symposiums and meetings, China Association of STD and HIV prevention and Control has extensively gathered opinions from the representatives of social organizations, community organizations, people and patients living with HIV and key populations at higher risk (total involvement is 102 social and community organizations) and together with the UN organizations in China, filled in the National Commitments and Policies Instrument Section B Questionnaire.

Having held repeated discussions with relevant departments/commissions, special control institutes, social organizations and UN institutes in China, SCAWCO has drafted the Progress Report (draft for comments) by summarizing, examining and analyzing contents reported.

On May 9, 2014, SCAWCO held a demonstration meeting to collect feedback from representatives from relevant departments/commissions, special control institutes, disease prevention and control panels, social organizations, community organizations, people living with HIV, UN institutes and international bilateral institutes, and completed the Report 2014 (for submission). UNAIDS office in China, WHO office in China and UNICEF office in China have provided great support to preparation of Report 2014.

2. Overview of AIDS Epidemic in China

By the end of 2013, there were a reported 437,000 people living with HIV/AIDS (including 263,000 people living with HIV and 174,000 AIDS patients) and a reported 136,000 deaths around the country. The AIDS epidemic in China presents four major

characteristics: first, the national AIDS epidemic maintains a low-prevalence trend, with higher-prevalance in some areas and groups; second, the number of people living with HIV/AIDS continues to increase, with AIDS showing high differentiation in prevalence among different groups; third, the number of AIDS patients rises markedly, with the number of all-cause deaths increasing; and fourth, sexual transmission is the most prevalent method of transmission with sexual transmission between men increasing markedly.

3. Overall Progress in AIDS Response

In 2012-2013, according to the requirements of the Regulations on HIV/HIV prevention and Control and China's "12th Five-Year" Action Plan for Containment and Prevention of HIV/AIDS, China continued to implement the major response measures of "Five Expands and Six Strengthens", thus achieving marked progress in multiple areas.

(1) Leadership strengthened further and response mechanisms gradually improved

In 2012 and 2013, Xi Jinping, the State President; Li Keqiang, the Premier of the State Council; and Liu Yandong, the Vice Premier of the State Council made multiple references to the prevention and control of HIV/AIDS, conducted thorough research in communities on prevention work, In 2012, the General Office of the State Council printed and circulated China's "12th Five-Year" Action Plan for Containment and Prevention of HIV/AIDS. In 2013, the State Council established the AIDS Working Committee under the new government which consists of 25 departments and 11 provinces (autonomous regions and municipalities).

In 2012 and 2013 each, the State Council held a general meeting of AIDS Working Committee every year to study important polices for AIDS control.

Relevant ministries and commissions issued the Notice on Further Boosting the Prevention and Control of AIDS, In 2012 and 2013, the governments at different levels invested 3.5 billion Yuan and 4.42 billion Yuan respectively to ensure the implementation of all the response measures.

(2) Progress and Achievements in AIDS Response

In 2012 and 2013, relevant areas and departments developed realistic and practical publicity and education plans to improve publicity and education practices.

For prevention and interference,

In recent years, the total HIV antibody positive rate of female sex workers has been comparatively low; in 2013 the rate was 0.3%. The total HIV antibody positive rate of people who inject drugs has been basically stable, at 6.3% in 2013.

The reported incidences of primary/secondary syphilis and congenital syphilis were 12.6/100,000 people and 69.9/100,000 live births, respectively, decreasing from 13.4/100,000 people and 79.1/100,000 live births, respectively, in 2012.

The rate of HIV-infected babies born to women living with HIV dropped to 6.7% in 2013.

For examination and treatment,

In 2013, medical and health institutions at all levels around the country conducted HIV antibody testing on an estimated 111 million people and found 90,119 new cases, both of which represented a notable increase from 2011.

The numbers of people nationwide who were currently receiving treatment had increased from 126,448 in 2011, to 2 227,489 in 2013, and the rate of survival and adherence to treatment after twelve months had continued to stay steady at over 85% since 2011.

By the end of 2013, TCM-based treatment had expanded to 19 provinces (autonomous regions and municipalities), where 14,338 cases were currently being treated.

Of people infected with both TB and HIV, the rate of those receiving both tuberculosis (TB) and AIDS treatment increased from 35.6% in 2011 to 57.2% in 2013.

For assistance and care,

Most parts of the country have included opportunistic infections related to AIDS under the umbrella of Major Diseases in the NCMS (New Rural Cooperative Medical System). 26 provinces (autonomous regions and municipalities) have established a system to provide temporary assistance.

The Ministry of Civil Affairs and the Ministry of Finance issued the Notice on Granting Subsistence Allowances to Children Living with HIV and, granted subsistence allowances to 7,113 HIV-infected children nationwide.

The former Ministry of Health printed and circulated the Notice on Strengthening the Work of Medical Services for People Living with HIV/AIDS to further strengthen medical services for people living with HIV/AIDS.

For scientific researches,

China continues to implement two major scientific and technological special projects “Prevention and Control of AIDS, Viral Hepatitis and Other Serious Infectious Diseases” and “Development of Major New Medicines”, as well as other plans to accelerate the innovation and production of AIDS medicines, vaccines and diagnostic reagents.

(3) Support from National Development Partners and Monitoring and Evaluation Environment

By the end of 2013, there were 13 major international AIDS response cooperative projects being implemented in China, covering multiple areas in AIDS response.

The Chinese government encourages and supports various organizations and individuals in their involvement in AIDS response. At present, nearly 1000 social and community organizations have participated in China's AIDS response. A handful of social groups and organizations including China Preventive Medicine Association (CPMA), China Association of STD and HIV prevention and Control continue to play a coordinating role as social organizations and a leading role as professional associations in their response to AIDS.

In 2013, the National Management Information System for STD Prevention and Control was officially launched and the Monitoring and Evaluation Indicator System for Prevention of Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis B was established and improved. Departments at all levels have promoted the implementation of response policies and measures by organizing multi-department joint monitoring, international cooperation project monitoring and integrated technical monitoring.

4. Major Challenges and Solutions

First, the infected persons and patients will continuously increase for some time. Epidemic situation is very serious among key groups and in certain areas. The work load for AIDS will be increasing. Second, intervention work is difficult and the effects of existing response technology and methods are limited. Third, the prevention coverage of mother-to-child transmission of AIDS is still insubstantial. The implementation of interference actions should be enhanced. Fourth, as the AIDS patients increase, the pressure on drug supply and treatment increases. Fifth, social discrimination still exists and there is inconsistency in the implementation of support policies. Sixth, the involvement of social organizations is insufficient and it is necessary to establish a mechanism for social organizations to fund prevention and control work.

In light of the challenges mentioned above, what to do next is, according to China's "12th Five-Year" Action Plan for Containment and Prevention of HIV/AIDS and the Notice on Further Boosting the Prevention and Control of HIV/AIDS, issued by six ministries and commissions, in addition to policy of "Four Frees and One Care", to further implement control actions of "Five Expands and Six Enhances" to improve the quality and results of response work. The first is to further improve control mechanism and enhance ability to ensure actual implementation of policies and actions for AIDS control. The second is to create new work mode, enhance specific

and effective communication and education, improve quality of interference against sexual transmission, enhance follow-up management on infected persons and patients, and reduce risk of transmission. The third is to steadily expand the prevention coverage of mother-to-child transmission of AIDS, enhance management on children born by infected pregnant women, and improve work quality. The fourth is to further ensure supply of drugs, expand treatment coverage and improve treatment result. The fifth is to safeguard the medical treatment rights and reasonable interests of AIDS patients, eliminate discrimination on AIDS patients and improve care and support. The sixth is to create innovative new management methods and further mobilize social organizations to get involved in AIDS response.

I. Overview of AIDS Epidemic in China

By the end of 2013, there were a reported 437,000 people living with HIV/AIDS (including 263,000 people living with HIV and 174,000 AIDS patients) and 136,000 deaths had been reported around the country. The AIDS epidemic in China presents four major characteristics:

(I) National prevalence remains low, but the epidemic is severe in some areas and among certain groups.

By the end of 2013, the number of people living with HIV/AIDS accounted for 0.033% of China's total population. Although there are still some undiagnosed cases of HIV/AIDS, the national AIDS epidemic overall maintains a low-prevalence trend. Around the country, 96.1% of counties (districts) (2981/3101) in 31 provinces (autonomous regions and municipalities) have reported people living with HIV/AIDS, but the epidemic varies greatly in different regions (Chart 1). The number of current cases reported by 9 provinces (in order: Yunnan, Guangxi, Sichuan, Henan, Xinjiang, Guangdong, Chongqing, Hunan and Guizhou), each of which has over 10000 people living with HIV/AIDS, accounts for 79.0% of the total number of cases of people living with HIV/AIDS reported nationwide; the number of current cases reported by 7 provinces (Tianjin, Gansu, Inner Mongolia, Hainan, Qinghai, Ningxia and Tibet), each of which has less than 2000 people living with HIV/AIDS, accounts for 1.7% of the total number of current cases reported nationwide. The twenty counties (districts) with the highest number of current reported cases are mostly located in Yunnan, Guangxi, Henan and Sichuan.



Chart 1 Country-wide Geographic Distribution of People Living with

HIV/AIDS in 2013

According to the sentinel surveillance data in 2013, the HIV antibody positive rate among the general population remains low. The rate of HIV-positive pregnant women has maintained a percentage of 0.1% or below in the past 5 years. But among some high-risk groups, the HIV-positive rate is exponentially higher. The rate among people who inject drugs is 6.3% nationwide; the HIV-positive rate among men who have sex with men is up to 7.3% nationwide.

(II) Reported numbers of people living with HIV and AIDS continue to increase, with AIDS showing high differentiation in prevalence among different groups.

During 2009-2013, reported cases of people living with HIV/AIDS continued to increase from 272,000 in 2009; numbers hit 307,000, 352,000, 386,000 and 437,000 in 2010, 2011, 2012 and 2013, respectively. The main reasons for the increase include: the number of people receiving testing has been growing year by year and therefore, diagnosed cases of HIV/AIDS have been increasing year by year; the number of patients receiving treatment has been steadily increasing by a large margin each year, prolonging the lives of people living with HIV/AIDS.

According to the sentinel surveillance data, HIV-positive rates among different groups show different trends. The HIV-positive rate of men who have sex with men shows a marked uptrend, the rate of drug users has dropped somewhat, and the rates of other groups have maintained a low level.

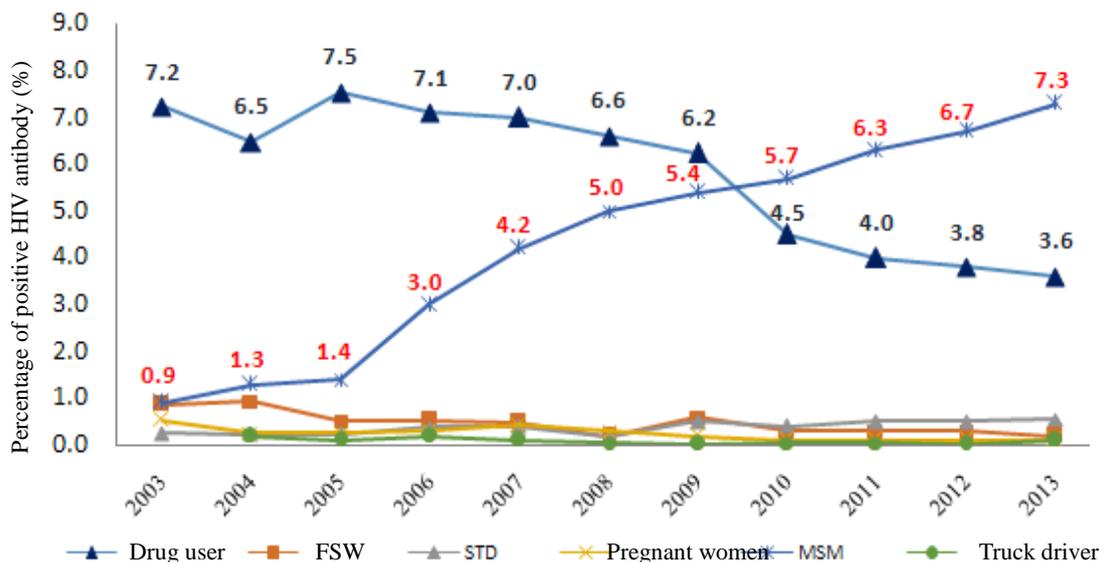


Chart 2 Changing Trends of HIV-Positive Rates among Different Groups from AIDS Sentinel Surveillance Data in China, 2003-2013

(III) Number of AIDS patients rises markedly with the number of all-cause deaths increasing.

According to case reports from 2009-2013, the number of people living with AIDS rose from 74,000 in 2009, to 96,000, 121,000, 146,000 and 174,000 in 2010, 2011, 2012 and 2013, respectively, and the reported number of all-cause deaths of people living with HIV/AIDS was 12,000, 19,000, 21,000, 23,000 and 22,000, for the same years respectively, in China. The reasons for the increase in numbers of deaths are two-fold: first, with the progression of the disease, the number of people living with HIV/AIDS progressing to the clinical stage increases; second, as people living with HIV/AIDS grow older naturally and the number of newly diagnosed advanced stage cases in higher age groups increases, number of people in higher age groups living with HIV/AIDS increases.

(IV) Sexual transmission is the primary mode of transmission with sexual transmission between men increasing markedly.

Of the cases reported over the years, the numbers of both male homosexual and heterosexual transmissions are showing a consistent uptrend. Of new cases diagnosed each year, the percentage of sexually transmitted cases had increased from 33.1% in 2006 to 90.8% in 2013, with the male homosexual transmission rate increasing from 2.5% in 2006 to 21.4% in 2013 (Chart 3).

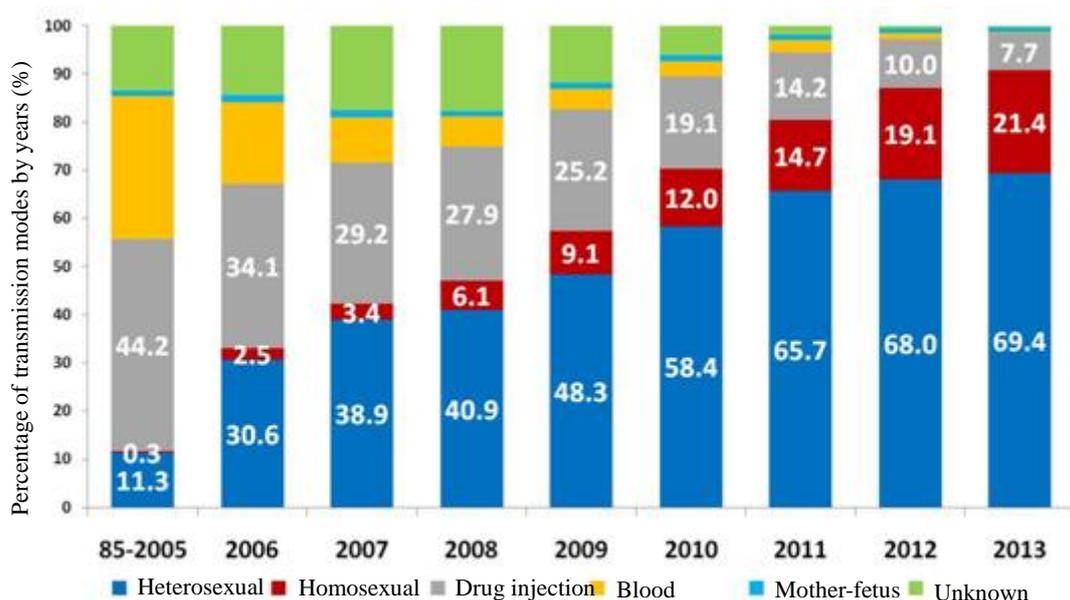


Chart 3 Transmission Methods of Newly Diagnosed Cases of HIV/AIDS by Year

II. Overall Progress in AIDS Response

In 2012-2013, according to the requirements of the Regulations on HIV/HIV prevention and Control and China’s “12th Five-Year” Action Plan for Containment and Prevention of HIV/AIDS, China continued to implement the major response measures

of “Five Expands and Six Strengthens”, thus achieving marked progress in multiple areas.

(I) Strengthening of Leadership and Improvement of Response Mechanisms

1. Emphasizing the issue and improving response policies

The leaders of the Chinese government have always attached great importance to the prevention and control of HIV/AIDS. In 2012 and 2013, Xi Jinping, the State President; Li Keqiang, the Premier of the State Council; and Liu Yandong, the Vice Premier of the State Council made multiple references to the prevention and control of HIV/AIDS, conducted thorough research in communities on prevention work, convened symposiums on HIV/HIV prevention and control and visited people living with HIV/AIDS, medical workers and volunteers of social organizations, setting an example for the entire society’s active involvement in the prevention and control of HIV/AIDS. The leaders of local government at all levels have also gotten actively involved in HIV/HIV prevention and control, strengthened leadership within prevention and control projects, and worked to solve existing problems in these areas.

In 2012, the General Office of the State Council printed and circulated China’s “12th Five-Year” Action Plan for Containment and Prevention of HIV/AIDS (“Action Plan”), which clarified the goals of HIV/HIV prevention and control to be achieved by 2015. Up to 2013, 30 provinces (autonomous regions and municipalities) and Xinjiang Production and Construction Corps released their own “12th Five-Year” Action Plans for HIV/AIDS Prevention and Control and, with consideration of local facts, began to push ahead with the implementation of various goals and measures for AIDS response. To guide local and relevant departments to implement AIDS control, the former Ministry of Health printed and circulated the Notice on Implementing China’s “12th Five-Year” Action Plan for Containment and Prevention of HIV/AIDS, the former Ministry of Railways released the “12th Five-Year” Action Plan of the Railway Sector for Prevention and Control of HIV/AIDS.

2. Improving the response mechanism and strengthening multi-department cooperation

In June 2013, due to the institutional setup and personnel changes within the State Council and on the specific needs of the issue, the State Council established the AIDS Working Committee under the new government, appointed members from 25 departments and 11 provinces (autonomous regions and municipalities) and Vice Premier Liu Yandong served as its director. The State Council AIDS Working Committee Office (hereinafter referred to as SCAWCO) printed and circulated the Responsibilities of the SCAWCO Member Units for Prevention and Control of AIDS. In 2012 and 2013 each, the State Council has held an annual plenary meeting of SCAWCO to study and solve the problems in AIDS response, discuss the major policies concerning AIDS response. Thirty-one provinces (autonomous regions and municipalities) nationwide, the majority of prefecture (city) governments and county

(district) governments with serious epidemics have all established leadership mechanisms for AIDS response according to the national AIDS response mechanism, to strengthen the leadership of prevention and control work in different areas.

Over two years, relevant national departments further strengthened and legal policies and measures were developed to encourage prevention and control work.

The former Ministry of Health revised the Administrative Measures for STD Prevention and Control to further standardize and guide the work of STD prevention and control. The National Health and Family Planning Commission, the Ministry of Human Resources and Social Security, the State Administration of Work Safety and the All-China Federation of Trade Unions (ACFTU) jointly issued the Notice on Printing and Circulating the Classification and Catalog of Occupational Diseases, which classifies infection of HIV due to occupational exposure by medical staff and police officers as an occupational hazard, entitling them to work injury treatment. The National Health and Family Planning Commission, the National Development and Reform Commission, the Ministry of Civil Affairs, the Ministry of Finance, the Ministry of Human Resources and Social Security and the State Council Leading Group Office of Poverty Alleviation and Development (CPAD) jointly issued the Notice on Further Advancing the Prevention and Control of AIDS to make plan for current and future HIV prevention and control.

The NHFPC and the Ministry of Finance adjusted the catalog of free medicines for AIDS antiretroviral treatment and added to the varieties of medicines. The NHFPC and China Food and Drug Administration (CFDA) pushed forward the process of localizing production of antiretroviral drugs. The Ministry of Human Resources and Social Security directed local governments to incorporate volunteer services for AIDS response into the scope of grassroots services. The Propaganda Department of the CPC Central Committee reinforced the dissemination of AIDS knowledge through news media. The Ministry of Science and Technology supported the scientific research of AIDS through major special projects. The Ministry of Industry and Information Technology (MIIT) coordinated and restored the production of small-volume medications urgently needed by patients. The Administration of Quality Supervision, Inspection and Quarantine (AQSIQ) strengthened the capability of AIDS testing ability in ports, and the State Ethnic Affairs Commission (SEAC) reinforced leadership on HIV prevention and control in regions with large ethnic minority populations. The CPAD promoted pilot projects for poverty alleviation and development and comprehensive HIV prevention and control in Liangshan. The Ministry of Education incorporated the education and management of HIV prevention at schools into training content for personnel of educational administrative departments and school hygiene management.

Various regions have further strengthened multi-department cooperation and introduced relevant policies and measures. For example, Sichuan Province has

established a system of joint supervision and inspection of HIV prevention and control by the departments of Supervision, Finance and Health. Guangxi implemented the Regulations of Guangxi Zhuang Autonomous Region for HIV prevention and Control, taking into account unique local conditions. 13 provinces (autonomous regions and municipalities), including Beijing, formulated a policy of expanding testing by medical institutions.

3. Consolidating results and continuing to conduct advocacy and training for leading cadres

In 2012-2013, SCAWCO organized advocacy groups to promote advocacy of AIDS response policies in 7 provinces and municipalities including Hunan and Guangdong, and nearly 10,000 local leaders of Party committees and government leaders at all levels within relevant departments received training. Chinese Academy of Engineering (CAE) fellow and Vice Minister of the former Ministry of Health Wang Longde personally pushed forward advocacy for leading cadres in Guangdong Province. In 2012, SCAWCO coordinated and conducted AIDS response publicity training at the Party School of the CPC Central Committee and improved the leading cadres' awareness of HIV prevention and control work. Hubei, Guangxi and Sichuan provinces also implemented advocacy of AIDS response policies. The National Administration for Industry and Commerce and All-China Women's Federation provided special training for their officials on HIV prevention and control policies.

4. Increasing the budget to ensure the implementation of various response measures

In 2012 and 2013, funds for HIV prevention and control in China totaled RMB 4.01 billion and RMB 4.69 billion, respectively. Included in those figures was budgeted investment at all levels (RMB 3.5 billion and RMB 4.42 billion, respectively), and international cooperation project funds (RMB 480 million and RMB 230 million, respectively). The funds allocated by the central government for AIDS response increased from RMB 2.42 billion in 2011 to RMB 2.77 billion in 2012 and RMB 2.95 billion in 2013. Local governments have also continued to increase funds allocated for AIDS response. According to incomplete statistics, 31 provinces (autonomous regions and municipalities) invested RMB 730 million and RMB 1.47 billion for AIDS response in 2012 and 2013, respectively. In order to reasonably allocate the limited resources, the NHFPC integrated the response funds invested by the government at all levels and the funds from the international community for AIDS response projects.

(II) Implementation of AIDS Response

1. Progress and Achievements in Prevention

(1) Continue to conduct thorough publicity and education.

For two years, different areas and departments have been formulating public awareness and education plans appropriate to their unique situations to increase

knowledge about HIV prevention and control. The State Administration of Press, Publication, Radio, Film and Television reported on China's AIDS response progress increased awareness about HIV prevention and control through channels including news programs, feature programs, public service advertisements and network platforms. The NHFPC engaged volunteers working on HIV prevention and produced over 20 public service videos about AIDS response. The Ministry of Culture manufactured and broadcast anti-AIDS cartoons. The SAIC organized training for employees of individual and private enterprises. The Ministry of Public Security, Ministry of Justice, AQSIQ and Ministry of Human Resources and Social Security provide publicity for AIDS control at places under supervision, entry/exit offices and technical colleges.

SCAWCO, Ministry of Transport the All-China Federation of Trade Unions, Central Committee of Communist Youth League, All-China Women's Federation, the Red Cross Society of China and other departments continued to hold employees' red ribbon health activities, "face-to-face" HIV prevention publicity and education for women and teenagers, the "Youth Red Ribbon" project, and the national "Going to Factories and Construction Sites" project for HIV prevention awareness and education for migrant workers, among other events. They also conducted publicity and education targeted at key and high-risk groups such as migrant workers, teenagers and women. The Red Ribbon Health Package "100 Universities Going into 1000 Enterprises", jointly sponsored by the All-China Federation of Industry and Commerce and SCAWCO, continued its activities in 29 provinces (autonomous regions and municipalities) and Xinjiang Production and Construction Corps in 2012-2013. A total of over 7000 college student volunteers from more than 200 colleges and universities were mobilized to grant the Red Ribbon Health Packages and raise awareness about HIV prevention for over 300,000 non-local migrant workers.

(2) Strengthen preventive intervention to reduce AIDS transmission.

In 2012-2013, the efforts of preventive intervention were constantly reinforced and the coverage of effective intervention expanded consistently.

First, preventing sexual transmission:

China carried out comprehensive intervention with female sex workers in the promotion of condom use, AIDS testing counseling and STD services by promoting cooperation among disease prevention and control institutions, community health service organizations and medical institutions and by means of partner education and outreach intervention. According to the national sentinel surveillance data, in recent years, the total HIV antibody positive rate of female sex workers has maintained a relatively low level, most recently 0.2% in 2013.

The mechanism of cooperation among disease prevention and control institutions, community health service organizations and medical institutions has seen steady

improvement, and the capabilities of social organizations have been increasing; intervention work with men who have sex with men has progressed in both depth and breadth. According to the national sentinel surveillance data, the total HIV antibody positive rate of men who have sex with men was 7.3% in 2013.

Since 2011, national priority prevention efforts, including antiretroviral treatment for single-positive families, condom promotion and regular testing of negative spouses, have further reduced new HIV infections between spouses. Between the end of 2010 and the end of 2013, new infections among the spouses of people living with HIV/AIDS in single-positive families dropped by about 57% after the negative spouse was observed for one year.

In 2012-2013, China focused on the following areas in STD prevention and control: STD monitoring, lab testing and standardized services. This allowed the national STD monitoring and testing management system to gradually improve. At the same time, China worked to establish a national STD prevention and control management information platform. In 2013, reported incidences of primary/secondary syphilis and congenital syphilis were 12.6/100,000 people and 69.9/100,000 live births, respectively, decreasing from 13.4/100,000 people and 79.1/100,000 live births, respectively, in 2012.

Second, preventing transmission through drug abuse:

Adhering to the requirements of the Anti-Drug Law and the Regulations on Drug Rehabilitation, and taking into account unique conditions in different areas, the departments of Health and Family Planning, Public Security and Food and Drug Administration have actively explored the effect of community methadone maintenance treatment on drug addiction and rehabilitation, and the HIV-positive rate of patients involved in the maintenance treatment has been dropping steadily. By the end of 2013, a total of 763 methadone maintenance treatment clinics had been set up in 28 provinces (autonomous regions and municipalities), the number of patients receiving treatment was 202,000, the average number of patients at each clinic was 264 and the annual maintenance rate of the patients receiving treatment was 80.0%. It was estimated that the HIV-positive rate of patients receiving treatment dropped from 0.3% in 2011 to 0.1% in 2013. In 2012 and 2013, needle exchange projects were held in 17 and 15 provinces (autonomous regions and municipalities), respectively, with the number of needle exchange sites 941 and 898, respectively. Each year, over 60,000 drug users participated in the needle exchange and more than 12 million needles and syringes were handed out. According to the national sentinel surveillance data, in 2011-2013, the total HIV antibody positive rate of injection drug users was 6.4%, 6.3% and 6.3%, respectively.

Third, preventing mother-to-child transmission:

The central government invested RMB 868 million and 890 million respectively in 2012 and 2013. Prevention of AIDS, syphilis and hepatitis B in pregnant women was

continuously carried out in 1156 counties. At the county level, the free screening coverage was up to 39% and over 6.4 million pregnant women, or about 44% of pregnant women nationwide, were covered. All or most of the counties (districts) in Yunnan, Guangxi, Xinjiang, Henan, Sichuan, Guizhou and Guangdong provinces, where the epidemic is serious, were covered. Comprehensive intervention services were also provided to all HIV-positive pregnant women, syphilis and hepatitis B and their children free of charge, giving timely intervention to HIV-positive pregnant women and their children.

Since 2012, the government has strengthened training for professional technicians and teachers at the provincial and prefectural (city) levels, organized experts to prepare technical regulations including the Technical Guide to Prevention and Control of Pregnant and Congenital Syphilis, developed the public service advertisement Children's Health, Parents' Responsibility and produced the Textbook for Preventing Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis. In 2013, the NHFPC organized and conducted a special investigation and survey called "Further Reducing the Mother-to-Child Transmission Rate of AIDS" and further understood problems in reducing the mother-to-child transmission rate and proposed solution.

Through the implementation of various prevention and control measures, the rate of HIV-infected infants born to women living with HIV/AIDS dropped from 7.4% in 2011 to 6.7% in 2013, the rate of early diagnosis for infants has increased from 21.9% in 2011 to 45.3% in 2013

Fourth, in preventing infection via blood transfusion:

In 2010, national treasury appropriated 160million Yuan to support trial nucleic acid test at blood stations. In 2012-2013, through transfer payment, national treasury appropriated more than 80 million Yuan to support blood stations to enhance service capability and improve the capability of blood stations to test HIV. At the beginning of 2013, to further facilitate this work, national Health and Family Planning Commission issued "Implementation Plan to Fully Facilitate Nucleic Acid Test (2013-2015)". At present, tests on nucleic acid in blood have been increasing year by year, further decreasing the risk to infect HIV via blood transfusion.

2. Progress and Achievements in Treatment

(1) Expand testing counseling services to improve the discovery rate of infected people.

The construction of AIDS testing labs has accelerated around the country, and the number of AIDS testing and screening labs has increased particularly quickly. By the end of 2013, there were 417 AIDS testing and confirmation labs and 23,043 screening labs (including screening center labs, screening labs and testing sites) in China, covering 96.8% of the county-level CDCs. There were labs in all provinces qualified to test CD4 cells and viral load; a total of 481 labs were qualified to test CD4 cells

and 131 labs were qualified to test viral load.

While continuing to carry out voluntary counseling and testing, various medical and health institutions at all levels expanded the coverage of AIDS testing and counseling and diagnosed new cases. In 2013, 18,367 medical and health institutions conducted HIV antibody testing about 111 million person-times and diagnosed 90,119 new cases, representing an increase of 3,796 medical and health institutions, 30 million person-times and 15,602 cases from 2011.

(2) Rapidly expand antiretroviral treatment to constantly increase accessibility and quality.

In 2012, the former Ministry of Health published clinical pathways for 6 AIDS opportunistic diseases, including pneumocystis pneumonia, and implemented the National Manual Book for Free Antiretroviral Treatment of HIV/AIDS (Edition 2012), which pushed forward the timing for launching treatment, in order to continuously improve standardized diagnosis, treatment and care of AIDS. By the end of 2013, there were 3,733 antiretroviral treatment institutions in 2,312 counties (districts) of 31 provinces (autonomous regions and municipalities) around the country. The numbers of people nationwide who were currently receiving treatment had increased from 126,448 in 2011, to 227,489 in 2013. 2013 saw 70,360 new adults and children receive treatment, the highest number of new patients to date. The scope of people groups complying with AIDS antiretroviral treatment standards continued to expand, and the rate of adults and children complying with treatment conditions and receiving antiretroviral treatment increased from 81.9% in 2011 to 86.9% in 2013. According to the new definitions of the indicators in the Guidelines for 2014 Global AIDS Response Progress Reporting, percentage of all known adults and children living with AIDS receiving antiretroviral treatment was 52.1% in 2013. Treatment has become more standardized, and the percentage of people adhering to treatment after 12 months has stayed steady at over 85% since 2011.

As China has emphasized the importance of the testing of viral load and lab testing ability has increased, more than 90% of patients receiving treatment received one free testing of viral load in 2013. The rate of patients who were tested whose viral load was below 1000 copy/mL was 88.7%. In 2013, with the support of government funds, China first provided drug resistance testing for patients whose treatment had failed, and provided 6,249 patients with free drug resistance testing services.

China is gradually reducing the use of Stavudine (D4T) and replacing it with Tenofovir (TDF) or Zidovudine (AZT). By the end of 2013, the percentage of patients using D4T had dropped to 7%.

(3) Bring into play unique features to expand the pilot of TCM treatment.

AIDS treatment through TCM is a unique feature of AIDS treatment in China, and a pilot program featuring TCM treatment started in 2004. By the end of 2013,

TCM-based treatment had expanded to 19 provinces (autonomous regions and municipalities) and a cumulative 24,801 cases had received treatment and 14,338 cases were currently being treated.

(4) Strengthen cooperation to conduct prevention and control of co-infection.

The mechanism for cooperation between AIDS and TB prevention and control institutions has been further strengthened. Multiple areas have conducted two-way screening of TB and HIV. China continues to monitor the AIDS infection status of TB carriers at 50 sentinel sites nationwide. In 2013, the rate of people living with HIV and AIDS who received a chest X-ray or sputum smear examination for TB was up to 84.9%, and the rate of TB patients receiving AIDS testing was up to 88.8% in 294 key counties. Of people infected with both TB and AIDS, the rate of those receiving TB and AIDS treatment increased from 35.6% in 2011 to 57.2% in 2013.

3. Progress and Achievements in Care and Support

(1) Strengthen care and support to improve the quality of life.

Most parts of the country have included opportunistic infections related to AIDS under the umbrella of Major Diseases in the NCMS (New Rural Cooperative Medical System), and 28 provinces (autonomous regions and municipalities) have released implementation plans for the pilot of major disease insurance for urban and rural residents, which can further reduce AIDS patients' medical expenses. When providing urban and rural medical assistance, most areas see the support and care of people living with HIV and AIDS who are below the poverty line as a priority, and have covered them under the scope of assistance. In 2013, four ministries and commissions, including the Ministry of Civil Affairs, released the Opinions on Providing Medical Assistance to AIDS Patients with Opportunistic Infections to explore ways of providing medical assistance for AIDS patients with opportunistic infections in high-prevalence areas and gradually expanding it according to experience. While giving conventional assistance to people living with HIV and AIDS below the poverty line, different areas have also implemented a series of special policies. Guangdong and Zhejiang provinces have explored a system and mechanism for providing medical assistance to AIDS patients with opportunistic infections. Chongqing and Yunnan provinces have incorporated the opportunistic infections of AIDS into the scope of medical assistance for major and catastrophic diseases and improved the level of support to effectively reduce the medical expenses of AIDS patients with opportunistic infections.

Temporary assistance has been provided to those living with HIV and AIDS who remain financially difficult after receiving various kinds of assistance measures. Currently, 26 provinces (autonomous regions and municipalities) have established the temporary assistance system to provide temporary assistance for the financially

difficulty families including those living with HIV and AIDS when they suffer from sudden and temporary difficulties in basic living.

(2) Implement the concept of giving priority to children and strengthen the protection of AIDS-affected children.

China has established a free compulsory education system and a subsidy system for students living in families with financial difficulties, guaranteed all children and teenagers of school age, including AIDS-affected children, can receive free compulsory education. In 2012, the Ministry of Civil Affairs and the Ministry of Finance issued the Notice on Granting Subsistence Allowances to Children Living with HIV and, according to the minimum living standards for children orphaned by AIDS, granted subsistence allowances to 7,113 HIV-infected children nationwide. Relevant departments have also ensured that children living with HIV can receive welfare services focusing on basic living, education, medical rehabilitation, psychological counseling, vocational training and community services. China Red Ribbon Foundation, under the umbrella of All-China Federation of Industry and Commerce, has continued to subsidize the basic living and education costs of 1,080 AIDS-affected children in Sichuan's Liangshan District, Yunnan's Longchuan District, Shanxi's Linfen District and Xinjiang's Yili District. The All-China Women's Federation has conducted relocation and assistance for groups in need of assistance such as street children and AIDS orphans and directly subsidized over 15,700 children orphaned by AIDS and exceptionally poverty-stricken children in 300 counties.

(3) Protect the rights and interests of people living with HIV and AIDS and make efforts to eliminate social discrimination.

The Chinese government has emphasized the work of combating discrimination against AIDS, provided support and care for people living with HIV and AIDS. In 2012, the former Ministry of Health printed and circulated the Notice on Strengthening the Work of Medical Services for People Living with HIV and AIDS to demand the implementation of the First Diagnosis (inquiry) Responsibility system and further strengthen medical services for people living with HIV and AIDS. In accordance with requirements, all provinces (regions, municipalities) published a list of designated hospitals for AIDS services. Peng Liyuan, Pu Cunxin, Jiang Wenli and Zhou Tao, who are responsible for AIDS prevention publicity in the NHFPC, are actively involved in the awareness-raising and anti-discrimination activities of HIV prevention and control. On World AIDS Day, the public service short film *Be Together Forever*, directed by Gu Changwei, was officially released. This short film advocates for the care of and assistance for AIDS-affected children by the general society and calls on people to not discriminate against people living with HIV and AIDS.

4. Progress and Achievements in Scientific Research

In 2012 and 2013, China continued to implement two major science and technology special projects called "Prevention and Control of AIDS, Viral Hepatitis and Other

Serious Infectious Diseases” and “Development of Major New Medicines” as well as other science and technology plans to accelerate the innovation and production of AIDS medicines, vaccines and diagnostic reagents. China has established a platform for second-line drug imitation technologies and for the evaluation of the effects of antiretroviral drugs, discovered and proved that early treatment can effectively prevent HIV infection and proposed to use primarily Chinese-produced drugs for HIV treatment for adults. Several vaccines and HIV drugs have entered or will enter the clinical trial stage. Meanwhile, China has successfully developed the fully-automatic and high-flux nucleic acid blood-screening and testing system, which has shortened the window period for HIV diagnosis.

III. Best Practices

(I) Notable achievements in expanding treatment access for single-positive AIDS families

1. Background

Since 2011, China has vigorously promoted antiretroviral treatment for single-positive AIDS families (“treatment of single-positive families”) and prioritized it as an important preventive measure for reducing AIDS transmission within families. Notable results have been achieved in this area.

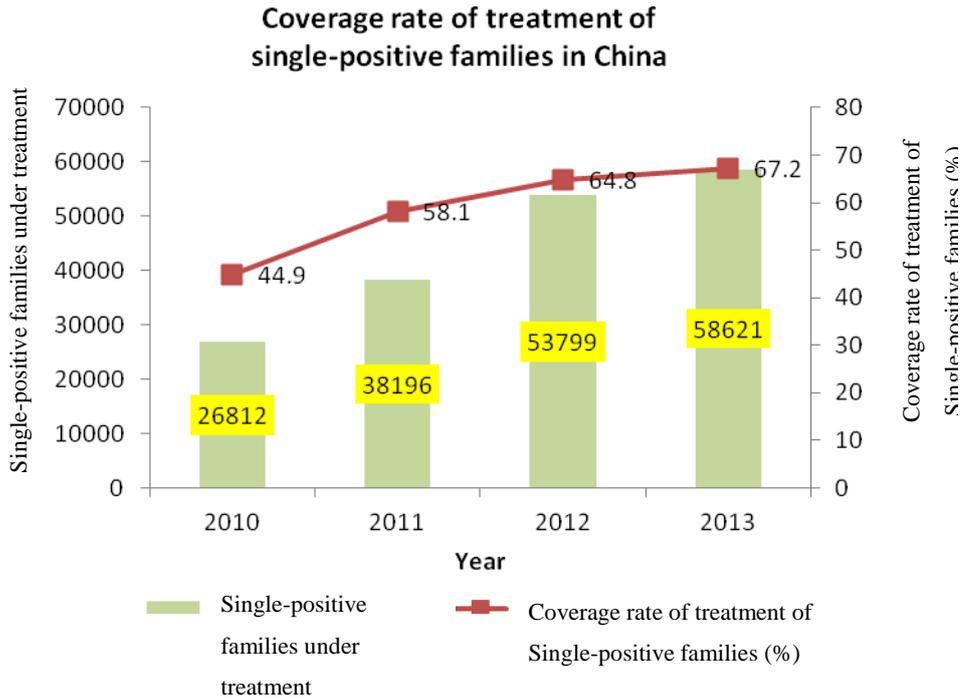
2. Major Measures

- (1) Understand the spousal infection status of single-positive families and record the number of single-positive families and their current status of treatment.
- (2) Conduct training for personnel of medical and health institutions at all levels and teach essential technical and working skills.
- (3) Coordinate the disease prevention and control institutions, medical institutions, lab testing institutions and the institutions or organizations responsible for follow-up visits with people living with HIV and AIDS, implement standards for testing, referral and antiretroviral treatment and combine such measures with condom promotion and regular testing of negative spouses so as to minimize AIDS transmission between spouses within families.

3. Major Achievements

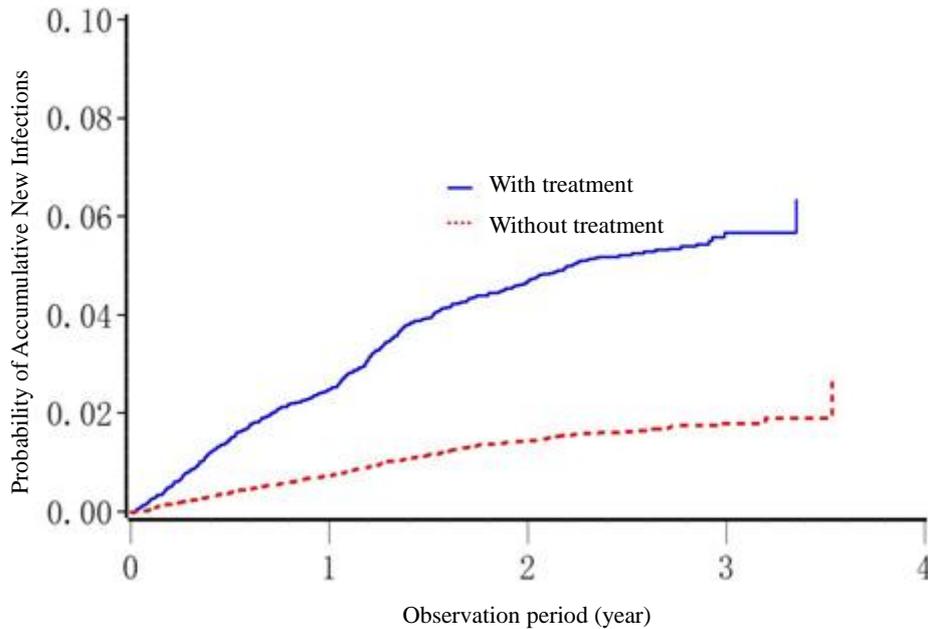
(1) Coverage rate of antiretroviral treatment of single-positive AIDS families increasing year by year.

Due to the increased emphasis on promoting the treatment of single-positive families in recent years, the coverage rate of antiretroviral treatment of such families has steadily increased. By the end of 2013, 58,621 people from single-positive AIDS families nationwide had received treatment, representing a coverage rate of 67.2%, an increase of 22% compared to that in 2010.



(2) New infections in single-positive AIDS families decreasing.

In the single-positive families observed between the end of 2011 and the end of 2013, a total of 854 formerly-negative spouses returned positive HIV antibody results and the new infection rate was 1.0/100 people/year (854/87,797.7 people/year). Within that group, during the observation period, the rate of single-positive families receiving treatment was 0.6/100 people/year (442/68,838.1 people/year) and the rate of single-positive families not receiving treatment was 2.2/100 people/year (412/18959.6 people/year). Compared to families not receiving treatment, the new infection rate among negative spouses in single-positive families receiving treatment was reduced by 73%. The antiretroviral treatment has effectively reduced the spread of HIV between spouses.



Probability Curves of Cumulative New Infections of AIDS in Single-Positive Families Receiving and Not Receiving Treatment in China in 2010

(II) “One-stop” service pilot in Guangxi effectively reducing AIDS fatality rate

1. Background

In July 2012 China CDC implemented a “one-stop” testing and treatment services pilot project in Guangxi’s Zhongshan County and Pubei County.

2. Major Measures

(1) Focus on patients and transfer patients who test positive after initial screening to the designated AIDS services hospital for treatment each Wednesday morning; use the hospital as a platform to provide the patients with “one-stop” diagnosis, counseling and treatment services, including status confirmation, CD4 testing sample collection, physical examination and counseling for antiretroviral treatment during one visit.

(2) Provide all positive patients with antiretroviral treatment counseling. If patients are willing and the doctors think they can be given treatment, all patients will be provided antiretroviral treatment.

(3) Shorten the period of time linking initial screening, confirmation and antiretroviral treatment to no more than 2 weeks, so as to reduce loss of patients between each step.

(4) Set up incentive mechanisms for working personnel to encourage efficient referral, testing and treatment of patients.

3. Main Achievements

Within 12 months after the launching of the project, the two pilot counties confirmed and reported 215 new cases of HIV locally, 188 of which (87.4%) were receiving antiretroviral treatment. Among those cases, 175 cases (81.4%) received treatment within 30 days after the diagnosis was confirmed and the median period of time from initial screening to treatment was 11 days. There were 16 fatalities (7.4%) (9 of which occurred during treatment and 7 of which occurred without the patient having received treatment). In the one year preceding the pilot project, these two pilot counties diagnosed 283 new cases of HIV, 145 of which (51.2%) received treatment. Among these cases, 83 cases (29.3%) received treatment within 30 days after the diagnosis was confirmed. There were 49 fatalities (17.3%) (10 of which occurred during treatment and 39 of which occurred without the patient having received treatment). During the implementation of the project, the fatality rate of new diagnosed cases of HIV dropped by over 50% compared with that of the previous year.

(III) Relying on national science and technology special projects to research the role of STD prevention and control in preventing HIV and AIDS

1. Background

The STD Control Center under China CDC set up intervention points and control points in 10 prefecture-level cities of 4 provinces (autonomous regions) in 2009-2012, and observed and evaluated the role of strengthening comprehensive STD prevention and control strategies in preventing new infections of HIV and syphilis.

2. Main Measures

(1) Emphasize links between STD screening and testing, discovery of cases, reinforcement of referral and standardization of diagnosis and treatment; establish and improve prevention and control mechanisms; and strengthen the coordination and capability-building of institutions.

(2) Explore and establish four kinds of prevention and control modes for community-based comprehensive prevention and control of STD among high-risk groups to reduce sexually transmitted HIV, including: combining FSW outreach services with STD outpatient diagnosis and treatment services; special clinics for MSMs to provide STD diagnosis and treatment services; MSM outreach services with STD outpatient diagnosis and treatment services; combining intervention for high-risk groups with STD outpatient services.

3. Main Achievements

According to the research results, the incidence density of AIDS and syphilis among FSWs at the intervention points was 0.1/100 people/year and 1.6/100 people/year, respectively, and the figure at the control points was 0.2/100 people/year and 5.6/100 people/year, respectively. The risk of HIV infection among FSWs at the control points was 2.8 times that at the intervention points (it's statistically irrelevant to adjust the

degree of risk) and the risk of syphilis infection among FSWs at the control points was 3.3 times that at the intervention points (it's statistically irrelevant to adjust the degree of risk). The comprehensive STD prevention and control measures were statistically meaningful for reducing new syphilis infections among FSWs (particularly low and mid-level FSWs), and there was a trend seen towards reducing new HIV infections (due to the restriction of the research period, no statistical meaning was found). The "seamless connection" between the outreach services (on-spot counseling, syphilis screening and referral appointments), in which clinical doctors got involved, and the STD outpatient services showed positive intervention effectiveness. According to health economics evaluations, in terms of financial burden of disease, compared with the control points, the benefit/economic cost ratio at the intervention points was 4.3-17.8; and the benefit/incremental economic cost ratio was 4.6-31.8. From the point of utility, the input of the intervention points for obtaining one DALY was lower than the output. Practice has proven that the free syphilis screening, diagnosis and treatment strategy for high-risk groups has a high cost-effectiveness ratio in AIDS and syphilis control.

IV. Major Challenges and Solutions

(I) Major Challenges

Firstly, reported number of people living with HIV and AIDS is expected to continue to increase. The epidemic situation is serious among key groups and certain area. The workload of AIDS control is increasing.

Secondly, sexual transmission has been the main way of transmission. This transmission way is hidden hence difficult interference. Existing control techniques and methods have limited effect.

Thirdly, prevention coverage of mother-to-child transmission of AIDS is still insubstantial; low percentage of pregnant women receive AIDS examination in early and middle pregnancy; the implementation of interference actions should be enhanced.

Fourthly, as AIDS patients increase, the pressure on drug supply and treatment increases.

Fifthly, HIV-positive people still face social discrimination in seeking medical services, employment and education. Support policies vary to some extent in different areas, the implementation is unbalanced.

(II) Solutions

According to China's "12th Five-Year" Action Plan for Containment and Prevention of HIV/AIDS and the Notice on Further Boosting the Prevention and Control of

HIV/AIDS, issued by six ministries and commissions, in addition to policy of “Four Frees and One Care”, further implement control actions of “Five Expands and Six Enhances” to improve control performance and result.

The first is to further improve control mechanism and enhance ability to ensure actual implementation of policies and actions for AIDS control.

The second is to create new work mode, enhance specific and effective communication and education, improve quality of interference against sexual transmission, enhance follow-up management on infected persons and patients, and reduce risk of transmission.

The third is to steadily expand the prevention coverage of mother-to-child transmission of AIDS, enhance management on children born by infected pregnant women, and improve work quality.

The fourth is to further ensure supply of drugs, expand treatment coverage and improve treatment result.

The fifth is to enhance the responsibility of medical institution who makes the initial diagnosis, safeguard the medical treatment rights and reasonable interests of AIDS patients, eliminate discrimination on AIDS patients and improve care and support.

V. Support from National Development Partners

(I) Participation and Support from International Partners

By the end of 2013, there were 13 major international AIDS response cooperative projects being implemented in China, covering multiple areas in AIDS response.

The UNAIDS and WHO projects supported the development of national policies and technical guides as well as epidemic estimation and patient death analysis. The UNICEF projects have supported some regions in implementing the prevention of mother-to-child transmission of HIV and the treatment and care of children living with HIV/AIDS. The UNFPA projects have laid particular emphasis on the combination of HIV prevention with sex and reproductive health services and paid special attention to child-bearing groups aged 15-49. China-US AIDS response projects have integrated with national and provincial projects in personnel, funds, plan and management to promote the reduction of HIV transmission. The SCAWCO-Gates Foundation projects have done intervention and testing of MSMs. The China-Merck AIDS projects and AIDS Health Foundation projects have reinforced results confirmation for HIV-positive people, reduced the loss of HIV-positive patients and set up the “three in one” mode of cooperation. UNICEF, WHO and USCDC have supported the maternity and child care institutions in conducting applied research concerning the supervision and evaluation system, service bottleneck and obstacles in the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B.

As the largest international cooperation project at present, the Global Fund China AIDS Program covered more than 2,000 counties of 31 provinces (autonomous regions and municipalities) in China. In 2012-2013, it gave RMB 570 million with the aim to expand China's HIV prevention, treatment and care services and promote full access to comprehensive HIV prevention and control services for high-risk groups and people living with HIV and AIDS. This program worked in close cooperation with the national overall planning and target tasks of AIDS response and used the existing national HIV prevention and control management system to accomplish the full integration of plans, resources, implementation, management and monitoring, thus becoming an important supplement to China's AIDS response work. This program began implementation in 2004 and came to a successful conclusion at the end of 2013.

To sum up the achievements made in China's international AIDS cooperation projects, exchange and share successful experience and explore the development trends of international AIDS response cooperation, the NHFPC International Cooperation Department and UNAIDS Theme Group in China jointly sponsored the "Experience Exchange Meeting on China International AIDS Response Cooperation Projects" in Beijing in November 2013.

In the future, China will continue to need international cooperation and exchange in HIV prevention and control, and is willing to share response experience and understanding and work with the relevant international partners to jointly promote the fulfillment of the global strategic response goals featuring "zero new infection, zero death and zero discrimination" of AIDS.

(II) Participation and Support from Enterprises

As Chinese and foreign enterprises have become involved in AIDS response, they have participated in awareness-raising activities and done advocacy in their internal workplaces, and they have also supported AIDS response by donating money to AIDS response projects, reducing the prices of products and drugs and improving product quality. In addition, they have gotten involved in many other ways, such as donating materials, to assist prevention and control work. In 2012-2013, the All-China Federation of Industry and Commerce mobilized private enterprises to participate in AIDS response. They donated more than RMB 57 million for HIV prevention and control and brought along a large number of corporate employees to participate in AIDS awareness-raising.

Currently, the number of Chinese enterprises participating in AIDS response work remains insufficient, and more enterprises need to be further mobilized to fulfill corporate social responsibility and support the response work.

(III) Participation and Support from Social and Community Organizations

The Chinese government encourages and supports various organizations and

individuals in their involvement in AIDS response. In 2012-2013, President Xi Jinping and Premier Li Keqiang asked for the mobilization of social forces to actively participate, the preparation and establishment of funds to support social organizations in participating in HIV prevention and control, the motivation of social organizations by purchasing services through contracting and bid invitations or providing technical support and materials. On November 26, 2012, Li Keqiang met with the representatives from social organizations and relevant international organizations working on AIDS response and heard their opinions. On December 1, 2013, Vice Premier Liu Yandong went to Beijing You'an Hospital to investigate the AIDS response work, understand the involvement of social organizations and talk with medical experts, grassroots response personnel, volunteers, and representatives of social organizations. In 2013, the General Office of The State Council issued the Guideline for Purchasing Services from Social Forces by Government and clarified the policies to purchase services from social forces by government. The Ministry of Finance, the Ministry of Civil Affairs and the NHFPC investigated and surveyed the subjects concerning the government's purchase services from social organizations participating in AIDS response work, the establishment of the foundation for supporting social organizations participating in AIDS response and the tax benefits for social organizations.

At present, nearly 1000 social and community organizations have participated in China's AIDS response work. In 2012, 49 social organizations brought along 109 community organizations to conduct 58 AIDS response projects in the fields of awareness-raising and education, intervention, care and capability building with the funds provided by the government for social mobilization for national AIDS response. In 2012-2013, 858 social and community organizations used the funds for China Global Fund AIDS projects to conduct 948 AIDS response projects in such fields as intervention for high-risk groups, antiretroviral treatment, care services, capability building and organizational management.

Some social groups and organizations, including China Preventive Medicine Association (CPMA), China Association of STD and HIV prevention and Control, Chinese Foundation for Prevention of STDs and AIDS and China Red Ribbon Foundation, continue to play a coordinating role as social organizations and a leading role as professional associations in their response to AIDS.

Currently, some social organizations participating in AIDS response work remain unregistered. After international cooperation projects are withdrawn, the mechanism for social organizations to fund prevention and control work is not established yet, so further support needs to be provided in tax benefits, capability improvement and team building. Also, the mechanism for information communication between relevant government departments and social organizations is still not well-established and there is inconsistency in the support of social organizations participating in AIDS response work.

In the future, management methods need to be improved and mechanisms for the registration, cultivation, management and supervision of social anti-AIDS organizations should be established. Qualified social organizations should be encouraged to undertake AIDS response services such as awareness-raising and education, testing mobilization, intervention services, psychological support and care and support that are suitable for such social forces to provide. The opinions and input of social organizations should be heard and they should be further mobilized to participate in the AIDS response work.

VI. Monitoring and Evaluation Environment

(I) Situation of Monitoring and Evaluation

In accordance with the needs of AIDS response, China has further adjusted and improved the China Information Management System for Comprehensive Prevention and Control of AIDS. In July 2013, the National Management Information System for STD Prevention and Control was officially put into use, thus providing a platform for timely collection of the information on the implementation of STD and syphilis prevention and control plans. The registration reports on the data of TB and HIV co-infection have been improved and the data on co-infection have been regularly analyzed. In 2013, the Monitoring and Evaluation Indicator System for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B was established and improved. In January 2014, the national management information system for prevention of mother-to-child transmission of HIV, syphilis and hepatitis B was officially put into use and the collection, analysis and scientific evaluation of routine data was further strengthened.

Since China's AIDS sentinel surveillance system was expanded in 2010, the size and overall arrangement of sentinel sites have stayed steady. In 2013, 1,883 AIDS sentinel sites nationwide carried out the surveillance work, completed the questionnaire survey of 897,000 people and completed HIV antibody testing on 896,000 people.

In 2013, China continued to evaluate the quality of the data concerning AIDS case reports, sentinel surveillance, management of people living with HIV and AIDS, testing and counseling, antiretroviral treatment, community methadone maintenance treatment and intervention in high-risk behaviors and completed national data quality inspection in 37 counties (districts) of 12 provinces (autonomous regions and municipalities) including Jilin and Anhui. In 2013, China decided on the Midterm Evaluation Scheme for China's Syphilis Control Planning, which further promoted the in-depth development of syphilis prevention and control. The state organized and carried out an investigation and survey on the data quality of TB and HIV co-infection, strengthened the control over the quality of the data and information concerning the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B.

Departments at all levels have promoted the implementation of the response policies and measures by organizing multi-department joint monitoring, international cooperation project monitoring and integrated technical monitoring. For example, to promote different areas to implement the Action Plan, SCAWCO organized a joint monitoring group consisting of personnel from the ministries and commissions of public security, drug administration and health to conduct multi-department joint monitoring. In 2013, according to the requirements of UNAIDS, midterm evaluation was carried out, progress, challenges and solutions with respect to China's AIDS response were analyzed and the Midterm Evaluation Report on China's Fulfillment of the Targets in 2011 UN Political Declaration on HIV and AIDS was formulated.

For two years, the NHFPC monthly published a statutory report on the national epidemic of infectious diseases. Before and after World AIDS Day, the AIDS epidemic situation and response progress was announced. Since January 2012, the latest "national AIDS and STD epidemic and progress in main response work" has been published in the journal *China AIDS and STDs* each month. In 2012 and 2013, the progress of China's performance in the UN General Assembly Political Commitments on AIDS in 2010-2011 and in 2012 were reviewed and summed up, the 2012 China AIDS Response Progress Report and 2013 China AIDS Response Progress Report was developed to demonstrate China's AIDS response work to the world.

(II) Current Gaps

There has been some increased emphasis on monitoring and evaluation (M&E), but it remains insufficient. The integration and comprehensive analysis of the M&E data are not adequate among different sectors and departments. M&E on social organizations' participation in AIDS response is not sufficient; the capacity of M&E staff at the primary level needs to be strengthened.

(III) Suggestions for the Next Stage

Policy advocacy on M&E work needs to be strengthened and the emphasis on M&E should be further increased. The focus on reducing new infections and deaths from AIDS must be emphasized and the evaluation of response results improved. The systematic collection, integration and comprehensive analysis of the AIDS epidemic information and response data should be strengthened. Social organizations' participation in M&E work must be promoted and capability of grassroots-level M&E staff must be improved.

Appendix 1	2013 Funding Matrix
Appendix 2	Indicator Checklist for 2014 China AIDS Response Progress Report
Appendix 3	World Health Organization (WHO) Policy Questionnaire
Appendix 4	National Commitments and Policy Instrument Part A Questionnaire
Appendix 5	National Commitments and Policy Instrument Part B Questionnaire