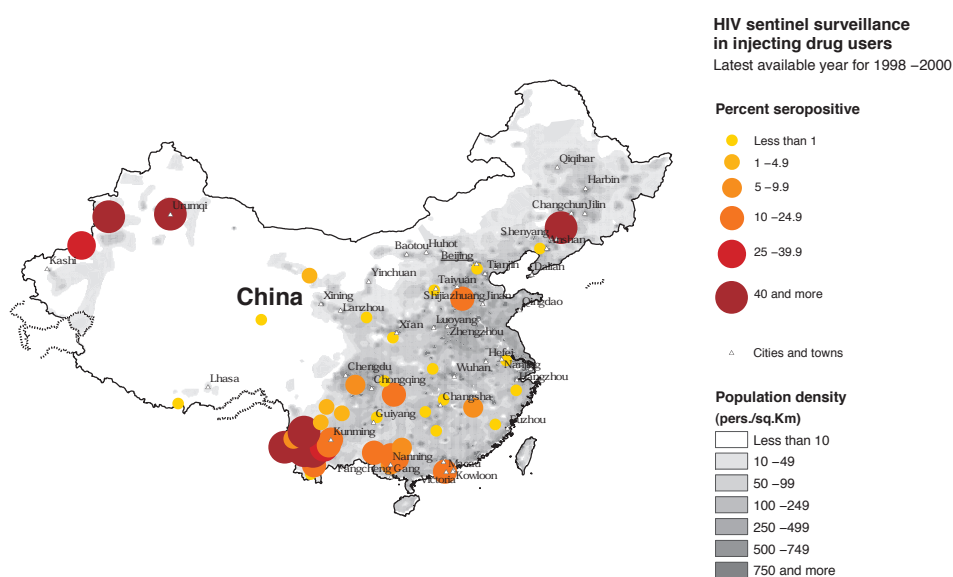


WHO estimate of number of people requiring treatment – end 2005: 100 000

Antiretroviral therapy target declared by country: 10 000 – 15 000 by 2004 and 30 000 – 50 000 by 2005



World Health Organization



Map data sources:
WHO/UNAIDS Epidemiological Fact Sheets
and the United States Census Bureau.
Map production: WHO



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	1 313	United Nations
Population in urban areas (%)	2003	38.2	United Nations
Life expectancy at birth (years)	2002	71.1	WHO
Gross domestic product per capita (US\$)	2001	902	United Nations
Government budget spent on health care (%)	2001	10.2	WHO
Per capita expenditure on health (US\$)	2001	49	WHO
Human Development Index	2001	0.721	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** China has a low prevalence overall but localized high prevalence in certain populations and regions. Although the adult prevalence rate is 0.1–0.2%, reported HIV/AIDS infections have increased by 30% in recent years, and the epidemic has spread to 31 of China's 34 provinces and other administrative units. Women are increasingly at risk of becoming infected with HIV; 36% of reported cases in 2003 were women.
- Major vulnerable and affected groups.** Injecting drug users are the largest vulnerable population group (about 4 million), with HIV infection rates up to 80% in some areas. Data from sentinel surveillance also indicate that infection rates among sex workers and men who have sex with men are increasing. Former paid plasma donors, mostly concentrated in central China, had prevalence rates as high as 65%. Although the epidemic is still concentrated among a few high-risk groups, the conditions exist for HIV to spread into the general population.
- Policy on HIV testing and treatment.** A new policy to provide free HIV testing and counselling, including rapid testing, is currently being reviewed. The government plans to grant subsidies to cover costs and to improve access to voluntary testing and counselling. Efforts are also underway to address confidentiality issues. In December 2003, the government made five commitments to enhance its efforts to prevent and control HIV/AIDS: to clarify targets, identify responsibilities and improve evaluation and supervision; to provide free antiretroviral drugs to low-income people; to improve laws and regulations and launch public awareness campaigns; to protect the legitimate rights of people living

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	0.1 – 0.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	430 000 – 1 500 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	1 111	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	7 400	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	100 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	79	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	0.7%	WHO

- with HIV/AIDS and oppose social discrimination against them; and to increase international cooperation on HIV/AIDS. The government also committed to the "Four Frees and One Care" – free antiretroviral drugs for poor people in urban and rural areas, free testing in heavily affected areas, free treatment and counselling for pregnant women, free schooling for children orphaned by HIV/AIDS and financial aid to people living with HIV/AIDS living in poverty. This policy of voluntary testing and counselling free of charge has not been fully implemented yet, and cost is a limiting factor. Technical documents on HIV testing are currently being reviewed, and the use of rapid testing is foreseen in revisions.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** Since 2003, domestic antiretroviral therapy has been available at an average annual cost of between US\$ 600 and US\$ 900. The current first-line regimen consists of zidovudine or stavudine, didanosine and nevirapine. Limited amounts of Combivir® (zidovudine + lamivudine) and efavirenz are available for free within the National Free Antiretroviral Therapy Programme in case of severe side effects. Domestically produced indinavir is now available to provide more options, and lamivudine will be placed in the first line soon. Prophylaxis to prevent mother-to-child transmission consists of a single dose of nevirapine for the mother and infant free of charge. No paediatric formulation is yet available in China. The Government is making efforts to increase access to antiretroviral drugs.
- Assessment of overall health sector response and capacity.** Investment in public health and HIV/AIDS has increased significantly since the outbreak of severe acute respiratory syndrome in 2003. The China AIDS Response (CARES) Project, a comprehensive care pilot



project including antiretroviral therapy, was initiated in 2002 and includes 127 counties in provinces with high prevalence rates. Health care staff are being trained, and central health authorities are preparing guidelines for HIV/AIDS treatment and care. The HIV/AIDS surveillance system currently includes 194 national and about 400 provincial surveillance sites, monitoring a number of risk groups. A 100% condom use programme is operating in 10 provinces, and harm reduction pilot projects are underway in at least five provinces. Several laws and regulations have been designed and promulgated to enhance the security of blood supply since 1995. However, the local capacity of the public health sector to treat HIV/AIDS remains limited, and the CARES project is constrained by several factors including limited human resource capacity, limited availability of laboratory support and insufficient community support mechanisms for counselling and adherence.

- **Critical issues and major challenges.** Many of the marginalized and vulnerable populations are difficult to reach. People are often unaware of their HIV status, and access to voluntary testing and counselling is limited. Capacity to deliver antiretroviral therapy is severely lacking, due to both a scarcity of trained health care staff and infrastructure shortages. Procurement mechanisms for antiretroviral drugs need to be strengthened. Planning for scaling up antiretroviral therapy is multisectoral, but coordination among national or international partners and initiatives needs to be strengthened. HIV/AIDS treatment services need to be linked with drug dependence treatment services and outreach programmes for vulnerable populations. Community participation also needs to be built into efforts to scale up antiretroviral therapy and to reduce social stigma and discrimination.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 50 000 people by the end of 2005 is between US\$ 471 million and US\$ 496 million.
- The government has committed an estimated US\$ 27 million in 2004 and US\$ 33 million in 2005 to scaling up antiretroviral therapy.
- China submitted a successful Round 3 proposal on comprehensive care, treatment and support to the Global Fund to Fight AIDS, Tuberculosis and Malaria (US\$ 97 million for HIV/AIDS over a period of five years), with a focus on increasing awareness, prevention and care. Of this amount, an estimated US\$ 16 million will be available to support scaling up antiretroviral therapy in 2004–2005.
- The Country Coordinating Mechanism has submitted a Round 4 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria focusing on vulnerable populations, including injecting drug users and sex workers.
- Multilateral agencies providing support for prevention and care activities include the World Bank, UNDP, UNAIDS, the Australian Agency for International Development, the United States Centers for Disease Control and Prevention (CDC), the United Kingdom Department for International Development and the European Union.
- WHO estimates that nongovernmental organizations, charities and foundations have committed about US\$ 2 million to scaling up antiretroviral therapy during 2004–2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for China to reach 50 000 people by the end of 2005 is between US\$ 395 million and US\$ 420 million.

5. Antiretroviral therapy coverage

- China's total treatment need for 2005 is estimated to be 100 000 people, and the WHO "3 by 5" treatment target is 50 000 people by the end of 2005 (based on 50% of need).
- The government is committed to providing treatment to 10 000–15 000 people by 2004 and 30 000–50 000 people by the end of 2005.
- At the end of 2003, an estimated 7400 people were receiving treatment, most through the public sector.
- The CARES Project is currently providing first-line treatment free of charge in 9 provinces and 74 counties, with the ultimate goal of scaling up access to antiretroviral therapy free of charge for anyone in rural or urban areas not covered by basic medical insurance.

6. Implementation partners involved in scaling up antiretroviral therapy

- **Leadership and management.** China is operating within the framework of the China Plan of Action for Containment and Control of HIV/AIDS 2001–2005, a multisectoral plan coordinated by the State Council. The Ministry of Health and the National Centre for AIDS Prevention and Control (NCAIDS) are developing a national plan for scaling up antiretroviral therapy with support from WHO, CDC and the Clinton Foundation. In April 2004, the government established the State Council Working Group on HIV/AIDS, a multisectoral body headed by the Vice-Premier and the Health Minister and including 22 vice-ministers and 7 provincial vice-governors. This State Council is taking the lead in formulating national HIV/AIDS policy, supported by WHO. The Ministry of Health and NCAIDS are coordinating national human resources planning and strengthening of the health system with support from the United Nations Theme Group on HIV/AIDS in China and the United Kingdom Department for International Development.

- **Antiretroviral therapy service delivery.** The Ministry of Health procures medicines and manages the supply chain supported by NCAIDS, the State Food and Drug Administration, WHO and the Clinton Foundation. WHO supports the prequalification of medicines. WHO also supports capacity development and the development of training guidelines. NCAIDS and the Chinese Medical Association coordinate site-level training activities in collaboration with CDC, the Clinton Foundation and Médecins Sans Frontières. NCAIDS and the Chinese Medical Association undertake testing and counselling activities in collaboration with CDC and local hospitals. The Ministry of Health, NCAIDS and the Chinese Medical Association also take the lead in accelerating prevention activities, supported by other ministries and WHO.
- **Community mobilization.** Community involvement in programmes to accelerate treatment is limited in China. Some pilot projects involving people living with HIV/AIDS exist but on a very small scale. International nongovernmental organizations involved in AIDS awareness programmes include PATH, Save the Children UK, Marie Stopes International, World Vision and the Ford Foundation. NCAIDS and the Chinese Medical Association take the lead in programme communication, capacity-building activities for people living with HIV/AIDS and adherence and psychosocial support supported by CDC and the American Foundation for AIDS Research.
- **Strategic information.** NCAIDS and the Ministry of Health provide leadership in surveillance, monitoring and evaluation. NCAIDS conducts surveillance of antiretroviral resistance with support from WHO and CDC. Designated hospitals and local centres for disease control and prevention are coordinating the tracking of people receiving antiretroviral therapy with support from WHO, CDC, the Clinton Foundation and Médecins Sans Frontières. WHO provides technical guidance on developing monitoring and evaluation capacity.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a joint WHO–UNAIDS scoping mission to China from 26 February to 5 March 2004 to review the status of antiretroviral therapy implementation and to identify opportunities and challenges for scale-up and areas for WHO support
- Reviewing technical protocols included in the 14 State Council action points for the national meeting in April 2004, including voluntary counselling and testing, management of antiretroviral therapy, management of opportunistic infections, compensation for health workers, a training plan and support to orphans
- Supporting the Country Coordinating Mechanism in developing the Round 4 proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria with a focus on antiretroviral therapy and care
- Providing technical assistance to the Ministry of Health in developing a comprehensive national plan for care and treatment
- Reviewing national guidelines on antiretroviral therapy

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and other partners in scaling up antiretroviral therapy
- Reviewing the experience of pilot sites established within the CARES Project and documenting lessons learned for scaling up antiretroviral therapy
- Reviewing and updating policy and guidelines for testing and counselling
- Building capacity, including adapting training modules
- Strengthening surveillance and monitoring and evaluation systems
- Mobilizing partners, including nongovernmental organizations and people living with HIV/AIDS
- Expanding interventions targeting marginalized groups of the population such as injecting drug users and sex workers

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- Recruitment of one senior policy adviser and one technical officer for second-generation surveillance and injecting drug use is currently underway with the support of the Swedish International Development Cooperation Agency.
- Additional Country Office staffing needs identified include a planning adviser for planning and technical support on monitoring and evaluation; a human resources and health systems adviser; a capacity-building adviser; a communication officer; and three National Programme Officers.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for China and the WHO Regional Office for the Western Pacific.

