

HHS/CDC Global AIDS Program (GAP) in China – FY 2003



About the Country of China

Capital City: Beijing
Area: 9,596,960 sq km (3,705,407 sq mi)
Population: 1.3 billion

The HIV/AIDS Situation in China

HIV Infected: 850,000¹
AIDS Deaths: 30,000²
AIDS Orphans: 76,000³

As of September 2003, the Ministry of Health (MOH) estimated 850,000 persons were living with HIV in China, with a general population prevalence of 0.06%. The national HIV surveillance system of China has documented an average annual increase of 30%. Based on this rate of increase, the HIV caseload is estimated to reach 10 million by 2010. There is a wide variation of HIV prevalence across China, with high HIV rates in communities with a substantial number of drug users or a history of unsafe plasma collection. Since the first major HIV outbreak, injection drug users (IDUs) continue to be the main route of transmission. The 2003 national HIV survey preliminary finding estimated that 49% of the current HIV cases are attributable to IDUs. The second most common mode of HIV transmission results from the unsafe plasma collection that took place from 1992 to 1996. The 2003 National HIV survey estimated that about 22% of the current HIV caseload was attributable to the plasma collection. It is estimated that 5% of HIV cases are attributable to blood transfusion. It is estimated that 30% of blood transfusions in China today are still unsafe despite the official blood banks that adequately safeguard their blood supplies by screening for HIV. Based on data from the National Sentinel Surveillance System, the prevalence of HIV infection among commercial sex workers (CSWs) reached 5% in some areas. Limited studies of urban men having sex with men (MSM) groups in 2003 found an HIV prevalence of 1% to 2%, and the majority of Beijing residents who seek medical care for HIV/AIDS are MSM.

About the Global AIDS program in China

Year Established: 2002

FY 2003 Budget: \$3 million USD

In-country Staffing: 2 CDC Staff; 1 contractor⁴

Program Activities and Accomplishments

In FY 2003, GAP China achieved the following accomplishments in the highlighted areas:

HIV Prevention

- Conducted in-service training program for county-level health workers at more affected counties in central China.

¹ Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

² Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook>

³ Figure represents a 2001 estimate taken from unpublished data in the Gap M&E Annual Report.

⁴ Figure represents a May 2004 census taken by GAP staff; staffing subject to change

- Piloted program to use village DOT (directly observed therapy) workers for daily antiretroviral drug (ARV) administration to assure adherence.
- Conducted communication program for HIV/AIDS patient and primary health workers on the importance of ARV adherence.

Surveillance and Infrastructure Development

- Served as members of the committee for the planning and implementation of the first national HIV survey for high-risk groups, built on the existing sentinel surveillance system. As a result, a plan was developed for provincial sentinel surveillance systems.
- Conducted province-specific low-risk group surveillance using existing HIV testing data (hospital admissions, blood banks, and military recruitment).

Other

- Established main office and sub-office.
- Hired 11 national staff including six national project officers.
- Served as the core team for the proposal development and writing team and supported a consultant familiar to the Global Fund process.
- Provided additional input to a subset of CARE projects (56 counties) where GAP will play a role in supporting capacity building and project management. The application was successful with \$98 million awarded for five years. Completed, in consultation with partners at both central and provincial levels, the China-U.S. cooperation framework for HIV Prevention and Care.
- Completed a program strategy based on the situation analysis of the HIV epidemic and existing response effort by the government and other partners. The defined program strategy served as a guide for the development of a Cooperative Agreement with the China Ministry of Health (MOH).

Challenges

- The majority of HIV-infected individuals live in rural areas with limited health service capacity.
- Limited function of rural health system constrains the speed and quality of AIDS-related service delivery.
- Strong social and government response to HIV epidemic due to unsafe plasma collection, but still not a strong effort in dealing with IDU-related epidemics.
- There is a lack of existing nongovernmental organizations to support the need for long-term capacity building at the community level.
- The care and treatment effort is managed by the preventive health system, which may not have enough participation from the clinical health service.

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