



United States Department of State

Washington, D.C. 20520

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Dear Commissioner D'Amato:

Attached is a reply to your inquiry about the status of HIV/AIDS in China, from the USCC hearing on February 2, "Major Internal Challenges Facing the Chinese Leadership".

Please feel free to contact me if you want further information on this or any other issue.

Sincerely,

*Hope this hits
the target of
what you need let
me know and we'll
get you what
you need.*


James R. Keith
Senior Advisor
Bureau of East Asian and Pacific
Affairs

The Honorable
C. Richard D'Amato,
U.S.-China Economic and Security Review Commission.

Status of HIV/AIDS in China

Commissioner D'Amato: What is the scope and status of the HIV/AIDS epidemic in China? What about transparency? How is the US involved?

Scope and status

Chinese officials announced January 24, 2006 that there are an estimated 650,000 HIV/AIDS cases in China – down from a previous estimate of 840,000 released in 2003. This estimate results from improvements – with WHO and UNAIDS technical assistance – in China's reporting and sampling process, and is, therefore, considered to be more accurate. However, 70,000 new HIV infections occurred in 2005, demonstrating that the disease continues to spread rapidly. The vast majority of China's HIV/AIDS cases are found among “most-at-risk” groups:

- Intravenous drug users account for 44.3% of total cases;
- sex workers and their clients make up 19.6%;
- homosexual contact between men accounts for 7.3%; and
- blood and plasma donors and recipients of tainted blood represent 10.7%.

A large majority of infected Chinese do not know their HIV status. According to recent estimates, more than 80% of those infected are not aware they have HIV/AIDS, which significantly undermines efforts to treat and prevent further transmission.

The persistent social stigma associated with HIV/AIDS and poor public awareness about the disease dissuade many who are aware of their infection from seeking care and treatment. Many prevention campaigns target the general public rather than high-risk groups or those already infected. The high cost of treatment also inhibits those who want care. Furthermore, many in the high-risk population (i.e., intravenous drug users and sex workers/clients) are engaged in activities that are illegal in China, and are therefore reluctant to seek testing, counseling and treatment for fear of attracting the attention of public security officials. In general, monitoring, surveillance, and reporting capabilities, especially in rural areas, are limited and rarely anonymous, leading many outside observers to conclude that prevalence of the disease is much higher than officially reported.

Transparency

The current Chinese leadership has taken a serious and relatively open stand toward HIV/AIDS prevention and control, establishing a working committee, increasing health education, publicity and behavioral interventions, and strengthening disease monitoring and evaluation. UNAIDS and WHO recently commended the Chinese government for its efforts to improve monitoring. The Government also entered into a public-private partnership with Merck in 2005 to combat HIV/AIDS.

However, many health facilities simply have neither the expertise nor the resources for expensive anti-retroviral treatments to effectively diagnose and treat HIV/AIDS. The central government allocated special funding for HIV/AIDS-related drugs and laboratory materials, but

these funds cannot be used for operational and management purposes. China's public health sector reform has aggravated the problem, as it moves to make health providers self-supporting. This has resulted in decreased access to quality and affordable care for many people, including both urban and rural patients. Despite much progress, China will continue to face major challenges in its efforts to improve treatment availability, surveillance, and monitoring of its growing HIV/AIDS problem.

US Efforts

The US supports numerous ongoing projects in China dealing with HIV/AIDS. Projects include: the development of wellness centers for high-risk groups; capacity building for health care workers and educators; prevention, counseling and treatment programs; surveillance networks; research infrastructure development; and workforce training to reduce risky behavior and eliminate AIDS-related discrimination. US project sponsors include USAID, HHS, CDC, NIH and Department of Labor. The Department of State coordinates the implementation of these projects in China.