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China's Fight against HIV/AIDS

Introduction

Over 40 million people worldwide were infected with the Human Immunodeficiency Virus (HIV) in 2005.¹ China's prevalence rate of about 0.07% of the population is low in comparison with Sub-Saharan Africa. This is of course deceptive, given China's 1.3 billion population. Latest official estimates calculate that there were 650,000 'people currently living with HIV/AIDS in China' in 2005.² Of these, 75,000 had contracted AIDS. There were 70,000 new HIV infections and 25,000 people died of AIDS in 2005. Given problems of monitoring and of stigma, actual numbers may be much greater³. The discrepancy is attributable to reporting weaknesses reflecting the continuing power of stigma and to previous administrative delay and obstruction. Some reports suggest there are 1 million HIV-positive people in Henan Province alone.⁴ UNAIDS representatives described official figures as only the 'tip of the

¹ UNAIDS, *UNAIDS Update 2005* (Geneva: UNAIDS, December 1, 2005).

² State Council AIDS Working Committee Office, UN Theme Group on HIV/AIDS in China, and World Health Organization, *2005 Update on the HIV/AIDS Epidemic and Response in China* (Beijing: National Center for AIDS/STD Prevention and Control, China CDC, January 24, 2006), p.1; State Council AIDS Working Committee Office/UN Theme Group on HIV/AIDS in China, *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2004)* (Beijing: State Council AIDS Working Committee Office, December 1, 2004).

³ Author interviews, Dr. Jinglin He, National Program Officer, UNAIDS China, Beijing, March 2004; Professor Zhao Peng-Fei, HIV/AIDS/STI Coordinator, World Health Organization, Beijing, March 2004.

⁴ Jonathan Watts, 'Hidden from the world, a village dies of Aids while China refuses to face a growing crisis', *The Guardian Online*, 25 October, 2003, <http://www.guardian.co.uk>.

iceberg' and anticipated over 10 million sufferers by 2010.⁵ The Chinese Government has pledged to keep the total number of people living with HIV/AIDS under 1.5 million by 2010. The latest official statistics recording lower infection levels reflect improved monitoring but also suggest that a new political commitment is having some impact.

This paper argues that, for continued improvement in its fight against HIV/AIDS, China needs to sustain the epidemiological focus whilst increasing the emphasis upon the non-epidemiological factors contributing to the spread of the disease. The fight is intimately entwined with the management of a country in profound economic and social transition. The power of HIV/AIDS in China is driven by the greater porosity of the country's borders encouraging the flow of migration, human and narcotics trafficking bringing with them deadly disease along burgeoning trade routes. Behind the aggregate statistics of rising national affluence, the economics of rapid structural adjustment has produced income inequalities, poverty gaps, mass domestic migration, and an urban-rural divide. These problems provide fertile ground for the spread of HIV/AIDS through illicit drug use, prostitution, and plasma sales as well as inadequate health, insurance, and care services. Over the past five years, the Chinese Government and civil society has actively engaged with the principles and agencies of global HIV/AIDS governance⁶. But, as a complex whole, the HIV virus intersects with normative regimes addressing issues that revolve around human rights, humane

⁵ UNAIDS, China page, <http://www.unaids.org/en/geographical+area/by+country/china.asp>; Avert, 'HIV/AIDS in China', October 2003, <http://www.avert.org/aidschina.htm>; *China Internet Information Centre*, 'China Has Over 1 Million HIV Carriers', Xinhua News Agency , October 17, 2003, <http://www.china.org.cn/english/2002/May/33307.htm>.

⁶ Author research interviews, Dr. Jinglin He, Beijing, March 2004; Professor Zhao Peng-Fei, Beijing, March 2004.

governance, and human security in the widest socio-economic and political senses. Here *humane governance* is employed normatively to emphasize the importance of values and the purposes to which governance ought to be harnessed. In other words, what or who is governance for? As Falk defines it, humane security is ‘a process, within horizons of aspiration being continuously re-established with an eye to the improvement of the existing social, economic and political order from the perspective of a democratically established agenda.’⁷ In the present study we take this normative conceptualization to explore multiple societal factors of human security contributing to the pandemic’s spread such as economic adjustment and wealth inequalities, drug use, cultural practices, gendered roles, and public discourse.

This multi-sectoral character is the inescapable challenge of the pandemic and of an effective response. HIV/AIDS, therefore, draws in realms of societal discomfort for China. These include considerations of patriarchy and gendered relations, sexual identity, the status and role of civil society, popular disturbance, and discursive freedom. To examine China’s fight against HIV/AIDS is to also examine the wider challenges of transition facing contemporary China. The study begins by detailing and explaining the extent of the HIV/AIDS challenge facing China. It then traces and evaluates China’s response focusing upon the policies, capacity building, and funding at national and provincial levels. The following part of the analysis addresses issues of governance, civil society, and identity. The study continues with an assessment of the character of the relationship between global and national governance. The paper concludes with a return to a notion of humane governance and the implications of the HIV/AIDS for China’s continuing transition.

⁷ Richard Falk, ‘Humane Governance for the World: Reviving the Quest’ in Rorden Wilkinson (ed), *The Global Governance Reader* (London: Routledge, 2005), p. 105.

China's HIV/AIDS Challenge

Despite the latest lower estimate of the incidence of PLWA, HIV/AIDS is still developing strongly in China. The *2005 Update* evaluation of China notes that 'HIV has been detected in 48% of China's counties but is observed in all 31 provinces, autonomous regions and municipalities'.⁸

In China, viral transmission derives from the mutually reinforcing and compounding practices of: intravenous drug use (IDU); unsafe heterosexual sex; men who have sex with men (MSM); and to a lesser extent blood contamination and mother-to-child transmission (MTCT). According to the *2004 Joint Assessment* IDU outstripped sexual transmission in 2003. However, the underlying trend through 2005 now shows that these have reversed with more new HIV infections due to sexual transmission than to IDU.⁹

Assessments of the numbers of IDU vary. Senior Chinese Government Ministers stated that the official number of registered drug addicts was 1.05 million in 2004. Other reports put the number of addicts much higher at 3 to 4 million.¹⁰ Again,

⁸ State Council AIDS Working Committee Office, UN Theme Group on HIV/AIDS in China, and World Health Organization, *2005 Update*, p.i.

⁹ State Council AIDS Working Committee Office, UN Theme Group on HIV/AIDS in China, and World Health Organisation, *2005 Update*, p.4.

¹⁰ Luo Feng, PRC Vice Minister of Public Security, Press Briefing during 10th National People's Congress, March 1, 2004 cited by Drew Thompson, 'The "People's War" against Drugs and HIV/AIDS', *China Brief* (The Jamestown Foundation) Vol.5(14), (21 June, 2005), p.1; see also: Rik Asplund and Anjelica Mamtova, *Country Factsheets, Eurasian Narcotics: China 2004* (Uppsala: Joint Project on Narcotics, Organized Crime and Security in Eurasia, Silk Road Program/Central Asia-Caucasus Institute Johns Hopkins-SAIS, 2004), p.1, <http://www.silkroadstudies.org>; Drew Thompson, *Injecting Drug Use Fuelling Spread of HIV in China* (Washington DC: Population Reference Bureau,

according to the *2005 Joint Assessment Update*, there were 288,000 people living with HIV/AIDS who were also IDUs. This accounted for almost half of all HIV/AIDS cases. Reported HIV/AIDS infection amongst drug injectors covers all Chinese provinces and regions. However, the worst affected provinces are: Yunnan, Xinjiang, Guangxi, Guangdong, Guizhou, Sichuan, Hunan, Jiangxi and Beijing. The rate of HIV prevalence in the high-risk IDU populations in some areas of Sichuan, Guangxi, Guizhou reached 50%, 43% and 34% respectively. In Xinjiang and Yunnan, HIV/AIDS prevalence among IDUs has reportedly reached 80%.¹¹

According to the Yunnan Health Bureau, as of September 2005, the Province had 17,390 HIV-positive people and another 1,118 people who had contracted AIDS. Yunnan Province borders the 'Golden Triangle' with Laos and Burma and is a long established area of IDU and high HIV infection. The early 1990s saw a high concentration of HIV infection in four counties of Dehong Prefecture in Yunnan Province with levels highest in Ruili, Longchuan, Yingjiang and Luxi. By the end of the decade, HIV had spread across the whole of Yunnan Province with severely high concentrations of 50-80% in infected resident IDU communities. Between 1987 and 1998, Yunnan accounted for over half of all reported HIV infections. However, by the

August 2004), <http://www.prb.org>; Drew Thompson, *China Confronts HIV/AIDS* (Washington DC: Population Reference Bureau, 2005); Country Coordinating Mechanism: China, 'Round 4 Proposal: Reducing HIV Transmission among and from vulnerable groups and alleviating its impact in seven provinces in China' (Geneva: The Global Fund to Fight AIDS, TB and Malaria, June 1, 2005), p.2, http://www.theglobalfund.org/search/docs/4CHNH_781_0_summary.pdf;

¹¹ UNAIDS China Office, *Country Profile: China*, Beijing, 2000; State Council AIDS Working Committee Office, UN Theme Group on HIV/AIDS in China, and World Health Organization, *2005 Update*, p.1; p.4.

end of the decade IDU was a declining cause of HIV infection in relation to other forms of transmission; falling from 87% of cases in 1987 to 75% in 1998.

As drug use and the sharing of needles increased in other provinces/regions such as Xinjiang and Guangxi, there has been a corresponding increase in IDU-related HIV infection and AIDS deaths across the country. Geography is important here in explaining the spread of infection tied to drugs. The path of HIV/AIDS in China follows the routes of Asia's drugs traffickers, commercial traders, and migrants: 'Overland routes involve local people, highways, local traders and, sadly, have led to this burgeoning AIDS epidemic for India, China and Vietnam.'¹²

Up to 1998, Xinjiang accounted for 37% of all reported HIV infections. These were found principally within the majority Uyghur population with over 85% of HIV infections and in the urban centers with over 94% of infections to be found in the two cities of Urumqi and Yining and with a particularly strong IDU infection rate of 85% in Yining as early as 1999 (over twice that of Urumqi). In Guangxi, IDU remains the primary source of HIV infections; particularly along the region's borders with Vietnam and Yunnan. Sichuan evidences HIV prevalence among the Yi peoples of Liangshan Prefecture astride the major IDU Burma-China narcotics route. Finally, in Guangdong, surveys demonstrate significant rates of IDU HIV infection and with high levels of injection and needle sharing, intensifying the spread of the HIV virus.¹³

The second major mode of transmission is that of sexual contact: heterosexual and MSM. With sexually transmitted disease (STD) rates growing annually and the growing number of sex workers in China's burgeoning sex industry, the potential for a growing exposure to the HIV virus is growing rapidly.

¹² Susan Okie, 'AIDS outbreaks follow Asia's Heroin Traffic', *The Washington Post*, March 6, 2000, p.A9.

¹³ UNAIDS China Office, *Country Profile: China*, Beijing, 2000.

With regard to the sex industry, the transmission of STDs and HIV/AIDS to women is facilitated by a shift in the character of the industry. For many women and girls, human trafficking and criminal exploitation and abuse force them into prostitution. For those women and girls for whom there is some element of non-criminalized involvement in the sex industry, the ‘choice’ of working in this sector is driven by the imperatives of economic need. However, commercial sex work is said to be changing from being ‘direct’ and ‘full time’ to ‘indirect’ and ‘part time’ in nature. As the 2001 World Health Organization (WHO) Report *Sex Work in Asia* notes, indirect commercial sex now takes place in private accommodation, usually suburban, with sex workers available by mobile phone and to travel to clients. According to this report, sex workers are increasingly involved in the industry as part-timers with students or home workers seeking added income. These workers do not see themselves as sex workers or at a high risk of HIV/AIDS infection and often do not use condoms.¹⁴

The issue of condoms has been a long-running concern with official attitudes moving from one end of the spectrum of acceptance to the other. Hence, although public condom-vending machines were introduced to strong popular appeal in Shenzhen in 1998, the following year saw the State Administration for Industry and Commerce ban the first television advertisement promoting the use of condoms to prevent the spread of HIV. By 2001, however, a number of provinces were piloting programs to promote 100% condom use and from these beginnings a national promotional and educational effort has developed. Greater availability and acceptance of condoms has emerged as a result of central and provincial government encouragement, collaborative initiatives by international agencies, and action by

¹⁴ WHO, *Sex Work in Asia*, WHO Western Pacific Region, 2001.

Chinese businesses and the voluntary sector. Yet problems persist. Whilst more people have heard about HIV/AIDS, the prevention message appears to be slow to permeate some communities. Thus, a 2004 survey conducted across a spectrum of communities found that 17% of urbanites, 11.4% of small town residents, and only 5.8% of villagers knew that condoms help prevent HIV transmission.¹⁵ The persistence of entrenched gendered attitudes toward manly virility and the subordinate status of women contribute to HIV transmission. Moreover, condom use among sex workers and their clients remains low. Some studies indicated that 10% of sex workers claimed they always use condoms whilst almost 50% admitted that they never used condoms. This problem is compounded by the criminalized status of sex work and reports that sex workers do not carry condoms because, in some police jurisdictions, possession is considered evidence of illegal prostitution.¹⁶ Finally, the pay of sex workers is low and, according to one observer, they are reluctant to spend their limited funds on condoms.¹⁷

One further factor is that of so-called 'blood security'¹⁸. Blood contamination has seriously affected tens of thousands of people in rural areas, and particularly in Henan Province in central China, since the early 1990s. This has largely been driven by poor instrument and facility sterilization practices; by corruption, ineptitude or just simply by the needs of health practitioners working in a severely under-resourced health care

¹⁵ Horizon and Futures Group Europe Survey reported in Xinhua News Agency, 'Few Chinese Well Informed about AIDS: Survey', August 9, 2004, <http://www.casy.org/chron/awareness.htm>.

¹⁶ Drew Thompson, *China Confronts HIV/AIDS* (Washington D.C.: Population Reference Bureau, 2005), p.11

¹⁷ Allen Anderson, 'AIDS/HIV in China: Scrambling to defy a bleak prediction', <http://www.homepages.indiana.edu/100804/text/china.shtml>.

¹⁸ UNAIDS China Office, *Country Profile: China*, Beijing, 2000.

infrastructure.¹⁹ The number of blood collection centers in China grew during the 1980s with little or no regulation. Many of these were community based and offered a potential commercial benefit for these communities through income-generation. But a key problem was that ‘blood was pooled prior to returning red cells to plasma donors’ thereby increasing the spread of HIV infection and the transmission of hepatitis B among repeat donors.²⁰ This situation was exacerbated by unscrupulous criminal middlemen and women (the so-called ‘bloodheads’ or ‘*xuetou*’) who exploited those in destitution to sell their blood to hospitals critically short of plasma.²¹ By the late 1990s it was evident that the village communities in particular were being seriously affected. The reform process and economic restructuring in China had hit the rural population hard with the closure of state-owned enterprises and a lack of investment in new business sectors with a consequential rise in unemployment, under-employment and weakened consumer demand. But it was falling farm incomes and a failure of state agencies to pay many farmers; the adverse impact of this income deficit on the local economies; a loss of population (particularly the younger population) to the cities and a consequential aging of the rural demographic profile that provided a pool of people desperate for money simply to meet their basic needs.

¹⁹ Ling Li and Peter Yuen, ‘China’s Health Care System Reform under Globalization’ in Ding Lu, Guanzhang James Wen and Huizhong Zhou (eds), *China’s Economic Globalization through the WTO* (London: Ashgate, 2003), pp.101-115; *China Daily*, ‘Legislators Urge More Health Spending’, 9 September 2004, <http://www.app1chinadaily.com.cn/static/2004chartsale/index.html> .

²⁰ U.S. Department of Health and Human Services, *Report of an HIV/AIDS Assessment in China* (Washington D.C.: National Center for HIV, STD and TB Prevention, 2001), <http://www.usembassy-china.org.cn/sandt/ptr/CDCAssessment-prt.htm>.

²¹ John Gittings, ‘The Aids scandal China could not hush up’, *The Guardian*, June 11, 2001, <http://www.guardian.co.uk>; Heather Xiaoquan Zhang and Lin Gu, ‘Facing up to the AIDS challenge’, <http://www.gbcc.org.uk/iss23health.htm>.

For their part, under-financed and under-resourced hospitals with health workers often unpaid for months on end were drawn into these criminal webs for ethical reasons of getting hold of plasma to help their patients; to meet their personal income needs; or for reasons of personal corruption. Criminals with little interest in, or capacity for, maintaining the sterile quality of the blood they were collecting and selling and poor training and inadequate facilities in the hospitals themselves further contributed to plasma contamination. In one village, Wenlou in Henan Province, one villager sold his blood for cash ten times earning 45 Yuan (US\$5) a pint²². He was far from being alone. Over 65% of villagers tested positive to HIV. With 40 villagers a year dying from AIDS and with virtually no medical support, shunned by neighboring settlements, the village became a waiting room for death. In another Henan village in the mid-1990s, Xiongqiao, villagers were also paid 45 RMB — enough to feed a family for a week.²³ The Chinese Government prohibited the sale of blood in 1998 with severe penalties for transgressors and established a strict regulatory regime to police the ban.²⁴

Henan simply highlighted the underlying problems in China's public health system. From 1949 to the early 1990s, China developed a modern health system capable of successfully tackling disease, increasing life expectancy, and reducing child mortality. However, during the 1990s, budgetary decline and administrative neglect undermined the system. Public health services are primarily the financial responsibility of

²² All US\$ conversions in this paper are at mid-market rates as of 31 January 2006, <http://www.xe.com/ucc>.

²³ Adam Brookes, 'Bad Blood Spreads Aids in China', *The Guardian*, May 30, 2001, <http://www.guardian.co.uk>; also see Jonathan Watts, "Hidden from the world".

²⁴ Ann Hwang, 'AIDS over Asia', *The Guardian*, January 16, 2001, *The Guardian Unlimited*, October 25, 2003, <http://www.guardian.co.uk/weblogarticle/0,422997,00.html>.

provincial governments. This has created significant disparities in services. In 2004, Li Liming (Director of the Government's Center for Disease Control and Prevention) argued that the rural health system was virtually paralyzed with one-third of the system having collapsed; another third in the process of disintegrating; and only the remaining third functioning satisfactorily.²⁵

Each of these contributory factors is directly and indirectly tied to the experience of rapid and profound economic transformation in China and the social costs of structural adjustment carried within it. Falling agricultural production, unemployment, an increasing income gap and rural poverty, and a continuing imbalance between economic growth and social development, contribute to pressures upon effective health governance and to China's fight against HIV/AIDS.²⁶ The Government acknowledges all these as major costs arising from high economic growth rates. A decision in March 2004 to try to lower the GDP target to 7% from the previous year's 9.1% was recognition of the dangers of the social consequences a narrow focus upon an unalloyed dash to growth targets.²⁷ This realization by the CCP and Government elites involves a policy shift towards combating the problems of unemployment; rural decline; massive internal migration and urbanization poverty; and long-term under-investment in social welfare and health infrastructures.

²⁵ Cited in *China Daily*, 'Public health system in urgent need of overhaul', March 4, 2004, http://www.chinadaily.com.cn/English/doc/2004-03/04/content_311738.htm; Gail Henderson, 'Understanding the context of emerging pathogens in China', *Harvard Asia Quarterly*, Vol.VII(4), Autumn 2003, <http://www.fas.harvard.edu/~asiactr/index.htm>.

²⁶ *China View*, 'Report on Economic and Social Development Plan', March 17, 2003, <http://www.chinaview.cn>.

²⁷ *Far Eastern Economic Review*, 'The Death of "Growth at any cost"', April 1, 2004, <http://www.feer.com>; *The Economist*, 'Behind the Mask: A Survey of Business in China', March 20, 2004, <http://www.economist.com>.

This shift in policy emphasis is easier said than done. The problem is that slowing an economic juggernaut takes time and careful management and, in 2005, China was still recording 9.9% annual growth due to continued export growth. Registered urban unemployment was 4.2% in 2005 and the youth unemployment rate remained high at 9% for those aged 15-29.²⁸ Research by RAND's Charles Wolf indicates that, when proper allowance is made for 'disguised' rural unemployment as well as 'unregistered' urban unemployment, China's actual unemployment rate soared in 2003 to an estimated 23% of the total labor force.²⁹ Urban-rural income disparities; intra-urban income inequalities and 'spatial poverty gaps' combined with overcapacity in some key sectors; unemployment; and 150 million internal migrants intensify pressures contributing to the socio-economic context for the spread of HIV/AIDS. In November 2005, Vice-Minister of the National Development and Reform Commission, Du Ying, stated that the gap between the rich and poor is expected to widen further. The Vice-Minister pointed to the Gini coefficient (a measure of inequality in which zero expresses complete equality while one represents complete inequality) and argued that: 'The gauge has come close to 0.45 and showed a trend towards increasing further.' He said income disparity also exists between rural and urban farmers, coastal areas and western inland regions.³⁰

²⁸ *China News*, 'Youth unemployment rate remains high', June 25, 2005, <http://www.china-news.cn/news/2004/2005-05-25/4900.shtml>; Peter Goodman, 'China's economy hits growth spurt', *Washington Post*, January 26, 2006, http://www.washingtonpost.com/wp-dyn/content/article/2006/01/25/AR2006012500273.html?nav=rss_world/asia.

²⁹ Charles Wolf, 'Commentary: China's Rising Unemployment Challenge' (California: RAND Corporation, July 2004), <http://www.rand.org/commentary/070704AWSJ.html>; (The term 'disguised' unemployment refers to labor that is reported as nominally employed, but in fact does not add to output).

³⁰ Fu Jing, 'Number of jobless may peak next year', *China Daily*, November 25, 2005, p.2.

The deeper political issue here involves continued CCP legitimacy in its attempted transition to a new socio-economic structure and culture and renewed ‘patriotic’ basis of national identity and popular support for the Party. There is potential for the social tensions of structural adjustment to produce serious challenges to the authority and legitimacy of the Party. Government apprehension about ‘mass incidents’ has gained renewed force with speeches on this made by President Hu Jintao to Party leaders in September and December 2004. Officially, there were 87,000 mass incidents in 2005.³¹ According to Zhou Yongkang (Public Security Ministry), there were 74,000 protests in 2004; an increase from 58,000 in 2003 and 10,000 in 1994. Tsinghua University sociologist Sun Liping, estimates that demonstrations involving more than 100 people took place in 337 cities and 1,955 counties in the first 10 months of 2004 amounting to 120-250 daily urban protests and 90-160 village demonstrations.³² In terms of health, public discontent and overt criticism of the Government’s handling of the SARS and Avian Flu outbreaks forced a Governmental response designed to reassure the Chinese people of greater future transparency and more effective action in this fundamental portfolio of public policy. Yet, such attempts at reinvigorating public trust in public health governance were again sorely tested in August 2006 with the Government’s admission that it had actually recorded China’s first Avian Flu death some two years prior to the date it had hitherto repeatedly given.

³¹ Cited in Jonathan Watts, ‘China activists “vanish” amid protests’, *The Guardian*, February 25, 2006, p.17.

³² Cited in *The Economist*, ‘The Cauldron Boils: Protests in China’, September 29, 2005, http://www.economist.com/World/asia/PrinterFriendly.cfm?story_id=4462719; see also: Murray Scot Tanner, *Chinese Government Responses to Rising Social Unrest: Testimony to the US-China Economic and Security Review Commission April 14, 2005* (Santa Monica: RAND Corporation CT-240, 2005), <http://www.rand.org/pubs/testimonies/CT240/index.htm>.

According to the UNDP in 2005: ‘China [has] succeeded in lifting 250 million people out of poverty over the past 25 years. However, during the same period income inequality has doubled. A person living in a city earns on average US\$1000 a year, compared to just over US\$300 in the countryside. An urban citizen can also expect to live over 5 years longer than a farmer.’ This has significant implications for access to health care provision — including being able to travel to HIV and AIDS treatment centers, gain access to HIV/AIDS, or pay for expensive ART drugs specialists. For example, the UNDP Report goes on to note that: ‘only 15% of rural residents had medical insurance in 2004, whereas half of urban population benefited from full insurance.’³³ As we shall see below, the central Government has finally moved to tackle this problem by more effectively extending the insurance scheme to farmers as well as introducing programs for the manufacture of cheaper generic ART drugs, free access for many to these drugs, and personal financial support to facilitate greater economic access to HIV/AIDS programs.

China’s Response

By the end of 2000, the Chinese Government was still subject to international criticism for disingenuous inaction over HIV/AIDS. The initial reaction had been that this was a foreign disease (described in 1990 as ‘爱滋病Aizibing’ — the ‘loving capitalism disease’). In 1987 the Vice-Minister for Health warned women against sexual relations with foreigners but added that AIDS was unlikely to take hold

³³ UNDP China, *Press Release: China on the watch for fighting social inequality, new UNDP report says* (Beijing: UNDP China, December 16, 2005); UNDP China, *The National Human Development Report for China 2005* (Beijing, UNDP, December 2005).

because abnormal sexuality (homosexuality) was a ‘limited’ problem in China.³⁴ Henceforth, foreign students would be tested and certified for entry into China. Presenting the HIV virus as a foreign disease and the incidence of HIV and AIDS as negligible, the Government’s response was displacement, prevarication and under-commitment. But by 2001 the combination of international pressure and the mounting weight of evidence that China was increasingly in the grip of a major epidemic finally brought a ‘reality check’ (to borrow UNAIDS’ phraseology³⁵) and official acknowledgement of the threat. Since then, there has been a demonstrable change in Government policy and action backed by international support.

HIV/AIDS strategies

There are two recent turning points in overcoming national and international unease over China’s poor response to the HIV/AIDS threat during the 1980s and 1990s. Firstly, 2001 proved an initial turning point in Government attitudes with various external and internal factors contributing to this shift. UN Secretary-General Kofi Annan raised the need for intensified AIDS prevention in China during a meeting with President Jiang Zemin in January 2001. Nane Annan, wife of the Secretary-General, met with media representatives involved in the Year 2000 World AIDS Campaign in China and insisted on the importance of ‘breaking the silence’, noting that ‘silence in the area of AIDS is equivalent to death.’³⁶ This theme was reinforced during a joint January meeting between the UN Theme Group (UNTG) and the China Multisectoral AIDS Coordinating Committee. The Vice-Chair of the UNTG shared

³⁴ Government of the People’s Republic of China, Ministry of Health, *AIDS Newsletter —Item 531* (Beijing: Bureau of Hygiene & Tropical Diseases, 1987).

³⁵ UNAIDS, Update 2005, p.8.

³⁶ WHO, 2001: *The Year of Breaking the Silence on AIDS in China* (Geneva: WHO, 2001).

the Theme Group's concern for the need of more openness and intensified fight against discrimination towards people living with HIV/AIDS in China. At the same meeting, Professor Dai Zhicheng from the China AIDS Association made a plea for more AIDS prevention and for more openness to deal more efficiently with the actual HIV situation in China, especially with regard to the paid blood donation related HIV epidemics in poor rural areas of Central China.

An attempt to establish a coordination regime and effective HIV/AIDS governance had been initiated in 1996 with the creation of a National AIDS Committee and a National Program on HIV/AIDS Prevention and Control established under the Ministry of Health in 1987. However, the structurally inadequate and secretive governmental response to the SARS outbreak exposed deep-seated obstacles to fighting pandemic disease in China. So, the second turning point has been a new, more vigorous policy commitment by the central government and more robust delivery systems. In February 2004, the State Council AIDS Working Committee (SCAWC) and administrative Office (SCAWCO) were created under the State Council ³⁷.

There had been increasingly vocal calls, such as that in late 2003 by Zeng Yi from the Chinese Center for Disease Control and Prevention, for a strengthening of the existing committee coordinating the state's response to HIV/AIDS. In response, SCACWC was to coordinate efforts across the various government ministries with over 24 government departments and 7 provinces represented. In June 2005, an Executive Meeting of the State Council, Chaired by Premier Wen Jiabao, built upon the steps

³⁷ ‘全国防治艾滋大会4月召开历数中国防艾19年政策之变’ [Policy Changes on China's HIV/AIDS Prevention during the past 19 Years], 新京报, *Xinjing Bao*, <http://www.hrol.org/news/info.php?id=210>.

taken in 2004 to detail 9 areas of response, instruct all levels of government to prepare detailed action plans, and to prioritize HIV/AIDS prevention, treatment and care in the 11th National Five Year Plan.³⁸

The background for these new developments lies in a series of medium term plans for 1990-1993 and 1995-2000 and a Medium and Long-Term Plan for 1998-2010. Within this strategic context, the State Council had initially promulgated the *China Plan of Action to Contain, Prevent and Control HIV/AIDS (2001-2005)* in May 2001. This provided for a seven-fold increase in committed funding. It defined the working objectives for 2002 through to 2005 and highlighted action strategies in priority areas, essential resources including institutional, policy and financial needs. For instance, emphasis was put on guaranteeing blood safety, care and increased public awareness. In the area of care, by the end of 2002, at least half of people living with HIV/AIDS nationwide were to have had access to community and home care. Almost three-quarters of hospitals at county/city level were to be capable of providing standardized services including HIV/AIDS diagnosis, treatment, counseling, prevention and care, while half of township health clinics were to be able to provide counseling, prevention and care for HIV/AIDS and STD. By the end of 2005, these figures were to have reached 90% for counties, 75% for townships and 50% for premarital clinics. The strategic plan is currently subject to evaluative review by the Government and (as at January 2006) its results not yet published. But the available evidence suggested that, by the end of 2005, it had not yet achieved many targets.

On an encouraging note, a program of support announced in December 2003 by Premier Wen Jiabao and Vice-Premier Wu Yi, the 'Four Free and One Care' ['四免一

³⁸ State Council AIDS Working Committee Office, UN Theme Group on HIV/AIDS in China, and World Health Organization, *2005 Update*, p.7.

关怀’政策] policy, is being steadily implemented across China. This was a major initiative. This intervention program aimed to provide free ARV to rural and poor HIV-sufferers; free counseling and testing; free drugs such as Nevirapine to infected pregnant women to reduce MTCT and for the testing of newborn children³⁹; free schooling for children orphaned by AIDS; and care and economic support to households of people living with HIV/AIDS.

Deputies in the National People’s Congress pointed out in March 2004 that China still lacked a basic law on HIV/AIDS control and prevention making the various regulations and rules inconsistent in the way they are interpreted and applied across the country.⁴⁰ For example, the approach to high-risk groups such as drug users and sex workers can vary enormously depending upon factors such as local police attitudes and it is clear that, if the goal of identifying carriers is to be achieved, legal protection for high-risk groups is necessary to encourage their participation in intervention programs. The Health Ministry was seeking to respond to a situation where there were over 300 laws, regulations, and rules at all levels of administration making for confusion and outright contradiction between them.⁴¹ The State Council decided in March 2004 upon a comprehensive program of action to halt the spread of

³⁹ See http://www.fic.nih.gov/programs/training_grants/aitrp/pr2003.pdf.

⁴⁰ *China Daily*, ‘Legislator calls for law on AIDS control’, March 11, 2004, http://www.chinadaily.com.cn/English/doc/2004-03/content_313868.htm.

⁴¹ *China Daily*, ‘AIDS rule could help quell epidemic’, March 15, 2004, http://www.chinadaily.com.cn/English/doc/2004-03/content_314733.htm.

HIV/AIDS and to support those who are affected by it.⁴² Whilst building upon the earlier five-year action plan of 2001, with this new plan it appeared that the Chinese Government was now prioritizing HIV/AIDS.

The administrative challenges of implementing the central government's program receive most policy emphasis. Consequently, local governments were required to develop detailed plans and to integrate them into government performance evaluation.⁴³ As with best practices in other countries, a multi-sectoral approach developed. The advantages of this lie in building habits of dialogue, coordinating policies and action, and building capacity beyond Health Departments to those of Agricultural, Education, and Transport. In seeking to seriously tackle issues of stigma and of access, Departments of Culture were required to promote HIV/AIDS awareness and prevention in entertainment areas, such as cinemas, theatres, sports and recreational facilities. Their initiatives included free condoms, clean syringes or methadone treatment⁴⁴. Technical Institutes providing medical and family planning services were directed to provide counseling and to coordinate with employers.

A highly sensitive sector in many countries in their fight against HIV/AIDS is that of the armed forces, militia, security, and police forces. There are two aspects to this. Firstly, as part of the HIV/AIDS *problem*, there is a need to tackle the sector as a source of infection. Clearly, with 2.5 million personnel in the People's Liberation

⁴² Government of the People's Republic of China, *State Council Document (2004) No.7*, <<国务院关于切实加强艾滋病防治工作的通知>>[*State Council Notice on Strengthening HIV/AIDS Prevention and Control*], <http://www.china.org.cn/chinese/zhuanti/fab/718174.htm>.

⁴³ Government of People's Republic of China, *State Council Document (2004) No.7*, *ibid.*, Art.1.

⁴⁴ Agence France Presse, 'Free condoms for Valentine cinemagoers in Shanghai', March 2, 2004, China AIDS/HIV News Archive, <http://www.utopia-asia.com/aidschi.htm>.

Army alone, this is a significant sub-population group⁴⁵. In the mid-1990s blood products exported to Hong Kong from a business attached to a military hospital in Guangzhou tested positive for HIV and concern was expressed in a December 2000 study of HIV/AIDS infections in the People's Liberation Army (PLA) forces in Yunnan. Consequently, all new recruits into the PLA have been tested for HIV and AIDS since 2001.⁴⁶ Secondly, in its declared strategy goals, all security services at all levels and regions were included as part of the Government's *solution*. The Public Security Bureau has the responsibility of countering criminal acts of sex and drug trafficking. But clearly there are substantial problems of systemic corruption and bribery. The influence of criminal gangs remains pervasive despite 'strike hard campaigns' [严打 *Yanda*].⁴⁷ Moreover, there are issues here of operational competence with respect to HIV/AIDS. In particular, to what extent are police and security forces sufficiently competent to deal effectively and sympathetically with HIV-positive and AIDS sufferers? Do the personnel of such agencies possess the requisite knowledge, skills, counseling experience, to provide the protection, support,

⁴⁵ UNAIDS Nordic Office, *Engaging uniformed services in the fight against HIV/AIDS: China*, <http://uniformservices.unaids.org/country.asp?region=Asia and Pacific&country=China>.

⁴⁶ Chengdu Xinan Guofang Yiyao, 'China Study Views HIV/AIDS in Yunnan Province, Impact on Troops', Vol. 10(6), pp. 381-382, (Washington DC: FBIS CPP20010405000155, December 1, 2000); Partick Tyler, 'China concedes blood serum contained AIDS virus', *New York Times*, October 25, 1997, p.A3; Wang Chicai, Zhang Xinsheng and Li Ying, 'Impact on and Countermeasures against AIDS in the Chinese Military', *Renmin Junyi* (2) [*People's Military Surgeon*], (February 28, 1997), pp. 64-65.

⁴⁷ 郑燕杰 (Zheng Yanjie), '海南省毒品违法犯罪情况调查分析' [An Analysis of Drug Crime in Hainan Province] http://www.hicourt.gov.cn/theory/artilce_list.asp?id=1347&l_class=4.

and ongoing care necessary to move beyond the narrow confines of a problem operationally understood in terms of the provisions of the criminal code?

These are ambitious objectives and, reflecting a sense of belated ‘catch-up’, seek to cover every aspect of the disease simultaneously. Inevitably, this stretches available financial, administrative, and human resource capacities beyond their limits; additional funds notwithstanding.

All authorities were required under the 2004 State Council Directive to provide educational publicity in their areas to reach all families. Despite problems of social stigma and criticism that sexual promiscuity was being encouraged, cooperation with producers of condoms was strengthened in order to promote a heightened awareness and practice of HIV/AIDS prevention.⁴⁸ There was also a substantial advance in the open acknowledgement in the State Council’s action strategy that drugs and shared needle use remain major contributing factors to China’s HIV/AIDS problem. Hence, a stronger regime capable of monitoring the use of needles in the health system as well as in illegal drugs was also envisaged. The political legacy of the Henan scandal led to regulated voluntary, unpaid blood donor units being created across work units and travel hubs.

What resulting outcomes can we identify? The most practical responses include Chinese ARV production cutting the cost of these drugs under Doha Agreement on Trade Related Intellectual Properties (TRIPs) and the ‘Four Frees and One Care Policy’ that help to distribute them to the most in need. But even a glimpse at activities shows a breadth and depth of initiatives underway. The Government announced that, from 2004, there would be hard copy and online publication of notifiable diseases and public health emergencies. A national database of HIV/AIDS

⁴⁸ Government of People’s Republic of China, *State Council Document No.7*, Art. 2.

sufferers was announced in March 2005 as only a small percentage of were registered with health authorities and disease centers only held detailed records for 4.2% of estimated sufferers. To facilitate clean and efficient blood testing, a Nucleic Acid Testing (NAT) Center was built with US collaboration in November 2003. There is now better training and information for medical workers at local level through Government and NGO programs and training centers.

A further outcome includes programs to address HIV/AIDS among the country's prison population. China's prison population is officially recorded at 1.5 million located in 670 publicly acknowledged jails. The testing of all existing and new inmates for HIV was announced in November 2004. Additionally, there is a 30% risk of MTCT in China and, as part of the 'Four Frees and One Care' [四免一关怀'政策], there is now a national campaign to support reduction of MTCT. A Henan Province pilot scheme run in 2001 has been extended nationally to 120 high risk areas and involves not only the provision of treatment medicines but also pre-marriage preventative health checks for couples. Similarly, prevention interventions include the creation of youth sexual health centers such as one of the earliest established in Qingdao in Shandong Province. Additionally, there are workplace initiatives such as the legal protection of employment rights for PLWA. Notable here was Suzhou in Jiangsu Province. In 2003, Suzhou was the first to pass a specific law guaranteeing PLWA rights of employment, education, and health care.

So there is a range of initiatives taking hold. But a major practical barrier to overcoming HIV/AIDS in China, as elsewhere, is stigma and social misunderstanding. A 2002 survey of 10 cities and 10 towns interviewed a random sample of 18-70 year-olds (some 6,777 people). They found that 93% city residents and 83% of town residents were aware of the virus but their knowledge of the three

main modes of transmission was lower at 73.4% and 62.5% respectively. Large numbers lacked knowledge about the effectiveness of condoms as means of protection low at 33.3% and 34.1%.⁴⁹ But awareness is now improving with a huge societal effort. We can see a range of state and civil interventions including: sex education in schools; campaigns by celebrities; a China Family Planning Association awareness motorcade through Guangzhou in November 2004; HIV/AIDS themed plays for villagers in Shanxi Province with short productions performed on a mobile stage (some 20,000 villagers had been brought the HIV/AIDS message in this way by November 2004). Political leadership is a key feature of successful HIV/AIDS campaigns worldwide and high-profile visits by Chinese Premier Wen Jiabao and Vice-Premier Wu Yi to Henan Province AIDS villages in December 2003 and by President Hu Jintao to You'an Hospital in Beijing in December 2004 where he publicly shook hands with AIDS patients were important symbolic acts for the health community: 'Hu Jintao and Wen Jiabao have set an example for the officials at all levels, and their personal visits to AIDS patients far more influential than issuing a host of paper instructions.'⁵⁰

Despite corruption and the influence of organized crime syndicates, the Government is seeking to counter the flow of illicit narcotics into China from the Golden Triangle. This is evidenced by the 2004 strike hard campaign against drug dealers and users in which 5,000 dealers were arrested, 250 gangs broken up, and 5,000 kilograms of drugs confiscated. This was followed by a Spring 2005 campaign called by Minister

⁴⁹ *People's Daily*, 'Survey Finds AIDS Awareness Still Low in China', September 23, 2002,

http://english.peopledaily.com.cn/200209/23/print20020923_103691.html.

⁵⁰ Jin Jun (Director, China HIV/AIDS Policy Research Center) December 2004, Xinhua, 'Anti-AIDS Commitment Translated into Actions', December 1, 2004, <http://www.china.org.cn/English/China/113770.htm>.

of Public Security, Zhou Yongkang, a 'people's war'. The fight is coordinated via the National Commission for Narcotics Control, Ministry of Public Security, and Ministry of Justice. Penalties include death for dealers and there is addiction rehabilitation through compulsory rehabilitation centers and 'drug rehabilitation through education and labor' units.⁵¹ These are narrow countervailing measures. But the Government is now beginning to adopt a more sophisticated and comprehensive approach involving reducing harm by opening methadone clinics across China to treat addicts. There were 100 open by the end of 2005 and 1,000-1,500 more are due to open by 2009. There are also a number of clean needle exchange programs developing.

If IDU is one key transmission mode being addressed, specific challenges of sex work and wider issues of gender are also steadily being engaged in a variety of ways. For example, the employment of peer education among female sex workers is proving successful as sex workers are trained to pass on their HIV/AIDS knowledge to other workers. Wider gender challenges in a hypermasculinised⁵² social culture include slave wives. In 2001, there were executions of human traffickers who sold women from Chongqing to gangs in Inner Mongolia and Shangxi Province. More intractable are problems of domestic violence and marital rape. But even here there are some small signs of change and improvement. The Maple Women's Psychological Counseling Center in Beijing reports more women stepping forward to report attacks and more willing to take the cases to court. This suggests that the legal system, hitherto largely hesitant or unwilling to act in this respect, is becoming slightly more open to assisting in practice.

⁵¹ Drew Thompson, 'The People's War' against Drugs and HIV/AIDS', *China Brief*, Vol.5(14), The Jamestown Foundation, (June 21, 2005), p.2.

⁵² L. Ling's concept of 'hypermasculinity', quoted in Neil Renwick, 'The "Nameless Fever": the HIV/AIDS Pandemic and China's Women', *Third World Quarterly*, Vol.23(2), (2002), pp.377-393.

Of course, all HIV/AIDS interventions cost money. There had been three funding priorities in the 1999-2003 period: (1) blood safety; health education and intervention; and surveillance and testing. In severely hit provinces, the share allocated to treatment and care was necessarily higher. The central government claims that, under the new program, financial support would be substantial enough to underpin this program. It was to be adequate to provide the necessary ARV drugs to treat HIV/AIDS patients. More funding was to be given to further ARV research and development. How realistic were these financial claims? On balance, the evidence available supports the Government's claims. A December 2005 report on youth development confirmed greater funding for HIV/AIDS prevention and response with 1.2 billion Yuan (US\$148 billion) expended over the two-year period 2003-2004.⁵³ The December 2004 SCAWC/UN Theme Group also confirmed a decisive shift. An initial 120 million Yuan (approximately US\$15 million) special funding was allocated to HIV/AIDS by Central Government. In 2003, it added another 270 million Yuan (approximately US\$35 million) to provide for free anti-retroviral (ARV) treatment in the seriously infected areas. In 2004, the total HIV/AIDS budget was 870 million Yuan (US\$108 million).⁵⁴

Under the current strategic plan, there is to be full social support to families affected by the disease, for instance provision for free education of orphans caused by the disease. Other necessary forms of social support to affected individuals and families must be provided and the finances made available from the general state finance

⁵³ China Youth and Children Research Center/China Communist Youth League, (Beijing, CYCRC, December 2005), http://english.people.com.cn/200512/28/print20051228_231288.html.

⁵⁴ ‘中国艾滋病防治工作’ (China HIV/AIDS Prevention and Control), <http://www.china.org.cn/chinese/zhuanti/fab/718174.htm>.

budget.⁵⁵ More (and more effective) campaigns against social stigma have been required. Anyone responsible for deliberately spreading the disease or false reporting on the extent of the disease is liable to severe punishment.⁵⁶ But there are obvious human rights dangers with this issue of disclosure and criminalization of aspects of the HIV/AIDS problem here. For example, according to Shanghai University's Deng Weizhi, despite amendments to the Marriage Law in 2001, the issue of marital rape remains legally ambiguous: 'To better protect women's rights, a clear judicial explanation needs to be made on rape within marriage'⁵⁷ and, one might add, on the resulting uneven judicial treatment. Moreover, who is to determine, on what criteria, and with what degree of transparency, just what is 'false' reporting of the extent of the disease? The potential for mal-administration or outright abuse is clear.

However, decisions taken by the organs of central government in Beijing can only be effective in fighting the challenge of HIV/AIDS by realizing genuine commitment and action at the provincial and local tiers of government. If part of the longer-term problem of developing a major response to this disease in China has been a questionable commitment and a delay in joining-up the various agencies of the central state, then a more recent obstacle was an ambiguous response by provincial, municipal, and local authorities.

What then are the key factors operating at the provincial and county levels? There are two principal factors we are able to consider here. The first factor is *administrative*. Assessments of the practical pursuit of the national goals in the face of

⁵⁵ Government of People's Republic of China, *State Council Document No.7*, Art.5. (Beijing: Information Office of the State Council, 2004).

⁵⁶ Government of People's Republic of China, *State Council Document No.7*, Art.6.

⁵⁷ Wang Ying, 'More and more women saying no to abusers', *Chinadaily.com*, http://www.chinadaily.com.cn/english/doc/2004-03/03/content_311452.htm.

HIV/AIDS are mixed. The key point is made by Edmund Settle (Program Coordinator, China HIV/AIDS Information Network in Beijing) that ‘top policy makers fully understand the long term economic and political importance of preventing a wide-spread HIV epidemic; however, at the local level, leaders often deny or don’t view HIV/AIDS as a priority in their areas’.⁵⁸

A core concern here is capacity building and bureaucratic awareness. Professor Jin Wei from the Central Party School who runs the School’s HIV/AIDS policy education program points out: “To many students (the Party’s middle and high-ranking officials), such matters should be the business of the Ministry of Health and have little to do with them”. Professor Jin Wei argues that many officials remain unaware of the 1998 Long and Medium Term Programs or knowledge of the five-year Action Plan [《中国预防与控制艾滋病中长期规划 (1998-2010) 》与 《中国遏制与防治艾滋病行动计划 (2001-2005) 》].⁵⁹ The Government’s priority is to train these officials at various administrative levels. Mao Qunan, a spokesperson from the Ministry of Health, points out the strategic objective involved in incubating and placing Beijing’s own personnel into local government: ‘The reason (for the stress on training) is very simple: it is these officials who put the central government’s political commitment on HIV/AIDS control into practice.’⁶⁰

⁵⁸ Government of People’s Republic of China, *State Council Document No.7*, p. 15.

⁵⁹ 刘鉴强 (Liu Jianqiang), ‘中央党校里的艾滋观念交锋’ [The Argument about the HIV/AIDS Issue in the Central Party School], 南方周末 (*Southern Weekend*) (June 23, 2005), p.6; <http://www.nanfangdaily.com.cn/zm/20050623/xw/szxw2/200506230026.asp>.

⁶⁰ Zhang Feng, ‘Party school raises AIDS awareness’, *China Daily* December 14, 2004, http://www.chinadaily.com.cn/english/doc/2004-12/14/content_400143.htm.

The second factor is *financial*. The Central Government's funds are managing to flow into targeted provinces and counties in significant amounts. The priorities are naturally those with the highest levels of PLWA. In 2003, 60% of Beijing's funding went to nine Provinces and 50% of all funding concentrated in only the five worst-hit Provinces (Henan, Sichuan, Anhui, Hubei and Yennan). In addition, in 2004 Yunnan and Henan were designated priority areas for financial and technical support by the Ministry of Health in Beijing with 11 million Yuan (US\$ 1.4 million) per year specifically dedicated to each of these two priority areas.⁶¹

In 2003, provincial and county governments across China contributed 179 million Yuan (US\$22.2 million) to HIV/AIDS prevention and care. The average Provincial allocation was 3.36 million Yuan (US\$417,000). There was a 53% increase in County government expenditures in 2003. Yunnan's Provincial Government in Kunming pledged 520 million Yuan (US\$65 million) over 5-10 years to counter the disease. The money is to be spent on methadone treatment for IDUs; free condoms for AIDS families; and condom vending machines installed in public facilities. Patient confidentiality restrictions were to be placed on medical staff and institutions.

The Culture of HIV/AIDS Governance: Civil Society

One of the central arguments of this paper is that the fight against HIV/AIDS can only be successful if there is full engagement between government, civil society, and international agencies; that is, there is a qualitative integrity to the humane governance of HIV/AIDS characterized by transparency, accountability, mutuality, and reciprocity. Certainly, civil society (or 'third department' as it is termed in China)

⁶¹ State Council AIDS Working Committee Office/UN Theme Group on HIV/AIDS in China, 2005 Update, p.22.

is growing in significance on certain issues in the changing Chinese political culture.

Tsinghua University's Wang Ming argues:

the third department, civil society, NGO, NPO [Non-Profit Organisation] they all mean the same kind of social organization in China i.e. independent from the government and the market system ... China's NGO sector has gained more attention recently in HIV and public health, for example, the government is investing a huge amount of money in preventing and controlling HIV... but there are big limitations on government intervention and therefore it is better through NGO action on some issues. Nowadays Wu Yi and Minister of Health Gao Chiang have called on many occasions for more involvement of NGOs in public health.⁶²

This paper's argument that civil society is closely related to issues of humane governance is not particularly novel. For example, observers such as Harvard Law School's Joan Kaufman have also argued this position.⁶³ HIV/AIDS is no longer only an epidemiological issue or a development issue. It is also an issue of human rights. As we have already noted, the continuing stigmatization of people affected by HIV and AIDS is an obvious problem here. Stigma arises from fear of the unknown and the different. A lack of understanding about the virus promotes discrimination, a closure of the discursive community, and acts as a major break on China's ability to tackle HIV/AIDS successfully. In a 2002 survey undertaken in four large Chinese

⁶² '王名：中国第三部门之路' [Wang Ming: China's Third Department], February 5, 2006, <http://www.szhx.org.cn/model/listnews.aspx?id=5&a0=239261>.

⁶³ Joan Kaufman, Visiting Scholar, East Asia Legal Studies Program, Harvard Law School, Testimony to Congressional-Executive Commission on China (CECC) Roundtable 'HIV/AIDS in China: Can Disaster Be Averted?' September 9, 2002, cited in CECC, *2003 Annual Report: HIV/AIDS, SARS, and Public Health in China*, <http://www.cecc.gov/pages/virtualAcad/soc/healthannr ept03.php?>.

cities, 75% of interviewees said that they would avoid people infected with HIV/AIDS and 45% believed that the disease was a consequence of moral degeneration.⁶⁴ People affected by HIV/AIDS have been shunned by family and friends, been excluded by their communities, lost their jobs, and even been refused hospital treatment.⁶⁵ The Government in Beijing has responded with legal protection against HIV/AIDS discrimination, national education and awareness campaigns, and highly publicized visits of China's leaders and popular celebrities to HIV/AIDS patients. These initiatives have been buttressed at provincial and local levels by Municipal Government anti-discrimination legislation and policy initiatives and civil organizational initiatives to raise awareness (sometimes in conjunction with international agencies and private foundations).

But problems of discrimination persist. In political terms, China's record is distinctly equivocal and, at best, sends out contradictory signals. In 2003 *Human Rights Watch* reported police violence against HIV-positive protesters in the 'Aids villages' of Henan Province; websites are blocked; there has been episodic harassment of leading civil society activists.⁶⁶ If the SARS outbreak carried any societal message

⁶⁴ China Social Survey referred to in UNAIDS, *HIV/AIDS: China's Titanic Peril* (Geneva: UNAIDS, 2002) and also in avert.org: *HIV & AIDS in China* (October 2005), <http://www.avert.org/aidschina.htm>.

⁶⁵ Human Rights Watch, *Locked Doors: The Human Rights of People Living With HIV/AIDS in China*, Vol.15(7) (New York: HRW, August 2003).

⁶⁶ Human Rights Watch, '对中国艾滋活动人士的限制' [*Restrictions on AIDS Activists in China*], Vol.17(95)(C), (June 10, 2005), New York, <http://hrw.org/reports/2005/china0605>; Human Rights Watch, '中国：终止对公民社会在抗击艾滋病时所设的限制' [*China: End Restrictions on Civil Society in Fight Against AIDS*], (Hong Kong, June 15, 2005), http://hrw.org/chinese/docs/2005/06/14/china11138_txt.htm.

for the culture of governance, then it was to demonstrate the limits of opaque governance and the need to ensure public understanding to gain their support.⁶⁷

In this latter respect, inter-connected issues of HIV/AIDS, sexual identity, and human rights remain highly sensitive in China. They are deeply rooted in the character of the political culture as a whole not only social cultural mores and, consequently, may prove more intractable to overcome in the short and medium terms. In 2004, a more constructive approach to homosexuality was emerging in some provinces. For example, working with the USAID program, the province of Heilongjiang launched a Gay Aids survey to help fight the disease.⁶⁸ Yet in December 2005, two days before the opening of the first Beijing Gay and Lesbian Culture Festival (which included an HIV/AIDS awareness program), the Beijing Public Security Bureau banned organizers from using a public space and, with the festival moved to a private venue, uniformed and plainclothes police raided the bar and shut down the event. Human Rights Watch's Scott Long responded that: 'China continues to talk about political reform, but closing down a cultural event is a crude reminder of the limits on openness. This police raid was an effort to drive China's gay and lesbian communities underground and to silence open discussions about sexuality throughout the country.'⁶⁹ The political costs of such crass exclusionary culture and stigmatized practice can be significant. Recognition of this was eventually evident

⁶⁷ Melissa Curley and Nicholas Thomas, 'Human Security and Public Health in Southeast Asia: the SARS Outbreak', *Australian Journal of International Affairs*, Vol.58(1), (March 2004), pp.17-32.

⁶⁸ *BBC News Online*, 'China launches Gay Aids Survey', July 26, 2004, <http://news.bbc.co.uk/2/hi/asia-pacific/3927487.stm>.

⁶⁹ Human Rights Watch, 'China: Police Shut Down Gay, Lesbian Event – Government Persecutes Civil Society Groups That Address HIV/AIDS', *Human Rights News*, December 20, 2005, http://hrw.org/english/docs/2005/12/20/china_12328.htm.

during the SARS crisis with public anger and political calculation leading to the dismissal of China's then Health Minister Zhang Wenkang and Beijing's Mayor Meng Xuenong on 20 April, 2003. But, according to some post-SARS reports, HIV sufferers remain subject not only to stigmatized exclusion but there were claims of outright violence in provinces such as Henan, leading to a group of HIV/AIDS practitioners and activists writing to President Hu Jintao in August 2003 that: 'The harassment of people with HIV/AIDS and their advocates diminishes China's ability to halt its AIDS epidemic.'⁷⁰ Subsequent high profile public meetings between China's leadership and prominent AIDS activists may well have been Beijing's response to such disquiet. Yet, in February 2006, harassment of health activists was still alleged to persist at local levels.⁷¹

Global-national engagement

To what extent is the character of China's HIV/AIDS governance now related to global HIV/AIDS and health governance networks? China's global HIV/AIDS engagement has three dimensions: (1) the development of global principles and strategic norms; (2) operational capacity building; and (3) financial assistance. Global HIV/AIDS principles are based upon the 1988 *London Declaration on AIDS Prevention* and June 2001 UNGASS *United Nations Declaration Commitment on HIV/AIDS*. To these we can add the sixth goal of the September 2000 *Millennium Development Goals* to halt and reverse the spread of HIV/AIDS by 2015.

⁷⁰ Utopia Asia, 'AIDS Violence Flares in China' (Utopia Asia Gay and Lesbian Community, *AIDS/HIV News Archive: China, Newsday Report*, 3 August 2003), available: <<http://www.utopia-asia.com/aidschi.htm>>.

⁷¹ Jonathan Watts, 'Under house arrest: blind activist who exposed forced abortions', *The Guardian*, February 3, 2006, p.28.

From these principles there developed a *UN System Strategic Plan for HIV/AIDS 2001-2005* and the so-called “three ones” — three guiding principles for national authorities and partners for one agreed action framework; one national AIDS authority; and one national monitoring and evaluation system. These are framed by an array of additional health-specific and more generic normative regimes. The WHO’s International Health Rules are examples of the former. Examples of the latter are, of course, global declarations on the human rights of women and girls; domestic violence; marriage ages; reproductive rights; labor protection against stigmatized abuse and exploitation; economic, cultural, and social rights; declarations against human and narcotics trafficking.

Since UNGASS 2001, there has been an explicit shift away from framing non-state organizational participation in terms of “consultation” to stress “partnership” with general and specialist NGOs, business, and labor. Reflecting this, capacity building to translate declaratory goals into practical reality has brought together inter-governmental organizations with a host of civil societal and corporate agencies. The need for a coordinating administrative hub spurred a 1994 UN Economic and Social Council (ECOSOC) Resolution to establish a dedicated program and lead agency⁷² resulting in The Joint Program on AIDS (UNAIDS) established in 1996. Coordination with agencies such as the World Bank, International Monetary Fund, Unicef and the International Labor Organization overlaps with other hubs such as the World Economic Forum, G-8, or European and African Unions; with global NGO networks such as the Global Network for People Living with HIV/AIDS (GNP+); and with philanthropic bodies such as the Bill and Melinda Gates Foundation, Elton John

⁷² United Nations, *Economic and Social Council Resolution 1995/2*, 21st Plenary Meeting, July 3, 1995, <http://www.unaids.org/en/other/functionalities/viewdocument.asp?> .

Foundation, and Clinton Foundation. Capacity-building embraces almost every aspect of life, but particular targets have been the development of global and national surveillance and monitoring; ARV provision and treatment, health worker training and support, counseling skills development and sustainability, and educational awareness programs. In January 2006, The Clinton HIV/AIDS Initiative negotiated new pricing agreements to lower the prices of HIV diagnostic tests and two ARVs by 30-50%. The agreements are expected to benefit 50 countries.⁷³

The third element of the global response is funding. Governments, philanthropists and civil society organizations fund the fight through public and private, multilateral, bilateral, national and societal pathways. The most prominent multilateral global response is that of the Global Fund to Fight Aids, Tuberculosis and Malaria established in 2002. The Global Fund was set up to provide a focal point for commitments by members of the system and to publicly track compliance. By December 2003, the Fund had disbursed US\$2.1 billion to 121 countries with approximately 60% allocated to HIV/AIDS. Yet annual funding targets are set at US\$7-10 billion. States have made significant pledges but these were likely to decline steadily by 2007. However, the eventual confirmation of the US pledge for 2004 of US\$547 million raised the funds available for the 4th Round of grants in June 2004 to at least US\$900 million. A global ‘replenishment’ conference was then organized in London in September 2005 to address this problem of apparent “donor fatigue” with renewed commitments once again being declared. At the conference, the 29 donors attending pledged US\$3.7 billion for the two-year period 2006-2007. This represents

⁷³ William J. Clinton Foundation, Clinton HIV/AIDS Initiative, *Press Release: New Agreements to Lower Prices of HIV/AIDS Rapid Tests and Second-line Drugs*, January 12, 2006, <http://www.clintonfoundation.org/011206-nr-cf-hs-ai-isr-ind-chn-zaf-bra-pr-new-agreements-to-lower-prices-of-hiv-aids-rapid-tests-and-second-line-drugs.htm>.

half the US\$7 billion total resource needs for the Fund for this period but more funds were understood to be forthcoming in 2006 and a follow-up conference was timetabled for June 2006 to gain more pledges⁷⁴. The delivery and funding gap for the Global Fund remains a major problem given the estimated annual funding requirements.

A second notable funding source of scale is that of President Bush's Emergency Plan for AIDS Relief (PEPFAR) established in January 2003.⁷⁵ US\$15 billion is being provided over 5 years (including US\$10 billion in new funding). There are 15 focus countries and it is driven by the so-called '2-7-10' Program Goals — namely, to treat 2 million with ARVs; prevent 7 million infections; provide care and support for 10 million adults and orphans living with HIV/AIDS. *Prima facie* this is a major advance.

As noted above, the third significant funding sources are private philanthropic organizations with the Clinton HIV/AIDS Initiative and Bill and Melinda Gates Foundation prominent. In 1999, the Gates' Foundation contributed US\$2 million to the China Foundation to support a China Basic Health Services Project. It also supported the China Academy of Health Policy with US\$100,000 for a project in 2001 researching health policy development.

⁷⁴ The Global Fund, "Global Fund Receives Pledges of US\$3.7 Billion for 2006-2007" (Geneva: Global Fund to Fight AIDS, Tuberculosis and Malaria, *Press Release*, September 6, 2005).

⁷⁵ US Government, Department of State Bureau of Public Affairs, "The President's Emergency Plan for AIDS Relief: Five-Year Strategy", *Press Briefing*, (Washington DC: US Department of State, September 10, 2004), <http://www.state.gov/s/gac>; US Government, Office of the United States Global AIDS Coordinator *et.al.*, *Engendering Bold Leadership: The President's Emergency Plan for AIDS Relief—First Annual Report to Congress* (Washington DC: US Department of State, March 4, 2004); Author interview, Thierry Roels, Associate Director, BOTUSA, CDC Global AIDS Program: The Botswana Project, Gaborone, November 18, 2004.

China's national response is heavily enmeshed within the global HIV/AIDS regime with all its potential normative weight for change at the national level of governance. It has permeated the Chinese national HIV/AIDS response in terms of policy prescription, capacity-building and financing. The first of these is evident in the translation of the 'three ones' into policy by the Chinese Government. There is now one agreed action framework; one national AIDS authority; and one national monitoring and evaluation system. The second aspect of the global-national governance nexus is the engagement of global and national civil societal agencies in collaborative primary and palliative care capacity building. The notion of partnerships was slow to take hold. This is no longer the case. International dialogue has again been influential. For example, the UN Development Fund for Women (UNIFEM) is working with the National Working Committee for Women and Children and the All-China Women's Federation to enhance protection for women against HIV/AIDS and other infectious diseases. In addition, a host of private agencies such as the Ford Foundation; Bill and Melinda Gates Foundation; Macfarlane Burnet Center for Medical Research Response Project in Tibet and Marie Stopes International are all actively engaged in the country. The agencies are not working in isolation from one another, being linked through CHAIN (China HIV/AIDS Information Network) online and through a German Government (CIM) assisted promotional leaflet.

The initiatives arising from these partnerships are multi-sectoral and multi-tiered in character. They include, for example, a business-Government dialogue sponsored by Harvard University's Center for Business and Government in November 2003; the signing by the Government of an agreement with the Clinton Foundation in April 2004 to facilitate on-going technical cooperation with China's Center for Disease Prevention and Control and Chinese Academy of Medical Science; the China-UK HIV/AIDS Prevention and Care Project; a Yunnan-Australian Red Cross Societies

HIV/AIDS youth peer project; an Australian Government (AusAID) five-year (2002-2007) A\$21 (US\$15.8 million) prevention and care project in Xinjiang Uygur Autonomous Region; a US Global Aids Program (GAP) contributes to the China-US Co-operation on Prevention and Care for HIV/AIDS Project and to HIV/AIDS control strategies preventing secondary transmission through voluntary counseling and testing; the World AIDS Foundation supports various training projects; Population Services International assists the Chinese Association of STD/AIDS Prevention and Control in a condom promotion program in Guangdong.

The *third* element, that of funding, is also critical and we have seen a scaling up by the Chinese Government but also by international donors multilaterally and bilaterally. Again, the global regime's role is significant. According to *2005 Update*, the 'international community' has committed about US\$275 million to China's fight against HIV/AIDS in donations by 2005. In 2003 and 2004 alone, some US\$87.5 million were committed internationally to China. The World Bank provides loans for two projects totaling US\$160 million for enhanced prevention and care (China Nine Health Project and China Disease Prevention Project); the Dutch Government finances Save The Children Fund projects in Yunnan and also contributes to the Unicef Mekong Project. Moreover, the Global Fund has committed US\$98 million for HIV/AIDS. Whilst China's relations with multilateral agencies are now established strengthening, a central role continues to be played by bilateral assistance. The US's GAP is run through the Centre for Disease Control (CDC). CDC is contributing US\$15 million to China-US Cooperation on Prevention and Care for HIV/AIDS Project. Overall, the US has pledged US\$35 million over the 5 years to 2008 for joint projects in China. Also, USAID provided US\$7 million to Yunnan and Guangxi for counter-HIV program. By November 2004, the German Government had donated or loaned almost Euro 177 million (US\$214 million) with an additional 50 million Euros

(US\$60.5 million) pledged. The Australian government funds a needle exchange scheme in Guangxi costing US\$7.38 million.

Conclusions

At the heart of humane governance lie ‘horizons of aspiration’. The HIV/AIDS policy challenge for humane governance is multi-faceted. The virus spreads through a series of intersecting and mutually reinforcing conditions entwined with socio-economic and cultural transition. The interwoven linkages between the spread of the HIV virus and socio-economic development may be deconstructed through the provision of socio-economic rights and more carefully targeted and managed transition policies. It must also be fought through the complex technical, financial and policy interplay between national and global regimes. But, as Harvard’s John Ruggie commented in November 2003: ‘unless China acts decisively, it will find itself on an African trajectory, just 15 years behind. In Africa, governments and businesses are looking back at what they should and could have done — in China, there is still time to avert the worst-case scenario.’⁷⁶

⁷⁶ World Economic Forum, ‘Business Initiates Dialogue with Chinese Government and Other Stakeholders to Address HIV/AIDS in China’, Beijing November 5, 2003, <http://www.unaids.org/business>.