

## Survey Response Details

### Response Information

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### Response Details

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- 1) **Country**  
China (0)
- 2) **Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:**  
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huhong99@hotmail.com
- 7) **Date of submission:**  
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02/04/2010

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- 8) **Describe the process used for NCPI data gathering and validation:**  
Work on National Composite Policy Index Part A was led by National Centre For AIDS/STD Control And Prevention, China CDC. Data collection was carried out for five areas, based on the content of the questionnaire (strategic plan, political support, prevention and control, treatment and care, monitoring and evaluation); primary methods included: inspection of policy documents issued by

relevant departments, review various types of research report and organize specialist consultations, etc. For the strategic plan section, national comprehensive plans were inspected, as well as plans formulated by relevant departments. The different areas of planning content were categorized and summarized. At the same time, feedback and opinions were sought from all parties, including government departments, specialist technical institutions and international organizations on China's policy on the AIDS response. The principles used for verification of information were: "Check and be sure of information sources, find original documents, work with others to confirm veracity of information." Specific measures included: (1) For policy documents: find original documents, inspect content of documents meticulously, ensure that the content of the document is clearly understood; (2) For research reports: read full report, verify primary data and opinions set out in the report; (3) For expert consultations: confirm with multiple parties. Verify opinions. Work on National Composite Policy Index Part B was led by China HIV/AIDS Prevention Association. The China HIV/AIDS Information Network (CHAIN), the Dongjen Center for Human Rights Education and Action and other organisations worked together to coordinate participation of community groups in filling out the responses to this section. UNAIDS China office provided specialist technical support. On 16th November 2009, the China HIV/AIDS Prevention Association organised a discussion meeting, setting out clearly work planning and a division of labour; On 2nd December, a second meeting was convened, and a report drafting working team was established, including representatives from civil society organisations and community groups among its members. Through a variety of methods, the working group mobilised civil society organisations to actively participate in the survey. These methods included setting up a page on the CHAIN website, <http://www.chain.net.cn> and establishing an email account for posting information and collecting feedback. In December 2009, the AIDS Association convened a seminar and an opinion-seeking meeting. Through distributing and collecting questionnaires at these meetings, mobilising participants to fill in online surveys, and encouraging mailed-in and email feedback, opinions and recommendations were broadly sought from civil society organisations and community groups, particularly PLHIV networks and representatives of high-risk populations and other vulnerable groups. According to incomplete statistics, 58 civil society organisations and community groups participated in online surveys, workshops and opinion-seeking meetings, and a total of 66 completed questionnaire surveys were received from representatives civil society organisations, community groups or individuals from more than 20 provinces (or districts, cities) from across China. CHAIN and the Beijing Aizhixing Research Institute carried out analysis of relevant laws and regulations. From January to February 2010, the National Composite Policy Index Part B working group carried out data analysis and review, filled in the questionnaire, and organised a consultation meeting with the participation of civil society organisations and community groups to discuss initial findings.

**9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

Organised consultation meetings with the participation of civil society organisations and community-based groups to discuss initial findings

10)

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

The following clarification is given regarding a number of the results from the survey for NCPI survey section B: (1) Mobilisation and report filling methods used for the completion of section B for this report were different from those used in 2007. As a result, it is not appropriate to compare the results obtained from this year's survey and the 2007 survey. (2) Although a variety of methods were used to carry out mobilisation, only a limited number of civil society organisations and community-based groups participated in the survey, giving the results limited representativeness. (3) Through workshop discussions it has been established that civil society organisations and community-based groups experienced significant difficulty in interpreting the content and text of the questionnaire, with some questions being insufficiently clear. This is likely to have affected the ways in which questions were interpreted and answered. (4) In some questions, response options

were not clear, and only "yes" or "no" were provided as options, meaning that proper explanation of answers could not be provided.

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11)

### NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	State Council AIDS Working Committee Office	Hao Yang/vice director	A.I, A.II

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	State Council AIDS Working Committee Office	Sun Xinhua/Assistant Director	A.I, A.II, A.III, A.IV, A.V
Respondent 3	State Council AIDS Working Committee Office	Han Mengjie/Assistant Director	A.I, A.II, A.III, A.IV, A.V
Respondent 4	State Council AIDS Working Committee Office	Chen Qingfeng/director of the Policy Coordination Division	A.I, A.II, A.V
Respondent 5	State Council AIDS Working Committee Office	Hu Hong/director of the Planning and Supervision Division	A.III, A.IV, A.V
Respondent 6	State Council AIDS Working Committee Office	Lv Ke/vice director of the Planning and Supervision Division	A.I, A.II
Respondent 7	China AIDS Roadmap Tactical Support Project Office	Shi Kai /Program Manager	A.I, A.II, A.V
Respondent 8	National Centre For AIDS/STD Control And Prevention, China CDC	Lv Fan/director of the division of Policy Study And Information	A.I, A.II, A.III, A.IV, A.V
Respondent 9	National Centre For AIDS/STD Control And Prevention, China CDC	Xu Peng/ division of Policy Study And Information	A.I, A.II, A.III, A.IV, A.V
Respondent 10	National Centre For AIDS/STD Control And Prevention, China CDC	Zeng Gang/ division of Policy Study And Information	A.I, A.II, A.III, A.IV, A.V
Respondent 11	National Centre For AIDS/STD Control And Prevention, China CDC	Tang Houlin/Division of Integration and Evaluation	A.I, A.II, A.III, A.IV, A.V
Respondent 12	National Centre For AIDS/STD Control And Prevention, China CDC	Bai Yue/International Cooperation And Program Management Office	A.V
Respondent 13	China HIV/AIDS Prevention Association	Luo Mei/vice-secretary-general	A.V
Respondent 14	China HIV/AIDS Prevention Association	Li Lan/program officer	A.V
Respondent 15	Global Fund Round 4 China Aids Program Office	Wang Liqiu/Program Manager	A.V

Respondent 16	Global Fund Round 3 China Aids Program Office	Zhu Xiaoquan/Program Officer	A.V
Respondent 17	Global Fund Round 5 China Aids Program Office	Jin Canrui/Program Officer	A.V
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	China HIV/AIDS Prevention Association	Shen Jie, Luo Mei, Lifeng	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	China HIV/AIDS Information Network	Wang Ruotao, Cai Lingping	B.I, B.II, B.III, B.IV
Respondent 3	China male tongzhi Health Forum	Tong Ge	B.I, B.II, B.III, B.IV
Respondent 4	Dongjen Center for Human Rights Education and Action	Li Dan	B.I, B.II, B.III, B.IV
Respondent 5	Hebei Yongqing PLWHA Self-Help Group	Anonymous	B.I, B.II, B.III, B.IV
Respondent 6	China folk Feminist Studio	Anonymous	B.I, B.II, B.III, B.IV
Respondent 7	Chengdu Rongai sky	Anonymous	B.I, B.II, B.III, B.IV
Respondent 8	Yunnan Daytop Drug Treatment Center	Anonymous	B.I, B.II, B.III, B.IV
Respondent 9	Wuhan Jiangxia TiXi Rehabilitation Center	Anonymous	B.I, B.II, B.III, B.IV
Respondent 10	Guangxi Medical University AIDS prevention volunteer activities Center	Anonymous	B.I, B.II, B.III, B.IV

Respondent 11	Inner Mongolia Health Education Association	Anonymous	B.I, B.II, B.III, B.IV
Respondent 12	UNAIDS China office	Nwe Nwe Aye, Zhou Kai, Chen Zhongdan	B.I, B.II, B.III, B.IV
Respondent 13	Chengdu Gay Care Organization	Anonymous	B.I, B.II, B.III, B.IV
Respondent 14	Marie Stopes China	Anonymous	B.I, B.II, B.III, B.IV
Respondent 15	Henan Golden Sunshine Children Support/Care Association	Anonymous	B.I, B.II, B.III, B.IV
Respondent 16	Shanghai Beautiful Life Mutual Aid Group	Anonymous	B.I, B.II, B.III, B.IV
Respondent 17	Hubei Preventive Medicine	Anonymous	B.I, B.II, B.III, B.IV
Respondent 18	Ruili Women And Children Development Center	Anonymous	B.I, B.II, B.III, B.IV
Respondent 19	Sex Workers Network Platform	Anonymous	B.I, B.II, B.III, B.IV
Respondent 20	Tianjin Deep Blue Working Group	Anonymous	B.I, B.II, B.III, B.IV
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

**Part A, Section I: STRATEGIC PLAN****1. Has the country developed a national multisectoral strategy to respond to HIV?**

**(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)**

**Yes (0)**

**Page 7**16) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

1998-2010

17)

**1.1 How long has the country had a multisectoral strategy?**

**Number of Years**

12

18)

**1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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**19) Part A, Section I: STRATEGIC PLAN**

**Question 1.2 (continued)**

**If "Other" sectors are included, please specify:**

Advocacy, National Development and Reform Commission, Sci-Tech, Finance, Culture, Judicial, Family Planning, Civil Affairs, Industrial and Commercial, State Ethnic Affairs Commission, etc.

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20)

**Part A, Section I: STRATEGIC PLAN**

**1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
<b>Settings</b>	
h. Workplace	Yes

i. Schools	Yes
j. Prisons	Yes
<b>Cross-cutting issues</b>	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

21)

**1.4 Were target populations identified through a needs assessment?**

Yes (0)

**Page 10**

22)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.4 (continued)**

**IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2009

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23)

**Part A, Section I: STRATEGIC PLAN**

**1.5 What are the identified target populations for HIV programmes in the country?**

IDU, MSM, FSW, PLHIV, orphan, clients of sex workers, migrant population, youth, women, long-distance truck driver, people in close setting.

24)

**1.6 Does the multisectoral strategy include an operational plan?**

Yes (0)

25)

**1.7 Does the multisectoral strategy or operational plan include:**

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

26)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

**Page 12**

27)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

The government encourages and supports civil society organizations to work together with People's Governments at all levels to carry out work in the AIDS response, including raising awareness on relevant AIDS response laws, policies and knowledge, carrying out public benefit activities relating to the AIDS response, and carrying out other AIDS response work. People's Governments and government departments at all levels have taken measures to encourage and support relevant organizations and individuals to participate in the AIDS response, and to donate funds to support the AIDS response.

28)

**1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes (0)

29)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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30)

**Part A, Section I: STRATEGIC PLAN**

**2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?**

Yes (0)

**Page 15**

31)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**



a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	No

32)

**2.2 IF YES, which specific HIV-related areas are included in one or more of the development plans?**

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	No

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33)

**Part A, Section I: STRATEGIC PLAN**

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

Yes (0)

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34)

**Part A, Section I: STRATEGIC PLAN**

**3.1 IF YES, to what extent has it informed resource allocation decisions?**

3 (3)

35)

**4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?**

Yes (0)

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36)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Pre- and post-exposure prevention	Yes

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37)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

The 2005 "Work Plan for Implementation of HIV Testing for People in Closed Settings (Trial Version)" required that HIV antibody testing should be implemented with people in closed settings. The Work Plan stipulated that testing for all should be carried out among people undergoing drug rehabilitation, people selling sex, other people with high risk of HIV exposure and any person whom the public security or judicial authorities considered needed to be tested; voluntary counseling and testing services should be offered to other people in closed settings. Notification of test results. Based on guidance given for different categories and local circumstances, close setting institutions set out their own individual notification procedures and methods, based on actual situations. (1) Multi-sectoral cooperation: The health, public security and judicial authorities jointly carry out HIV testing and comprehensive AIDS response work with people in closed settings. (2) Confidentiality: during all management phases, including testing, counseling, testing reporting, referral services, record filing and inputting information to computers, attention should be paid to protecting the privacy of test recipients. A member of medical staff designated by the closed setting department should be responsible for notifying test results and providing other relevant information to testing recipients, and must not pass this information on to any unrelated members of personnel. (3) Security: During testing, management, treatment, etc., closed setting security should be maintained at all times. Medical personnel and personnel from public security departments, prisons, reeducation through labour institutions, etc., should pay attention to personal protection and prevention of professional exposure to HIV.

38)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

Yes (0)

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39)

**Part A, Section I: STRATEGIC PLAN****5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Children orphaned by AIDS	Yes

40)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

AIDS response prioritises prevention and is based on combining prevention and treatment work. Establishing working mechanism of building government leadership, all sectors of government meeting their individual responsibilities and full society participation. Strengthening awareness raising, behavioural interventions and care and support work for comprehensive prevention.

41)

**Briefly comment on the degree to which these laws are currently implemented:**

Relevant departments are actively implementing their AIDS response strategy plans, and seeing positive results.

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42)

**Part A, Section I: STRATEGIC PLAN****6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

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43)

**Part A, Section I: STRATEGIC PLAN****7. Has the country followed up on commitments towards universal access made during**

**the High-Level AIDS Review in June 2006?**

Yes (0)

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44)

**Part A, Section I: STRATEGIC PLAN****7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

45)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

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46)

**Part A, Section I: STRATEGIC PLAN****7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates of current and future needs (0)

47)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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48)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

49)

**(b) IF YES, is coverage monitored by population groups?**

Yes (0)

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50)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (b) (continued)****IF YES, for which population groups?**

Injecting drug users, MSM, sex workers, orphans, clients of sex workers, migrants, young people and women.

51)

**Briefly explain how this information is used:**

Information is utilized for planning of HIV awareness raising work, interventions and treatment.

**Page 28**52) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

53)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Both at provincial and city level.

54)

**Briefly explain how this information is used:**

Information is utilized for planning of HIV awareness raising work, interventions and treatment.

55)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

56)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

7 (7)

57)

**Since 2007, what have been key achievements in this area:**

Since 2007, responding to the “Three Ones” principle (namely: One National Strategy Plan, One National Coordinating Mechanism, One Monitoring and Evaluation System), which was advocated by the United Nations, “China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)”, issued by the State Council Office has been implemented, under the direction of the State Council AIDS Working Committee. In June 2007, National Framework on Monitoring and Evaluation was developed, which strengthened the implementation of the “Three Ones” principle in China. The Ministry of Civil Affairs, the Ministry of Justice, the Ministry of Railways, the General Administration of Quality Supervision, Inspection and Quarantine, the State Administration of Traditional Chinese Medicine, the All-China Federation of Trade Unions and the Red Cross Society of China have formulated individual action plans or strategy plans. All provinces have formulated 2006-2010 AIDS Response Action Plans or Implementation Plans.

58)

**What are remaining challenges in this area:**

Some regions are still not sufficiently prioritizing AIDS response work, and have not incorporated AIDS response work into their official agendas and development plans; responsibilities, rights and interests are sometimes unclear, and systems to monitor objectives are lacking, resulting in a failure to effectively complete some tasks. Some key areas lack comprehensive AIDS response policies and resources are not being effectively integrated and utilized. In some areas, financial input is insufficient.

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59)

**Part A, Section II: POLITICAL SUPPORT**

**1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

60)

**2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?**

Yes (0)

**Page 32**

61)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

2004

62)

**2.2 IF YES, who is the Chair?**

Name	Li Keqiang
Position/title	Vice premier of the State Council

63)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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64)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

40

65)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

5

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66)

**Part A, Section II: POLITICAL SUPPORT**

**3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?**

Yes (0)

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67)

**Part A, Section II: POLITICAL SUPPORT****Question 3 (continued)****IF YES, briefly describe the main achievements:**

The number of associations, civil society organisations and businesses participating in the AIDS response is growing. The number of different sectors becoming involved is also broadening and the role being played by these partners is becoming greater and greater, making them an indispensable component of the AIDS response. The Government encourages and supports organisations such as the All-China Federation of Trade Unions, the China Communist Youth League, the All-China Women's Federation, the Red Cross Society of China to cooperate with government departments at all levels to carry out work in the AIDS response; the Government also encourages and supports relevant organisations and individuals to participate in AIDS response work, according to regulatory guidelines and the requirements of national planning and action plans. Social mobilization funding which is part of the government resources of AIDS response programmes, and funding from international cooperation programmes, especially the Global Fund Programme, have been utilized to support the associations and civil society organisations to carry out work in the AIDS response. National-level associations and civil society organisations are continuing to actively carry out work and support capacity building among community-based groups. Civil society organisations and community-based groups are assisting the government in carrying out a range of interventions in the AIDS response. The number of volunteers working in PLHIV self help groups, women's groups, high-risk population intervention groups, etc., is continually increasing. The level of engagement of these groups in programme design, implementation and M&E is also becoming stronger. The Ministry of Finance and State Administration of Taxation have also issued policies providing tax relief treatment to those who donate money for AIDS response work.

68)

**Briefly describe the main challenges:**

The level of active participation by society as a whole in the AIDS response is still lacking. The level of participation of civil society organization is still low and they are still lack capacity and experience. Communication and information exchange among civil society organisations and between civil society organizations and relevant government bodies is insufficient, and there is a lack of channels through which this communication can take place. Participation by business and individuals is also limited. The business sector still lacks awareness of the significance of participation in the AIDS response.

69)

**4. What percentage of the national HIV budget was spent on activities implemented by**



**civil society in the past year?**

Please enter the rounded percentage (0-100)

3

70)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Policy formulation	Yes

71)

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?**

No (0)

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72)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)****Overall, how would you rate the political support for the HIV programmes in 2009?**

9 (9)

73)

**Since 2007, what have been key achievements in this area:**

National leaders visit PLHIV and volunteers annually on World AIDS Day, bringing attention to work in the AIDS response. What are remaining challenges in this area: As the epidemic evolves, relevant departments need to further develop policies and strengthen cooperation.

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74)

**Part A, Section III: PREVENTION****1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the *general population*?**

Yes (0)

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75)

**Part A, Section III: PREVENTION****1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

76)

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes (0)

**Page 41**

77)

**Part A, Section III: PREVENTION****2. Does the country have a policy or strategy promoting HIV-related reproductive and**

**sexual health education for young people?**

Yes (0)

78)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
 secondary schools? Yes  
 teacher training? Yes

79)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

80)

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes (0)

81)

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?**

Yes (0)

**Page 42**

82)

**3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?**

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations

Vulnerability reduction for low income

vulnerability reduction (e.g. income generation)

Sex workers, Other populations

Drug substitution therapy

Injecting drug user

Needle & syringe exchange

Injecting drug user

### Page 43

#### 83) Part A, III. PREVENTION

##### Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

mobile population

### Page 44

84)

#### Part A, III. PREVENTION

##### Question 3.1 (continued)

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

85)

Since 2007, what have been key achievements in this area:

A series of large-scale activities have been held targeting populations including migrant workers, young people, women, ethnic minorities, etc. A range of AIDS information awareness raising materials and tools have been designed and created. Materials have been translated into ethnic minority languages and multi-language AIDS awareness raising films have been created.

86)

What are remaining challenges in this area:

AIDS awareness raising activities need to be broader and more in depth. Awareness raising work with out of school youth, ethnic minority and migrant worker populations is still clearly lacking, as is awareness raising work in border regions and rural areas. Some awareness raising activities are insufficiently targeted, and target populations are not clearly defined, and there is a lack of evaluation of effectiveness of activities.

### Page 45

87)

#### Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

### Page 46

88)

**Part A, III. PREVENTION**

**Question 4 (continued)**

**IF YES, how were these specific needs determined?**

Through the national and local provincial surveillance systems, special surveys and on-site monitoring.

89)

**4.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

**Page 47**

90)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

**9 (9)**

91)

**Since 2007, what have been key achievements in this area:**

Methadone clinics and clean needle exchange programme has been further rolled out. Awareness

raising work has been strengthened and a greater number of services have been provided.

92)

**What are remaining challenges in this area:**

Coverage of AIDS awareness raising initiatives among migrant workers is insufficient. Coverage of comprehensive interventions with the main high-risk populations is insufficiently in-depth and not regular enough. Technical capacities require strengthening.

**Page 48**

93)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

**Page 49**

94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1.1 IF YES, does it address barriers for women?**

Yes (0)

95)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

96)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 50**

97)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2 (continued)**

**IF YES, how were these determined?**

Through special surveys, on-site monitoring and reports from departments working in the AIDS response at various levels.

98)

## 2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need  
have access

### HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

### Page 51

99)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

### 3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

100)

### 4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

### Page 52

101)

#### Part A, Section IV: TREATMENT, CARE AND SUPPORT

**Question 4 (continued)****IF YES, for which commodities?:**

Antiretroviral therapy drugs, condoms, and substitution drugs

**Page 53**

102)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

9 (9)

103)

**Since 2007, what have been key achievements in this area:**

Coverage of ART has increased and adherence rates have improved, as have treatment results. Second line ART has been initiated. Since 2007, all provinces have formulated policies to increase funding support from local government, carry out targeted support and implement further measures to provide support to those experiencing hardship as a result of HIV. The National China CARES project sites have explored the creation of working mechanisms combining treatment and care with production and self help initiatives. "One-to-one" support activities have been organized and funds have been raised to provide support to people living with HIV or AIDS and their families, helping them to become productive and support themselves. Through income-supplementing activities and support from the Ministry of Civil Affairs to provide care and support. Income difference between AIDS-affected households and other households is being reduced.

104)

**What are remaining challenges in this area:**

Implementation of the "Four Frees, One Care" policy is uneven across different regions. Some regions lack policies on testing and treatment for opportunistic infections. In some areas, ART work has still not reached the standards set out in the "National Free AIDS Antiretroviral Treatment Handbook." Management of ART is sometimes insufficient. Some PLHIV may cease treatment as a result of side effects from medication, or may develop resistance to medication as a result of using non-standard medications. Difficulties exist with the provision of second line medication. Some PLHIV have also not yet obtained the TCM treatment which they are hoping for. Information and details of the effects of HIV and AIDS on families and individuals are still very lacking. Some regions have insufficiently complete policies relating to care and support, and work is not carried out fully.

**Page 54**

105)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

**Page 55**



106)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

107)

**5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes (0)

108)

**5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

No (0)

**Page 56**

109)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

8 (8)

110)

**Since 2007, what have been key achievements in this area:**

The Ministry of Civil Affairs, SCAWCO and UNICEF have held multiple Seminars on Support and Protection Policy to Children affected by AIDS. Various regions have established support and care centres for children affected by AIDS.

111)

**What are remaining challenges in this area:**

Information and details of the effects of HIV and AIDS on families and individuals are still very lacking. Some regions have insufficiently complete policies relating to care and support, and work is not carried out fully.

**Page 57**

112)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

**Page 58**

113)

**1.1 IF YES, years covered:****Please enter the start year in yyyy format below**

2006

114)

**1.1 IF YES, years covered:****Please enter the end year in yyyy format below**

2010

115)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

116)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

117)

**1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, all partners (0)

**Page 60**

118)

**Part A, Section V: MONITORING AND EVALUATION****2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

**Page 61**

119)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

120)

**3. Is there a budget for implementation of the M&E plan?**

Yes (0)

**Page 62**

121)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

4

122)

**3.2 IF YES, has full funding been secured?**

Yes (0)

123)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

**Page 64**

124)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

**Page 65**

125)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)**

**IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

From June – October 2009, SCAWCO and the Global Fund HIV/AIDS RCC Office carried out analysis and evaluation of the National AIDS Response Monitoring and Evaluation System's overall operating circumstances, according to the "Guidelines for the Assessment of Country AIDS Response Monitoring and Evaluation Systems", produced by UNAIDS, identifying the main problems existing in that programme and the influencing factors, and provided constructive suggestions and recommendations for improvements.

126)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

127)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)?		Yes
in the Ministry of Health?		No
Elsewhere? (please specify)		No

**Page 68**

128)

**Part A, Section V: MONITORING AND EVALUATION**

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69****129) Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)**

**IF YES, briefly describe the data-sharing mechanisms:**

The "AIDS Comprehensive Response Information Management System" and the "TCM Treatment AIDS Database and Analysis System" have been established. Information is now integrated, and the collection, reporting and analysis of data is standardized. This has improved the quality and use of data, and provided evidentiary data for policy advocacy, fund raising, plan formulation and M&E. A large quantity of publications and materials relating to HIV have been published and

distributed, and an AIDS-related information website has been set up.

130)

**What are the major challenges?**

The M&E system is still incomplete, and M&E capacity is still lacking. Experienced M&E personnel are also lacking. Unified planning and integration of M&E planning is insufficient. Scientific evaluation of effectiveness of work carried out in the AIDS response is lacking. Quality and analysis of surveillance data requires strengthening. Utilisation of M&E results is insufficient.

**Page 70**

131)

**Part A, Section V: MONITORING AND EVALUATION**

**6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly (0)

132)

**6.1 Does it include representation from civil society?**

Yes (0)

**Page 71**

133) **Part A, Section V: MONITORING AND EVALUATION**

**Question 6.1 (continued)**

**IF YES, briefly describe who the representatives from civil society are and what their role is:**

Civil society organisations including the Chinese Association of HIV/AIDS Prevention and Control were invited to provide their opinions and recommendations, and develop strategies for the AIDS response.

134)

**7. Is there a central national database with HIV- related data?**

Yes (0)

**Page 72**

135)

**Part A, Section V: MONITORING AND EVALUATION**

**7.1 IF YES , briefly describe the national database and who manages it:**

Chinese Centre for Disease Control and Prevention

136)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

**Page 73**

137)

**7.3 Is there a functional\* Health Information System?**

At national level	Yes
At subnational level	Yes

**Page 74**

138)

**8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes (0)

139)

**9. To what extent are M&E data used**

**9.1 in developing / revising the national AIDS strategy?:**

4 (4)

140)

**Provide a specific example:**

Comprehensive AIDS response information has been integrated, and information has been linked to allow automatic creation of AIDS response information reports. Collection, reporting and analysis of data has been standardized, improving usage rates and providing data and information for policy advocacy and formulation of planning.

**Page 75**

**141) Part A, Section V: MONITORING AND EVALUATION**

**9.2 To what extent are M&E data used for resource allocation?**

4 (4)

142)

**Provide a specific example:**

Integrating AIDS response data from a number of sources. Improving analysis capacity and providing basic information for obtaining, using and appropriately allocating funding.

**Page 76**

143)

**Part A, Section V: MONITORING AND EVALUATION**

**9.3 To what extent are M&E data used for programme improvement?:**

4 (4)

144)

**Provide a specific example:**

Through evaluation of levels of awareness and behaviour change among target populations, such as basic AIDS awareness among migrant workers, condom use rates among MSM and sex workers, percentage of IDUs who share needles, to improve related awareness raising techniques and methods as well as the nature and content of interventions.

**Page 77**

145) **Part A, Section V: MONITORING AND EVALUATION**

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

146)

**10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

**Page 79**

147) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.1 (continued)**

**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

755

148) **Please enter the number of people trained at service delivery level including civil**

**society.**

Please enter an integer greater than 0

130

**Page 80**

149)

**Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

No (0)

**Page 82**150) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

151)

**Since 2007, what have been key achievements in this area:**

M&E has been carried out on AIDS response work including awareness raising, testing services, interventions with high-risk populations, PMTCT, blood safety, prevention and treatment of STDs, HIV treatment, provision of care and support services for people living with HIV or AIDS and their families, etc. Awareness and behaviour change among target populations has been evaluated; the effectiveness of prevention and treatment work has been evaluated. The Government has strengthened M&E capacity training for various provinces and has carried out effective integration of M&E work, improving the effectiveness of M&E work and giving impetus to the roll-out of response work in various regions.

152)

**What are remaining challenges in this area:**

There is a lack of experienced M&E personnel. Unified planning and integration of M&E planning is insufficient. Scientific evaluation of effectiveness of work carried out in the AIDS response is lacking. Quality and analysis of surveillance data requires strengthening. Utilisation of M&E results is insufficient.

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153)

**Part B, Section I: HUMAN RIGHTS**

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment,**



health care etc.)

Yes (0)

**Page 84**

154)

**Part B, Section I. HUMAN RIGHTS**

**1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:**

1. Articles 16, 68 and 69 of the "Infectious Disease Prevention Act" 2. Articles 3, 39 and 41 of the "Regulations on HIV/AIDS Prevention and Control" 3. Article 21 of "Regulations on Management of HIV/AIDS Surveillance" 4. No. (2) Rights, Obligations and Responsibilities of People living with HIV in Chapter 3. Management Measures of "Recommendations Regarding Management of People Living with HIV".

155)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 85**

156)

**Part B, Section I. HUMAN RIGHTS**

**2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	No

157)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Law enforcement can be broken down into two areas: 1. National law enforcement departments, judicial departments and their employees are responsible for enforcing and applying and ensuring

the implementation of the law; 2. All National departments, civil society organisations and individuals must obey the law. In order to ensure that laws are enforced, China has created the "Legal Enforcement Mechanism", an organically integrated operating system primarily composed of various authorities, procuratorial organs, judicial organs, and administrative organs. This mechanism carries out monitoring and ensures enforcement of the law from three angles: the legislative perspective, the law enforcement perspective and the judicial perspective. People's Governments at all levels are responsible for monitoring of law enforcement according to national laws and regulations. This includes implementation of the "Regulations on HIV/AIDS Prevention and Control."

158)

**Briefly describe the content of these laws:**

1. Article 62 of the "Infectious Disease Prevention Act" The government will provide medical treatment subsidies and reduce medical costs for people infected with designated infectious diseases. Specific measures are to be set out by the health administration department of the State Council, together with the financial department of the State Council. 2. Articles 41 to 47 of Section 4 of the "Regulations on HIV/AIDS Prevention and Control" are all regulations protecting people living with HIV. For example: Medical institutions should provide PLHIV with HIV prevention and treatment counselling, diagnosis and treatment services. Medical institutions must not attempt to avoid, or refuse to provide treatment to people living with HIV for other illnesses on the grounds that they are living with HIV. This article protects the right to medical treatment. Subsequent articles are concerned with social welfare guarantees. 3. "Law of the People's Republic of China on Maternal and Infant Healthcare" Article 16 In the event that medical personnel discover or suspect that a person in a couple of childbearing age has a serious congenital illness, they should present their medical opinion. The couple of childbearing gage should take measures based on the recommendations of the medical personnel. Article 18 In the event that pre-natal tests reveal any of the circumstances below, the doctor should provide an explanation to the father and mother, and recommend termination of the pregnancy: (1) The foetus has a serious congenital disease; (2) The foetus has a serious defect (3) If, as a result of a serious illness, continuation of the pregnancy could endanger the life of the mother or seriously harm the mother's health.

159)

**Briefly comment on the degree to which they are currently implemented:**

These laws are currently being implemented gradually, and are respected in the majority of cases. In some places, implementation is still unsatisfactory however. For example, some hospitals continue to refuse to carry out surgery for people living with HIV. Surveys have shown that there still exists a significant portion of medical workers, government officials, members of the general public and students who still discriminate against people living with HIV.

**Page 86**

160)

**Part B, Section I. HUMAN RIGHTS**

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

161)

**Part B, Section I. HUMAN RIGHTS****3.1 IF YES, for which subpopulations?**

a. Women	No
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

162)

**IF YES, briefly describe the content of these laws, regulations or policies:**

1. Article 66 of the "Law on Public Security Administration Punishments" The selling or purchasing of sex is punishable by detention for more than 10 days and less than 15 days. An additional fine of less than 5000 yuan RMB may also be imposed; in less serious circumstances, detention for 5 days or less, or a punishment of less than 500 yuan RMB may be imposed. 2. Clause 1 of Article 360 of the "Penal Code" In the event that a person who is aware that he/she is infected with a serious STI such as syphilis or gonorrhoea engages in the sale or purchase of sex, a punishment of imprisonment for 5 years or less, criminal detention or surveillance will be imposed, together with a fine.

163)

**Briefly comment on how they pose barriers:**

The nature of the clauses listed above results in target populations becoming more hidden, increasing the difficulty of carrying out interventions and health education. While laws are still targeting sex workers and their clients, sex workers will find it very difficult to participate in HIV prevention work. If laws and policies are able to guarantee that civil society organisations are able to receive necessary protections when participating in the AIDS response, ensuring that the privacy of all people is protected, it will be possible to attract more people who are engaging in risk activities to voluntarily participate. Participants will not feel at risk and will be able to obtain information on healthcare. This will allow AIDS intervention work to be expanded to a large number of vulnerable populations.

**Page 88****164) Part B, Section I. HUMAN RIGHTS****4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes (0)

**Page 89**

165)

## Part B, Section I. HUMAN RIGHTS

### Question 4 (continued)

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:**

Although relevant policies and regulations do not directly refer to human rights, they do contain content concerning the protection of rights, for example: 1. The “State Council Notice on Strengthening Work in the AIDS Response” clearly refers to spreading awareness regarding HIV and AIDS, and removing discrimination. 2. “China’s Medium- and Long-Term Strategy for HIV/AIDS Prevention and Control (1998-2010)” refers to supporting civil society organisations and social organisations carrying out psychological assistance to families of PLHIV, playing a role in reducing discrimination. 3. Article 3 of the “Regulations on HIV/AIDS Prevention and Control” No organisation or individual may discriminate against any person living with HIV or their family members. The legal rights of people living with HIV and their family members concerning marriage, employment, medical care, study, etc., are protected by law. Article 10 People’s Governments at all levels and relevant government departments should organize awareness raising education on the implementation of HIV prevention and treatment work and to reduce discrimination against people living with HIV or their family members. Healthy lifestyles should be advocated, creating a positive social environment conducive to the AIDS response.

166)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

**Page 90**

167)

## Part B, Section I. HUMAN RIGHTS

### Question 5 (continued)

**IF YES, briefly describe this mechanism:**

There are no very clearly defined policy regulations defining mechanisms for recording, reporting or dealing with discrimination. However, some solutions and resolution mechanisms do exist in national policies which may be used when PLHIV encounter discrimination. Details are given of a resolution mechanism which may be applied where PLHIV encounter medical stigma below: “Regulations on HIV/AIDS Prevention and Control”, Article 15 Where a medical institution avoids or refuses to provide treatment to a person living with HIV for other illnesses, or fails to provide counselling, diagnosis and treatment services to a person living with HIV, the Health Authorities of the People’s Government at county level or above shall order that the institution reverses its action within a fixed time period, issue a criticism, and give a warning; in the event that the initial failure to provide services results in the transmission or spread of HIV, or other serious consequences, the person directly in charge and any other personnel directly responsible may be demoted, removed from their post or dismissed. The licence of the responsible person or institution may also be revoked, in accordance with the law; where the action constitutes a crime, criminal liability will be sought.

168)

**6. Has the Government, through political and financial support, involved people living**

**with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

**Page 91**

169)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

1. Governments at all levels receive AIDS project funding on an annual basis. The participation of civil society organisations in the AIDS response is supported by the “National Social Mobilisation Funding Programme”, managed by SCAWCO. 2. Party and Government leaders visit PLHIV every World AIDS Day, and learn about their needs in terms of living conditions, treatment, OI prevention, and the state of implementation of national policies. 3. CDCs at all levels and relevant civil society organisations hold a range of experience sharing sessions and training courses, providing opportunities for PLHIV and people affected by AIDS to participate in projects, improve their capacity and share experience. In 2008, the AIDS Association convened the 4th Round Global Fund Programme Regional Civil Society Organisation AIDS Response Participation Experience Sharing Conference, which was held very successfully. Building on this, in December 2009, the AIDS Association convened the “Inaugural National Civil Society Organisation AIDS Response Participation Experience Sharing Conference” in Xi’an. More than 300 representatives from provinces, cities and autonomous regions participated in the conference. More than half of these were from various target population communities and PLHIV communities. 4. Seats were created in the China Global Fund Country Coordinating Mechanism (CCM) for representatives from civil society organisations and PLHIV. Each seat has one formal representatives and two alternate representatives. These representatives were produced through elections for the PLHIV Working Committee and the NGO Working Committee. 5. For Global Fund Rounds 5 and 6, HIV/AIDS Response Programme, an NGO consulting group was established, which plays a very important role in the programme.

170)

**7. Does the country have a policy of free services for the following:**

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

**Page 92**

171)

**Part B, Section I. HUMAN RIGHTS**

**Question 7 (continued)**

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:**

HIV prevention services and antiretroviral services are being implemented adequately. All regions are able to provide vulnerable and high-risk populations with information, counselling and testing services. There are many hidden high-risk populations and vulnerable populations who cannot be provided with coverage. There is still a lack of active provision of testing, prevention and awareness raising services. The comprehensive roll-out of care and support services is still not able to fully meet the real needs of PLHIV populations, and needs to be further improved. PLHIV in some regions can apply to receive national free medications at the CDC where their hukou registration is located, once they have a CD4 count of <350. However, the criterion for commencement of antiretroviral treatment in some other regions is CD4<200, resulting in many PLHIV developing opportunistic infections. The fact that PLHIV are not able to obtain treatment in different places is another important problem. Migrants living with HIV may not want to return to their place of hukou registration to receive treatment because they do not want to let their family members know about their infection, but are unable to receive treatment in other locations. This influences the work and study arrangements of PLHIV. Second line medication has not been provided in a timely manner to some PLHIV. Treatment for opportunistic infections also needs to be improved and more specific support and care needs to be provided for PLHIV concerning work, hardship, etc. PLHIV in some regions may apply for basic welfare payments, providing basic guarantees for PLHIV with financial difficulties. However, procedures and conditions for application for this kind of payment needs to be further clarified. At the same time, the exposure of HIV status when applying for welfare payments through community offices needs to be prevented. Because of the serious problem of stigma, many PLHIV are not willing to expose their HIV status to apply for relevant subsidies. In terms of HIV prevention, civil society organisations, and particularly PLHIV groups, have played an irreplaceable role by participating in policy advocacy, anti-discrimination education, HIV prevention knowledge dissemination and providing care and support for PLHIV. However, as a result of limited funding and a lack of resources, these groups often find it difficult to continue to operate. The Government should formulate policies to create a relaxed environment for civil society grassroots organisations, and should encourage the CDC, together with grassroots groups and social organisations, to cooperate to carry out a range of AIDS response activities.

172)

**8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?**

Yes (0)

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173)

**Part B, Section I. HUMAN RIGHTS**

**8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

174)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

Yes (0)

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175)

**Part B, Section I. HUMAN RIGHTS****Question 9 (continued)****IF YES, briefly describe the content of this policy:**

1. "Regulations on HIV/AIDS Prevention and Control", Article 41 Medical institutions should provide people living with HIV with HIV/AIDS prevention and treatment counselling, diagnosis and treatment services. Medical facilities must not attempt to avoid, or refuse to provide treatment to people living with HIV for other illnesses on the grounds that they are living with HIV or AIDS. Article 26 People's governments and relevant government departments at county level and above should formulate measures, based on the stipulations of these regulations, and the state of their local epidemic, to encourage and support residents' committees, village committees and other relevant organisations to promote behavioural interventions to prevent the spread of HIV, and to help people engaging in HIV-associated risk behaviours to change their behaviour patterns. 2. "Ministry of Civil Affairs Notification Regarding Strengthening of Welfare Support to People living with HIV, Family Members of People living with HIV and Orphans of People who have Died from AIDS, who are Experiencing Hardship" 2. Implement welfare support policies. Resolve real issues. Implementing the various existing social welfare policies, to provide welfare support to people living with HIV, and their family members, who are experiencing hardship, is the responsibility of People's governments at all levels, and is also a key responsibility of the Ministry of Civil Affairs. Ministry of Civil Affairs departments at all levels should carry out work based on regulations, and diligently fulfill their duties, and should avoid adopting discriminatory attitudes towards people living with HIV, or their family members. All people living with HIV or family members of these people who meet the welfare criteria should be provided with welfare support. 3. "Ministry of Labour and Social Security Notification Regarding Implementation of HIV Antiretroviral Treatment Policy" 1. When implementing urban worker basic medical insurance systems, regional governments should ensure that people living with HIV who are subscribed to basic medical insurance are able to subscribe to basic medical insurance in the same way as those receiving treatment for other diseases or conditions, and enjoy the benefits of basic health insurance on an equal basis. It is not permitted to implement any discriminatory policies directed at people living with HIV. 4. "State Council Notice on Strengthening Work in the AIDS Response" Article 4 Implement treatment and protection policies, ensure proper provision of medications; Article 5 Enhance support, guarantee funding for prevention and treatment; Article 6 Implement care and treatment, strengthen case management.

176)

**9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?**

Yes (0)

**Page 95**

177)

**Part B, Section I. HUMAN RIGHTS****Question 9.1 (continued)**

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations:**

1. Free HIV testing and VCT services for high-risk populations 2. Clean needle exchange and methadone maintenance treatment for drug using populations 3. Free distribution and promotion of condoms for sex workers and MSM populations.

178)

**10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

No (0)

179)

**11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

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180)

**Part B, Section I. HUMAN RIGHTS**

**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

181)

**– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work**

Yes (0)

182)

**– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

183)

**– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)



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184)

**Part B, Section I. HUMAN RIGHTS****Question 12 (continued)****IF YES on any of the above questions, describe some examples:**

In April 2009, the State Council Press Office issued the 'National Human Rights Action Plan (2009-2010)'

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185)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes (0)

186)

**– Legal aid systems for HIV casework**

Yes (0)

187)

**– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

Yes (0)

188)

**– Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

189)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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190)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**  
**IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	Yes

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191)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

5 (5)

192)

**Since 2007, what have been key achievements in this area:**

Correct understanding of AIDS has been improved among the general public through awareness raising education. The media has put greater efforts into awareness raising and the government has organized many activities to build a non-discriminatory social environment. Of particular note is the awareness raising work done every 1st December, concerning HIV prevention knowledge, which has resulted in the majority of people understanding the transmission pathways, and brought about changes to the earlier situation where people were scared to come into contact with PLHIV. More people are participating in the AIDS response, and more people are willing to provide services and help to people living with HIV. Through implementation of the "Regulations on HIV/AIDS Prevention and Control", and the "Four Frees, One Care" policy, the majority of the basic rights of PLHIV have been protected. Rights of PLHIV in terms of employment, living standards etc., have been fundamentally protected and the medical treatment environment has been improved.

193)

**What are remaining challenges in this area:**

The government has issued several policies to reduce discrimination against people living with HIV. However, because of the state of implementation of these policies, and various other reasons, social discrimination remains serious. Social discrimination against PLHIV is manifested in many ways, including employment-related discrimination, healthcare-related discrimination, gender discrimination, discrimination directed at vulnerable groups, discrimination directed at homosexuals living with HIV, etc. As well as the awareness raising activities carried out on 1st December, advocacy work at other times should be strengthened. Discrimination has a very serious impact on interventions with PLHIV and prevention work, as well as the willingness of PLHIV to actively seek treatment. Coverage of policies and public awareness need to be enhanced, helping people to better understand free HIV testing, VCT and confidentiality systems. Medical treatment is a relatively serious issue for PLHIV. Particularly where surgery is concerned, the majority of hospitals are not willing to treat PLHIV. Designated hospitals are also unable to meet the many treatment requirements of PLHIV for medical problems other than HIV. It is recommended that medical personnel should be given further training to reduce levels of

discrimination in the healthcare sector, allowing PLHIV to visit specialist or generalist hospitals to obtain the treatment they need. Specific implementation of policies, laws and regulations still needs to be improved, allowing issues such as compensation for some PLHIV, legal support, etc., to be appropriately resolved. Work to protect young people needs to be strengthened.

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194)

**Part B, Section I. HUMAN RIGHTS**

**Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

**5 (5)**

195)

**Since 2007, what have been key achievements in this area:**

The promulgation and implementation of the “Regulations on HIV/AIDS Prevention and Control”, “China’s medium- and long-term strategy for HIV/AIDS prevention and control” and “Action Plan” and the issues they cover and guidance they provide are an improvement on previous policies. More attention is paid to real situations and prioritizing a people-centric approach. HIV prevention awareness raising has been rolled out more extensively and the coverage of HIV knowledge promotion work has been expanded. This has led to improvements in condom use rates and treatment adherence and has encouraged more people to actively seek testing, and discover their HIV status earlier. The free testing and VCT systems are being gradually improved and awareness raising work is being enhanced. The “Four Frees, One Care” policy has been more or less fully implemented, and is providing benefits to all PLHIV and AIDS-affected groups. The implementation of the “Two Frees, One Subsidy” policy has also reduce education costs and benefitted children affected by AIDS. The basic rights of PLHIV, concerning the right to marry, property rights, etc. have received protection. A range of care initiatives have also been implemented in different regions: treatment for OIs, ART, PMTCT, free testing and treatment for tuberculosis, free CD4 viral load testing, free milk powder and TCM treatment, etc. In some areas, rural households experiencing hardship as a result of HIV have been included in the basic welfare system. PLHIV living in urban areas can obtain housing subsidies and medical treatment assistance. Health authorities, together with the CDC have established a multi-level working mechanism and stable working team. Civil society AIDS prevention organisations have played an important role in the AIDS response work.

196)

**What are remaining challenges in this area:**

Implementation of the “Regulations on HIV/AIDS Prevention and Control” needs to be enhanced. Laws and regulations should be more specific and should be fully implemented. For example, the clause in the Regulations stipulating that hospitals must not refuse treatment for other illnesses not related to HIV is not properly implemented in some areas, making it difficult to protect the rights of PLHIV to receive surgery. High-level state leaders place high priority on the implementation of AIDS response policies. However, officials in some provinces, cities and counties are not prioritizing it sufficiently. Leaders in some regions and departments are insufficiently aware of the seriously harmful nature of the AIDS epidemic. Departments in some provincial and city governments should work to strengthen cooperation, and carry out fuller mobilization of funding. Many policies and regulations do not just require greater publicity from the media, but require strengthened institutional guarantees. Government departments and CDCs

should cooperate with NGOs to fully implement relevant policies, ensuring that people living with HIV are able to obtain the services and assistance they require. Various methods should be used to reduce discriminatory attitudes among those working in the AIDS response, ensuring better protection of the privacy of PLHIV. Enhance awareness raising in remote mountainous areas and underdeveloped regions. Care of AIDS-affected orphans needs to be stepped up in some low prevalence regions. Protection of young people needs to be strengthened.

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197)

### **Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

#### **1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

2 (2)

198)

#### **Comments and examples:**

Through the Global Fund's Country Coordinating Mechanism, civil society representatives participate in relevant policymaking. During the Round 5 Global Fund AIDS Programme, a civil society organisation consultation group was set up, playing a consultation role. Several working networks created by target populations have also carried out advocacy and awareness raising activities. Although civil society organisations have played a very important role in the areas described above, the advocacy role played by civil society organisations in China's policy making process remains limited. The government needs to provide more support and assistance and should seek the opinions of civil society organisations more thoroughly during the process of policy formulation, ensuring that policy making is based on the interests and needs of target populations.

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199)

### **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

#### **2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?**

2 (2)

200)

#### **Comments and examples:**

The Chinese government places great importance on the participation of civil society organisations. On 1st December 2009, Premier Wen Jiabao met people working in the AIDS response, including 2 people from civil society organisations. One of these people was from a PLHIV organisation. Premier Wen Jiabao listened closely to their work reports and their detailed recommendations concerning China's AIDS response, the participation of civil society organisations, and other matters. Some relevant technical specialist staff from certain civil society organisations have had the opportunity to participate in inspection and appraisal of AIDS

prevention programmes. Civil Society organisation representatives have played an important role in the SCAWCO Social Mobilisation Programme and appraisal activities. However, the degree to which civil society groups participate varies. The depth of involvement can be limited, and needs to be increased. Differences exist between regions. In Beijing, there are a relatively large number of opportunities for civil society groups to participate, while in some other regions, the degree of participation of civil society organisations is less. It is recommended that governments at all levels work to create more opportunities for civil society organisations to participate, and increase the degree of participation of civil society organisation representatives in national AIDS response planning. The right to participate of NGOs should be expanded, and a set number of seats for civil society organisation representatives should be set aside, allowing NGOs to play a full role. Policy implementation should be strengthened. Many funding sources are not governmental, but are from other non-governmental programmes. It is recommended that the government should increase support and assistance to these.

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201)

**a. the national AIDS strategy?**

2 (2)

202)

**b. the national AIDS budget?**

1 (1)

203)

**c. national AIDS reports?**

2 (2)

204)

**Comments and examples:**

Civil society organisations have implemented a large number of HIV prevention, treatment care and support projects, and played a very important role. However, reporting on the results of activities carried out by civil society groups remains inadequate in national reporting. A minority of civil society organisations participated in national AIDS epidemic estimation and AIDS response discussions. Participation by the majority of civil society organisations in national strategy planning and AIDS response budgeting is insufficient. Civil society participation has still not become an effective component of the national AIDS response. National strategic planning refers to the participation of civil society organisations, and government at all levels needs to enhance efforts to achieve this. Support for civil society organisations in AIDS budgeting is insufficient and should be strengthened. It is recommended that civil society participation and implementation in the AIDS response should be increased, and that a number of civil society representatives should be included in planning and budgeting currently underway, ensuring that space is created and budgeting support made available for civil society participation.

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205)

**a. developing the national M&E plan?**

1 (1)

206)

**b. participating in the national M&E committee / working group responsible for coordination of M&E activities?**

1 (1)

207)

**c. M&E efforts at local level?**

1 (1)

208)

**Comments and examples:**

Representatives from a minority of civil society organisations participated in the Global Fund and local AIDS project monitoring and evaluation work. However, because of a lack of appropriate mechanisms, responsibility for formulation and implementation of the majority of evaluation work was carried out by representatives of government departments. Only a very small proportion of civil society organisations were able to truly participate. It is recommended that civil society organisation representatives should be invited to participate in M&E planning activities and M&E implementation, ensuring that AIDS response projects better meet the needs of PLHIV.

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**209) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

210)

**Comments and examples:**

In 2009, the Global Fund Round 5 AIDS Programme supported 54 projects implemented by civil society organisations. The Round 6 AIDS programme supported 345 projects implemented by civil society organisations, which are mainly community based groups and PLHIV groups. These projects were all completed according to plan, and achieved good results. For example: Much of the work with high-risk populations is carried out by civil society organisations. As well as carrying out a range of care, treatment, family protection, nutrition, production and self-help interventions, many PLHIV groups also engage in public HIV awareness raising and anti-discrimination activities. Some MSM working groups actively provide testing services and carry out AIDS information skills training with students in schools. Many MSM groups nationwide have set up QQ groups to carry out HIV prevention work. Some civil society organisations have also established PLHIV websites. Activities implemented by civil society organisations are more able to gain approval and acceptance from various populations. However, in carrying out these activities, civil society organisations may run into funding difficulties. The majority of community groups have not registered and for a variety of reasons, the websites of some groups carrying out work in the AIDS response are unable to operate properly, making it difficult for them to carry out work. It is

recommended that the government strengthen support and assistance for civil society organisations on the funding and policy fronts. More civil society organisations should be mobilized and allowed to fully participate in more programmes, including national AIDS response programmes.

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211)

### a. adequate financial support to implement its HIV activities?

1 (1)

212)

### b. adequate technical support to implement its HIV activities?

2 (2)

213)

### Comments and examples:

The Global Fund Programme supported many civil society organisations to carry out work in their own regions, and also carried out many technical training activities. During the Global Fund Round 6 Programme, funding in 2009 to support work carried out by civil society organisations accounted for 81% of total activity funding. Some larger civil society organisations receive comparatively larger amounts of funding support, but funding is still insufficient to meet the needs of carrying out activities and promoting organizational development. The majority of civil society organisations still lack sufficient funding and technical support. The primary sources of funding support for civil society organisations are foundations, while funding from government is relatively small. Funding and skills are still lacking, making it difficult for these groups to ensure their long-term existence and their continued ability to provide services to their target populations. It is recommended that the government should build on existing policies and mechanisms to provide civil society organisations with more support in terms of funding, technical support and the policy environment, allowing civil society organisations to better implement a range of AIDS response initiatives, providing better services for people living with HIV.

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### 214) Part B, Section II. CIVIL SOCIETY PARTICIPATION

#### 7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%

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215)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

216)

**Since 2007, what have been key achievements in this area:**

The government is placing increasing importance on the participation of civil society organisations, and has strengthened the participation of civil society organisations and established high level civil society participation mechanisms. The active nature of civil society organisation participation has increased, and participation processes are becoming more democratic and scientific. The government and specialist technical institutions are aware of the role which can be played by civil society organisations, and have invited civil society organisations to participate in discussions on formulation of relevant AIDS response-related documents, and population size estimates, etc. When NCAIDS carried out a survey of MSM populations in 61 cities, urban MSM groups were mobilized to participate. There have been significant improvements in the working environment for civil society organisations participating in the AIDS response. Civil society organisations have carried out a lot of work in areas including care and support, treatment education, policy advocacy, etc. This has resulted in improved levels of AIDS-awareness among various population categories, increased condom usage rates and reduced levels of discrimination against PLHIV. HIV prevention awareness among high-risk populations and the general population has been strengthened; numbers of people seeking VCT have increased; treatment quality is now guaranteed; people living with HIV are now able to obtain psychological support and assistance.

217)

**What are remaining challenges in this area:**

Government support for civil society organisations still needs to be strengthened. The role which civil society organisations can play in the AIDS response needs to be fully recognized, and civil society organisations should be given sufficient space to participate. Many civil society organisations are established informally, and lack legal status. Funding is often lacking or even non-existent. The government needs to provide political, economic and technical support, and establish a civil society management system appropriate to China's national characteristics. Different civil society organisations participate to different degrees, and should be given support accordingly. As well as funding and technical support, civil society organisations should be given the power to participate of their own volition, and on an equal footing. Organisational capacity of civil society organisations should be improved, allowing them to improve their service capacities, organizational development and fundraising capacity.

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218)

**Part B, Section III: PREVENTION****1. Has the country identified the specific needs for HIV prevention programmes?**



Yes (0)

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219)

**Part B, Section III: PREVENTION****Question 1 (continued)****IF YES, how were these specific needs determined?**

Clauses within "China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)" SCAWCO Issue (2006) No. 13 (27th February 2006) stipulate: ... (2) Specific objectives and work indicators. The following objectives to be achieved by the end of 2007: 1. All province (and autonomous region, municipality) and city (regional)-level CDCs, as well as county-level CDCs in counties where the AIDS epidemic is particularly serious, should establish an independent HIV and STI prevention and control office, provide appropriate facilities and specialist personnel. A National AIDS Surveillance System and Screening Laboratory Testing Network will be established, providing coverage at county level and above. The establishment of the AIDS Surveillance Online Information Reporting System should be completed in medical institutions at county-level and above. An appropriately distributed STI surveillance network should be established, providing information on which evaluation of effectiveness of AIDS and STI response work can be based. In each county (or city) 2-3 free VCT points should be set up carrying out free HIV screening testing and counselling services. 2. Among the population aged 15-49, awareness regarding non-compensated blood donation and HIV/AIDS knowledge should reach 75% among urban residents, 65% among rural residents, 70% among migrants, 85% among young people in school and 65% among young people not in education. More than 70% of public sites, such as airports, train stations, long distance coach stations, underground stations, harbours, entry-exit ports, etc. should have set up AIDS response public service large announcement advertisement boards or signs. More than 60% of waiting rooms (for buses, ships, etc.) should distribute HIV prevention health education materials. 3. More than 90% of staff in People's government departments at all levels and their relevant departments should have received training on AIDS response policies and relevant knowledge; Lectures by national and provincial level AIDS response policy goodwill ambassadors should have provided coverage to over 90% of counties (and cities). 4. More than 80% of urban and town health service personnel and more than 50% of village clinic and village medical personnel should have received AIDS response awareness and skills training. More than 50% of personnel providing health and midwifery services to pregnant women should have received knowledge and skills training on PMTCT. 5. More than 80% of personnel responsible for HIV testing work should have received specialist VCT training; More than 80% of AIDS response specialist personnel should have received basic VCT knowledge and skills training. 6. Effective intervention measures should provide coverage to over 70% of the primary high-risk populations and migrant populations. Counties (and cities) with more than 500 registered drug users should have set up methadone maintenance treatment clinics, providing methadone maintenance treatment to over 40% of opiate (primarily heroin) using addicts meeting the relevant criteria. Regions running clean needle exchange trial sites should provide clean needles to over 30% of injecting drug users. Among the various high-risk HIV populations, HIV-related awareness should exceed 85%, condom use 70% and the percentage of injecting drug users sharing injection equipment should be controlled at below 30%. 7. Establishing and implementing a professional training system and license qualification system for blood collection institutions and technical personnel responsible for blood transfusion in medical facilities. 100% of active personnel should have received AIDS and STI response knowledge and skills training. More than 90% of clinical use blood should be collected on a voluntary, non-compensated basis. The annual growth rate in incidence of STIs should be lower than 10%. 8. Establishing a social support mechanism based around the village in rural areas, and based around the community and family in urban areas, to provide care and support to people living with HIV and their families. More than 50% of PLHIV meeting the required criteria should be receiving ART or TCM treatment; over 70% of PLHIV who require OI treatment services should be receiving them. Over 80% of counties (and

cities) should be covered by PMTCT services, and over 85% of pregnant women with HIV should be covered by PMTCT intervention measures. 100% of AIDS-affected orphans should receive free compulsory education. The following objectives to be achieved by the end of 2010:

1. National AIDS Reference Laboratories should meet advanced international standards. Confirmation testing laboratory network at city level and above should be completed.
2. Among the population aged 15-49, awareness regarding the AIDS response and non-compensated blood donation should have reached 85%. Awareness should exceed 75% among rural residents, over 80% among migrant workers, over 95% among young people in school and over 75% among young people not in education. Over 90% of airports, train stations, long-distance bus stations, underground stations, harbours, entry-exit ports, and other public places which have a high flow of people should have set up AIDS response public service large announcement advertisement boards or signs. More than 80% of airport (bus and ship, etc.) waiting rooms, should distribute HIV prevention health education materials.
3. 100% of staff in People's government departments at all levels and their relevant departments should have received training on AIDS response policies and relevant knowledge; Lectures by national and provincial level AIDS response policy goodwill ambassadors have provided coverage to over 95% of counties (and cities).
4. More than 90% of urban and town health service personnel and more than 70% of village clinic and village medical personnel should have received AIDS response awareness and skills training. More than 90% of personnel providing health and midwifery services to pregnant women should have received knowledge and skills training on PMTCT.
5. More than 90% of personnel responsible for HIV testing work should have received specialist VCT training; More than 90% of AIDS response specialist personnel should have received basic VCT knowledge and skills training.
6. Effective intervention measures should provide coverage to over 90% of the primary high-risk populations and migrant populations. Counties (and cities) with more than 500 registered drug users should have set up methadone maintenance treatment clinics, providing methadone maintenance treatment to over 70% of opiate (primarily heroin) using addicts meeting the relevant criteria. Regions running clean needle exchange trial sites should provide clean needles to over 50% of injecting drug users. Among the various high-risk HIV populations, HIV-related awareness should exceed 90%, condom use 90% and the percentage of injecting drug users sharing injection equipment should be controlled at below 20%.
7. 100% of blood for clinical use should be provided on a non-compensated basis, preventing the transmission of HIV through blood donation or transfusion. All counties (or cities) should establish an STI standard treatment and prevention health service model medical facility.
8. Over 80% of PLHIV meeting treatment criteria should receive ART or TCM treatment; over 90% of PLHIV requiring treatment for OIs should receive treatment. Over 90% of counties (and cities) should be covered by PMTCT services, and over 90% of pregnant women with HIV should be covered by PMTCT intervention measures.

The "Four Frees, One Care" Policy: The "Four Frees" in the "Four Frees, One Care Policy" refer to:

1. Rural residents and urban residents who are not subscribed to basic medical insurance, who are experiencing economic hardship and who are living with HIV may go to the local infectious disease hospital or comprehensive hospital with an infectious disease ward, designated by their local health authorities or departments to receive free antiretroviral medication and antiretroviral treatment;
2. Any person wishing to obtain voluntary counselling and testing services may obtain these services free of charge at CDCs and medical facilities designated by health authorities and departments;
3. Pregnant women who are HIV positive should be provided health counselling, pre-natal guidance and midwifery services by the hospital which locally provides HIV treatment services. Free PMTCT medication should be provided on a timely basis as well as paediatric testing kits;
4. Local People's government departments at all levels should raise funds through various channels to carry out psychological counselling for children orphaned by AIDS, and provide these children with free compulsory education. The "One Care" refers to the protection and care which the government provides to people living with HIV. Governments at all levels should include PLHIV and the families of PLHIV who are experiencing hardship in welfare programmes, and provide welfare payments according to relevant social protection policies; PLHIV who have productive capacity should be provided with support and provided with additional income on top of that which they can earn themselves.

220)

### 1.1 To what extent has HIV prevention been implemented?

**The majority of people in need  
have access**

---

**HIV prevention component**


---

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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221)

**Part B, Section III: PREVENTION**
**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

6 (6)

222)

**Since 2007, what have been key achievements in this area:**

The Government is devoting increasing amounts of attention to AIDS prevention programmes each year, and has expanded resource and funding allocations; work carried out by government departments at all levels, and the CDC, is becoming more in depth, and coverage of interventions is increasing. VCT is being provided; condoms are provided free of charge to CSWs and methadone maintenance treatment is being made available to IDUs. MSM groups are being targeted by interventions and care initiatives; AIDS advocacy teams are being set up in universities. In some areas, the government is actively supporting the participation of NGOs in AIDS prevention work, and is promoting the participation of civil society organisations, and the rapid appearance of many grassroots organisations, which have played significant roles in various projects. Significant progress has been made through behavioural interventions with high-risk groups, including condom promotion, HIV testing and counselling, risk reduction interventions with MSM populations, school-based youth AIDS health education, etc. This has resulted in more people improving their knowledge and awareness regarding HIV and receiving the support and assistance they require. Through public awareness raising, behavioural interventions, etc., more people have learnt about HIV prevention, and the prevention abilities of the public have improved. Protection of young people has been strengthened.

223)

**What are remaining challenges in this area:**

With the roll-out of HIV interventions and testing on a nationwide basis, many PLHIV have found out about their HIV status. Families of PLHIV require greater amounts of attention and interventions, to prevent further transmission. Regarding prevention and testing among vulnerable populations, policies and services need to reach the populations who need them, especially in terms of funding, which should be used on serving beneficiary populations. Further explore behaviour change interventions based on increased awareness among target populations. Maximise the role of civil society organisations and explore new intervention models which are effective with target populations and effective in bringing about behaviour change. Increase depth and breadth of interventions and use preventive measures to achieve behaviour change. Capacity of civil society organisations, particularly grassroots organisations, is insufficient, and lacking institutional support. Clear guarantees need to be given in terms of legal position, etc. in order to promote the implementation of interventions. Strengthening protection of young people. Further work needs to be carried out to build acceptance and reduce discrimination against MSM. Project monitoring work needs to be improved.

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224)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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225)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1 (continued)****IF YES, how were these specific needs determined?**

Policies were formulated based on the international epidemic situation and the situation in China. In the "Regulations on HIV/AIDS Prevention and Control" and "China's Medium- and Long-Term Strategy for HIV/AIDS Prevention and Control", the government set out corresponding policies objectives and requirements. Taking one region as an example: Antiretroviral treatment is based on scientific methods, such as CD4 testing; CD4 testing occurs at set time periods; during treatment, regular tests are carried out, as well as medical checkups, treatment, etc., all of which are managed by dedicated members of staff, and are not random. In some regions, testing fees for ART and other checkup fees are fully reimbursed. In some regions this is not carried out comprehensively, especially where regular testing and free treatment is concerned. For some HIV-related treatments, it is necessary to go to the appropriate infectious disease hospital. In some areas, measures are taken based on the local situation with regards to PLHIV. These measures may include scientific research, interviews, home visits, etc. However, currently, risk interventions and mutual assistance care models have not been developed targeting family members and relatives of PLHIV. Lack of resources in some places has also meant that funding is not available for treatment.

226)

### 1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need  
have access

#### HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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227)

### Part B, Section IV: TREATMENT, CARE AND SUPPORT

#### Question 1.1 (continued)

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

6 (6)

228)

**Since 2007, what have been key achievements in this area:**

The government has established a national medical guarantee system. Implementation of AIDS treatment, care and support work is fundamentally in line with national guidelines and technical requirements. The number of people on treatment has increased, as have the numbers of people receiving testing and diagnosis. Support has been provided for treatment of opportunistic infections and medication is becoming more and more standardized on a daily basis. The range of available treatment medications is increasing and supply is more stable. Second line medication is beginning, reducing side effects and increasing efficacy of treatment. Treatment education, policy advocacy, and care and support are being promoted and provision of treatment medication is

stable. Treatment and testing times have been strictly standardized. Notification and testing of sex partners of PLHIV infected through sexual intercourse is being emphasised. Requirements and guarantees have been put in place for CD4 testing during treatment. Provision of antiretroviral medication is now protected and the majority of people known to be HIV positive are receiving care. Many PLHIV organisations provide care services. Local governments and civil society organisations are cooperating to implement care work. Work is being carried out in the areas of treatment education, psychological care, production and self help, etc.

229)

**What are remaining challenges in this area:**

As well as providing free medications, some areas need to strengthen care and support initiatives. Several issues need to be resolved, including lack of timely testing readjustment of medication when medication resistance occurs, treatment of opportunistic infections, protection of rights to privacy, etc. Treatment for migrant populations is an issue that needs to be resolved, and procedures for obtaining second line medications need to be simplified. Problems such as lack of factor 8 and factor 9, required by haemophiliacs, should be considered. Awareness raising education should be carried out in medical facilities. Mechanisms should be put in place to ensure that PLHIV can obtain medical services other than ART in general hospitals. Reducing discrimination, and helping PLHIV to build their self confidence, obtain support from society and family, and cooperate with relevant regulations to receive management and treatment. People engaging in high-risk activities should be mobilized to undergo testing, and learn their own HIV status, reducing onward transmission.

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230)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

Yes (0)

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231)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes (0)

232)

**2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes (0)

233)

**2.3 IF YES, does the country have an estimate of orphans and vulnerable children**

**being reached by existing interventions?**

No (0)

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234)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

5 (5)

235)

**Since 2007, what have been key achievements in this area:**

The government has placed much attention on children orphaned by AIDS and children living with HIV. On 30th November 2008, Premier Wen Jiabao visited children orphaned by AIDS and children living with HIV in Fuyang City. On 1st December 2008, World AIDS Day, State Council Premier Wen Jiabao made a special trip to Fuyang City and visited a rural village, personally visiting people living with HIV, orphans and frontline medical workers, learning more about the implementation of the AIDS response. The National "Four Frees, One Care" policy contains clauses stipulating that orphans and vulnerable children are guaranteed medical treatment and welfare subsidies, as well as free education etc. Children living with HIV receive free treatment and some affected families are included in the rural basic welfare programme.

236)

**What are remaining challenges in this area:**

Some orphans affected by AIDS still live in poverty. Some orphans affected by AIDS and children living with HIV still have difficulty attending school, and many suffer from psychological problems. Discrimination directed at children living with HIV also remains. Children orphaned by AIDS are likely to face greater social pressures than other children. In some low-prevalence areas, children orphaned by AIDS, and other vulnerable children, particularly children living with HIV, are insufficiently prioritized and lack specialist personnel and institutions providing care.