

2015 China AIDS Response Progress Report

**National Health and Family Planning Commission of
the People's Republic of China**

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Table of Contents

Abstract

I. Overview of AIDS Epidemic in China

(I) National prevalence remains low, but the epidemic is severe in some areas and among certain groups.

(II) Reported numbers of people living with HIV and AIDS continue to increase, with AIDS prevalence showing a trend of differentiation among different groups.

(III) Number of AIDS patients rises markedly with the number of all-cause deaths becoming stable.

(IV) Sexual transmission is the primary mode of transmission with sexual transmission between men increasing markedly.

II. Overall Progress in AIDS Response

(I) Strengthening of Leadership and Improvement of Response Mechanisms

1. Emphasizing the issue and improving response policies
2. Improving the response mechanism and strengthening multi-department cooperation
3. Consolidating achievements and continuing to conduct advocacy and training for officials
4. Increasing the budget to ensure the implementation of various response measures

(II) Implementation of AIDS Response

1. Progress and Achievements in Prevention
2. Progress and Achievements in Treatment
3. Progress and Achievements in Care and Support
4. Progress and Achievements in Scientific Research

III. Best Practices

(I) Working Model of Support and Relocation for Children Affected by AIDS in Henan

(II) Elimination of Mother-to-Child Transmission of AIDS in Hezhou

(III) Establishment of China AIDS Vaccine Initiative (CAVI)

IV. Major Challenges and Solutions

(I) Major Challenges

(II) Solutions

V. Support from National Development Partners

(I) Participation and Support from International Partners

(II) Participation and Support from Enterprises

(III) Participation and Support from Social and Community-based Organizations

VI. Monitoring and Evaluation Environment

Appendix 1 2014 Funding Matrix

Appendix 2 Indicator Checklist for 2015 China AIDS Response Progress Report

Appendix 3 World Health Organization (WHO) Policy Questionnaire

Abstract

1. Participation of Stakeholders in Report Drafting Process

In February 2015, according to the requirements of the Guidelines for 2015 Global AIDS Response Progress Reporting by United Nations Program on HIV/AIDS (UNAIDS), the State Council AIDS Working Committee Office (SCAWCO), established in NHFPC, launched the drafting of the 2015 China AIDS Response Progress Report (hereinafter referred to as Report 2015), laid down the work plan and wrote letters to relevant departments and organizations to collect data and information.

In March 2015, SCAWCO drafted the Report 2015 (draft for comments) on the basis of summarizing, examining and analyzing the indicator data and relevant information provided by NHFPC, Ministry of Education (MOE), Ministry of Civil Affairs (MCA), All-China Women's Federation (ACWF), All-China Federation of Industry and Commerce (ACFIC) and China Association of STD and HIV prevention and control (CASPC) and Chinese Foundation for Prevention of STD and AIDS (CFPSA) as well as China Center for Disease Control and Prevention (CDC) and UN organizations in China. On April 16, 2015, SCAWCO held a consultation meeting to collect comments and suggestions from the representatives from relevant ministries/commissions, professional control institutes, disease prevention and control expert panels, social organizations, community-based organizations, people living with HIV, UN organizations and international bilateral institutes, and completed the Report 2015 (for submission). UNAIDS China office and WHO China office have provided great support for the preparation of Report 2015.

2. Overview of AIDS Epidemic in China

By the end of 2014, there were 501,000 reported cases of people living with HIV/AIDS (including 296,000 people living with HIV and 205,000 AIDS patients) and 159,000 deaths had been reported around the country. The HIV/AIDS epidemic in China presents four major characteristics: first, the national HIV/AIDS epidemic maintains a low-prevalence trend, with higher-prevalence in some areas and among some groups; second, the number of people living with HIV/AIDS continues to increase, with HIV/AIDS showing high differentiation in prevalence among different groups; third, the number of AIDS patients rises markedly, with the number of all-cause deaths becoming stable; and fourth, sexual transmission is the primary mode of transmission with sexual transmission between men increasing markedly.

3. Overall Progress in AIDS Response

In 2014, according to the requirements of “the Regulations on HIV/AIDS Prevention and Control” and “China’s “12th Five-Year” Action Plan for Containment and Prevention of HIV/AIDS”, China continued to implement the major response measures of “Five Expands and Six Strengthens”, thus achieving marked progress in multiple areas.

(1) Leadership strengthened further and response mechanisms gradually improved

In 2014, Li Keqiang, the Premier of the State Council and Liu Yandong, the Vice Premier of the State Council visited Beijing You'an Hospital to inspect the work of AIDS prevention and

treatment, extended their regards to the forefront medical workers and the grassroots AIDS prevention workers and volunteers. Vice Premier Liu Yandong presided over the Second Plenary Meeting of the State Council AIDS Working Committee to analyze and discuss the problems existing in the AIDS response and make specific instruction and arrangement for national response. The leaders of the local governments at all levels also actively participated in the AIDS response activities, strengthened the leadership of the response and solved the existing problems.

The executive meeting of the State Council adopted the opinions on strengthening the safety protection of the infectious disease prevention and control workers. All the relevant departments further strengthened the coordination and cooperation among them and issued the documents such as the Guiding Opinions on the Standards for CDC Organization Establishment and the Management Measures for Maintenance Treatment with Drug Rehabilitation Medicine to further strengthen and improve the AIDS response policies and push forward the implementation of the response. Different areas, based on their actual conditions, have also formulated and improved relevant policies concerning publicity and education, comprehensive intervention and follow-up visit management.

In 2014, the governments at different levels allocated RMB6.004 billion, accounting for 98.8% of the total funds for AIDS response, to ensure the implementation of all the response measures.

(2) Progress and Achievements in AIDS Response

In publicity and education, the MOE, State Ethnic Affairs Commission, ACFTU, Central Committee of the Communist Youth League, ACWF, ACFIC, etc. conducted various forms of publicity and education activities for AIDS response by relying on their respective work advantages and focusing on such groups as teenagers, migrant workers and women. In the area of prevention and intervention, the percentage of female sex workers who are living with HIV has been comparatively low in recent years and in 2014 it was 0.22%. The percentage of people who inject drugs who are living with HIV has been stable with a slight decline, dropping from 6.33% in 2013 to 6.00% in 2014. The reported incidences of primary/secondary syphilis and congenital syphilis were 11.6/100,000 people and 61.6/100,000 live births, decreasing to some extent than in 2013. The percentage of child HIV infections from HIV-positive women delivering in the past 12 months dropped from 6.7% in 2013 to 6.1% in 2014.

In the area of testing and treatment, in 2014, medical and health institutions at all levels around the country conducted HIV antibody testing on an estimated 130 million person times, an increase of 70 million person times and 20 million person times respectively than that in 2010 and 2013; and found 103,501 new cases, an increase of 39,393 cases and 13,382 cases respectively than that in 2010 and 2013. The numbers of people living with HIV currently receiving antiretroviral therapy increased from 227,489 in 2013 to 295,358 in 2014 nationwide. The number of newly increased adult and child patients on ART was 85,274 in 2014, the highest increase since 2003. The scale of the TCM-based pilot treatment projects has constantly expanded and 26,000 people living with HIV/AIDS has received the TCM-based free treatment. The percentage of estimated HIV positive incident TB cases that received treatment for both TB

and HIV increased from 35.6% in 2011 to 69.2% in 2014. The fatality rate of AIDS had been continuously dropping since 2011 and it had dropped to 6.6% in 2013.

In assistance and care area, China has included the eligible people living with HIV and AIDS in the urban and rural subsistence allowances system and included the rural people living with HIV and AIDS in the five-guarantee support system. Meanwhile, on the basis of reimbursing the expenses for treatment of opportunistic infections through the medical insurance for urban employees and residents and the New Rural Cooperative Medical System (NCMS), China has timely incorporated the eligible people living with HIV and AIDS into the medical assistance. In 2014, the State Council issued “the Notice on Overall Establishment of Temporary Assistance System” to provide the institutional guarantee for timely assistance to the urban and rural financially difficulty masses including those living with HIV/AIDS when they encounter sudden, urgent and temporary difficulties in living. China has established a free compulsory education system and a subsidy system for students living in families with financial difficulties, guaranteed all children and teenagers of school age, including AIDS-affected children, can receive free compulsory education. The Chinese government has attached great importance to the anti-discrimination against AIDS and through various ways and paths, protected the rights and interests of people living with HIV and AIDS. In 2014, the health and family planning departments publicly announced 3281 designated hospitals of comprehensive AIDS medical services, which basically satisfied the treatment needs of AIDS patients.

In scientific research area, in 2014, China continued to implement two major scientific and technological special projects “Prevention and Control of AIDS, Viral Hepatitis and Other Serious Infectious Diseases” and “Development of Major New Medicines”, as well as other plans, successfully developed the nucleic acid blood screening test reagent and the auxiliary T-lymphocyte (CD4) counting reagent, conducted research in epidemiology, high-risk group intervention, prevention of HIV discordant couple from new infections, and AIDS treatment, developed many candidate AIDS vaccines with independent intellectual property rights of China and successfully carried out many Phase I and Phase II clinical human trials.

(3) Support from National Development Partners and Monitoring and Evaluation Environment

By the end of 2014, there were 9 major international AIDS response cooperative projects being implemented in China, covering multiple areas in AIDS response.

In 2014, ACFIC and Chinese Foundation for Prevention of AIDS mobilized the enterprises to participate in AIDS response. Over 70 enterprises donated money and materials, including the donation of over RMB20 million, to support AIDS response and brought along a large number of employees to get involved in AIDS response publicity as volunteers.

In 2014, RMB30 million of central transfer payment was arranged for local AIDS response projects to support the social organizations’ involvement in AIDS response. At the same time, they included the eligible small social organizations registered with the industrial and commercial administration as those enjoying the policies of exemption from VAT and business tax and actively promoted the inclusion of small organizations in the scope of direct registration.

Although the number of social organizations involved in AIDS response activities somewhat reduced after the ending of some international cooperative AIDS projects, some projects in cooperation with professional and research institutions were still ongoing and many backbone social organizations still actively got involved in AIDS response. A number of social groups and organizations including China Preventive Medicine Association (CPMA), China Association of STD and AIDS Prevention and Control, Chinese Foundation for Prevention of STD and AIDS, China Red Ribbon Foundation, etc. continue to play a coordinating role as social organizations and a leading role as professional associations in their response to AIDS.

In 2014, according to the needs of AIDS response, China further improved China Information Management System for Comprehensive Prevention and Control of AIDS and set about integrating the geographic information system into it. The National Management Information System for STD Prevention and Control was widely popularized and applied around the country, providing a platform for timely collecting the information on STD prevention and control and on the implementation of syphilis control plans. China updated and upgraded the Management Information System for Prevention of Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis B. Departments at all levels have promoted the implementation of the response policies and measures by organizing the multi-department joint monitoring, international cooperation project monitoring and integrated technical monitoring.

4. Major Challenges and Solutions

First, some people living with HIV/AIDS haven't been diagnosed in China and sexual transmission has become the primary mode of transmission of AIDS. The intervention measures become more difficult to implement and the response situation is still challenging. Second, the publicity of AIDS response is not on a regular basis and frequently enough. It is not pertinent enough to different groups and insufficient in warning education, and there still exists the discrimination against those living with HIV/AIDS. Third, with the continuous increase in the reported people living with HIV/AIDS, the tasks of testing, treatment and follow-up visit management become heavier and heavier, particularly in the relatively high-prevalence areas and grassroots institutions, the problems such as shortage and poor competence of response personnel are particularly prominent. Fourth, the number and rate of child-bearing women infected with AIDS and syphilis are rising year by year and the work pressure of preventing mother-to-child transmission is constantly increasing; the provision of services is inadequate in some areas and the quality of services is not high; and the management and intervention of migrant pregnant women are difficult. Fifth, the communication of AIDS epidemic situation and response work among departments is insufficient in some areas, the social organizations involved in response are unevenly distributed, their work competences are not consistent and their work quantity and quality differ greatly.

The Chinese government will take an attitude of being highly responsible for the people and the nation, adhere to the principle of giving priority to prevention, combining prevention with control and conducting prevention and control according to law and in a scientific manner, innovate on the working methods, adopt more powerful measures, further improve the working

mechanism for the government's organization and leadership, the departments' assuming their respective responsibility and the whole society's involvement, establish a number of the response demonstration areas with the leading role, resolve the difficult problem of the quickly rising epidemic prevalence among key groups, explore the AIDS response models suitable for the Chinese actual conditions and further reduce new infections and deaths of AIDS. The first is to strengthen the control of source of HIV infection, reinforce testing and intervention and make utmost efforts to minimize new infections. The second is to further build strong the bottom of the network to conscientiously strengthen treatment, care and support. The third is to intensify the prevention and control of key areas and groups and contain the quickly rising epidemic prevalence. The fourth is to vigorously strengthen publicity and education and build a favorable social and public opinion atmosphere for AIDS response. The fifth is to follow scientific planning and classified guidance and fully unfold the prevention of mother-to-child transmission. The sixth is to establish AIDS prevention foundations for involvement of social organizations to bring into the role of social organizations.

I. Overview of AIDS Epidemic in China

By the end of 2014, there were 501,000 reported people living with HIV/AIDS (including 296,000 people living with HIV and 205,000 AIDS patients) and 159,000 deaths had been reported around the country. The AIDS epidemic in China presents four major characteristics:

(I) National prevalence remains low, but the prevalence is high in some areas and among certain groups.

By the end of 2014, the number of people living with HIV/AIDS accounted for 0.037% (501,000/1,367.82 million) of China's total population. Although there are still some undiagnosed cases of HIV/AIDS, the national HIV/AIDS epidemic overall maintains a low-prevalence trend. Around the country, 97.0% of counties (districts) (3,017/3,109) in 31 provinces (autonomous regions and municipalities) have reported cases of people living with HIV/AIDS, but the epidemic varies greatly in different regions (Chart 1). By the end of 2014, 12 provinces (in order: Yunnan, Sichuan, Guangxi, Henan, Guangdong, Xinjiang, Chongqing, Guizhou, Hunan, Zhejiang, Jiangsu and Beijing) having had reported over 10,000 cases of people living with HIV/AIDS individually, accounted for 83.5% of the total number of cases of people living with HIV/AIDS reported nationwide; while the 9 provinces (Shanxi, Jilin, Tianjin, Gansu, Inner Mongolia, Hainan, Qinghai, Ningxia and Tibet) having had reported fewer number of people living with HIV/AIDS, accounted for 3.4% of the total number of reported nationwide.

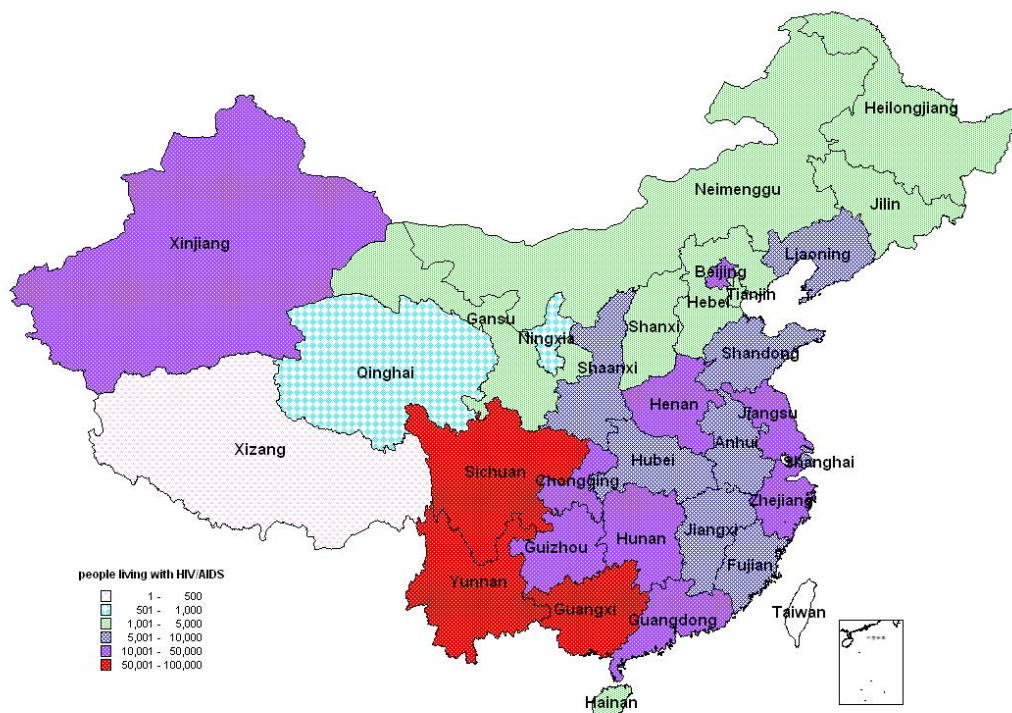


Chart 1 Country-wide Geographic Distribution of People Living with HIV/AIDS in 2014

According to the national sentinel surveillance data in 2014, the percentage of people living with HIV among general population remained low. The percentage of people living with HIV among pregnant and delivering women maintained at 0.1% or below in the past 5 years. But among some high-risk groups, the percentage of people living with HIV is higher. The percentages among people who inject drugs and who have sex with men were 6.0% and 7.7% respectively.

(II) Reported numbers of people living with HIV and AIDS continue to increase, with high differentiation in trend among different groups.

During 2010-2014, reported cases of people living with HIV/AIDS continued to increase from 307,000 in 2010 to 352,000, 386,000, 437,000 and 501,000 in 2011, 2012, 2013 and 2014 respectively. The main reasons for the increase include: the number of people receiving testing has been growing year by year and therefore, more cases of HIV/AIDS have been found accordingly; the number of patients receiving ART treatment has been steadily increasing by a large margin each year, prolonging the lives of people living with HIV/AIDS.

According to the sentinel surveillance data, the percentage of people living with HIV among different groups shows different trends. The percentage of people living with HIV of men who have sex with men shows a marked uptrend, the percentage of people living with HIV among drug users has dropped somewhat, and the percentage of people living with HIV among other groups have maintained at a low level (Chart 2).

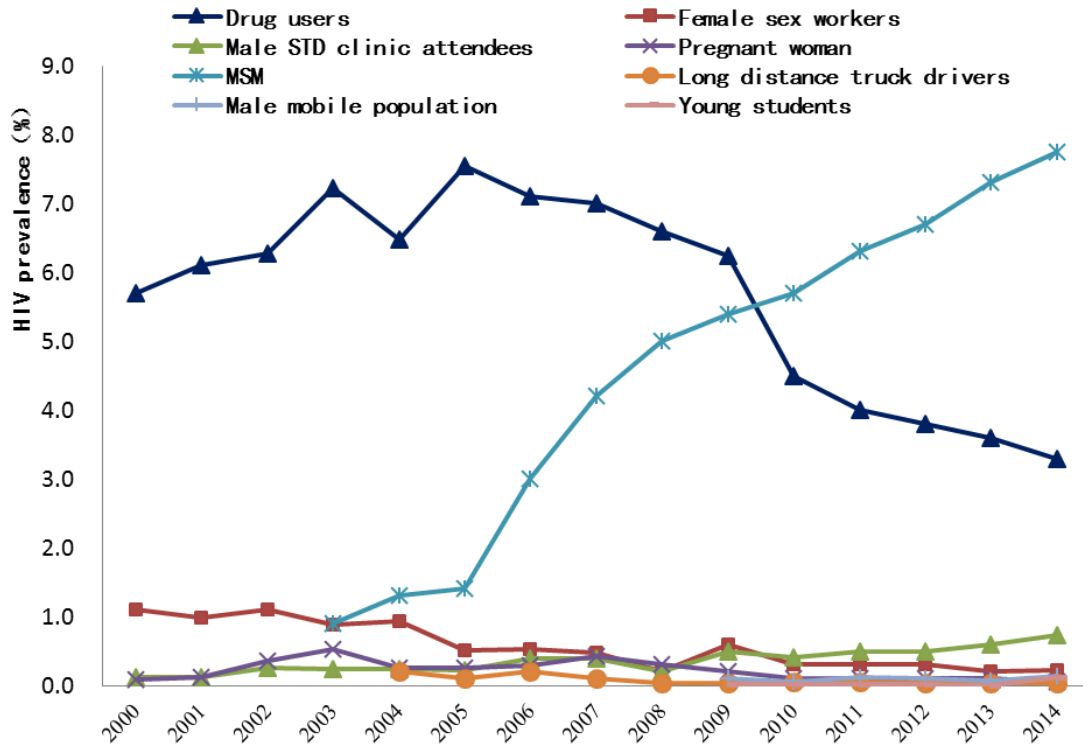


Chart 2 Changing Trends of percentage of people living with HIV among Different Groups from AIDS Sentinel Surveillance Data in China, 2003-2014

(III) Number of AIDS patients rises markedly with the number of all-cause deaths becoming stable

According to case reports from 2010-2014, the number of people living with AIDS rose from 96,000 in 2010, to 121,000, 146,000, 174,000 and 205,000 in 2011, 2012, 2013 and 2014, respectively. Although the number of people living with AIDS was rising, the fatality rate of AIDS was dropping gradually and the number of deaths became stable due to the implementation of a series of treatment and care measures such as ART therapy. The reported number of all-cause deaths of people living with HIV/AIDS was 16,000, 19,000, 22,000, 22,000 and 21,000, for the same years respectively, in China.

(IV) Sexual transmission is the primary mode of transmission with sexual transmission between men increasing markedly.

Of the cases reported over the years, the numbers of both male homosexual and heterosexual transmissions are showing a consistent uptrend. Of new cases diagnosed each year, the percentage of sexually transmitted cases had increased from 33.1% in 2006 to 92.2% in 2014, with the male homosexual transmission rate increasing from 2.5% in 2006 to 25.8% in 2014 (Chart 3).

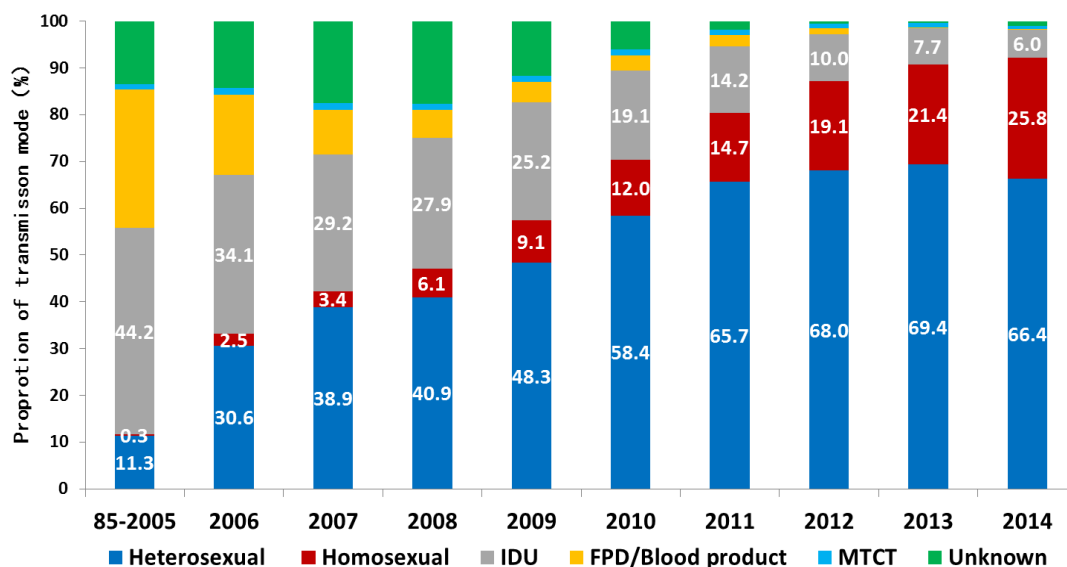


Chart 3 Transmission Modes of Newly Diagnosed Cases of HIV/AIDS by Year

II. Overall Progress in AIDS Response

In 2014, according to the requirements of “the Regulations on HIV/AIDS Prevention and Control” and “China’s “12th Five-Year” Action Plan for Containment and Prevention of HIV/AIDS”, China continued to implement the major response measures of “Five Expands and Six Strengthens”, thus achieving marked progress in multiple areas.

(I) Strengthening of Leadership and Improvement of Response Mechanisms

1. Emphasizing the issue and improving response policies

The leaders of the Chinese government have always attached great importance to the prevention and control of HIV/AIDS. In November 2014, Li Keqiang, the Premier of the State Council and Liu Yandong, the Vice Premier of the State Council visited Beijing You’an Hospital and inspected its AIDS prevention work, extended their regards to the forefront medical workers and the grassroots AIDS prevention workers and volunteers. The leaders of the local governments at all levels also actively participated in the AIDS response activities, strengthened the leadership of the response work and solved the existing problems. The executive meeting of the State Council adopted the opinions on strengthening the safety protection of the infectious disease prevention and control workers, and defined the measures for further strengthening the safety protection of the infectious disease prevention and control workers including AIDS response workers. The State Council issued “the Notice on Overall Establishment of Temporary Assistance System” which provides the institutional guarantee for timely assistance to the financially difficult masses. The SCOPSR (State Commission Office of Public Sectors Reform), Ministry of Finance and NHFPC jointly issued “The Guiding Opinions on the Standards for CDC Organization Establishment” to instruct the local governments to strengthen the building of disease prevention and control teams. The Ministry of Finance and the State Administration of Taxation successively released “The Notice on Temporary Exemption from Collecting VAT

and Business Tax from Small and Micro Enterprises” and “The Notice on Further Supporting VAT and Business Tax Policies for Small and Micro Enterprises”, through which the eligible social organizations involved in AIDS response services can enjoy the preferential policy for exemption from VAT and business tax. NHFPC, Ministry of Public Security (MPS) and China Food and Drug Administration (CFDA) jointly formulated “The Management Measures for Maintenance Treatment with Drug Rehabilitation Medicine ”to further standardize the work of maintenance treatment with drug rehabilitation medicine. The Ministry of Justice issued “the Opinions on Further Strengthening AIDS Prevention and Control in Prisons” to further plan for strengthening the AIDS response in prisons.

Different areas, based on their actual conditions, have also formulated and improved relevant policies concerning publicity and education, comprehensive intervention and follow-up visit management. For example, the Major Infectious Disease Prevention and Control Working Committee of Sichuan Province issued “The Notice on Further Deepening AIDS Prevention and Control ” to intensify the owner responsibility system for the promotion of condoms in public places and widely mobilize the social forces to explore the suitable model of intervening in male homosexual groups. The Education Department and the Health Department of Henan Province jointly issued “The Notice on Strengthening Education in AIDS Prevention and Control Knowledge at Schools”, which requires including AIDS testing in the scope of physical examination for freshmen enrollment at colleges and universities, and making use of the freshmen enrollment for concentrated AIDS prevention publicity and education and providing the testing services for the students on the principle of being “voluntary and confidential”.

2. Improving the response mechanism and strengthening multi-department cooperation

In November 2014, Vice Premier Liu Yandong presided over the Second Plenary Meeting of the State Council AIDS Working Committee to analyze and discuss problems existing in the response and make specific instruction and arrangements for national response. The State Council AIDS Working Committee Office (hereinafter referred to as SCAWCO) regularly updates the progress of AIDS response to relevant departments and reinforces the cooperation among departments. All the relevant departments further strengthened the coordination and cooperation among them and issued the relevant policies and measures to encourage the response. By focusing on the areas with serious epidemic and more risk factors, while taking into consideration of the areas of different prevalence degrees, the NHFPC launched the third-round China Care of AID project, covering nearly 300 million people in 475 counties (districts), and meanwhile, it continued to reinforce the support for seriously epidemic areas such as Liangshan Prefecture in Sichuan and Dehong Prefecture in Yunnan. The Ministry of Industry and Information Technology (MIIT) conducted the research on the provision of ART drugs and drugs for opportunistic infections. The AQSIQ together with many departments successively went to Fujian, Heilongjiang and Guangxi to carry out the investigation of AIDS response in ports and marriages with foreigners. The Ministry of Public Security and the NHFPC jointly went to Guizhou, Sichuan and Yunnan to carry out the monitoring and inspection of AIDS response in the public security sector.

The multi-department cooperation in different areas was also further strengthened and they

carried out a great number of response activities. For example, the Health Bureau and the Youth League Committee of Tianjin co-sponsored the contest of Tianjin college students for public-good advertisements on AIDS prevention.

3. Consolidating achievement and continuing to conduct advocacy and training for Officials

In 2014, SCAWCO organized advocacy groups to promote advocacy of AIDS response policies in Henan and Guizhou. More than 460 and 180 officials respectively in Henan and Guizhou received the training. The Ministry of Justice and the SAIC carried out the special training on AIDS response policies for the officials in their respective sector. Some of the provinces also organized the local advocacies of AIDS response policies and further improved the officials' awareness of AIDS response.

4. Increasing the budget to ensure the implementation of various response measures

In 2014, the funds for HIV prevention and control in China totaled RMB6.078 billion. Out of it, RMB6.004 billion was allocated by Chinese government at all levels and RMB54 million was from international cooperation project and RMB20 million provided by private sectors. The funds allocated by the central government for AIDS response increased from RMB2.95 billion in 2013 to RMB4.659 billion in 2014.

With the end of international cooperation projects one after another, the percentage of the government fund at all levels in the total funds for AIDS response increased from 84.8% in 2010 to 98.8% in 2014, while the international funds dropped from 14.7% in 2010 to 0.9% in 2014.

(II) Implementation of AIDS Response

1. Progress and Achievements in Prevention

(1) Continue to conduct thorough publicity and education.

In 2014, different departments, in light of their own advantages, carried out AIDS response publicity in various forms. The Ministry of Education carried out the publicity and intervention pilots at colleges and universities; the State Ethnic Affairs Commission produced the bilingual AIDS response publicity materials in Yi and Chinese languages to reinforce the publicity in minority areas; the ACFTU, Central Committee of the Communist Youth League and ACWF made use of their advantages to conduct large-scale publicity and education activities by focusing on the groups of migrant workers, teenagers and women; ACFIC and SCAWCO jointly carried out the Red Ribbon Health Package "100 Universities Going into 1,000 Enterprises" around the country, in which 1,800 volunteers of university students from 157 colleges and universities distributed Red Ribbon Health Packages to over 120, 000 non-local migrant workers. In November 2014, the event of "My Own Nice Youth – Red Ribbon Health Ambassador Campus Tour" cosponsored by the Rights and Interests Department of the Central Committee of the Communist Youth League, China Association of STD and AIDS Prevention and Control and China Health Education Center was launched in Beijing. This one-year event

provided the college students with a platform for acquiring the knowledge of AIDS prevention and reproductive health and carrying forward the volunteer spirit.

Beijing and Guangxi produced the anti-AIDS public-good micro films to spread the anti-AIDS knowledge through the emerging modes of film and TV. Through the network platform, Henan and Chongqing respectively carried out the network training for the public servants working in the provincial government departments and the contest of medical workers concerning anti-discrimination and professional exposure protection knowledge. Sichuan compiled and printed the Publicity Reader on AID Prevention and Control for 10 different kinds of groups including men having sex with men and people living with HIV. Guangdong launched the “Youth Health” project at 20 colleges and universities and adopted peer education and many other forms to conduct AIDS publicity and education among the students. Henan and other provinces incorporated the training on AIDS prevention and control knowledge into the training content for migrant workers.

(2) Strengthen preventive intervention to reduce AIDS transmission.

In 2014, the efforts of preventive intervention were constantly reinforced and the work quality was constantly improved.

First, preventing sexual transmission:

China carried out the promotion of condom use, AIDS testing and counseling and STD services among female sex workers by means of peer education and outreach intervention through the cooperation among disease prevention and control institutions, community health service organizations and medical institutions and. According to the national sentinel surveillance data, in recent years, the percentage of female sex workers who are living with HIV has maintained at a relatively low level, most recently 0.22% in 2014.

The mechanism of cooperation among disease prevention and control institutions, community-based organizations and medical institutions has seen steady improvement, and the capabilities of community-based organizations have been improving; intervention work to men who have sex with men has progressed in both depth and breadth. According to the national sentinel surveillance data, the percentage of men who have sex with men who are living with HIV was 7.7% in 2014.

In recent years, national priority prevention efforts, including antiretroviral treatment for the infected spouse of HIV discordant spouse, condom promotion and regular testing of uninfected spouse, have further reduced new HIV infections between discordant spouses. In 2014, the rate of new infection among HIV discordant spouses dropped by about 76% than that in 2009 after one year observation.

In 2014, adhering to “the Administrative Measures for STD Prevention and Control and China’s Plan (2010-2020) for Prevention and Control of Syphilis”, China laid emphasis on the setting of target indicators, on data quality and evaluation; organized and conducted the pretest of mid-stage evaluation of China’s Plan (2010-2020) for Prevention and Control of Syphilis;

further improved the construction and management of the national STD prevention and control management information platform; strengthened the quality management and data analysis and utilization in STD surveillance, testing, syphilis screening and standardized STD services; strengthened the construction of the national lab system and expand the coverage of lab quality control management; and promoted the syphilis screening and referral among key groups. In 2014, reported incidences of primary/secondary syphilis and congenital syphilis were 11.6/100,000 people and 61.6/100,000 live births, respectively, decreasing from 12.6/100,000 people and 69.9/100,000 live births, respectively, in 2013.

Second, preventing transmission through drug abuse:

NHFPC, Ministry of Public Security and State Food and Drug Administration jointly formulated “the Management Measures for Maintenance Treatment with Drug Rehabilitation Medicine” to further standardize the work of maintenance treatment. Adhering to the requirements of “the Anti-Drug Law” and “the Regulations on Drug Rehabilitation”, and taking into account unique conditions in different areas, the departments of Health and Family Planning, Public Security and Food and Drug Administration have actively pushed forward the work of maintenance treatment. By the end of 2014, a total of 767 methadone maintenance treatment clinics had been set up in 28 provinces (autonomous regions and municipalities), the number of patients receiving treatment was 184,000, the average number of patients at each clinic was 240 and the annual maintenance rate of the patients receiving treatment was 80.6%. It was estimated that the HIV-positive rate of patients receiving treatment dropped from 0.13% in 2013 to 0.12% in 2014. In 2014, needle exchange projects were held in 14 provinces (autonomous regions and municipalities), with the number of needle exchange sites 814. Over 56,000 drug users participated in the needle exchange and more than 11 million needles and syringes were handed out. According to the national sentinel surveillance data, the percentage of people who inject drugs who are living with HIV kept stable with a slight decline from 6.33% in 2013 to 6.00% in 2014.

Third, preventing mother-to-child transmission:

In 2014, the central government continued to make more investment in the prevention of mother-to-child transmission of AIDS, syphilis and hepatitis B, with the funds being up to RMB1.41 billion, an increase of RMB520 million than in 2013, of which RMB440 million will be used to realize the full coverage of the prevention of mother-to-child transmission of AIDS, syphilis and hepatitis B in 2015; and the coverage of such prevention of mother-to-child transmission has expanded to 1,638 counties (districts), accounting for 55% of all the counties nationwide.

In 2014, in the prevention of mother-to-child transmission, China mainly strengthened services and laid emphasis on the implementation, launched the revision of “the Implementation Plan for Prevention of Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis B”, adjusted and improved the work strategies and measures, further standardized and perfected the service measures and processes, and listed the indicator of “increasing testing coverage in pregnancy” in the evaluation target; compiled and printed “the Textbook for Preventing Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis” to widely carry out the standard trainer

training and step-by-step training; reinforced the early diagnosis services for HIV-infected infants, developed relevant work programs, constructed lab network and promoted the implementation of services. At the same time, China produced the poster “Early Testing and Early Intervention to Gestate Future Hope” and widely handed out such posters through the network platform to improve the awareness of the masses in. The work of preventing mother-to-child transmission of AIDS, syphilis and hepatitis B was further deepened and the percentage of child HIV infections from HIV-positive women delivering in the past 12 months dropped from 6.7% in 2013 to 6.1% in 2014.

Fourth, preventing infection via blood transfusion:

In 2014, national treasury appropriated RMB1 billion to support different areas to purchase the nucleic acid testing equipment to improve the capability of the blood stations in testing HIV and other viruses, fully boost the nucleic acid test at blood stations and further decrease the risk to infect HIV via blood transfusion.

2. Progress and Achievements in Treatment

(1) Expand testing and counseling services to improve the detection rate of infected people.

The construction of AIDS testing labs has been accelerated around the country, and the number of HIV testing and screening labs has increased particularly quickly. By the end of 2014, there were 455 HIV testing and confirmation labs and 25,762 screening labs (including core screening labs, screening labs and testing sites) in China, covering 96.5% of the counties (districts). There were labs in all provinces qualified to test CD4 cells and viral load; a total of 581 labs were qualified to test CD4 cells and 167 labs were qualified to test viral load.

In 2014, 1,881 HIV sentinel surveillance sites nationwide conducted the work of surveillance and completed the HIV antibody testing of 750, 000 people. While continuing to carry out voluntary counseling and testing, various medical and health institutions at all levels expanded the coverage of HIV testing and counseling and diagnosed new cases. In 2014, 21,210 medical and health institutions conducted HIV antibody testing about 130 million person-times and diagnosed 103,501 new cases, representing an increase of 11,516 and 2,843 medical and health institutions, 70 million and 20 million person-times of testing, and 39,393 and 13,382 new HIV cases in 2010 and 2013 respectively. Through years’ scaling up of testing, the percentage of undiagnosed people living with HIV and AIDS dropped significantly.

(2) Rapidly expand antiretroviral treatment to constantly increase accessibility and quality.

In 2014, to improve the treatment outcome, China, by reference to the WHO guidelines and based on “the National Manual Book for Free Antiretroviral Treatment of HIV/AIDS (Edition 2012)”, adjusted the criteria for initiation antiretroviral treatment of adults and children living with HIV and pushed forward the timing for initiating such treatment to lower than 500/mm³ of CD4+T cell counts. In the key provinces, China expanded the pilot “one-stop” services of testing, counseling, diagnosis and treatment, shortened the time of confirming diagnosis and

brought treatment convenience to the patients. By the end of 2014, there were 3,952 antiretroviral treatment institutions in 2,366 counties (districts) of 31 provinces (autonomous regions and municipalities) around the country. The numbers of people nationwide who were currently receiving treatment had increased from 227,489 in 2013 to 295,358 in 2014. 2014 saw 85,274 new adults and children initiating treatment, the highest number to date since 2003. The percentage of adults and children with CD4 counts lower than 350/mm³ receiving ART increased from 81.9% in 2011 to 86.9% in 2014. The percentage of adults and children with CD4 counts lower than 500/mm³ living with HIV and receiving ART was 80.4%. The percentage of all the adults and children living with HIV and receiving ART increased from 52.1% in 2013 to 59.0% in 2014. The proportion of patients alive after 12 months of treatment and remaining on ART has stayed steady at about 85% since 2011. The fatality rate of AIDS has been continuously decreasing since 2011, and such rate had decreased to 6.6% by 2013.

As China has emphasized the importance of the testing of viral load and lab testing ability has improved, 90% of patients receiving ART treatment received at least one free testing of viral load in 2014. Viral load of 90% patients tested was below 1,000 copy/mL in 2014, 7,470 patients received drug resistance testing.

(3) Bring into play unique features to expand the pilot of TCM treatment.

In 2014, the clinical treatment system, talent team system, clinical research system, technical standard system and organization and management system for TCM-based treatment of AIDS were further improved. China identified 2 TCM clinical research bases taking AIDS as the key disease, organized 163 TCM-based treatment sites, established 12 medical research cooperative groups and organized the revision of TCM technical scheme to improve the clinical effects. The pilot projects of TCM-based treatment of AIDS were constantly expanded in the scale of treatment and 26,000 people living with HIV and AIDS had received free TCM-based treatment, which satisfied the needs of more people living with HIV/AIDS for TCM services and improved their quality of life.

(4) Strengthen cooperation to conduct prevention and control of co-infection.

In 2014, the mechanism for cooperation between AIDS and TB prevention and control institutions was further strengthened. Multiple areas conducted two-way screening of TB and HIV in accordance with “the Implementation Plan (Tentative) for National Prevention and Control of TB/HIV Co-Infections”. The rate of people living with HIV and AIDS who received an examination for TB was up to 83%, and the rate of TB patients receiving AIDS testing was up to 91% in 294 key counties. Percentage of HIV positive incident TB cases that received treatment for both TB and HIV increased from 35.6% in 2011 to 69.2% in 2014.

3. Progress and Achievements in Care and Support

(1) Strengthen care and support to improve the quality of life.

China has included the eligible people living with HIV and AIDS in the urban and rural subsistence allowances system to ensure their basic living and included the eligible rural people living with HIV and AIDS in the five-guarantee support system. Meanwhile, on the basis of

reimbursing the expenses for treatment of opportunistic infections through the medical insurance for urban employees and residents and the New Rural Cooperative Medical System(NCMS), China has timely incorporated the eligible people living with HIV and AIDS into the medical assistance system, which mainly aims to subsidize those receiving medical assistance to participate in the basic medical insurance and endeavor to help them cover the amount of medical expenses they are hard to bear even after they had received reimbursements through basic medical insurance. To reflect the special assistance for people living with HIV and AIDS who are below the poverty line, China began to provide medical assistance for AIDS patients with opportunistic infections in 2013. In 2014, the State Council issued “the Notice on Overall Establishment of Temporary Assistance System ”to provide the institutional guarantee for timely assistance to the urban and rural financially difficulty masses including those living with HIV/AIDS when they suffer from sudden, urgent and temporary difficulties in living.

Different areas have actively implemented the care and support measures to mitigate the medical burdens of people living with HIV/AIDS. For example, Shanxi exempted rural people living with HIV/AIDS from the fees to be paid by individuals for participating in the NCMS. Henan increased the rate of reimbursement by 5 percentage points for people living with HIV/AIDS who were hospitalized for treatment in the designated hospitals of NCMS. Hubei and Jiangxi provinces incorporated the opportunistic infections of HIV/AIDS into the scope of medical assistance for major diseases and the percentage of subsidies for some people living with HIV/AIDS was up to 70%. Anhui and Henan provinces granted a quota of medical subsidies directly to the patients.

(2) Implement the concept of giving priority to children and strengthen the protection of AIDS-affected children.

China has established a free compulsory education system and a subsidy system for students living in families with financial difficulties, guaranteed all children and teenagers of school age, including AIDS-affected children, can receive free compulsory education. In 2010, the basic living allowance system for orphans including children orphaned by AIDS was established around China. In 2012, China incorporated children living with HIV into the scope of the above system and granted a monthly subsistence allowance of not less than RMB600 to each of the orphans and children living scattered in the society and a monthly subsistence allowance of not less than RMB1,000 to each of the orphans supported by institutions, thus substantially the basic living of the children orphaned by AIDS and more than 5,000 children living with HIV. Anhui provided a monthly subsidy of RMB100 for each of the children whose parent died of AIDS. Shanxi incorporated the “Red Ribbon Primary Schools” established for HIV-infected children who had lost support into the setup of the education sector so as to provide them with favorable treatment, living and learning environment.

(3) Protect the rights and interests of people living with HIV and AIDS and make efforts to eliminate social discrimination.

The Chinese government has emphasized the work of combating discrimination against AIDS and in various forms and ways, protected the rights and interests of people living with HIV and AIDS. In 2014, the central government allocated the earmarked investment of RMB500 million

to support the construction of 152 city and county-level centers for disease prevention and control and allocated RMB43 million to improve the capability of 3 key AIDS hospitals. The departments of health and family planning publicly announced 3,281 designated hospitals for comprehensive AIDS treatment services, which basically satisfied the treatment needs of AIDS patients.

ACWF has vigorously promoted the implementation of the Chinese women and children development outline and made active progress in eliminating gender inequality and promoting the legislation against family violence.

In February 2014, the world “AIDS Zero Discrimination Day” event cosponsored by UNAIDS and China Red Ribbon Foundation was held in Beijing to arouse the concern of the whole society for AIDS response and eliminate social discrimination.

4. Progress and Achievements in Scientific Research

In 2014, China continued to implement two major scientific and technological special projects “Prevention and Control of AIDS, Viral Hepatitis and Other Serious Infectious Diseases” and “Development of Major New Medicines”, as well as other plans to accelerate the innovation and industrialization of AIDS drugs, vaccines and diagnostic reagents. China has successfully developed the nucleic acid blood screening test reagent and the auxiliary T-lymphocyte (CD4) counting reagent and promoted them around the country, which has notably shortened the window period for AIDS testing. Meanwhile, China has conducted research in epidemiology, high-risk group intervention, prevention of HIV discordant couple from new infections, and AIDS treatment, developed many candidate AIDS vaccines with independent intellectual property rights of China and successfully carried out many Phase I and Phase II clinical human trials.

III. Best Practices

(I) Working Model of Assistance and Relocation for Children Affected by AIDS in Henan

1. Background

Located in the central plains, Henan province is a region early affected by AIDS in China and also a region early carrying out assistance and care for children affected by AIDS.

2. Major Measures

In 2004, Henan began to provide the institutional living assistance for AIDS-affected children and AIDS patients. In 2007, the assistance and relocation policy system for AIDS-affected children, featuring “three modes of assistance (living, educational and medical assistance), four ways of relocation (family foster care, upbringing by institutions, upbringing by simulated families and adoption) and three development measures (psychological rehabilitation, skill training and adaptation into community)”, was preliminarily established and the Henan model of assisting and relocating AIDS-affected children took shape.

After the orphan security system was established in 2010, Henan incorporated the children orphaned by AIDS into such system. In 2012, Henan basically realized the combination of the

subsistence allowances policies for children living with HIV and orphans to ensure that the policy for children living with HIV could be implemented by reference to the standards for the orphans. The Department of Civil Affairs and the Department of Finance of Henan Province jointly issued the policy to substantially increase the living assistance standards for single-parent minors and patients caused by AIDS.

At present, Henan is carrying out five living assistance policies and standards for children affected by AIDS: the first is to incorporate the eligible families of AIDS patients into the subsistence allowances system; the second is to grant a monthly living subsidy of RMB200 to each of the AIDS patients in addition to the subsistence allowances policies enjoyed by their families; the third is to incorporate the children orphaned by AIDS into the orphan security scope and implement the minimum upbringing standards of granting a monthly subsidy of RMB600 to each of the orphans living scattered and a monthly subsidy of RMB1,000 to each of the orphans supported by the institutions; the fourth is to implement the living assistance standards of granting a monthly subsidy of RMB200 to each of the single-parent minors caused due to AIDS; and the fifth is to implement the minimum upbringing standards of granting a monthly subsidy of RMB600 to each of the AIDS-infected children supported by their relatives and a monthly subsidy of RMB1,000 to each of those supported by the institutions.

On this basis, Henan has fully implemented the relocation of the children orphaned by AIDS according to the policies of combining adopt, family foster care and centralized support as determined in the Notice of AIDS Response and Support Working Office, Department of Civil Affairs and Department of Finance of Henan Province on Standardizing and Strengthening the Assistance for the Persons Orphaned by AIDS. Among them, adoption means that the average families in the society adopt the children orphaned by AIDS according to the Adoption Law, and five preferential policies have been released with respect to adoption; family foster care means that, according to the provisions of the Temporary Measures of the Ministry of Civil Affairs for Management of Family Foster Care, the departments of civil affairs at county level entrust the relatives or neighbors of the persons orphaned by AIDS or other families to bring up such persons orphaned by AIDS; and centralized support means the building of the government-funded welfare institutions “Sunshine Home” for the persons orphaned by AIDS who were hard to support in a scattered manner. In 2004, 21 “Sunshine Homes” were built around the province. To make up the shortcomings of “Sunshine Homes” where the orphans lacked the sense of family belonging, 44 “Sunshine Families” were newly constructed as of 2005 to take the upbringing mode of small families. In recent years, due to the sharp decrease in the number of children orphaned by AIDS at the high-incidence areas as well as other factors such as overage, only 3 “Sunshine Homes” in Shangcai and Zhecheng counties were still accommodated by children orphaned by AIDS. The children orphaned by AIDS have all been properly relocated in various ways.

3. Major achievements

For over 10 years since their implementation, all the assistance policies have been well carried out in Henan, producing remarkable effect and been well received by the majority of the assisted persons.

(II) Elimination of Mother-to-Child Transmission of AIDS in Hezhou

1. Background

Hezhou City is located in the north of Guangxi Zhuang Autonomous Regions, where the prevalence of AIDS epidemic is relatively high in China. It is one of the first pilot areas launching the prevention of mother-to-child transmission of AIDS in September 2003. Each year, an average of nearly 50 pregnant women were found to be infected with HIV, and incorporated under management.

2. Major Measures

The work of preventing mother-to-child transmission has been highly valued and supported by the government. Under the unified leadership of the government, by performing their respective duties and giving close coordination, the departments have gradually established the effective service mode and working mechanism, which are based on the network and routine services of maternal and child health care and closely combine reproductive health with AIDS and STD prevention and control and in which the department of maternal and child health care, the center for disease prevention and control and the hospitals take joint action and many departments jointly get involved. Centering on the four international comprehensive strategies for preventing mother-to-child transmission, namely, preventing child bearing women from being infected with AIDS, AIDS-infected women avoiding unintended pregnancy, preventing mother-to-child vertical transmission and providing comprehensive care and support for AIDS-infected pregnant women and their families, Hezhou has carried out extensive publicity and social mobilization to improve the masses' awareness of services; and strengthened the construction of service networks, enhanced the service abilities of institutions and personnel, and standardized and implemented the comprehensive measures for preventing mother-to-child transmission. For years, Hezhou has integrated the prevention of mother-to-child transmission with the routine work of maternal and child health care, integrated the fundamental and priority project resources for maternal and child health services and really fulfilled the early diagnosis, early intervention and standard management of pregnant women infected with AIDS.

3. Major Achievements

In 2014, the rate of AIDS-infected pregnant women and the children born to them applying antiretroviral drugs was up to 100% respectively and the rate of follow-up visit and testing of 18-months-old children exposed to HIV/AIDS was up to 97.16% in Hezhou. Since 2009, no case of HIV infection among the children born to pregnant women infected with AIDS has been found in Hezhou and it first realized “zero” infection of AIDS among infants.

(III) Establishment of China AIDS Vaccine Initiative

1. Background

During the “11th Five-Year” period, the major special AIDS vaccine teams, research institutions and R&D enterprises spontaneously established China AIDS Vaccine Initiative (CAVI) and held the annual academic forums to promote resource sharing, strengthen the combination of

production, teaching and research and facilitate the cooperation among teams in tackling key problems.

2. Major Measures

(1) CAVI set up a website to conduct the publicity and education on AIDS vaccine knowledge and the exchange and sharing of reagents.

(2) CAVI has got the support from the WHO AIDS Vaccine Committee and the Global HIV Vaccine Enterprise. It is also the Secretariat of Asia-Pacific AIDS Vaccine Network and responsible for coordinating the AIDS vaccine research exchange, training and cooperation in the Asia-Pacific region.

(3) During the “12th Five-Year” period, for the convenience of better carrying out the work, under the support of the Science and Technology Committee of Binhai New Area of Tianjin, CAVI officially settled in Binhai New Area of Tianjin as the AIDS vaccine research society. Through the science and technology policies of Tianjin and the state, CAVI has strengthened the cooperation in AIDS vaccine research and brought along the development of vaccine industry and technology.

3. Major Achievements

(1) After its establishment, CAVI has actively promoted the AIDS vaccine research in China, assisted WHO and the Global HIV Vaccine Enterprise to promote the establishment of the AIDS Vaccine for Asia Network (AVAN) and been elected as the Secretariat of AVAN.

(2) Driven by CAVI, important achievements have been made in the significant special AIDS vaccine research. They have published 65 papers in the famous foreign journals, applied for 32 patents for invention, obtained the authorization of 5 Chinese patents and 1 US patent, applied for and obtained 4 approvals for AIDS vaccine clinical trials, and organized and conducted 3 phase one and 1 phase two AIDS vaccine clinical trials.

IV. Major Challenges and Solutions

(I) Major Challenges

First, the response situation remains challenging. Some people living with HIV/AIDS haven't been diagnosed in China, it is hard to provide them with effective intervention services and there still exists the risk of further spread of HIV. Sexual transmission has become the primary mode of transmission of AIDS. This mode of transmission is hidden hence difficult to intervene. Particularly, of the men who have sex with men, the rapid increase in the number of those infected and the use of new-type drugs among such group have aggravated the spread of AIDS. There still exists the discrimination against those living with HIV/AIDS.

Second, the efforts of publicity and education need to be further reinforced. The publicity of AIDS response is not on a regular basis and frequently enough, actually it is mostly conducted around the World AIDS Day. It is not pertinent enough to different groups and insufficient in warning education, the inadequate use of new media has also affected the effect of publicity.

Third, the response capability needs to be enhanced. With the continuous increase in the number of reported people living with HIV/AIDS, the tasks of testing, treatment and follow-up visit management become heavier and heavier, particularly in the relatively high-prevalence areas and grassroots institutions, the problems such as shortage and poor competence of response personnel are particularly prominent.

Fourth, the number and rate of child-bearing women infected with AIDS and syphilis are rising year by year and the work pressure of preventing mother-to-child transmission is constantly increasing; the provision of services is inadequate in some areas and the quality of services is not high; and the management and intervention of migrant pregnant women are difficult.

Fifth, inter-departmental collaboration and social involvement still need to be further enhanced. The communication of AIDS epidemic situation and response work among departments is insufficient in some areas and has affected the implementation of AIDS response. In addition, the social organizations involved in response are unevenly distributed, their work competences are not consistent and their work quantity and quality differ greatly.

(II) Solutions

The Chinese government will take an attitude of being highly responsible for the people and the nation, adhere to the principle of giving priority to prevention, combining prevention with control and conducting prevention and control according to law and in a scientific manner, innovate on the working methods, adopt more powerful measures, further improve the working mechanism in which the government organizes and leads, the departments assume their respective responsibility and the whole society gets involved, construct a number of the response demonstration areas with the leading role, address the difficult problem in the quickly rising epidemic prevalence among key groups, explore the establishment of AIDS response model suitable for the Chinese actual conditions and further reduce new infections and deaths of AIDS. Efforts have been focused on the following tasks:

The first is to strengthen the control of source of HIV infection, reinforce testing and intervention and make utmost efforts to control new infections.

The second is to further firm the bottom of the protection network and conscientiously strengthen treatment and assistance work.

The third is to intensify the prevention and control of key areas and groups and contain the quickly rising epidemic prevalence.

The fourth is to vigorously strengthen publicity and education and build a favorable social and public opinion atmosphere for AIDS response.

The fifth is to follow scientific planning and classified guidance and fully unfold the prevention of mother-to-child transmission.

The sixth is to establish AIDS prevention foundations with involvement of social organizations to bring into play the role of social organizations.

V. Support from National Development Partners

(I) Participation and Support from International Partners

By the end of 2014, there were 9 major international AIDS response cooperative projects being implemented in China, covering multiple areas in AIDS response.

The UNAIDS and WHO projects supported the development of national policies and technical guides as well as epidemic estimation and patient death analysis. In July 2014, an international symposium on AIDS response was held and many international famous AIDS experts were invited to discuss the AIDS epidemic situation in China.

The UNFPA projects have laid particular emphasis on the combination of HIV prevention with sex and reproductive health services and paid special attention to child-bearing groups aged 15-49, conducted the comprehensive intervention on STD and AIDS prevention and reproductive health services and carried out peer education and outreach intervention among high-risk groups in the border cities of China and Mongolia.

The UNICEF projects have supported China in the collection of AIDS response information and policy development and advocacy, and implemented the prevention of mother-to-child transmission of HIV and the treatment and care of children living with HIV/AIDS in some regions.

China-US AIDS response projects have officially launched their third round, paying attention to such groups as people living with HIV, low-grade female sex workers, men who have sex with men, drug users and minorities and supporting national response activities in the fields of policy development and implementation and innovative method and technique exchange.

The China-Merck AIDS projects have carried out the activities by centering on improving the coverage and quality of antiretroviral treatment.

In the future efforts of AIDS response, China will still need to value and strengthen international cooperation, lay particular emphasis on technical cooperation and exchange, continue to conduct the research on new techniques and methods and share China's response

experience with the international community so as to promote the fulfillment of the global strategic goal of prevention and control.

(II) Participation and Support from Enterprises

As Chinese and foreign enterprises have become involved in AIDS response, they have participated in awareness-raising activities and done advocacy in their internal workplaces, and they have also supported AIDS response by donating money to AIDS response projects, reducing the prices of products and drugs and improving product quality. In addition, they have gotten involved in many other ways, such as donating materials, to assist prevention and control work. In 2014, ACFIC and Chinese Foundation for Prevention of AIDS mobilized the enterprises to participate in AIDS response. Over 70 enterprises donated money and materials, including the donation of over RMB20 million, to support AIDS response and brought along a large number of corporate employees to participate in AIDS awareness-raising.

Currently, the number of Chinese enterprises participating in AIDS response remains insufficient, and more enterprises need to be further mobilized to fulfill corporate social responsibility and support the response.

(III) Participation and Support from Social and Community-based Organizations

The Chinese government encourages and supports various organizations and individuals in their involvement in AIDS response. In 2014, RMB30 million of central transfer payment was arranged to support the social organizations' involvement in AIDS response. At the same time, they included the eligible small social organizations registered with the industrial and commercial administration as those enjoying the policies of exemption from VAT and business tax and actively promoted the inclusion of small organizations in the scope of direct registration. Some local governments allocated earmarked funds from the AIDS response funds to support social organizations and give support in policies and other aspects. For example, in 2014, Yunnan provided RMB5 million to support 77 social and community-based organizations for the implementation of the response work. Through the government's purchase of services, Guangdong provided RMB1.5 million to support social organizations for the implementation of the response work. Through the purchase of services from social organizations, some local departments of civil affairs supported social organizations to perform the services suitable for social demands. For example, the Bureau of Civil Affairs of Shenzhen allocated RMB260,000 to support multiple departments and social organizations in their involvement in the AIDS response. A number of community-based organizations in Tianjin, Jiangsu, Fujian, Guangdong and Sichuan have been registered in the departments of civil affairs.

In 2014, although the number of social organizations involved in AIDS response activities somewhat reduced after some international cooperative AIDS projects were over, some projects in cooperation with professional and research institutions were still ongoing and many backbone social organizations still actively got involved in AIDS response. A number of social groups and organizations including China Preventive Medicine Association (CPMA), China Association of STD and AIDS Prevention and Control, Chinese Foundation for Prevention of STD and AIDS and China Red Ribbon Foundation continued to play a coordinating and leading

role in their response to AIDS. The STD and AIDS Prevention and Control Association of Sichuan developed the Measures of Sichuan Province for Assessment of AIDS Prevention and Control Capabilities of Community-based and Social Organizations to carry out the assessment of the social and community-based organizations around the province and improve the standard management.

Currently, the number of social organizations involved in the response has somewhat reduced and their work capabilities remain to be improved. Some social organizations participating in AIDS response work remain unregistered and the funds for social organizations' involvement in AIDS response haven't gone into operation. Next, the funds for social organizations' involvement in AIDS response should be launched as soon as possible and the favorable policy environment and working mechanism for supporting their involvement in AIDS response should be created.

VI. Monitoring and Evaluation Environment

In 2014, according to the needs of AIDS response, China further improved China Information Management System for Comprehensive Prevention and Control of AIDS and set about integrating the geographic information system into it. The National Management Information System for STD Prevention and Control was officially put into use in July 2013 and was widely popularized around the county in 2014, providing a platform for timely collecting the information on STD prevention and control and on the implementation of syphilis control plans. The data on TB and HIV co-infection have been regularly analyzed and the registration reports on the data of co-infection have been improved. Meanwhile, the state has also organized and carried out the investigation and survey on the quality of the TB and HIV co-infection data to improve the quality of the data reports. China has updated and upgraded the Management Information System for Prevention of Mother-to-Child Transmission of AIDS, Syphilis and Hepatitis B and conducted special training to improve the quality of data information and the capability of analyzing and using data.

In 2014, China continued to evaluate the quality of the data concerning AIDS case reports, sentinel surveillance, management of people living with HIV and AIDS, testing and counseling, antiretroviral treatment, community methadone maintenance treatment and intervention in high-risk behaviors and completed national data quality inspection in 36 counties (districts) of 12 provinces (autonomous regions and municipalities) including Tianjin and Shanxi. Departments at all levels have promoted the implementation of the response policies and measures by organizing the multi-department joint monitoring, international cooperation project monitoring and integrated technical monitoring. For example, SCAWCO organized member departments to Heilongjiang, Chongqing and Gansu for monitoring the implementation of China's "12th Five-Year" Action Plan for Containment and Prevention of HIV/AIDS. The STD Control Center under the Chinese Center for Disease Control and Prevention carried out the on-site survey and preliminary evaluation of the implementation of China's Plan (2010-2020) for Prevention and Control of Syphilis in two areas of Yunnan Province.

Over the past year, the NHFPC continued to monthly publish a statutory report on the national epidemic of infectious diseases and announce the HIV/AIDS epidemic situation and response progress in various ways and form before and after World AIDS Day. It continued to publish the latest “national AIDS and STD epidemic and progress in main response” in the journal *China AIDS and STDs* each month. In 2014, the progress of China’s performance in the UN General Assembly Political Commitments on AIDS was reviewed and summed up and the 2014 China AIDS Response Progress Report was developed to demonstrate China’s AIDS response work to the world.

Currently, although different areas have, to some extent, attached more importance to the monitoring and evaluation work, it remains inadequate. The monitoring and evaluation of the social organizations’ involvement is still limited and the competence of the grassroots personnel for monitoring and evaluation needs to be further enhanced. In the future, China will further strengthen the comprehensive analysis and utilization of the AIDS epidemic and response data and strengthen the evaluation of the response effect. China will strengthen the monitoring and evaluation of the social organizations’ involvement and improve the competence of the grassroots teams for monitoring and evaluation.

Appendixes:

1. 2014 Funding Matrix
2. Indicator Checklist for 2015 China AIDS Response Progress Report
3. World Health Organization (WHO) Policy Questionnaire