

## Increases in HIV/AIDS Education and Prevention in China

Margaret Hamburg writes that, “In the case of potential epidemics of infectious disease – whether SARS, avian flu, HIV/AIDS or the next unknown – weaknesses in the public health capabilities of China could have devastating impacts around the globe.”<sup>1</sup> This paper will work from that assumption to track how vulnerabilities in China’s ability to combat HIV/AIDS have impacted and will continue to impact both its citizens and the citizens of the world. The paper is divided into two sections: domestic responses and international collaboration. The first section briefly explores the emergence of HIV/AIDS in China and looks at the government’s efforts to cope with the problem, exploring both its successes and the challenges it continues to face. The second section analyzes ways that China has collaborated with foreign nations and international organizations in the past and considers potential avenues for continued cooperation in the future. Throughout both sections, I argue that knowledge dissemination and open dialogue are the keys to solving the HIV/AIDS epidemic in China; that is, a lack of openness about the disease hindered government efforts in early years and an increase in the dissemination of information about the disease will be crucial in helping contain HIV/AIDS in the future.

### *Domestic Responses*

The first reports of AIDS appeared in Beijing in 1985. From that year until 1988, most of China’s HIV/AIDS cases were among people in coastal cities, generally foreigners or Chinese citizens who had traveled abroad. From 1989 to 1993, the disease was mainly found in the Yunnan province and was largely confined to injection drug users. By 1994, HIV began to spread beyond Yunnan, and instances of it were reported among drug users and blood donors from a variety of provinces. By 1998, there were reports of HIV infections in all 31 provinces.

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<sup>1</sup> Margaret Hamburg, “Public Health and China: Emerging Disease and Challenges to Health,” China’s March on the 21<sup>st</sup> Century, eds. Kurt M. Campbell and Willow Darsie (Queenstown, MD: The Aspen Institute, 2007) 1.

Additionally, while drug users still accounted for a significant portion of HIV patients at that time, there was also a steady increase in heterosexual transmission of the disease.<sup>2</sup>

Recent data reflect the growing magnitude of the HIV/AIDS crisis. In 2005, the Chinese Ministry of Health approximated that 650,000 people were infected with the disease and that there were around 70,000 new cases per year.<sup>3</sup> These cases have moved beyond simply impacting drug users, with 48.6% of new HIV infections caused by drug use, 49.8% by sexual transmission, and 1.6% by mother-to-child transmission.<sup>4</sup> Additionally, due to current economic, social, and cultural changes, China is more vulnerable than ever to an epidemic. Occurrences of prostitution and illegal drug use are increasing,<sup>5</sup> while taboos against premarital and extramarital sex are decreasing.<sup>6</sup> Additionally, as Hamburg notes, “there is a growing ‘floating population’ of migrant workers whose circumstances make them more likely to engage in risky behaviors for HIV such as unprotected sex and/or drug use.”<sup>7</sup> These factors highlight the growing urgency for an effective government response to the ever-growing problem of HIV/AIDS.

Perhaps the most notable feature of the Chinese government’s response to the HIV/AIDS crisis has been an unwillingness to admit that a crisis even exists. In fact, China’s first AIDS cases were discovered in 1985, yet the government refused to publicly acknowledge the epidemic until 2001.<sup>8</sup> Indeed, Hamburg notes that “the early days of the HIV/AIDS epidemic in China were marked by official denial, secrecy, and blame. As the epidemic grew, Chinese response remained surprisingly passive, despite considerable pressure – both public and private –

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<sup>2</sup> Annabel Kanabus and Rob Noble, “HIV and AIDS in China,” 14 Mar. 2008, AVERT, 6 Apr. 2008 <<http://www.avert.org/aidschina.htm>>.

<sup>3</sup> Hamburg 6.

<sup>4</sup> Bates Gill and Susan Okie, “China and HIV – A Window of Opportunity,” The New England Journal of Medicine 356.18 (2007) 1801.

<sup>5</sup> Gill and Okie.

<sup>6</sup> Hamburg 6.

<sup>7</sup> Ibid., 6.

<sup>8</sup> Gill and Okie.

by international organizations, donor countries, and non-governmental organizations.”<sup>9</sup> The secrecy surrounding HIV/AIDS was a clear impediment to solving the problem; if the government would not even acknowledge the disease’s existence it certainly would not create policies or fund programs dedicated to solving it. Thus, the early years of the HIV/AIDS epidemic in China were characterized by government inaction and public ignorance of the burgeoning epidemic.

However, in 2003, the government’s attitude toward HIV/AIDS shifted dramatically. This transformation can be traced to two key developments. First, China’s SARS outbreak generated international “scrutiny and shame”<sup>10</sup> and prompted Chinese leaders to pay more attention to other public health crises, such as HIV/AIDS. Second, a new administration – led by President Hu Jintao, Premier Wen Jiabao, and Health Minister Wu Yi – took office in 2003.<sup>11</sup> The new administration radically changed the government’s approach to the disease, creating a national AIDS treatment program and increasing the budget for combating HIV/AIDS from \$12.5 million in 2002 to \$185 million in 2006.<sup>12</sup> New government policies, programs, and funding reflected “a political will and commitment not previously in evidence”<sup>13</sup> and signaled that the official response to HIV/AIDS was at last assuming a positive direction.

Government openness was therefore a critical development in the ongoing fight against HIV/AIDS in China. In fact, once leaders became willing to acknowledge and discuss the epidemic, domestic responses to the problem became much more effective and visible. The government responded in three ways of particular interest for this study: collaborating with the

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<sup>9</sup> Hamburg 6.

<sup>10</sup> Ibid., 6.

<sup>11</sup> Zunyou Wu, Sheena G. Sullivan, Yu Wang, Mary Jane Rotheram-Borus, Roger Detels, “Evolution of China’s Response to HIV/AIDS,” *The Lancet* 369.9562 (2007) 679.

<sup>12</sup> Gill and Okie.

<sup>13</sup> Hamburg 6.

media to publicize the disease, creating education and prevention programs, and implementing new HIV/AIDS policies. While each of these responses had distinct goals, the common thread among all three was that they attempted to increase public knowledge about HIV/AIDS, reflecting the fact that information dissemination has been and will continue to be a crucial strategy in combating the epidemic.

One of the government's first strategies was to publicize HIV/AIDS prevention and treatment information. For example, in November 1998, the State Council published the "Medium and Long Term Plan for AIDS Prevention and Control." This Plan contained an ambitious goal: make information about HIV/AIDS available to 70% of the population by 2002. Additionally, in 1999, the government requested the Central Radio Station, CCTV, and provincial Bureaus of Broadcasting, Film and Television to make HIV/AIDS prevention and education "priority topics for education through the mass media."<sup>14</sup> These initial efforts underlined the growing awareness that information itself would be the most potent weapon in HIV/AIDS prevention.

However, in working with the mass media to spread information about the disease, the government faced certain difficulties. For example, in 1999, China's first condom advertisement appeared on television. Shortly after it aired, the State Administration of Industry and Commerce banned the advertisement because condom advertisements were, at the time, illegal.<sup>15</sup> This setback reflected a common problem: the taboo nature of many sexual issues. Though these taboos will be discussed at greater length below, it is sufficient here to note how a level of unease with discussing sexuality impeded HIV/AIDS prevention. Additionally, many observers

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<sup>14</sup> Kanabus and Noble.

<sup>15</sup> Ibid.

criticized mass media campaigns for unrealistically portraying the HIV/AIDS epidemic.

Following a weeklong media blitz in 2001 for World Aids Day, Elisabeth Rosenthal reported:

Still, many of the offerings this week seemed to be more propaganda than information. The Chinese AIDS patients featured on television news shows had generally contracted H.I.V. overseas, for example. Most "came out" wearing sunglasses or with backs turned to conceal their identity. On talk shows, experts were told not to discuss the many villages in central China that have been decimated by AIDS, a result of problems with the rural blood collection and supply.<sup>16</sup>

Though the government's efforts to launch media campaigns certainly constituted a positive step forward, they were not without their shortcomings. By portraying AIDS patients disguising themselves, for example, the add campaigns only increased the stigma surrounding the disease. Additionally, by attempting to conceal information about the villages hardest hit by AIDS, the government betrayed its tendency to minimize the devastation of the epidemic.

The Chinese government looked not only to the media to publicize HIV/AIDS, but also called on local government officials and schools to increase education and prevention campaigns. "State Council Document Number 7," published in 2004, instructed local governments to begin mass education campaigns in their areas. These campaigns were intended to help people avoid infection and to decrease the stigma surrounding HIV/AIDS.<sup>17</sup> The pamphlet also stressed the need to improve classroom education, especially in rural areas. For example, the government ordered that AIDS education be integrated into the curriculums of middle schools, vocational schools, and colleges.<sup>18</sup>

The results of these increased education and prevention campaigns have been mixed at best. A 2003 Human Rights Watch report noted that China had made progress with its "pilot

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<sup>16</sup> Elisabeth Rosenthal, "Suddenly, AIDS Makes the News in China," New York Times 5 Dec. 2001.

<sup>17</sup> Kanabus and Noble.

<sup>18</sup> Jim Yardley, "China Unveils Plan to Curb Rapid AIDS Spread," The New York Times 10 May 2004.

projects on HIV/AIDS education and prevention.”<sup>19</sup> However, other studies suggest that China still has far to go in its efforts to educate the public. A January 2003 study found that 17% of Chinese citizens had never heard of HIV/AIDS and that 77% were unaware that using a condom could prevent HIV transmission. While there is some cause to be optimistic about the increased information dissemination in China, these studies remind us that, in a country with as large a population as China’s, spreading information to the entire population takes great time and effort.

In addition to spreading information about HIV/AIDS, the Chinese government has also assumed a more active role in designing policies to combat the disease. In December 2003, Wen Jiabao and Wu Yu announced the “Four Free and One Care” policy. The program promises to provide free antiretroviral therapy to rural and impoverished citizens with HIV, free counseling and testing, free schooling to children orphaned by AIDS, free drugs that reduce the likelihood of pregnant women transmitting HIV to their unborn children, and increased economic support to households with people infected with HIV/AIDS.<sup>20</sup> However, the 2003 Human Rights Watch report argued that the implementation of many of these policies remained little more than “a distant dream.” Though these policies were ambitious, they were impeded by an array of practical difficulties: insufficient funding, a weak health care infrastructure, and the lack of a national agency with sufficient authority for enforcing these policies.<sup>21</sup> These impediments reveal the basic structural challenges faced by China’s government in coping with the HIV/AIDS crisis and highlight the need for international cooperation in overcoming these challenges (discussed at length in the next section).

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<sup>19</sup> “Locked Doors: The Human Rights of People Living with HIV/AIDS in China,” Human Rights Watch 15.7 (2003).

<sup>20</sup> Jing Gu and Neil Renwick, “China’s Fight Against HIV/AIDS,” Journal of Contemporary China 17.54 (2008): 85-106.

<sup>21</sup> “Locked Doors: The Human Rights of People Living with HIV/AIDS in China.”

Though the Chinese government has certainly made great strides in addressing HIV/AIDS, it has also encountered many setbacks. Perhaps the most basic of these is the aforementioned fact that China's entire health care system is damaged. During the 1980s, economic reforms decimated China's health care system, as "China's policy decision to move toward a market-based economy, combined with a general effort to decrease the role of Beijing's central government in China's regional and local affairs, resulted in enormous disruptions in public health and health care finance and delivery."<sup>22</sup> In fact, health care soon became too expensive for many poorer citizens to afford.<sup>23</sup> And, as Kaufman argues, this "inequity and underinvestment" in health care was particularly damaging to efforts to combat diseases like HIV/AIDS, which "depend on public health prevention."<sup>24</sup> To successfully address HIV/AIDS, vulnerable groups must be educated in order for them to avoid risk behaviors. Thus, the 1980s reforms left many unable to afford treatment for HIV/AIDS and many more unable to receive the information that might have prevented them from acquiring the disease in the first place.

Another problem with China's domestic response to HIV/AIDS is a disconnect between official government policy and local actions. That is, though the government has in recent years called for a variety of reforms, local officials have often been slow to implement them or have chosen to ignore them altogether. For example, national officials frequently pledge to care for people with HIV, yet local hospitals often hesitate to admit such patients. These hospitals fear either that they will have to compensate people who acquired the virus through blood transfusions at their hospital or that awareness of the disease's presence will deter local investment. Hospitals are negligent in other ways as well; for example, some do not offer HIV

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<sup>22</sup> Hamburg 2-3.

<sup>23</sup> Ibid., 3.

<sup>24</sup> Joan Kaufman, "China: The intersections between poverty, health inequity, reproductive health and HIV/AIDS," Development 48.4 (2005) 113.

tests while others deliberately misdiagnose in an attempt to cover up HIV's presence. In fact, some health officials say that the Chinese governmental system itself makes it impossible to effectively combat HIV/AIDS, arguing that "the central government has the means to curb the epidemic...but the control and corruption inherent in a one-party system prevent courts and state-run news media from uncovering abuses."<sup>25</sup> Here, an interesting contradiction emerges: earlier, this paper showed that the media has been helpful in disseminating information about HIV/AIDS, yet these examples show the media's power to withhold information as well. Again, the idea that knowledge is crucial to stopping the epidemic is central, for unless people are made aware of local negligence, these abuses will persist.

Finally, one of the most difficult challenges the government faces is in erasing stigmas about HIV/AIDS patients. People suffering from HIV/AIDS are often feared and discriminated against because HIV/AIDS is "viewed as an 'indecent' disease."<sup>26</sup> A recent survey by the China Social Survey Firm reveals the extent of this stigmatization; 75% of respondents said they avoided people with HIV/AIDS, while 45% asserted that the disease was a consequence of moral degeneration.<sup>27</sup> The impact of this shunning is enormous: some HIV/AIDS patients are refused admission to hospitals because they carry the disease,<sup>28</sup> others are unable to access employment, housing, and state services.<sup>29</sup> This discrimination also has profound social and psychological effects, propelling "AIDS sufferers into extreme social and psychological isolation at a time

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<sup>25</sup> Maureen Fan, "Provinces Undermine Beijing's Goals on AIDS," The Washington Post 19 Sept. 2007, A16.

<sup>26</sup> Yanqiu Rachel Zhou, "'If you get AIDS...You have to endure it alone': Understanding the social constructions of HIV/AIDS in China" Social Science and Medicine 65.2 (2007): 284-295.

<sup>27</sup> Kanabus and Noble.

<sup>28</sup> Ibid.

<sup>29</sup> "Locked Doors: The Human Rights of People Living with HIV/AIDS in China."



when they need support the most.”<sup>30</sup> And, this stigmatization discourages people from seeking testing and treatment, allowing HIV to spread even further.<sup>31</sup>

Though the overwhelming social stigma surrounding HIV/AIDS sufferers poses a potent challenge, the government has made considerable efforts to address it. Recent legislation has attempted to safeguard the basic rights of HIV/AIDS patients. For example, a law that came into effect on March 1, 2006, stated: “Any working unit and individual should not discriminate against HIV carriers, AIDS patients or their families. The legal rights of marriage, job, studying and receiving medical treatment should be under the protection of law.”<sup>32</sup> Additionally, the government has made simpler – but perhaps equally powerful – symbolic gestures designed to reduce the stigma surrounding the disease. Senior political figures have become actively involved in anti-discrimination campaigns, hoping to dispel common myths, such as the belief that HIV can be transmitted through casual contact. On December 1, 2003 (World AIDS Day), Wen Jiabao publicly shook hands with AIDS patients in Beijing.<sup>33</sup> This act, though seemingly minor, was a powerful way to dispel a common misperception about HIV. Though overwhelming social stigmas remain, acts like this suggest that political leaders are becoming increasingly dedicated to erasing such discrimination.

### *International Collaboration*

Though China faces serious challenges in coping with its HIV/AIDS epidemic, it does not face them alone. Indeed, HIV/AIDS in China is actually a *global* problem. As Hamburg explains, “As the epidemic expands, issues of transmission across borders with adjacent nations

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<sup>30</sup> Ibid.

<sup>31</sup> Wu, Sullivan, Wang, Rotheram-Borus, and Detels.

<sup>32</sup> Jonathan Watts, “AIDS in China: new legislation, old doubts,” *The Lancet* 367.9513 (2006) 803-804.

<sup>33</sup> Wu, Sullivan, Wang, Rotheram-Borus, and Detels.

have begun to emerge as a potential source of conflict and concern.”<sup>34</sup> In an age of increasing globalization, the health problems of one country become the health problems of the world. Thus, when analyzing efforts to combat the HIV/AIDS epidemic, an assessment of the ways in which China has collaborated with and received assistance from other countries, intergovernmental organizations (IGOs), and non-governmental organizations (NGOs) is also crucial.

Assistance from IGOs has been integral to China’s efforts to halt the HIV/AIDS epidemic, particularly with regard to knowledge dissemination. For example, in its “Goals for China,” the United Nations pledges to “assist the government in the development of a communication strategy to increase public awareness” about HIV/AIDS and to “design... comprehensive and appealing mass media campaigns” about the disease as well.<sup>35</sup> The United Nations Children’s Fund (UNICEF) has also assumed an active role in the fight against HIV/AIDS in China. For example, Kanabus and Noble explain that UNICEF has supported “innovative education and prevention projects in ethnic minority languages that aim to draw on traditional educational practices to transmit HIV/AIDS information around the borderlands.” In Yunnan, UNICEF printed posters and educational materials in the Tai alphabet, an alphabet not officially endorsed by the government.<sup>36</sup> Thus, with its educational campaigns, UNICEF acknowledges the importance of educating those traditionally ignored by Chinese government campaigns. Additionally, by working in the border regions, UNICEF helps minimize instances of cross-border transfers of HIV/AIDS to and from nearby Burma, Laos, and Thailand.

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<sup>34</sup> Hamburg 7.

<sup>35</sup> “U.N.’s Goals in China,” 2001, The United Nations 6 Apr. 2008 < [http://www.unchina.org/goals/html/obj2\\_hiv aids.shtml](http://www.unchina.org/goals/html/obj2_hiv aids.shtml)>.

<sup>36</sup> Kanabus and Noble.

NGOs have also played pivotal roles in HIV/AIDS education and prevention campaigns in China. In 2005, the government of Yunnan province formed a partnership with the Clinton Foundation “to combat the spread of HIV and AIDS in the area.”<sup>37</sup> Additionally, the Safe Blood International Foundation, an American nonprofit organization, also joined forces with China’s Health Ministry in 2005. Safe Blood has since worked to improve the blood supply in Yunnan and Henan, “a vital goal if China is to make any headway in tackling not only HIV but hepatitis.”<sup>38</sup> The Chinese government’s willingness to work with these organizations is a sign of its evolving attitude toward HIV/AIDS. As Bruce Einhorn writes, “The news [of partnerships with the Clinton Foundation and Safe Blood] is significant because for many years, China was unwilling to admit the scope of its HIV problem. As a result, asking for help – let alone from the U.S. – was unthinkable.”<sup>39</sup> Thus, increased openness from government officials has not only allowed the Chinese public to become better educated about the disease, but it has also been instrumental in securing international assistance.

This international assistance has also come in the form of financial and technical assistance from various foreign governments. Accepting this aid has allowed China “to greatly expand its resource base” and “to learn important lessons about what works and what doesn’t from countries that are further along the epidemic trajectory.”<sup>40</sup> Though exchanges of money and of knowledge have benefited China, there are also several opportunities for China to increase its international partnerships. For example, Yunnan province – which has the second-highest number of HIV/AIDS cases in China – is right next to the “Golden Triangle” heroin centers of

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<sup>37</sup> Bruce Einhorn, “China Wakes Up to the AIDS Threat,” BusinessWeek 10 May 2005.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Hamburg 6.

Laos, Thailand, and Burma.<sup>41</sup> As sex workers and drug users cross borders, all four countries are left vulnerable to the spread of HIV/AIDS. For instance, in Burma, there are “major concerns about...border areas where drug use and the movement of labour is high. Along the eastern border with Thailand and the northern border with China the incidence of HIV has already reached epidemic proportions.”<sup>42</sup> Though the concentration of drug users in these border areas poses a distinct challenge, it also offers an opportunity for China to collaborate with its neighbors on policies that would reduce the instances of HIV/AIDS in the entire region. For example, the Chinese government could cooperate with neighboring governments to reach out to drug users in the area, perhaps through educational campaigns or needle exchange programs.

In both its reconfiguration of domestic policy and in its interactions with international organizations, China's government has demonstrated an awareness that increased openness about HIV/AIDS is the first key to successfully curbing the spread of the disease. On the domestic front, the recent trend of leaders acknowledging and discussing the HIV/AIDS epidemic set the tone for a variety of domestic reforms. These changes, such as increased education and prevention campaigns and a variety of new legislation, have further emphasized the value of educating the public about HIV/AIDS and removing the social stigma that has long surrounded the disease. Additionally, government officials' willingness to acknowledge the problem of HIV/AIDS has also allowed them to accept foreign aid from a variety of sources, including IGOs, NGOs, and foreign countries. These domestic policy changes and new international avenues of collaboration have been welcome developments. However, the HIV/AIDS crisis still looms large in China; in 2007, the government revealed that the number of new AIDS cases had

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<sup>41</sup> Watts.

<sup>42</sup> Larry Jagan, “Burma faces AIDS explosion,” [BBC News](#) 25 Sept. 2001.

risen 45% from the year before.<sup>43</sup> These startling figures suggest that the government cannot afford to be satisfied with its current policies. Though increased openness and policy reforms have produced modest gains, they have not solved the problem. Rather than be satisfied with its recent achievements, the Chinese government must continue to increase openness about HIV/AIDS, to educate its citizens, and to implement its new policies. Only through a serious commitment to these goals will China ever be able to effectively address the problem of HIV/AIDS.

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<sup>43</sup> "Rise in Aids and Syphilis," The New York Times 23 Feb. 2008.