China: Rolling the Agenda for Women, Girls, Gender Equality and HIV

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Sexual transmission has become the primary mode of transmission

- By the end of 2009, it is estimated that 740,000 people were living with HIV in China. Some 30.5% of them were female.

- 44.3% were infected through heterosexual transmission, 14.7% through homosexual transmission, 32.2% through IDU, 7.8% through commercial plasma donation & transfusion, and 1% through MTCT.

- 12.3% of those who were living with HIV in 2009 contracted the virus from their regular partners. This figure was 10.4% in 2007 and 6.4% in 2005. (source: HIV estimation in 2005, 2007, and 2009)

- Of the 480,000 new infections in 2009, 42.2% were transmitted through heterosexual contact, 32.5% through homosexual contact, 24.3% through IDU, and 1% through MTCT.

- 25% of MSM have sex with female partners in the last 6 months; 70% do not use condom consistently. (source: MSM survey in 61 cities)
Two **key issues** need to be addressed to reduce HIV infection among women and girls in China:

- **Increased vulnerability** of women to HIV infection especially those in *long-term relationships*

- **Barriers** preventing women and girls to **access HIV services** are largely associated with gender equality and stigma

**Challenges**

- **Lack of rigorous gender analysis**

- **Limited understanding & capacity** on gender responsive HIV programming among national staff and implementing partners

- **Low level of participation** of women’s networks/organizations/women living with HIV and women leaders, in the AIDS response

- **Stigma and discrimination** against women infected and affected by HIV/AIDS
Five Strategic Areas

- **Area 1**: Strengthen analysis of gender disaggregated data in order to generate strategic information and orient decision making and planning processes at national and provincial levels.

- **Area 2**: Capacity strengthening of GF RCC staff at national & provincial level, & implementing partners, on gender responsive policy advocacy & programme implementation.

- **Area 3**: Strengthening of the prevention component of the AIDS response with particular focus on spousal transmission including spouses of MSMs.

- **Area 4**: Increasing and supporting an effective participation of women leaders/living with HIV, women’s networks and organizations, in policy, planning and advocacy.

- **Area 5**: Implementation of Know-your-Rights campaigns with a focus on reducing stigma, discrimination & gender inequality, and breaking down barriers to women’s & girls’ access to services.
Key achievements

- Gender Analysis completed in six priority provinces and findings disseminated and utilized for designing of operational research on spousal transmission and gender barriers.

- Gender Responsive Budgeting training provided to key staff in RCC, NCAIDS, SCAWCO, ACWF.

- CCM Gender Strategy developed and gender training provided to CCM members.

- Advocacy Action on Women’s Rights and HIV/AIDS launched at a High Level Forum jointly convened by All China Women’s Federation and UNJP on WAD 2010. Provincial plans for community advocacy action developed for 7 pilot provinces.
Priorities for 2011

• **National and sub-national planning & implementation to be informed by vigorous gender analysis.** National M&E framework to include gender analysis and reporting; sub-national planning to be guided by sex & age disaggregated data and gender analysis.

• **National strategy on prevention of spousal transmission:** Support operational research on gap areas and contribute to meta-analysis of similar studies by NCAIDS and other partners for dialogue and consensus reaching.

• **Community advocacy action** on women’s and girls’ rights to promote gender equality and HIV in priority provinces, forging partnerships between All China Women’s Federation and Women’s Network Against AIDS-China, women’s organizations and community-based groups.

• Strengthen **capacity development** of staff and implementing partners on gender responsive HIV analysis and programming.
Thank you