

China Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

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Describe the process used for NCPI data gathering and validation: please see attachment- Completion Process(part A and part B)

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: please see attachment- Completion Process(part A and part B)

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

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

Organization	Names/Positions	Respondents to Part A
please see attachment-NCPI Respondents		

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

Organization	Names/Positions	Respondents to Part B
please see attachment- Completion Process(part A and part B)		

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011-2015

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: In January 2012, China released the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period (2011-2015)" (GBF [2012] No. 400). Compared with the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)", the plan for the 12th Five Year Plan Period, considering the current characteristics of the AIDS epidemic and its prevention, puts forth, in addition to the "Four Frees, One Care" policy, implementation of the "Five Expansions and Six Strengthenings" preventive measures, and clearly states overall objectives, namely: by the end of 2015, to have contained the rapidly rising trend of the AIDS epidemic in key areas and key populations, reduced the number of new HIV infections by 25% from 2010, reduced AIDS mortality by 30%, and kept the number of people living with HIV/AIDS at around 1.2 million. Besides expansion and furtherance of policies and measures in the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)", the plan for the 12th Five Year Plan Period indicates to "provide guidance by category for promoting HIV prevention", "implement the requirements for deepening medical reform - the establishment of a comprehensive new mechanism for local AIDS prevention and control", "encourage the role of social forces and carry out comprehensive prevention and control activities" and other new initiatives.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: General Office of the State Council

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: The Publicity Department of the CPC Central Committee, the National Development and Reform Commission, the Ministry of Science and Technology, the Ministry of Industry and Information Technology, the State Ethnic Affairs Commission, the Ministry of Public Security, the Ministry of Civil Affairs, Ministry of Justice, the Ministry of Finance, the Ministry of Culture, the State Administration for Industry and Commerce, the General Administration of Quality Supervision, Inspection and Quarantine, the State Administration of Press, Publication, Radio, Film and Television, the China Food and Drug Administration, the State Administration of Traditional Chinese Medicine, The Leading Group Office of Poverty Alleviation and Development, the National Federation of Trade Unions, the Red Cross Society of China, the All-China Federation of Industry & Commerce. N.B.: In practice, all departments have funding for HIV prevention and control, but technically, some have funding for specific projects, and some have comprehensive funding.

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: Other specific vulnerable sub-populations: customers of sex workers, male visitors to venereal disease clinics, male drivers of long-distance vehicles, spouses of infected people, etc. N.B.: People with disabilities and transgender people are covered by HIV programmes in the country, though not explicitly indicated.

: Yes

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

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) **Formal programme goals?:** Yes

b) **Clear targets or milestones?:** Yes

c) **Detailed costs for each programmatic area?:** Yes

d) **An indication of funding sources to support programme implementation?:** Yes

e) **A monitoring and evaluation framework?:** Yes

1.8. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Relevant laws and regulations guarantee the involvement and participation of civil society organizations in the development of the national strategy, as well as encouraging their participation in the national response. Opinions were solicited from civil society groups, HIV carriers and patients in the development of the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period", and were considered in the drafting and revision of the plan. The "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period" demonstrates the willingness for mobilizing, encouraging and protecting social society groups in their participation in HIV prevention. For example, the plan highlights "thoroughly utilizing the role of social forces to carry out HIV prevention" as a strategy, and requires the "incorporation of social forces in comprehensive programmes for HIV prevention" and "thoroughly utilizing community-based organizations in HIV prevention".

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

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

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

: No

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

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

: No

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

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 4

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

- b) HIV Counselling & Testing and Tuberculosis:** Many
- c) HIV Counselling & Testing and general outpatient care:** Many
- d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many
- e) ART and Tuberculosis:** Many
- f) ART and general outpatient care:** Many
- g) ART and chronic Non-Communicable Diseases:** Many
- h) PMTCT with Antenatal Care/Maternal & Child Health:** Many
- i) Other comments on HIV integration:** :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 8

Since 2011, what have been key achievements in this area: Since 2011, the Chinese government has been continuously enhancing its leadership of HIV work, and has reinforced cooperation between different departments and social participation. It has actively responded to principles espoused by the UN, and has formulated, promoted and implemented strategic plans and policies that are appropriate for the Chinese epidemic. These efforts include the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period", the "Circular on Further Promotion of AIDS Prevention and Control Work", and the "Circular On the Release of 'Occupational Disease Classification and Catalogue'", and so on. In development of relevant policies and programmes, the requirements for scientific consistency, implementation by departments, work integration, and combined prevention and treatment have been satisfied, and opinions have been solicited from relevant departments, civil society groups, HIV carriers and patients in drafting and revising such policies and programmes. Scientific and logical strategic plans have promoted the progress of HIV prevention in China, and have achieved great results. Achievements include stronger leadership, gradual optimization of control and prevention mechanisms and policies; widening awareness and education on HIV prevention, and constant promotion of implementation of effective interventions significantly widened among sex workers, men who have sex with men, drug users and other high-risk groups; rapid promotion of AIDS antiretroviral therapy, preventing or delaying a large number of deaths; widening care and assistance coverage, and continuous improvement of quality of life.

What challenges remain in this area: Analysis and study have found that China's current AIDS epidemic situation is grim; the epidemic is serious in focus groups and in some areas; intervention has become more difficult; existing prevention techniques and means have limited effectiveness; control and prevention needs are increasing, while capacity is visibly insufficient; participation of social organizations is insufficient, and discrimination still exists in the society; implementation of aid policies are inconsistent. Considering this, it is necessary to continue to implement the strategic plans of the country.

A.II Political support and leadership

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

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: On November 30, 2012, Chinese President Xi Jinping investigated AIDS prevention in Beijing, visited AIDS patients, and participated in training and exchange activities with AIDS volunteers. On the World AIDS Day 2013,

Xi Jinping emphasized in the "Report of CPC Beijing Municipal Committee on AIDS Prevention and Control" the importance of prevention, combination of prevention and treatment, scientific prevention by following relevant laws, implementation of the "Four Frees, One Care" policy, mobilization of social forces for active participation, and elimination of discrimination in the society. On November 26, 2012, Li Keqiang, then Vice Premier and Director of the State Council AIDS Working Committee, chaired a plenary session of the Working Committee, and talked with representatives of civil society AIDS organizations. On the World AIDS Day 2013, Premier Li Keqiang sent a letter to the Beijing You'An Hospital expressing thanks to medical workers, local service workers, community organizations and volunteers, and encouragement for AIDS patients. On November 29, 2013, Liu Yandong, Vice Premier and Director of the State Council AIDS Working Committee, chaired a plenary session of the Working Committee. On December 1, 2013, Liu Yandong visited the Beijing You'An Hospital to investigate AIDS work there, talked with HIV carriers, and met health worker representatives.

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

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Liu Yandong, Vice Premier and Director of the State Council AIDS Working Committee

Have a defined membership?: Yes

IF YES, how many members?: The Publicity Department of the CPC Central Committee, the National Development and Reform Commission, the Ministry of Education, the Ministry of Science and Technology, the Ministry of Industry and Information Technology, the State Ethnic Affairs Commission, the Ministry of Public Security, the Ministry of Civil Affairs, the Ministry of Justice, the Ministry of Finance, the Ministry of Human Resources and Social Security, the Ministry of Transportation, the Ministry of Culture, the National Health and Family Planning Commission, the State Administration for Industry and Commerce, the General Administration of Quality Supervision, Inspection and Quarantine, the State Administration of Press, Publication, Radio, Film and Television, the China Food and Drug Administration, the State Administration of Traditional Chinese Medicine, The Leading Group Office of Poverty Alleviation and Development, the National Federation of Trade Unions, the Central Committee of the Communist Youth League, the National Women's Federation, the Red Cross Society of China and the All-China Federation of Industry & Commerce, as well as local leaders from provinces/autonomous regions/municipalities including Beijing, Henan, Hubei, Hunan, Guangdong, Guangxi, Chongqing, Sichuan, Guizhou, Yunnan, and Xinjiang.

Include civil society representatives?: Yes

IF YES, how many?: The National Federation of Trade Unions, the Central Committee of the Communist Youth League, the National Women's Federation, the Red Cross Society of China, the All-China Federation of Industry & Commerce.

Include people living with HIV?: No

IF YES, how many?:

Include the private sector?: No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

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

IF YES, briefly describe the main achievements:: Since it is important to enhance communication between government departments, civil society organizations and the private sector for HIV prevention in China, relevant policies are in place providing a guarantee for such communication, and mechanisms and forms of communication have been established building on previous experience. As for policy support, the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period" emphasizes the full utilization of social forces to carry out HIV prevention and to incorporate social forces in comprehensive programmes for HIV prevention. In 2013, the "Guiding Opinions of the State Council on Government Procurement of Services Provided by Social Forces" (GBF [2013] No. 96) stressed the need for strengthening and innovating the administration of social forces, and specifically advised utilizing more social forces and increasing government procurement of services. In 2013, the National Health and Family Planning Commission and five other ministries/commissions issued the "Circular on Further Promotion of AIDS Prevention and Control Work", which suggests that qualified and reputable social forces be allowed to provide awareness-raising and education, mobilization and testing, intervention services, psychological support, care and assistance and other appropriate services. In practice, a variety of effective communication mechanisms and forms have taken shape. For example, the Chinese Association of STD and AIDS Prevention and Control, whose members are made up of STD and HIV prevention workers and interested people from other fields, has functioned as a link between the government and community organizations, organized various community organizations for sharing, communication, and execution of HIV prevention activities, and has become an important social force for STD and HIV prevention.

What challenges remain in this area:: HIV prevention should be a common goal of the entire society, and it requires collaboration between government departments and the active participation of social organizations. However, many social organizations engaged in HIV prevention are not yet registered and lack established mechanisms for securing funds. Many HIV prevention efforts face shortage of funds, and require further support in terms of tax, capability and team building. Communication between government departments and social organizations should be improved, and support for social organizations involved in HIV prevention is inconsistent.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 3

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

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Training on monitoring and evaluation programmes

: Yes

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

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Abolition of the reeducation through labour system: In 2013, China abolished the reeducation through labour system, and no inmate has been detained under the system since then. Occupational exposure to HIV: In 2003, the National Health and Family Planning Commission, the Ministry of Human Resources and Social Security, the State Administration of Work Safety, and the National Federation of Trade Unions jointly

released the "Circular on Release of Occupational Classification and Catalogue", with the revised Occupational Classification and Catalogue to include HIV infection by medical health workers and policemen due to occupational exposure as an occupational disease entitled to work injury treatment.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

Provisions on treatment of HIV carriers and patients who have committed crimes: The "Criminal Law" (as Amended by NPC and taking effect on May 1, 2011) provides that "all people who have committed any crime shall be treated equally before the law." The "Prison Law" (taking effect on December 29, 1994) provides that the prisons shall conduct physical examination for inmates upon arrival. Inmates who are in need of medical treatment under bail may receive treatment outside the prisons. "Detention Jail Regulations" (released by the State Council on March 17, 1990), which provides for cases not suitable for custody, includes people "suffering from other serious diseases which may be life threatening during custody". According to the "Criteria for Inmates Seeking Medical Treatment outside Correctional Facilities under Bail" (released by the Ministry of Justice, the Supreme People's Procuratorate, and the Ministry of Public Security on December 31, 1990) provides that "HIV-positive persons" are allowed to seek medical treatment outside correctional facilities under bail.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 9

Since 2011, what have been key achievements in this area:: In 2012 and 2013, Chinese President Xi Jinping, Premier Li Keqiang and Vice Premier Liu Yandong made multiple references to HIV prevention, served as examples for the whole community for the active participation in HIV prevention. Leaders of local governments have also actively participated in HIV prevention activities, strengthened leadership in HIV prevention, and worked to resolve the problems encountered in HIV prevention. In January 2012, the General Office of the State Council released the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period", clearly stating the objectives for HIV prevention by the end of 2015. By 2013, 30 provinces/autonomous regions/municipalities and the Xinjiang Production and Construction Corps issued local action plans or programmes for HIV prevention, to actively promote the implementation of the objectives and measures for HIV prevention. In June 2013, the State Council appointed new members of the State Council AIDS Working Committee, in accordance with the changes in the structure and personnel of the State Council as well as working needs. The governments of all the 31 provinces/autonomous regions/municipalities under the central government, most of the prefectures/municipalities, and counties/districts where the AIDS epidemic is severe have established leadership structures in line with the country's HIV prevention mechanism. Relevant ministries/commissions formulate and implement work plans for HIV prevention according to their specific responsibilities, and work to enhance coordination and collaboration between departments, and optimize regulations and policies, jointly promoting HIV prevention. On the local level, multisectoral collaboration has been further enhanced, and relevant policies and measures have been released. In 2012-2013, government at all levels increased expenditures on HIV prevention.

What challenges remain in this area:: Some areas of China lack attention to HIV prevention; departmental attitudes toward multisectoral initiatives vary greatly; needs in HIV prevention are increasing, while capacity is insufficient; frontline personnel are often overworked, and related incentives have yet to be improved.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]: Spouses of people living with HIV and AIDS patients

: Yes

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: Article 33 of the "Constitution of People's Republic of China", provides that all citizens of the People's Republic of China are equal before the law. The state respects and protects human rights. Article 49 of the Constitution provides that marriage is protected by the State; violation of the freedom of marriage is prohibited, and maltreatment of old people, women and children is prohibited. Article 16 of the "Law of People's Republic of China on Prevention and Treatment of Infectious Diseases", as amended by the National People's Congress in 2004, provides that the State and society shall care and help infectious disease patients, pathogen carriers and suspected patients of infectious diseases, to ensure timely treatment for them. No organization or individual may discriminate against infectious disease patients, pathogen carriers or suspected patients of infectious diseases. Article 3 of the "People's Republic of China Employment Promotion Law", issued in 2007, provides that workers enjoy the right to employment on an equal footing and to choice of jobs on their own initiative, in accordance with law. In seeking employment, workers shall not be subject to discrimination because of their ethnic background, race, gender, religious beliefs, etc. Article 4 of "People's Republic of China Compulsory Education Law", as amended in 2006, provides that all children and adolescents who are citizens of the People's Republic of China and have reached school age shall have equal rights and be required to receive compulsory education, regardless of gender, nationality, race, status of family property, religious beliefs, etc. Article 2 of the "Law of People's Republic of China on Protection of Rights and Interests of Women", as amended in 2005, The state shall protect the special rights and interests enjoyed by women, according to law. Discrimination against, maltreatment of, or cruel treatment in any manner causing injury or death of women is prohibited.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: During the formulation of the laws and regulations related to discrimination presented above, China stipulated that the violation of relevant regulations will lead to appropriate punishment. For example, Article 77 in the "Law of People's Republic of China on Prevention and Treatment of Infectious Diseases" provides that, where a unit or individual violates the provisions of this Law, thus leading to the spread of infectious disease or causing harm or property loss to another person, the unit or individual shall bear civil responsibility according to law. Article 61 of the "People's Republic of China Employment Promotion Law" provides that, where the labour administrative department or any other relevant department or any of its functionaries violates this Law by abusing its power, neglecting his duties or seeking private interests, the directly liable person in charge and other directly liable people shall be sanctioned, according to law.

Briefly comment on the degree to which they are currently implemented:: In terms of the legal system, China's relevant laws are relatively complete. However, supplementary measures are still needed to further strengthen the implementation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: No

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Notification of spouses of people living with HIV and AIDS in regards to spousal HIV status

: Yes

Briefly describe the content of these laws, regulations or policies:: Article 38 of the "Regulations on AIDS Prevention and Control", issued in 2006, provides that PLHIV and AIDS patients should inform those with whom they have had sexual contact about their HIV status or illness in a timely manner.

Briefly comment on how they pose barriers:: The "Regulations on AIDS Prevention and Control", issued in 2006, provides that PLHIV and AIDS patients should inform those with whom they have had sexual contact about their HIV status or illness in a timely manner. The "Circular on Further Enhancing AIDS Prevention and Control Work", issued in 2010, provides that follow-up and management of PLHIV should be strengthened, and that PLHIV should be urged to notify their sexual partners of their HIV status in a timely manner. However, relevant policies do not specify, in the case that PLHIV/patients do not fulfil their obligations to tell their spouses their HIV-status, how to protect these spouses' right to know and health rights. Therefore, policies should be further specified in order to protect HIV-negative spouses of PLHIV.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]:

: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: Relevant laws and regulations set out stipulations regarding legal liability, in order to ensure that these laws are implemented. For example, Article 52 of "Regulations on AIDS Prevention and Control" provides that, when local government at various levels fails to implement these regulations to organize, lead and assure HIV prevention and treatment, or does not follow measures of HIV prevention, treatment, care and support, the government at the above levels shall intervene and give public critique; when it causes HIV transmission, epidemic, or other serious consequences, the competent responsible person shall be given an administrative sanction; and if a crime is constituted/established/committed, an investigation shall be carried out for criminal liability in accordance with the law. Article 61 of the Regulations provides that the health department of the government at the county level or above shall order a warning and a change within a limited period of time to any manager of public establishments who fails to check the health-certification of the employees or permits employees without a health certification to provide service, and to managers of public establishments who fail to put condom vending machines or distribute condoms in locations established by the people's government in Provinces, Autonomous Regions, or Municipalities. The managers may also be fined no less than RMB

500 and no more than RMB 5,000; if the manager fails to make a change within the set period of time, the business will be temporarily closed, and in particularly serious circumstances, its business permission or license shall be revoked by its issuing department. In addition, the government encourages departments and groups to carry out the appropriate measures, and has developed monitoring and inspection plans. Necessary M&E is carried out, ensuring the implementation of relevant policies.

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

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: Negative spouses of people living with HIV and AIDS

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 9

Since 2011, what have been key achievements in this area: Since 2011, China has issued a range of policy documents, including the "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period", the "Circular On Release of the 'Occupational Classification and Catalogue'", and the "Circular on Further Promotion of AIDS Prevention And Control Work", expressly providing for AIDS prevention interventions, and such measures have been implemented, creating noteworthy results. For example, measures include constant and extensive AIDS prevention education, series of major campaigns targeted at various groups, such as migrants, young people, women, ethnic minority groups, etc., and training on AIDS policies and knowledge for leaders of local governments and relevant departments. Prevention of sexual transmission, transmission via injection of drugs, and mother-to-child transmission has been continuously strengthened, with expanded coverage of effective interventions.

What challenges remain in this area: AIDS awareness and education, prevention and interventions have to be adapted to development of the AIDS epidemic, along with the progress of AIDS prevention activities; new measures should be developed and formulated to tackle emerging problems.

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

IF YES, how were these specific needs determined?: Ways to identify needs for national AIDS prevention programmes include: through the national AIDS surveillance and testing system, data analysis, thematic findings, national M&E results, reflections from relevant staff and other information.

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 9

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: China has already developed a comprehensive service system for treatment care and support. After issuing the "Four Frees, One Care" policy in 2003, China began providing free of charge ART to PLHIV experiencing economic difficulties, and provided comprehensive care and support services, and constantly works to improve and optimize the relevant policies. For example, the "Circular on Granting Basic Living Allowances for Children Living with HIV", released in 2012, gives priority to children and emphasizes protection of HIV-affected children. The "Circular on Further Promotion of AIDS Prevention and Control Work", released in 2013, strengthens the initial treatment accountability of medical institutions, and ensures they do not delay or refuse provision of treatment for any reason. The circular requires inclusion of opportunistic AIDS infections in the New Rural Cooperative Medical Insurance coverage for major diseases; improvement and implementation of supplementary insurance policies for large medical expense subsidies for employee medical insurance; active promotion of medical aid to eligible AIDS patients of opportunistic infections to effectively reduce the burden on patients; strengthening of care and aid for AIDS patients, gradually establishing a working system which combines government aid and social care, and combines HIV prevention and poverty alleviation and development.

Briefly identify how HIV treatment, care and support services are being scaled-up?: Following the issuance of the "Four Frees, One Care" policy, China initiated the provision of free ART. With the implementation of this policy, the numbers of people having received treatment and currently receiving treatment increased, as did coverage of treatment. Government departments at all levels issued policies and implemented care and support measures. Projects advocating support building and mutual support were organised, improving the quality of life for PLHIV. Policies ensuring access the of orphans affected by HIV to welfare, education, medical and recovery benefits were issued, and support and care interventions were arranged for children orphaned by, or affected by, AIDS. While continuing to put in place guarantees protecting the rights of PLHIV to treatment, healthcare and education, protections for the rights of PLHIV were also strengthened.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

Economic support: Agree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Agree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: The "Regulations on AIDS Prevention and Control", issued in 2006, provides for free antiretroviral therapy medications for people living with HIV and AIDS living in rural areas and urban people living with HIV and AIDS with financial difficulties; an appropriate reduction in expenses for medications for opportunistic infections for people living with HIV and AIDS patients living in rural areas and people living with HIV and AIDS patients in urban areas who have financial difficulties; free treatment and counselling for prevention of mother-to-child transmission for HIV-positive pregnant women. The "China Action Plan for Reducing and Preventing the Spread of HIV/AIDS during the 12th Five Year Plan Period" requires that, in addition to continued implementation of free antiretroviral therapy and medical insurance reimbursement policies, local governments shall provide medical assistance to cover treatment of opportunistic infections based on the individual situation of patients with opportunistic infections, and provide aid to people living with HIV and AIDS who have financial difficulties to reduce their medical expenses. It is necessary to support people living with HIV and AIDS who have financial difficulties in self-help and protect the rights and interests of people living with HIV and AIDS who are able and willing to work. The "Circular on Further Promotion of AIDS Prevention and Control Work", released in 2013, suggests improving health services, further safeguarding the rights and interests of AIDS patients to medical treatment, coordinating relevant rules, and further improving the standard of care and assistance to HIV-positive people.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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

IF YES, for which commodities?: Antiretroviral therapy medications, condoms and methadone medications for maintenance treatment. For example, there is a nationwide AIDS treatment medication supply system with complete rules on medication procurement, distribution, payment and reserves.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 9

Since 2011, what have been key achievements in this area?: After years of effort, both central and local finance departments expanded their spending on antiretroviral therapy. The assistance was divided into different categories to push relevant officials to provide assistance to people for whom the financial burden of HIV treatment had pushed into poverty. In 2012-2013, the Chinese government steadily increased the coverage of antiretroviral therapy based on the free antiretroviral therapy policy. At the same time, the Chinese government continued to include eligible HIV-positive people and AIDS patients

in the Five Guarantees programme for rural residents, and the Urban and Rural Basic Living Allowances programme to ensure their basic living.

What challenges remain in this area: Along with the continuous expansion of coverage for AIDS prevention and treatment, more HIV-positive people have been identified and many are entering the stage of onset of disease. As a result, AIDS prevention and treatment needs are increasing at the same time standards for the objectives of prevention and the quality of services are rising. In some areas differences in assistance availability has led to conflict between some assistance receivers.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 9

Since 2011, what have been key achievements in this area: China has been providing free and compulsory education and has established a system for supporting the education and living costs for students from families in financial difficulty, and safeguards compulsory education for HIV-affected children through active implementation by education authorities on all levels of the "Four Frees and One Subsidy" policy. In 2012, the Ministry of Civil Affairs and the Ministry of Finance jointly issued the "Circular on Granting Basic Living Allowances for Children living with HIV", specifying the standard of basic living allowances for children orphaned by HIV, and have paid basic living allowances to 7,113 HIV-positive children around the country. Relevant governmental departments also work to provide welfare services to HIV-positive children, covering basic living, education, medical rehabilitation, psychological counselling, vocational training and community service. The China Red Ribbon Foundation, an organization under the All-China Federation of Industry & Commerce, is providing financial support for living and education costs of 1,008 HIV-affected children in Liangshan, Sichuan; Longchuan, Yunnan; Linfen, Shanxi; and Yili, Xinjiang. The National Women's Federation has launched programs for settling and supporting street children, AIDS-orphaned children and other vulnerable groups, working with a total of over 15,700 children orphaned and impoverished by AIDS.

What challenges remain in this area: Implementation of the "Four Frees, One Care" policy is inconsistent, and discrimination still exists in some areas.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation: With the continued development of China's AIDS response, China's M&E system has been strengthened. M&E plays an important role in ensuring the realisation of AIDS response plans and the achievement of objectives. The major elements of China's M&E include: "China's AIDS Response Monitoring and Evaluation Framework (trial version)", "Sentinel Surveillance Protocol", "Plan for Evaluation of Implementation Quality of National AIDS Response Measures", on-site M&E, the "Action Plan" evaluation plan, the national data review plan, the "Comprehensive AIDS Response Information Management Guidelines", etc. As prevalence changes and the HIV programmes develop, new problems will continue to emerge. Therefore, the national M&E plan and other M&E plans will need to be revised.

1.1. IF YES, years covered: Post-2007

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, all partners

Briefly describe what the issues are:

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

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

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 3-5(national level)

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Although local governments have begun to put greater importance on M&E, there is still a long way to go in this regard. M&E has yet to be expanded for participation by civil society organizations.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: Yes

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
15	Full-time	2004

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
120	Full-time	2002

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms: Responsibilities: The Chinese Centre for Disease Prevention and Control is responsible for establishment and management of a “Comprehensive AIDS Response Data Information System”, which manages the collection and analysis of data reported by local authorities in China, and for reporting this data in a timely manner to national M&E bodies for the purposes of policy advocacy, harmonized resource allocation, and to provide data and materials for M&E. Relevant international cooperation programmes also submit progress reports in a timely manner to national M&E bodies. Mechanisms: The Chinese Centre for Disease Prevention and Control is responsible for providing technical support for M&E work, including collection, analysis and reporting of M&E data and the implementation of relevant research and training. Member bodies of the State Council AIDS Working Committee took responsibility for coordinating and commissioning work relating to the M&E of this system. SCAWCO established a national-level M&E expert group, who serve as consultants for M&E work. The National-level M&E Expert Group is composed of technical personnel from the field of HIV prevention and control and evaluation. The National Level M&E Expert Group was involved in the drafting and revision of the National AIDS Response M&E Plan, participate in national-level AIDS response M&E work, participate in reviewing the annual M&E report and take responsibility for national M&E training.

What are the major challenges in this area: Consolidation and integrated analysis of monitoring and evaluation of data between different systems and ministries are insufficient; utilization of M&E data needs to be improved; the capacities of local M&E personnel are insufficient.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: The China Centre for Disease Prevention and Control is responsible for establishing and managing databases, including the “National AIDS Comprehensive Response Data Information Management System”, the “Mother-to-Child Transmission Prevention Reporting System” and other data systems for managing, collecting and analysing HIV data reported from across the country, and for reporting relevant data to relevant departments in a timely manner.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s): Provincial level, city level and county level

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female): Yes

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

IF YES, for which population groups?: People living with HIV, AIDS patients, and high risk groups.

Briefly explain how this information is used: China CDC collects and analyzes monitoring of various populations, submits reports to health and family planning authorities and provides relevant data for policy advocacy, harmonized resource allocation, and data formulation. Relevant international cooperation programmes also submit progress reports on monitoring in a timely manner to national M&E bodies.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Provincial level, prefecture level and county level.

Briefly explain how this information is used:: China CDC collects and analyzes monitoring of various populations, submits reports to health and family planning authorities and provides relevant data for policy advocacy, harmonized resource allocation, and data formulation.

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

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:: Publicity and advocacy

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: The country has established a national-level M&E expert group, primarily composed of technical personnel from the fields of comprehensive AIDS response work and evaluation. The expert group participates in the drafting and revision of the National AIDS Response Monitoring and Evaluation Framework, is involved in national-level AIDS response M&E work, participates in reviewing the annual M&E report and has taken the lead in carrying out national M&E training. For example, in the process of developing the "China Action Plan for Containment and Prevention of AIDS during the 12th Five Year Plan", the national-level expert group analyzed the state of China's AIDS response and international response strategies and experience, before convening more than 10 consultation meetings of various types, and carrying out a range of consultations in order to develop the draft.

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained:: More than 3,000 people (10 training areas, with each training done in each province annually)

At subnational level?: Yes

IF YES, what was the number trained: 9,000 people

At service delivery level including civil society?: Yes

IF YES, how many?: More than 100,000 people, including personnel from disease control centres, women's and children's health departments, medical treatment facilities and CBOs.

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Through provision of on-site M&E, timely correction and feedback was provided to resolve issues identified during M&E process. Various assessments were also carried out to assist local response bodies with strengthening of capacity.

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: Since 2011, the Comprehensive AIDS Response Data Information System has been further adapted and improved to address needs in HIV prevention. In July 2013, the National STD Prevention Management Information System was officially put into use, providing a platform for timely collection of information on venereal disease and syphilis prevention and control programmes. Registration and reporting of concurrent T.B. / HIV infection data have been improved, and concurrent T.B. / HIV infection data has been periodically analyzed. In 2014, the M&D indicator system for prevention of mother-to-child HIV, syphilis and hepatitis B has been established and improved. In January 2014, the National Information System for Prevention of Mother-To-Child HIV, Syphilis and Hepatitis B was put into use, further improving the gathering, analysis and scientific evaluation of regular data. The scale and distribution of China's HIV sentinel surveillance system has remained stable since 2010, when the system was expanded. The “China Mid-Term Evaluation Plan for Syphilis Control” was formulated in 2013, to promote the further development of prevention and treatment of syphilis. The country organized a TB / HIV co-infection data quality investigation to improve the quality of data reporting.

What challenges remain in this area:: Although local governments have begun to put greater importance on M&E, there is still a long way to go in this regard. Consolidation and integrated analysis of monitoring and evaluation of data between different systems and ministries are insufficient; utilization of M&E data needs to be improved. M&E has yet to be expanded for participation by civil society organizations; the capacities of local M&E personnel are insufficient.

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: 1. Top government leaders, such as Prime Minister Li Keqiang and Vice Premier Liu Yandong, talk with representatives from NPOs, including community-based organization (CBO) representatives, respond to the opinions and suggestions from NPOs and express their political attitude towards the reform and development of China's AIDS policies. 2. The activities organized by NPOs with an official background, such as China Red Ribbon Beijing Forum, invite CBOs to participate in the discussion on some sensitive topics in the AIDS field, including human rights, anti-drug policies, gender issues and HIV-positive people's right to enjoy medical treatment, and submit relevant opinions and suggestions to senior government officials. 3. In order to promote senior government officials to fulfill their political commitment and develop AIDS prevention and control policies and national strategies, NPOs are playing an increasingly important role in bringing social discrimination, policy improvement and other sensitive issues into the public view. NPOs have, on multiple occasions, given written opinions and suggestions from a CBO perspective to senior government officials on relevant issues like surgical difficulty and employment discrimination for HIV-positive people, the guarantee of rights and interests for CBOs to participate in AIDS prevention and control in the post-global-fund stage, etc. 4. Currently, the mechanism for CBOs to participate in the national decision-making process is not perfect.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 2

Comments and examples:: 1. At present, 95% of AIDS funds originate from national and provincial funding in China. However, such funding lacks a long-term mechanism for CBOs to participate in the development of activity plans. 2. In the development of national AIDS strategic plans and the design and budgeting of recent activities, some representatives from CBOs are invited to attend relevant meetings, but they are limited to contributing comments or suggestions. 3. In previous international cooperation projects, such as the Global Fund Program and the China-Gates Foundation HIV Prevention Cooperation Program, the mechanism for CBO representatives to participate in decision-making was established. Representatives of NPOs and HIV-positive representatives were included among the members of CCM, the decision-making body of the Global Fund, as well as national and provincial CBO advisory panels. 4. MSM CBOs participate in the discussion on national policies and technical specifications of rapid HIV testing and counselling services. 5. It is recommended that the systems guaranteeing NPOs' participation in future major budgets and decisions are completed.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 3

b. The national HIV budget?: 2

c. The national HIV reports?: 3

Comments and examples: 1. National strategic plans clearly promote and emphasize CBOs' involvement in AIDS prevention. 2. The AIDS budgets of national and local governments include budgets for AIDS services carried out by NPOs, but the information is not transparent. In 2012, some CBOs jointly applied to clarify information about AIDS prevention and control funds, but provincial and municipal health departments (bureaus) ignored the request. 3. NPOs rarely participate in the formation of national AIDS reports, though they participate in the formation of reports on national AIDS prevention and control progress.

4. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 2

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 2

c. Participate in using data for decision-making?: 2

Comments and examples: 1. CBOs' participation in national AIDS prevention and control M&E only occurs in the Global Fund's rolling integration programme. 2. Within AIDS prevention and control M&E hosted by governments and health authorities, participating NPOs and experts mostly have an official background; there is very little CBO involvement. 3. CBOs lack understanding of national M&E schemes.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations, and faith-based organizations)?: 3

Comments and examples: 1. NPOs with official backgrounds, such as the Chinese Association of STD and AIDS Prevention and Control and the Chinese Preventive Medicine Association, have a high degree of participation and serve as a bridge and bond between CBOs and governments; for example, establishing management platforms of the CBO programmes of the Global Fund and the China-Gates Foundation HIV Prevention Cooperation Program and organizing CBO working experience exchange and promotion. 2. Due to the promotion of the Global Fund AIDS Program, Chinese CBOs participate more in AIDS prevention and control work for international and national agencies within and without of the UN system. For instance, CBO representatives participated in the work of the Country Coordinating Mechanism (CCM), Supervision Committee and Technical Panel. 3. In 2012, the number of CBOs that participated in the Global Fund reached 865, and a total of 985 projects were approved, with project funds reaching RMB 64.04 million. In the same period, the China-Gates Foundation HIV Prevention Cooperation Program and National HIV Prevention Social Mobilization Project gave RMB 17.576 million as activity funds to CBOs. While the CBOs of people living with HIV (including CBOs of HIV-positive women), MSM CBOs, and AIDS rights protection organizations had relatively high participation, the participation of CBOs of floating populations, drug addicts and sex workers was still very low.

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 3

Comments and examples: 1. In the past two years, funds for NPOs obtain come mostly from the Global Funds and other international funds, and the capital and technical support for CBOs has markedly improved. However, with the completion of the Global Fund and other international cooperation projects, when and how CBOs will obtain financial support is still unclear and is becoming a pressing question. 2. The HIV/AIDS services that NPOs provide generally form technical and management cooperation with local CDCs and other health care institutions, so the degree of technical support obtained is relatively high. 3. The funds for HIV/AIDS services for CBOs use the number of people mobilized to accept HIV testing and people living with HIV receiving care as an indicator; funds are calculated on the basis of unit cost. Funds from the Global Fund and the China-Gates Foundation HIV Prevention Cooperation Program have been supporting salaries and office expenses for CBOs, but government

funds do not include this support. Therefore, “adequate financial support” cannot be achieved. 4. Local governments have different practices in regards to CBO participation in HIV/AIDS services, and some places do not allow CBO participation in HIV/AIDS prevention and control work.

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

Prevention for key-populations:

People living with HIV: 25-50%

Men who have sex with men: 51-75%

People who inject drugs: 25-50%

Sex workers: 25-50%

Transgender people: <25%

Palliative care : 51-75%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 25-50%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. The government recognizes and encourages NPOs to participate in HIV/AIDS prevention and control, and policy orientation is clear. 2. The number of CBOs is steadily increasing and the capacity of implementation of AIDS services has improved, including planning, implementation and participation. Positive progress has been made in terms of improving strategy and technical services and management of AIDS service effectiveness. 3. The governmental civil affairs departments have loosened policies on community registration, promoting the legal registration of NPOs working in HIV/AIDS. 4. Within the Global Fund and other international cooperation projects a system has been established for NPOs to participate in decision making, project design and distribution. 5. Within international cooperation projects, AIDS project funds for NPOs have been clarified, a CBO project distribution and management system has been established, and distribution is open and transparent. 6. Most CDCs and CBOs have established cooperation in terms of HIV testing, HIV treatment and care and epidemic dynamics. 7. STD and HIV/AIDS prevention associations in the country and other NPOs with official backgrounds have actively encouraged and coordinated CBOs to participate in HIV/AIDS prevention and control organizations. 8. The state has committed to purchase the services of NPOs in the HIV/AIDS prevention and control field. Some local governments have started purchasing services of NPOs.

What challenges remain in this area:: 1. The state lacks the specific policies and operational methods for local civil affairs departments to legally register CBOs. The present civil registration requirements do not take into account the specific needs of CBOs; for example, requirements for registered capital, venue, number of full-time staff, wages and benefits. For the CBOs that survive by relying on AIDS services funding, this is becoming a problem that is impossible to solve. Some local government departments still ignore registration applications from CBOs. 2. Among the CBOs that are not able to register with

civil affairs departments, there is concern about whether their position as an organization participating in AIDS prevention and control will be recognized in the distribution of government capital and whether they are distinguished through registration. 3. After the Global Fund and other international cooperative projects in China are concluded, the main focus of NPOs will be whether the systems formed in terms of CBO's participation in cooperation, project distribution and management can continue as before. 4. In the field of HIV/AIDS prevention and control, government departments outside of the health sector do not cooperate with or provide adequate support to CBOs. 5. Currently, there is no reliable information about how government purchasing of CBOs' HIV/AIDS services should be implemented. 6. Support for CBOs focus on mobilizing HIV testing and other technical services, but positive support in other areas like anti-discrimination, anti-violence and advocacy is still lacking.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened: 1. China's State Council issued the Notice of the State Council on Further Strengthening AIDS Prevention and Control on December 31, 2010, and the Action Plan of Chinese AIDS Containment and Prevention during the 12th Five-Year Plan Period on January 13, 2012. Both contained content that clearly supported NPOs in their participation in HIV/AIDS prevention and control. 2. On November 26, 2012, before World AIDS Day, the then Vice Premier Li Keqiang talked with representatives from NPOs including CBOs, and praised the positive role of NPOs' participation in AIDS prevention and control. He also promised that the government would purchase the HIV/AIDS services of NPOs, and proposed establishing an "AIDS Fund". 3. In 2012, while visiting communities in Beijing, General Secretary Xi Jinping emphasized: It is a complex medical issue and also a pressing social issue. It requires participation and full engagement by the entire society. 4. On December 3, 2013, during the 11th Collective Study Meeting of the Politburo of CPC Central Committee, President Xi Jinping stressed that the quality of HIV/AIDS prevention and control will affect people's lives and health, social harmony and stability, national quality and the country's future. 5. In 2013, before World AIDS Day, Deputy Prime Minister Liu Yandong met with participants at the AIDS prevention and control symposium, including CBO representatives, to get their views and suggestions. 6. Since 2010, the National HIV Prevention Social Mobilization Project, funded by the government and managed by the Chinese Association of STD & AIDS Prevention and Control, has been required to cooperate with local CBOs. 70% of project funds are to be used in CBOs' HIV/AIDS prevention and control activities. 7. At present, some provinces and cities, including Beijing, Shanghai, Guangzhou and Shenzhen, have purchased CBOs' HIV/AIDS services with local budget funds.

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: 1. China has not developed an Anti-Discrimination Law. 2. Relevant contents on discrimination reduction are stipulated in the Regulations on AIDS Prevention and Control, the Act for Prevention and Control of Infectious Diseases, the Law on the Protection of Women's Rights, the Law on the Protection of Disabled Persons, the Law on the Protection of Minors, the Criminal Law, the Police Law and the Prison Law.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Currently, parties who are the victims of discrimination need to sue for legal intervention.

Briefly comment on the degree to which they are currently implemented:: 1. Currently, China has no existing legal provisions against specific acts of discrimination, and the injury due to discrimination is confined to the provisions of relevant laws and regulations. For example, an invasion of privacy would fall under the violation of reputation. 2. People living with HIV and AIDS are often afraid of exposing their personal privacy, and few people would file a discrimination lawsuit. 3. The protection of the rights and interests of groups affected by HIV/AIDS relies on, to a large degree, NPOs and charity organizations to seek media and public support.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: No

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]: Clients of sex workers

: Yes

Briefly describe the content of these laws, regulations or policies: 1. Discriminatory clauses violating the Regulations on AIDS Prevention and Control exist in relevant national laws and regulations. For example, the physical examination regulations on the recruitment of civil servants and teachers still list HIV-positive status as a factor rendering one unqualified. Some local legislative bodies or governments also have released local regulations or policies that contradict the Regulations on AIDS Prevention and Control. 2. Considering the current prevalence of floating populations, health care institutions in many places have begun to give treatment to HIV-positive non-permanent residents, but the current treatment policies still require the people living with HIV receive treatment and management at their permanent residences. 3. Drug abuse is still punished by law and subject to compulsory rehabilitation, dynamic monitoring (registered drug addicts can be required to take a urine test at any time) and mandatory HIV testing. 4. The laws punishing prostitution, the large-scale Anti-Vice campaign by the police and law enforcement by the police impede certain prevention measures, for example, laws that regard condoms found on-site as evidence of prostitution. In addition, although China has abolished the "reeducation through labor" system, public security organs still forcefully take parties engaged in prostitution into custody, in accordance with the Prostitutes Asylum Educational Methods developed by the State Council in 1993. This results in more covert prostitution, affecting AIDS intervention. 5. Relevant Chinese laws against pornographic activities are very stringent, though a clear legal definition is lacking. Therefore, law enforcement at certain entertainment venues affects the HIV/AIDS intervention of said venues.

Briefly comment on how they pose barriers: 1. Self-contradictory discriminatory content exists in current laws, regulations and policies. 2. The current laws involving drug abuse, sexual behaviour and pornography allow legal interference in "moral" issues, and allow law executors to intervene with the people and venues involved in these issues and treat the objects of law enforcement in "anti-vice" campaigns, such as sex workers, in a rough manner. This makes HIV prevention and control target populations more secretive and preventive education and intervention hard to implement. 3. NPOs, particularly CBOs, that carry out HIV/AIDS services directed at target populations need to stay in close contact with said populations, but risk persecution by law enforcement. 4. Some local public security departments lack open communication with the health sector. For example, public security departments come to AIDS epidemic monitoring points, methadone treatment sites and care points to arrest drug users, causing some people to be afraid to pick up drugs and receive care.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: 1. The Law on the Protection of Women's Rights, the Marriage Law and the Criminal Law have clear provisions on domestic violence, sexual assault, etc. on female victims. 2. Chinese Women Development Outline (2011-2020) clearly states: "We should promote the improvement of gender equality; strengthen the review and revision of the laws and regulations on gender equality and strengthen women's awareness and ability to protect their rights in accordance with the law; crack down on rape and trafficking of women, organizing, forcing, alluring, taking in or introducing women to prostitution, and any other criminal activity seriously harming the interests of women; prevent and put an end to violence against women; ensure the property rights of women within marriage; and ensure women's access to legal and judicial assistance." 3. Currently, there are no protective laws that specifically refer to HIV-positive women. The judicial interpretations on the marriage, artificial insemination and adoption rights of HIV-positive women are not clear in the Management Opinions on HIV-positive people and AIDS Patients, the Maternal and Infant Health Care Law of the People's Republic of China, and the Adoption Law of China.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy: 1. There are specific clauses on protecting the legal rights of HIV-positive people to health care and employment in the Regulations on AIDS Prevention and Control. 2. The National Human Rights Action Plan (2012-2015) requires improvement of the prevention and control of AIDS, cholera and other key infectious diseases and the effective control of new infections and mortality of AIDS, viral hepatitis and tuberculosis. 3. The Notice of the State Council on Further Strengthening AIDS Prevention and Control in 2010 clearly indicates that treatment and care must be effectively implemented and the rights of people living with HIV and AIDS must be protected. 4. The Law of the PRC on the Prevention and Treatment of Infectious Diseases stipulates that HIV-positive people and AIDS patients must be protected and their personal information should be kept confidential. 5. The

Notice of the Ministry of Health on Strengthening the Medical Services for AIDS Patients and People Living with HIV in 2013 stressed that medical institutions should strictly implement the first diagnosis responsibility system in accordance with the Administrative Regulations on Medical Institutions and the Regulations on AIDS Prevention and Control. New cases of HIV and AIDS discovered in the process of outpatient services, emergency medical services, hospitalization and voluntary counselling and testing should be positively, scientifically and properly diagnosed and treated and should not be refused for any reason. 6. In relevant documents, laws and regulations, the term "human rights" is used less frequently and "legitimate interests" are clearly referred to.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism: 1. China does not have a clear and specific mechanism to record, report or deal with incidences of discrimination towards HIV-affected populations, but solutions and treatment mechanisms exist in policies and regulations. In terms of medical discrimination, Article 55 of the Regulations on AIDS Prevention and Control stipulates the methods of dealing with medical discrimination. 2. In China, a number of NPOs provide HIV-affected people with legal services, but these organizations are limited in number. Individuals who seek assistance and protection of interests in the face of discrimination are relatively small in number, due to pressure from social discrimination.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: 1. MSM populations, sex workers, injection drug users and young people are priority groups for HIV prevention and control and are provided with free condoms, voluntary counselling and testing, needle exchange, methadone maintenance therapy and other intervention services. 2. The government also provides free antiretroviral therapy and PMTCT services to all HIV-positive people.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: 1. The state provides treatment, care and other services to HIV-positive people regardless of infection method and recognizes the CBOs established by HIV-positive people in their provision of care, safeguarding of rights and other services. 2. The state provides HIV prevention, detection, treatment and other services for MSMs. 3. The state provides sex workers and injection drug users with intervention services, but as services are affected by the legal environment, the coverage is relatively small. 4. The AIDS services targeted at floating population are inadequate.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: 1. The state provides MSMs and sex workers with intervention services and freely provides condoms, voluntary counselling and testing, and HIV prevention services are also combined with reproductive health services. 2. Needle exchange programmes are targeted at drug users to promote methadone maintenance treatment and voluntary counselling and testing.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: No

IF YES, briefly describe the content of the policy or law::

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: Yes

IF YES on any of the above questions, describe some examples:: National Human Rights Action Plan (2012-2015) requires strengthening AIDS prevention and control and effectively controlling new infections and mortality.

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 5

Since 2011, what have been key achievements in this area:: 1. Senior government officials have made improvements and modifications to the laws and regulations containing HIV/AIDS discrimination content. 2. The concept of guiding policy in terms of improving and protecting human rights has solidified in HIV/AIDS prevention and control work, including protecting personal privacy of HIV/AIDS service targets and making no value judgments on personal conduct. 3. In 2012, Premier Li Keqiang made reference to the issue leaked online about HIV-positive people having difficulty obtaining surgery and asked for the guarantee of medical treatment rights of people living with HIV/AIDS. 4. The Notice on Further Boosting AIDS Prevention and Control Work in 2013 clarified the rights of people living with HIV/AIDS to medical treatment and other rights and interests.

What challenges remain in this area:: Currently, there has been no concrete information about whether senior government officials have asked to modify the laws and regulations dealing with discrimination.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area:: 1. Some experts and NPOs have studied the laws and regulations with content against the human rights of HIV-positive people and have proposed reform measures to legislative institutions. 2. More NPOs working in the HIV/AIDS field are using legal avenues to fight against discrimination and safeguard the rights of people living with HIV/AIDS. 3. More individual public interest lawyers are beginning to provide legal aid to safeguard the rights of HIV-positive people, and there has been success in this area. 4. Media is giving increasing attention to the issue of rights protection for people living with HIV and AIDS and is reporting on relevant events and activities.

What challenges remain in this area:: 1. There are insufficient protective laws and policies in place to deal with acts of discrimination against people living with HIV and AIDS. In particular, prominent legal obstacles exist in employment discrimination, and lawsuits in this category do not obtain judiciary support. 2. Although policies have been put forward to improve the issues of HIV-positive people having difficulty receiving medical care, there is no clear mechanism for event complaints, processing methods or specific penalties. 3. In China, there are legal obstacles to providing more extensive services for target groups, including laws and regulations relating to sexual behaviour, prostitution, drug abuse and other issues affecting HIV/AIDS. 4. In the past, programmes for reducing discrimination and stigma, such as the anti-discrimination training programmes targeted at media, law executers and doctors, were mostly implemented by CBOs under the support of international organizations. There is concern now about whether CBOs will get adequate support for these programmes from government funding.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: 1. CBOs are encouraged and supported to design and implement AIDS community service programmes adopting “companion service” and “peer education” approaches in accordance with the needs of target populations. 2. CBOs are encouraged and supported to design and implement programmes expanding the coverage of HIV prevention and control services in accordance with the needs of target populations, such as supporting the cooperation between target populations and the operators of new media, saunas and entertainment sites. 3. Prevention

programmes include supporting and promoting the use of condoms and offering free condoms and lubricant. 4. In order to expand testing, currently, free provision of HIV testing services has been achieved, and programme funding is provided to CBOs to mobilize community partners to accept testing.

IF YES, what are these specific needs? :

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction:

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. HIV prevention programmes have been implemented among different target groups around the country. Since 2011, the coverage of HIV testing and counselling has been expanded, the coverage of key populations and intervention work expanded and the range of PMTCT expanded. 2. The universal precautions of blood safety and hygienic medical care have achieved remarkable results. 3. More HIV cases have

been diagnosed among MSMs and other target groups as a direct result of the focus on expanding testing services and timely antiretroviral treatment has been provided for them. 4. Methadone clinics have been established around the country. 5. The prevention strategies and technologies developed for target populations have been widely implemented. For example, some CBOs get programme support, remain close collaboration with CDCs and independently carry out HIV rapid testing services. 6. The prevention campaigns on mainstream media have become more widespread.

What challenges remain in this area: 1. The content and effectiveness of HIV prevention programmes need to be standardized. 2. The prevention programmes targeted at key populations who regularly engage in illegal behaviour, such as sex workers (including transgender groups engaged in sex work and entertainment) are still very weak due to the impact by law enforcement. 3. The prevention programmes for floating populations, workplaces (public and private enterprises and institutions) and the general public (including the elderly) are also very weak. 4. The sexual health education and promotion of condom use for adolescents still need to be strengthened. 5. Some local health departments have inadequate exchanges and communication with CBOs on local AIDS epidemic situations. 6. At present, the number of condoms that many places provide free to target populations is falling. 7. Many places do not regard STD diagnosis and treatment as effective intervention measures. 8. HIV/AIDS-related services in regulatory places are relatively weak. 9. HIV prevention targeting the elderly, young people, border areas and impoverished areas should be strengthened. 10. Because HIV testing before marriage and during pregnancy is voluntary, some find out that they are HIV-positive during delivery, affecting timely PMTCT. 11. The mass media lack knowledge of AIDS policies, and much of the media about HIV is discriminatory; the media lacks innovation of promotion approaches.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: National departments have issued relevant technical and service requirements for the provision of treatment and follow-up services for local disease control departments and designated medical institutions at all levels and include them in management procedures; the care services implemented by NPOs (including CBOs) for HIV-positive people have been included into the range of programmes providing financial support. 1. Follow-up visits to people living with HIV and AIDS, which are both medical and social in nature, include psychological support, TB-AIDS screening, medical examinations, routine blood tests, CD4 cell checks and STD checks. 2. There are preventive measures for spouses of HIV-positive people (including regular and temporary measures). 3. Integrated intervention for HIV-positive people includes promoting condoms use and providing antiretroviral treatment as prevention. 4. Cotrimoxazole (CTX) is used to prevent opportunistic infections. 5. Antiretroviral treatment is provided to patients who meet treatment conditions.

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. The state's "Four Frees and One Care" policy is steadily expanding in implementation, and many local governments are beginning to implement relevant social welfare safeguards for HIV-positive people. 2. CBOs, including the organizations of people living with HIV, are encouraged and supported to include provision of care and support services in their work and make assessment evaluation indicators.

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

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV:

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements):

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care:

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families:

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV:

Treatment of common HIV-related infections:

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: 1. Nationwide, free treatment services for antiretroviral drugs are generally provided to HIV-positive people who are willing to receive treatment and treatment management. 2. On the basis of expanding HIV testing, the mobilization of treatment expansion for people living with HIV and AIDS has been conducted. 3. The support services that CBOs, including the organizations of HIV-positive people, provide have been included in the range of HIV/AIDS support programmes. 4. The number of hospitals conducting anti-viral treatment has increased, and the coverage of antiretroviral therapy has expanded. 5. The quality of treatment, care and follow-up visits has been improved. 6. The effects of treating spouses of HIV-positive people in single-positive families as a precautionary measure have already been seen.

What challenges remain in this area: 1. The treatment of HIV-positive people among floating populations outside of their registered address (including the care and support services provided in treatment) urgently needs a policy and mechanism guarantee. 2. The difficulty that HIV-positive patients have receiving medical care at hospitals needs to be eliminated. 3. The state should introduce or produce more advanced antiretroviral drugs and include them in the clinical treatment of HIV/AIDS. 4. The care and support services provided by medical institutions are basically confined to the operation and management of treatment technologies and lack requirements for psychological and policy support. 5. Care and support services provided by CBOs to HIV-positive people need to be standardized and financial support should be provided. 6. The standards of basic medical institutions need to be improved. 7. The coverage of PMTCT urgently needs to be expanded, including rural and floating population. 8. The special needs of HIV-positive women, including their sexual and reproductive health, should be given more attention. 9. Although medical parole is allowed for HIV-positive prisoners in custody, costs are borne by patients themselves. If former drug users cannot cover their medical costs, the government should cover their medical costs and living expenses. Public security departments and health departments should tighten cooperation to improve the availability of these services to target populations. 10. The coordination among disease control, health care, tuberculosis, maternal and child agencies are not sufficient in some places, affecting the timeliness of treatment.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

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

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

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: 1. The Action Plan of China on AIDS Containment and Prevention during the 12th Five-Year Plan Period clearly requires AIDS orphans should be protected in accordance with the terms of social welfare and the treatment expenses for AIDS-related opportunistic infections should be reduced. 2. In 2010, the state released the Opinions of the State Council on Strengthening the Protection of Orphans, which explicitly included AIDS orphans in the objects of welfare guarantee. 3. In 2012, the Ministry of Civil Affairs and the Ministry of Finance also issued the Notice on Issuing Basic Living Costs for HIV-Positive Children, which requires issuing basic living expenses for the HIV-positive children, referring to the basic living guarantee standards for the children orphaned by AIDS. 4. The government has also encouraged and promoted a series of models to support children orphaned by AIDS, including small-scale family support, dependent care, custody and agency custody.

What challenges remain in this area:: 1. Many places still face difficulties in implementing policies supporting AIDS orphans and AIDS-affected vulnerable children, and in the adoption of HIV-positive orphans. Although some places provide basic living guarantees, they do not provide services such as counselling, life skills, job skills and other issues. 2. The staff of some local governments do not provide protection for the personal privacy of AIDS orphans.