

# Defusing China's Time Bomb

## Sustaining the Momentum of China's HIV/AIDS Response

Executive Summary

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*Edited by Bates Gill, J. Stephen Morrison, and Drew Thompson*

## Executive Summary

*The editors prepared this report in close consultation with members of the delegation. The report's findings and recommendations do not necessarily reflect the policies and opinions of any individual, organization, corporation, or U.S. government agency.*

### Background

Building on the accomplishments of the January 2003 CSIS HIV/AIDS Delegation to China, and at the invitation of Executive Vice Minister of Health, Mr. Gao Qiang, from April 13–18, 2004, the second CSIS delegation visit to China engaged a diversity of Chinese leaders, within and outside the health sector, in the capital, Beijing; in urban Wuhan City; and in rural Suizhou County, Hubei Province in east-central China.

This undertaking is part of a broader initiative at CSIS that seeks to build bipartisan consensus on critical U.S. HIV/AIDS policy initiatives and to emphasize to senior U.S. policymakers, opinion leaders, and the corporate sector the centrality of U.S. leadership in strengthening country-level capacities to enhance prevention, care, and treatment of HIV/AIDS. Since 2003, this work at CSIS has expanded its regional scope, with an emphasis on building U.S. bilateral engagement in the large, populous, and geostrategically important states facing a looming HIV/AIDS threat, such as China, India, and Russia, which are part of the “Second Wave” of the global HIV/AIDS epidemic.

During its visit to China, the delegation sought to:

- Deepen our understanding of the critical HIV/AIDS-related challenges and responses in China;
- Identify and assess the range of new Chinese initiatives in prevention, treatment, and care;
- Determine specific priority areas where expanded U.S. and international technical and strategic planning support is most urgently needed to combat HIV/AIDS, and facilitate pragmatic public and private relationships with Chinese partners to meet those needs; and

- Build on current momentum to further elevate and enlarge public and private U.S.-China collaboration on HIV/AIDS as a vital new dimension of the bilateral relationship.

Senators Bill Frist and Russell Feingold acted as honorary chairmen of the delegation in their capacity as cochairmen of the CSIS HIV/AIDS Task Force. The delegation was ably led by cochairmen Ambassador J. Stapleton Roy, managing director of Kissinger Associates and former U.S. ambassador to China (1991–1995); and Dr. Louis W. Sullivan, president emeritus of the Morehouse School of Medicine, cochair of the Presidential Advisory Council on HIV and AIDS, and former U.S. secretary of health and human services (1989–1993).

Dr. Bates Gill, the CSIS Freeman Chair in China Studies, Dr. J. Stephen Morrison, executive director of the CSIS Task Force on HIV/AIDS and director of the CSIS Africa Program, and Drew Thompson, research associate with the Freeman Chair, organized the delegation in close cooperation with the Chinese Ministry of Health. The 12-member delegation included prominent figures from the U.S. government, public policy, scientific, and corporate communities, as well as from international governmental bodies (see Appendix A for a list of delegation members).

Executive Vice Minister Gao Qiang, Vice Minister Wang Longde, and the staff of the International Cooperation Department of the Ministry of Health were instrumental in helping make the visit a success. The delegation also benefited from the expert guidance and tireless assistance of many others in Beijing, particularly the UNAIDS China team, Joel Rehnstrom, Zero Akyol and Fan Yuhua, and the U.S. Embassy staff, including Deborah Seligsohn, Ray Yip, and Craig Shapiro. The delegation extends its appreciation for the dedication and hospitality of the Hubei Province Department of Health, the People's Government of Suizhou city and the members of the HIV-positive mutual-support group of Fujiapeng village. The delegation also thanks the Bill and Melinda Gates Foundation and the Henry J. Kaiser Family Foundation for their generous support in helping make the visit to China and this publication possible.

During two days in Beijing, the delegation met with senior leaders from the Ministry of Health, members of the international community, including business leaders, United Nations organizations, non-governmental organizations (NGOs), foundations, and foreign government representatives, and received briefings and toured the AIDS treatment and care ward at Ditan Hospital. The delegation was hosted at a banquet by Executive Vice Minister of Health Gao Qiang, and held meetings with Vice Minister of Health Wang Longde at the Ministry of Health. Vice Minister Wang convened a meeting to introduce the delegation to representatives from the State Council HIV/AIDS Working Committee, including vice ministers, director generals, and other officials from 14 ministries and commissions.

The delegation traveled to Hubei Province to meet with provincial health officials in Wuhan, and made a site visit to Suizhou County to meet with government representatives, visit HIV/AIDS clinics, and meet with HIV positive villagers in Fujiapeng. (Appendix B summarizes the delegation's meetings in China.)

The delegation invited Executive Vice Minister Gao Qiang to visit the United States, and suggested he form a broad delegation to include participants from other

ministries with responsibility for HIV/AIDS. Minister Gao accepted the invitation and plans to visit later in 2004.

## Findings

**HIV/AIDS is now recognized clearly as a growing threat to China.** According to official Chinese estimates, China now has approximately 840,000 persons infected with HIV. As of the end of 2003, only 62,159 persons had been tested and officially confirmed to be HIV-positive. The remaining HIV-positive persons in China, estimated at 780,000 persons or more, are not known to public health authorities, and the individuals themselves probably do not know their status, posing significant risks for the further spread of HIV. Senior Chinese officials, as well as international experts operational in China, now assert that HIV is steadily moving from source populations such as injecting drug users and commercial sex workers into the general population.

**China has made important advances in outlook, policy, and resource commitments.** New leaders have emerged in China with a stronger commitment to improving social welfare and to addressing HIV/AIDS in particular. China has initiated a more proactive response to the HIV/AIDS challenge, including a national treatment and care program. New policy guidelines promote “four frees and one care:” free antiretroviral drug treatment for poor citizens, free testing and counseling for poor citizens, free treatment to prevent mother-to-child transmission of HIV, free schooling for AIDS orphans, and care for families affected by HIV/AIDS. Senior leaders have committed to implementing harm reduction strategies, including condom promotion, needle exchange, and methadone substitution therapy for drug addicts.

**Formidable challenges lie ahead.** In spite of many positive developments, daunting challenges—political, technical, and normative—lie ahead for China to combat HIV/AIDS. It is difficult to overstate the scale and challenges in terms of planning, costs, logistics, human resources, technical capacity, and the pervasive problems posed by stigma. Key challenges include:

- Weak and incomplete national HIV testing and surveillance system;
- Debilitated and dysfunctional public health system, particularly in rural areas where HIV is hitting hardest, undermining an effective response to HIV/AIDS;
- Serious lack of qualified personnel and the necessary equipment and technologies to properly diagnose, counsel, treat, monitor, and care for HIV/AIDS patients;
- Need for far greater emphasis on HIV education, awareness, and prevention;
- Lack of counseling and confidentiality to accompany expanded testing program;
- Lack of a strategic, well-coordinated plan aimed at winning provincial cooperation and forging effective external partnerships with the private sector and international donors; and

- Need to reform intragovernmental cooperation to stem and prevent the spread of HIV within socially marginalized groups such as drug users, sex workers, and economic migrants.

## Recommendations

**Sustaining strong leadership.** Success in addressing HIV/AIDS in China will require continued high-level leadership, both in China and internationally. For engaged U.S. policymakers, as well as country leaders and heads of international organizations, priority should lie in near- to medium-term steps which sustain Chinese leadership's focus on HIV/AIDS and public health.

**Enhancing strategic planning and prioritization.** China's formidable structural and organizational weaknesses must be addressed systematically. New national programs potentially pose unfunded financial burdens to provincial and local governments. Failure to implement a more strategically coordinated plan risks the loss of international support over time. Prevention and awareness should receive higher priority in China's strategic national plan to combat HIV/AIDS. High priority should be given to advancing testing in China. Human resource development, through education and training of medical professionals, is crucial.

**Accelerating institutional restructuring and reform.** High priority should be given to addressing prevention and treatment more strenuously, especially within key at-risk groups. Present organizational structures to combat HIV/AIDS, dominated by the Chinese Center for Disease Control and Prevention, lack the technical expertise to plan and estimate costs, as well as develop, execute, coordinate, monitor, and evaluate national-scale treatment and care programs. China should incentivize health care delivery such that medical personnel become more actively engaged in HIV/AIDS prevention, education, treatment, and care. Particular attention should be given to improving communication and collaboration between central and provincial authorities.

### **Expanding space for new Chinese and international actors.**

China's business community and multiplying media outlets have not been meaningfully engaged in support of HIV/AIDS programs. Stronger signals are needed to welcome the special role of both indigenous and international nongovernmental organizations in fighting HIV/AIDS. Addressing the acute vulnerability to HIV of women and girls, as well as the growing number of AIDS orphans, increasingly will require enhanced support from communities, educators, and civil society.

**Strengthening joint U.S.-China partnership.** The United States faces an historic opportunity to help shape health-related outcomes in China in ways that are favorable to the interests of China, the United States, the Asia-Pacific region, and the world. Innovative U.S. policies and support to China on HIV/AIDS will contribute significantly to the formulation of a "Second Wave" strategy for such major states as China, India, and Russia which stand at risk of a generalized epidemic but which are presently not a priority focus of U.S. global HIV/AIDS efforts.

Congress and the White House should give serious consideration to establishing a Joint U.S.-China Commission on Public Health to focus high-level attention on building U.S.-Chinese partnerships to strengthen public health in China. It would elevate the priority the two sides explicitly attach to issues of public health and underscore how public health challenges in China increasingly matter to U.S. interests. The Commission might enlist both congressional and administration involvement, and systematically incorporate the widening array of important U.S. educational, religious, business, media, biomedical/public health, and philanthropic institutions that are becoming significantly invested in health in China.

Deepening high-level engagement by Americans in prominent public and private positions remains essential. The U.S. Global AIDS coordinator, Ambassador Randall Tobias could visit Beijing in 2004 and meet with senior Chinese counterparts at the World AIDS meeting in Bangkok in July 2004. Congressional and cabinet-level delegations to China should include HIV/AIDS issues on their agendas, as could senior corporate and philanthropic leaders in their visits to China.

Regional multilateral mechanisms would be another avenue for intensifying U.S.-China engagement on HIV/AIDS. Bilateral, technical assistance can be further expanded. The United States can underwrite the placement of external experts at central and provincial levels to assist in the planning and execution of HIV/AIDS programs, and increase public and private support for U.S.-China training exchanges, including twinning arrangements between U.S. and Chinese biomedical and public health institutions, including between private hospitals and universities. Both sides would benefit from accelerating and expanding working-level, technical exchanges between the two sides to combat HIV/AIDS.

CSIS will host senior Chinese HIV/AIDS delegations in Washington, incorporating Chinese counterparts into the activities of the CSIS Task Force on HIV/AIDS and fostering their greater interaction with a diversity of U.S. leaders and constituencies concerned with HIV/AIDS and global health.

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The full report is available on the CSIS Web site at:  
[http://csis.org/china/040617\\_China\\_AIDS\\_Timebomb.pdf](http://csis.org/china/040617_China_AIDS_Timebomb.pdf).