

Context of HIV/AIDS and Global Initiatives in China

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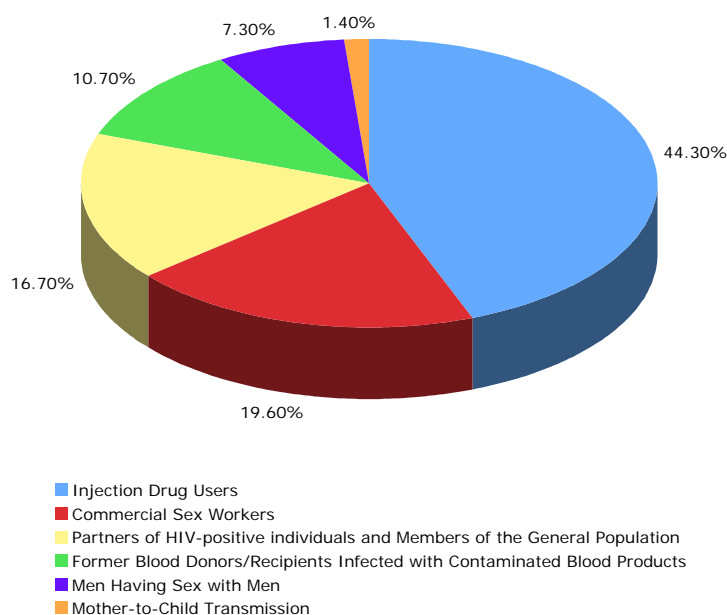
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Executive Summary

As of April 2007, there were 203,527 officially reported cases of HIV/AIDS in China. Of this number, 52,480 were AIDS cases¹. In 2003, a joint team from UNAIDS, the WHO, Chinese and American CDC, and several Chinese universities estimated that the number of HIV/AIDS cases in China was 840,000. This same group used more representative serial sampling to update the figure in 2005, and a corrected estimate of 650,000 HIV/AIDS cases in China was released. The decrease in estimates from 2003 to 2005 reflects more advanced epidemiological techniques rather than a decline in disease prevalence. HIV/AIDS is still on the rise in China. Figure 1 shows a breakdown by transmission method of the Chinese HIV/AIDS cases in 2005.

Figure 1

Estimated HIV/AIDS Cases in China in 2005, by Method of Transmission



Source: World Health Organization 2005 Update on the HIV/AIDS Epidemic and Response in China January 24th, 2006.

The Chinese government has responded to the HIV/AIDS epidemic by establishing a plan for prevention, surveillance, and treatment that coordinates the activities of all levels of government as well as the involvement of NGOs and other participants. Within the government, ministries of Public Health, Finance, Public Security, Civil Affairs, Justice and Railway Transportation, along with the National Women's Association and the Communist

¹ *More Women Suffer from HIV/AIDS in China*. Xinhua News Agency June 4th, 2007

Youth League, have taken an active role².

The 11th five-year plan on national health includes a statement indicating that the government will attempt to keep the number of HIV/AIDS cases below 1.5 million through 2010³. HIV/AIDS education and awareness, and condom promotion have been accomplished through mass media outlets. Surveillance and testing systems have been expanded and improved to increase the number of officially reported cases. Harm-reduction programs for injection drug users, such as methadone clinics and needle exchange sites, have been established. Voluntary blood donation has largely replaced commercial blood donation, and hygienic methods and equipment for blood collection are now used. Mother-to-child transmission prevention pilot projects have also been established.

Funding for HIV/AIDS prevention, treatment, and care from the central government has increased to 800 million RMB annually, and municipal governments provide a total of 280 million RMB annually⁴. By the end of 2006, it was reported that 71% of known AIDS patients were receiving anti-retroviral treatment, or 28,757 individuals.⁵

The Chinese government has recognized that external support is needed to fight HIV/AIDS. The World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria are two of the main partners with the government in this respect. Their past projects and current endeavours are profiled in this report. The contributions of USAID, an emerging presence in the fight against AIDS, are also included.

² Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization 2005 Update on the HIV/AIDS Epidemic and Response in China January 24th, 2006

³ *Commitment to Control Spread of HIV*. China Daily May 31st, 2007

⁴ Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization 2005 Update on the HIV/AIDS Epidemic and Response in China January 24th, 2006

⁵ *71% of Chinese AIDS patients on Anti-Viral Treatment*. Xinhua News Agency November 24th, 2006.

HIV/AIDS Epidemic in China

The first case of AIDS in China was documented in 1985 as the cause of death of a tourist who passed away in a Beijing hospital. Between 1985 and 1988 a total of 22 cases of HIV/AIDS were reported, including four children with haemophilia contaminated by imported clotting factor. The 17 remaining cases involved tourists or Chinese nationals who had travelled overseas.

In 1989, the second phase of the epidemic began, with 146 injection drug users in southwestern China's Yunnan province testing positive for HIV. The geographical spread of the epidemic followed drug trafficking lines; with one line running north through Sichuan and Gansu to Xinjiang, and the other running east, through Guangxi and Guizhou to Guangdong.

In the third phase of the epidemic, beginning in 1994, the rapid spread of HIV/AIDS was linked to two separate contamination methods: injection drug users, and former blood plasma donors. Injection drug users in Guangxi province were infected with HIV coming from two drug trafficking routes: one from the west via Yunnan, and the other from the south via Vietnam. The disease was then passed to the sexual partners of the injection drug users, and to their children.

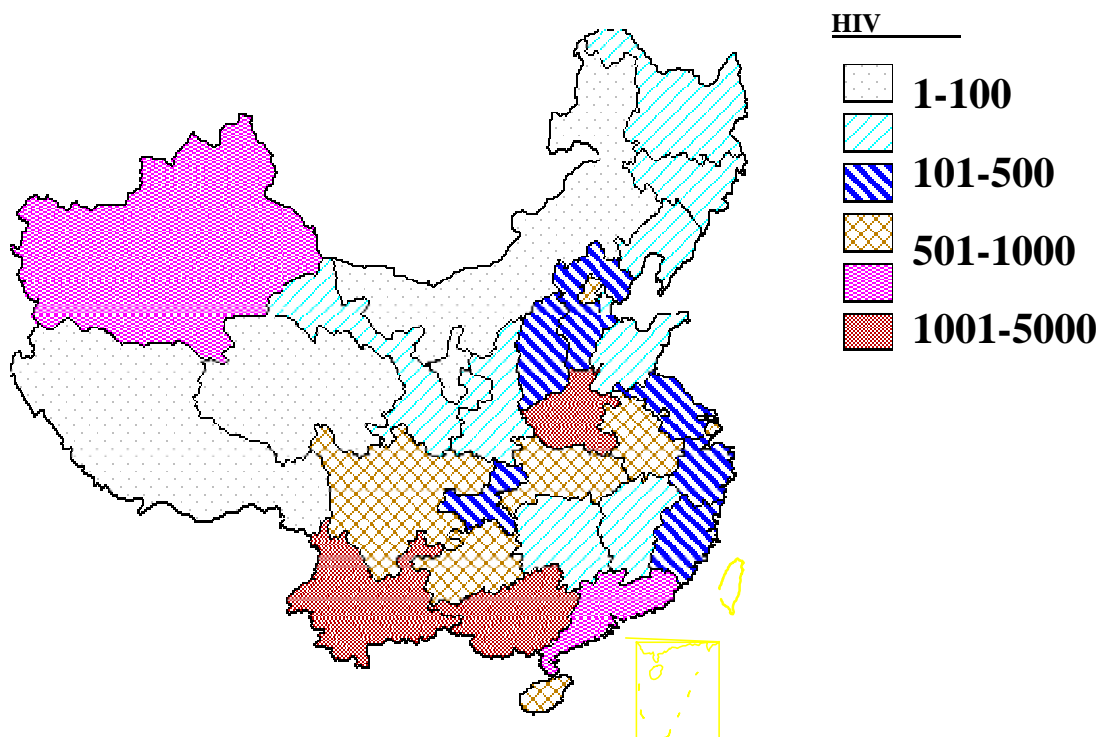
Unsafe blood collection practices in central China led to an epidemic among former donors. In rural areas of Henan and surrounding provinces, blood selling was a means of supplementing income. However, the blood collected was pooled and centrifuged. The plasma was removed, and the whole blood components transfused back into the donors, resulting in thousands of new cases of HIV. The commercial blood donation scheme has largely been replaced with voluntary donation, and HIV transmission via this method was attenuated after 1995.⁶ In 1998, only 22% of blood products used in clinical settings were derived from voluntary blood donation, whereas in 2005, 94.5% of blood products were derived from voluntary donation.⁷

Since the year 2000, the epidemic has been divided into three main geographical categories, where main methods of contamination differ. The epidemic is generally centred about injection drug users in south and southeastern regions, and former commercial blood plasma donors in central regions. Transmission from injection drug use, as well as from unsafe sexual practices, including those among commercial sex workers and MSM, prevails in large cities and coastal regions. Figure 2 shows the cumulative number of reported cases in Chinese provinces since the start of the AIDS epidemic in China.

⁶ Li, Bijian. *Zhen'ai shengming, yuanli aizibing – shengming bidu* (Cherish Life, Stay Away From AIDS – Required Reading for Life). Pékin : Zhongguo yiyao keji chubanshe 2003.

⁷ Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization [2005 Update on the HIV/AIDS Epidemic and Response in China](#) January 24th, 2006

Figure 2 - Geographic Distribution of Cumulative Reported HIV Infections in China (1985-2004.9)



Henan and Yunnan provinces are the most affected by HIV/AIDS, having reported 35,232 and 48,951 cases respectively, by the end of 2006. By the end of November 2005, Guangxi, Xinjiang, and Guangdong provinces had each reported greater than 10,000 cases. Ningxia, Qinghai, and Tibet, however, each reported fewer than 100 cases.⁸ Of the current 203,527 reported cases of HIV/AIDS in China, 27.8% of those affected are female, up from 19.4% of reported cases in 2000. New infections are found twice as often among males than among females, a sharp decline from the 1990s when new cases were detected in men five times more often than in women.⁹

An updated estimate of 650,000 HIV/AIDS cases in China was released in 2005.¹⁰ UNAIDS reports that 89.5% of China's 282,000 estimated infected injection drug users reside in Yunnan, Xinjiang, Guangxi, Guangdong, Guizhou, Sichuan, and Hunan provinces. It is estimated that each of these provinces has greater than 10,000 injection drug users living with HIV/AIDS. 80.4% of the estimated 69,000 infected former blood plasma donors reside in Henan, Hubei, Anhui, Hebei, and Shanxi provinces.¹¹

⁸ Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization [2005 Update on the HIV/AIDS Epidemic and Response in China](#) January 24th, 2006

⁹ Xinhua News Agency. *More Women Suffer from HIV/AIDS in China*. June 4th, 2007

¹⁰ Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization [2005 Update on the HIV/AIDS Epidemic and Response in China](#) January 24th, 2006

¹¹ Ministry of Health, PRC; Joint United Nations Programme on HIV/AIDS; World Health Organization [2005 Update on the HIV/AIDS Epidemic and Response in China](#) January 24th, 2006

Largely due to the China CARES project, the number of people receiving anti-retroviral therapy has increased rapidly. At the end of December 2004, 8,500 people were receiving treatment; by the end of 2005, that number had increased to 19,000. At the end of December 2006, 31,000 people were receiving antiretroviral therapy, including 600 children.¹²

¹² International Treatment Preparedness Coalition. *Missing the Target # 4: Time is Running Out to End AIDS – Treatment and Prevention for All*. July 18th, 2007.

International Contributions to HIV/AIDS Prevention and Treatment in China

World Bank

1. Past Projects

The World Bank-funded China Health Projects Five, Six, and Seven, each with components pertaining to HIV/AIDS prevention and control, have long ended. Their impact, however, remains. The goals and ultimate outcomes of these projects are profiled below.

1.1 China Health Project Five – Infectious and Endemic Disease Control Project

Spanning the period from December 1991 to June 2002, the fifth health project was mainly focused on reducing tuberculosis and schistosomiasis. US \$2.7 million in funding disbursed by the World Bank was allocated for research into improving surveillance and control of HIV and other sexually transmitted infections (STI). The total project cost, including finances provided by the World Bank and other sources, amounted to US\$ 271 million. The project led to the creation of 42 sentinel surveillance sites in 23 provinces, which conduct HIV/AIDS population surveys twice annually. These surveys were critical in gaining a more accurate estimate of HIV/AIDS prevalence, and led to the development of HIV/AIDS subprograms in the China Health Seven project. Of the funding provided for the surveillance component, US\$ 2 million came from the International Development Association (IDA), and US\$ 700,000 from the Chinese government.¹³ US\$ 520,000 of the funding for this component was used for material procurement, and US\$ 960 000 was used for consultants, studies and overseas training for staff.¹⁴ US \$ 480,000 of the total was specifically used for STI treatment and operational research, surveillance, evaluation and monitoring¹⁵.

1.2 China Health Project Six – Comprehensive Maternal and Child Health

The sixth health project was implemented between January 26th, 1995 and June 30th, 2002. The total project cost amounted to US\$ 139 million, with US\$90 million provided by the World Bank¹⁶. US\$ 400,000 of the total was specifically allocated for STI treatment and staff

¹³ World Bank. *Implementation Completion Report on a Credit in the Amount of SDR 95.9 million to the People's Republic of China for an Infectious and Endemic Disease Control Project*. December 27th, 2002. pp. 13-14

¹⁴ World Bank. *Infectious and Endemic Disease Control Project Between the People's Republic of China and International Development Association*. December 23rd, 1991.

¹⁵ Julia Dayton. *World Bank HIV/AIDS Interventions, Ex-ante and Ex-post Evaluation*. June, 1998.

¹⁶ World Bank. *Implementation Completion Report on a Credit in the Amount of SDR 61.9 million to the People's Republic of China for a Comprehensive Maternal and Child Health Project (Health VI)*. February 14th, 2003.

training in STI treatment during pregnancy¹⁷.

1.3 China Health Project Seven – Disease Prevention

The seventh health project was implemented between December 1995 and June 2004. The total project cost amounted to US\$ 162.6 million, including finances provided by the World Bank and other sources. One of the project's two main goals was in the area of health promotion, specifically improving the ability of health-related fields to create effective programs for prevention and control of STIs and HIV, among others. US \$ 22.43 million in funding was originally planned to achieve this goal, with the IDA expected to contribute US\$10.88 million and the Chinese government expected to provide the remaining US\$11.55 million. The funding distribution to the four main sectors of the project was planned as follows: US\$ 2.12 million for institutional development and policy reform, US\$1.51 million for human resources development, US\$ 5.60 million for surveillance, and US\$ 13.21 million for interventions.

The health promotion component of the project received US\$ 22.25 million in funding¹⁸. The IDA provided US \$ 9.60 million, and the Chinese government contributed the remaining US\$ 12.65 million. US \$ 480,000 of the total budget was specifically directed at HIV/AIDS-related health promotion work. These funds were primarily used for condom promotion, STI treatment, targeted and mass-media information, education, and communication (IEC), and operational research, surveillance, evaluation and monitoring.¹⁹

Surveillance and Human Resources Development

The STI/HIV component of this health promotion project was implemented in Beijing, Chengdu, Liuzhou, Luoyang, Shanghai, Tianjin, Weihai, and Yunnan Province. At the conclusion of the project in 2002, the Behavior Risk Factor Surveillance Survey (BRFSS) was widely implemented, with data in some regions being used to tailor future programs, or provided to the media. Cause-of-death reporting reforms were also instituted. Health promotion methods and materials were developed, and personnel were trained in disease prevention and management. This project also helped to increase awareness of the importance of health promotion within the government and among policy-makers. This project marked the first time that international policies and theories were applied in the Chinese health promotion context. Staff training and the development of training materials will help to ensure sustainability.

Public Education

While personnel training was successful and standard treatment protocols were developed, other areas were not so successful. Issues in the STI/HIV project included the limited impact

¹⁷ Julia Dayton. *World Bank HIV/AIDS Interventions, Ex-ante and Ex-post Evaluation*. June, 1998.

¹⁸ World Bank. *Staff Appraisal Report: China Disease Prevention Project*. November 8th, 1995.

¹⁹ Julia Dayton. *World Bank HIV/AIDS Interventions, Ex-ante and Ex-post Evaluation*. June, 1998.

of the public education component. The completion report cited difficulties in accessing high-risk population groups for prevention. Knowledge of real methods of transmission was high, but situations with no risk, such as shaking hands, were also widely believed to be vectors for transmission. The project did help to reduce these misunderstandings, and increase awareness of the value of condom use in risk reduction. It is hoped that the education provided in this component will lay the foundation for future prevention work.²⁰

2. Current Project

Lessons learned from STI/HIV components of health projects five and seven helped in the development of Health Project Nine, which is ongoing. Its goals and achievements to date are summarized here.

2.1 China Health Project Nine

Originally planned to last from August 1999 to June 2006, this project has been extended to June 2008. The World Bank is providing a US\$10 million loan from the International Bank for Reconstruction and Development (IBRD), and a \$50 million equivalent credit from the IDA to finance the project, with the total cost expected to amount to US \$100 million. The Chinese government will contribute the remaining US\$ 40 million. To date, the IBRD has disbursed US\$ 4,210,448 and US\$ 40,176,136 has been disbursed by the IDA. One of the project's three aims is to improve prevention and control of HIV/AIDS/STIs. The total cost of this component is expected to amount to US\$ 27.17 million. The project will target four specific areas:

- US\$ 7.37 million will be allocated for improving the safety of blood transfusion services by transitioning to a better-resourced voluntary blood donor program, implementation of blood quality assurance measures, the establishment of clinical blood transfusion guidelines, and training for blood services staff.
- US\$ 5.35 million will be used for improving disease surveillance to monitor epidemiology and trends in risk behaviour, collecting data to provide project guidance and influence policy, and measuring the impact of interventions using seroprevalence data and behaviour risk factor surveillance surveys.
- US\$ 11 million has been earmarked for improving risk-behaviour interventions and public education, including condom promotion, patient care and support, and improved STI management.
- US \$ 3.49 million has been designated for improving the policy environment to facilitate prevention work by raising awareness, integrating STI management with existing health services, supporting syndrome management policy and strengthening collaborations between NGOs, and the public and private sectors.

Policy Reform

²⁰ World Bank. *Implementation Completion Report on a Credit in the Amount of US \$100 million to the People's Republic of China for a Disease Prevention Project*. June 27th, 2005.

For these goals to be realized, a number of policy reforms must be put into place. The confidentiality of HIV/STI patients must be maintained. Many individuals prefer to seek testing through private rather than government clinics. However, the government must seek to restrict STI treatment by untrained, unqualified individuals. Outreach to commercial sex workers (CSW) and their clients should take place. Harm reduction programs for injection drug users (IDU) need to be instituted. Sex and health education programs must be implemented in schools. These policy changes will ensure that prevention messages reach the populations most at-risk, and that anyone can access testing and treatment services without fear of social repercussions. They are integral to the success of the project.²¹

Benefits and Target Populations

The project has been implemented in four provinces: Fujian, Guangxi, Xinjiang, and Shanxi. It targets the populations most at risk for contracting HIV/STIs, including sex workers, injection drug users, commercial blood product donors and migrant populations. 1-2% of the population in these provinces is considered to be at high risk for contracting HIV. However, successful prevention methods and strategies will help the government to establish effective projects in the futures, with benefits for the whole country.

Improvements to the blood collection and transfusion program benefit all citizens receiving blood for medical care, as well as those donating it. Blood quality testing will eliminate this method of disease transmission, which is of particular importance in Shanxi province where most HIV cases occurred as a result of contaminated blood. The government is also attempting to reduce the number of unnecessary blood transfusions, an endeavour that will be supported by this project.

The capacity of provincial and national level institutions to design and implement prevention programs will be strengthened as a result of participation in this project. The national HIV/AIDS laboratory will develop techniques to improve testing accuracy, and train laboratories around the country in these practices.

Progress to date

The June 2006 progress report on the status of projects in execution stated that the policy environment in China has changed, and that it is now more favourable for HIV/STI prevention work. 100% condom use programs have been instituted, needle exchange sites and methadone clinics have been established, STI management has been standardized, and messages aiming to reduce stigma and discrimination have been promoted. The program has received support from high-levels of government, enabling its continued success.²²

²¹ World Bank. *Project Appraisal Document on a Proposed Loan of US\$10 million and a proposed credit of SDR 36.8 million to the People's Republic of China for a Health Nine Project*. April 14th, 1999

²² World Bank Operations Policy and Country Services. *Status of Projects in Execution (SOPE) FY06. Region: East Asia and Pacific. Country: China*. September 19th, 2006. pp.19

The Current Global Fund Program to Fight AIDS, Tuberculosis and

Malaria

3rd Round – China CARES

The Global Fund provided financial support to the China Comprehensive AIDS Response (China CARES) through the third round of its projects worldwide. The project has been scheduled to last from 2004-2009, and aims to raise HIV/AIDS awareness among the population and political leaders, provide information and prevention services, and provide anti-retroviral therapy to HIV/AIDS patients in 56 counties in 7 provinces: Anhui, Hebei, Henan, Hubei, Shaanxi, Shandong, and Shanxi. Most HIV cases in these provinces originally stemmed from contamination during commercial blood donation. The affected persons were infected prior to 1996, and are now in urgent need of treatment as the HIV infection has progressed to AIDS. The funding for this project was centred on 8 main objectives, plus funds for monitoring and evaluation. Each of these goals, funds planned and those actually provided, along with reported results, are explored below.

Funding

US \$ 97,888,170 in funding was approved for this project, to be disbursed over two phases. The first phase, which lasted from September 2004 to August 2006, was expected to receive US \$32,122,550 in funding.²³ US \$35,885,778 was actually provided. The difference occurred because additional funding was allocated early to help start up the second phase²⁴. An additional US \$65,765,620 will be allocated in Phase 2 of the project, from September 2006 to August 2009.²⁵ Figure 3 shows expected and actual disbursements from September 2004 to August 2006 and expected disbursements for September 2006 to August 2009. Co-financing from the central government, provincial governments and other organizations, such as UNAIDS, is expected to cover half to two-thirds of the total project cost²⁶. The total contributions requested *per annum* from the Global Fund, and the pledged contributions from other sources for the project, are summarized in Table 1.

²³ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

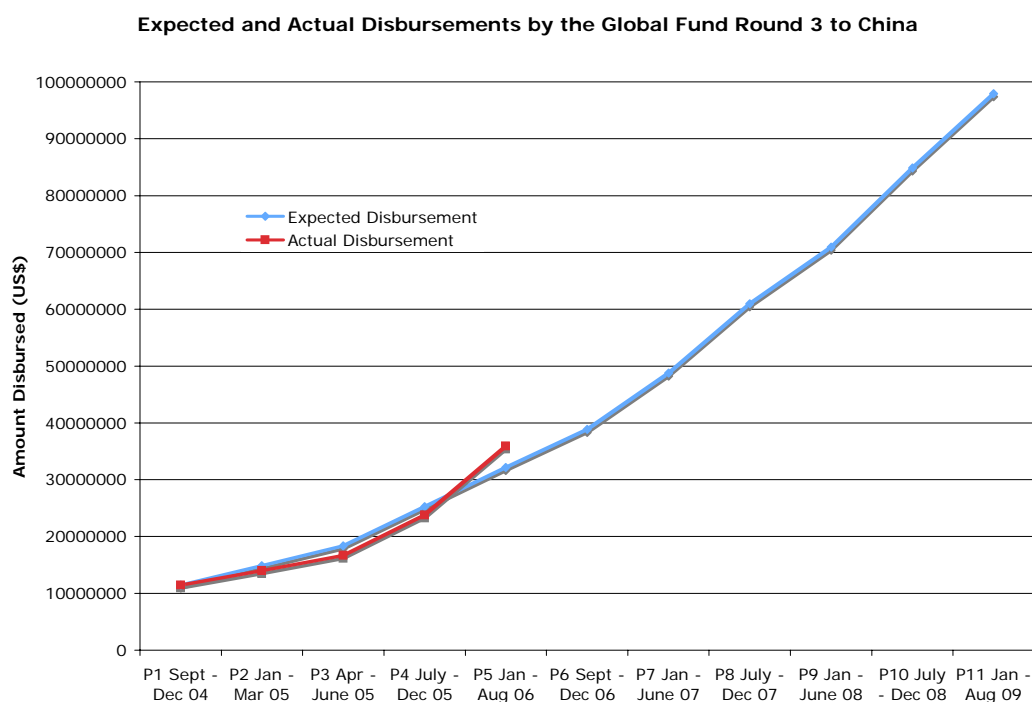
²⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Grant Performance Report*. October 24th 2006

²⁵ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Amended and Restated Program Grant Agreement*. Sept. 5th, 2006.

²⁶ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

Table 1 – Financing and Co-financing of the Global Round 3 Project in China, in US\$ Thousands

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Global Fund	11,427	20,696	21,818	24,794	19,154	97,888
Other Sources	17,477	22,277	27,100	35,500	44,400	146,754
Total	28,904	42,973	48,918	60,294	63,554	247,642

Figure 3 – Expected and Actual Disbursements for Phase 1, and Expected Disbursements for Phase 2 of the Global Fund's Round 3 Project in China. ²⁷

Goal 1: Development of an Effective Project Implementation Based on Lessons Learned

With the funds provided for this goal, a multisectoral project steering group was established, as well as national, provincial and county-level program offices. These administrative groups are responsible for co-ordinating project management and strategic planning. Each project county will be responsible for conducting two reviews of the project annually, including resource audits, baseline data, and situation analysis, and submitting the data to these administrative committees, who will use the information to tailor and refine the project over time.²⁸

²⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Grant Performance Report*. October 24th 2006

²⁸ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

In the year 2005, a total of US\$ 2,531,693 was spent on this goal, of which US\$ 2,146,722 was spent at the provincial level, and US\$ 384,971 was spent at the national level.^{29,30,31} Table 2 shows the expected distribution of fund disbursements for this sector.

Table 2- Anticipated Funds for Objective 1, by Year of Project Implementation.

Year	Expected Funds (US\$)
Year 1	2,069,870
Year 2	6,554,750
Year 3	2,342,270
Year 4	1,830,830
Year 5	1,357,100
Total	14,154,820

Goal 2: Establishment of a Network of Service Delivery Facilities for Quality Care and Treatment of AIDS

Funding for this objective will seek to strengthen the healthcare system at all levels, and identify and fill gaps in human resources and technical supply. To help ensure affordability of medical care at the township level, healthcare workers' salaries will be subsidized, so they no longer need to rely on over-prescription to supplement their income. These township health care centres will all have HIV/AIDS units to provide the first line of care for people living with HIV/AIDS (PLWHA), including treatment monitoring and referrals to higher-level centres for complex cases. Workers in the village will provide directly-observed therapy, travelling to the homes of those receiving drug therapy, to ensure that medications are taken correctly and consistently. One county hospital will have an HIV/AIDS training and technical support centre and an in-patient HIV/AIDS unit. The county CDC will lead prevention efforts, and provide voluntary testing and counselling (VCT) and CD4 monitoring. The county maternal and child health centre will provide prevention of mother-to-child transmission (PMTCT) services.³²

The most recent progress report for this sector indicated that as of August 31st 2006, 13,577 individuals had received training in either: project and financial management, VCT, or intervention and outreach care, support and treatment. This exceeded the project's goal of training 7,000 people by this date. In addition, 42 service centres providing treatment, testing and CD4 counts existed, all of them meeting requirements for effective management and equipment supply. This lagged behind the target of establishing 58 such centres by the end of August 2006.³³

²⁹ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th, 2005

³⁰ China CDC. *On-going Progress Update and Disbursement Request 4*. August 26th, 2005

³¹ China CDC. *On-going Progress Update and Disbursement Request 5*. March 9th, 2006

³² The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

³³ China CDC. *On-going Progress Update and Disbursement Report 7*. December 8th, 2006

Funding provided specifically for this goal in 2005, excluding procurement, totalled US\$911,921, of which US\$ 19,492 was spent at the national level and US\$ 892,429 at the provincial level.^{34,35,36} Funds anticipated for this goal, through each of the project's five years, are presented in table 3.

Table 3 – Funds Anticipated for Objective 2, by Year of Project Implementation.

Year	Funds Anticipated (US\$)
Year 1	2,334,130
Year 2	2,297,180
Year 3	2,536,240
Year 4	2,246,090
Year 5	1,267,700
Total	10,681,340

Goal 3: Voluntary Testing and Counselling for HIV through the Establishment of Community-based Counselling Services Linked to Designated Testing Services

Projects under this goal will encourage the use of VCT services by offering it as a part of pre-marital check-ups and providing incentives such as free tuition to the children of those diagnosed with HIV. VCT will have counselling components delivered in the community, and will be linked to relevant follow-up medical, preventive, and counselling services, including testing, provided at the township and county level. The confidentiality of those using VCT services will be ensured. Interventions aiming to prevent mother-to-child transmission will be provided, with follow-up to ensure mothers receive anti-retroviral therapy (ARV) when necessary. Support will be given to HIV-positive individuals.³⁷

As of August 2006, all 58 project counties had at least one centre providing specialized HIV/AIDS counselling services by trained staff. From the project's debut in August 2004 until the end of December 2006, 137,076 people in project counties had used VCT services. This exceeded the target of 123,000 people.³⁸ In the year 2005, a total of US\$ 525,753 was spent on projects pertaining to this objective, excluding procurement costs. US\$ 442,326 of the total was spent at the provincial level and US\$ 83,427 was spent at the national level.^{39,40,41} Table 4 provides details of expected financing for this goal.

³⁴ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th, 2005

³⁵ China CDC. *On-going Progress Update and Disbursement Request 4*. August 26th, 2005

³⁶ China CDC. *On-going Progress Update and Disbursement Request 5*. March 9th, 2006

³⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

³⁸ China CDC. *On-going Progress Update and Disbursement Request 8*. Not Dated.

³⁹ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th, 2005

⁴⁰ China CDC. *On-going Progress Update and Disbursement Request 4*. August 26th, 2005

⁴¹ China CDC. *On-going Progress Update and Disbursement Request 5*. March 9th, 2006

Table 4 – Funds Anticipated for Objective 3, by Year of Project Implementation.

Year	Funds Anticipated (US\$)
Year 1	726,970
Year 2	1,525,810
Year 3	2,442,410
Year 4	2,537,960
Year 5	1,800,730
Total	9,033,880

Goal 4: Provide Basic Medical Care for those Suffering from HIV/AIDS, including Treatment of Opportunistic Infections (OI), and Palliative Care for the Terminally Ill

The project aims to improve access to basic medical care for HIV-positive individuals, especially in the areas of treatment for opportunistic infections, and palliative care. Improved diagnostics and prophylactic treatment will be offered, as well as providing therapy for tuberculosis-HIV co-infection. As tuberculosis (TB) treatment is already provided free-of-charge in project provinces, personnel in voluntary testing and counselling centres will be instructed to make the necessary referrals to TB treatment centres.⁴²

As of December 2006, 20,502 persons infected with HIV had received treatment or prophylaxis for opportunistic infections, short of the 20,800-person goal.⁴³ In 2005, US\$171,910 was spent on projects pertaining to this goal, excluding procurement costs. US\$31,579 was spent at the national level, and US\$140,331 was spent at the provincial level.^{44,45,46} Expected disbursements for this goal are summarized in table 5.

Table 5 – Expected Disbursements for Objective 4, by Year of Project Implementation

Year	Funds Anticipated (US\$)
Year 1	300,000
Year 2	1,525,810
Year 3	2,442,410
Year 4	2,537,960
Year 5	1,800,730
Total	9,033,880

Goal 5: Initiate and Maintain a Quality Antiretroviral Therapy Program

⁴² The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003.

⁴³ China CDC. *On-going Progress Update and Disbursement Request 8*. Not Dated.

⁴⁴ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th, 2005

⁴⁵ China CDC. *On-going Progress Update and Disbursement Request 4*. August 26th, 2005

⁴⁶ China CDC. *On-going Progress Update and Disbursement Request 5*. March 9th, 2006

Awareness campaigns and referrals from VCT centres will help to increase knowledge of treatment availability in project counties. Treatment will be offered to those who have previously endured a significant opportunistic infection or who have sufficiently low CD4 counts. Eligible family members of those requiring treatment will also receive treatment to avoid drug sharing. A first-line regimen consisting of generic drugs produced in China will be provided. These drugs are: zidovudine (AZT), didanosine (ddI), stavudine (d4T), and nevirapine. A second line of imported drugs will consist of lamivudine (3TC), indinavir and efavirenz. These drugs will be provided by village health workers or volunteers via directly observed therapy.⁴⁷

In December 2003, 4000 people in the project counties were receiving ARV. By December 2006, that number had increased to 23,060.⁴⁸ In 2005, US\$ 282,577 was spent on this objective, excluding procurement costs. US\$ 41,891 was spent at the national level, and US\$ 240,686 was spent at the provincial level. In the same year, US\$ 313,268 was spent to import efavirenz, and a total of US\$ 18,874 was billed as ARV procurement administration fees, amounting to a total of US\$ 332,142. Therefore the total spent on the fifth objective in 2005 was US\$ 614,719.^{49,50,51} Table 6 shows expected funding for this goal over the five years of the project's duration.

Table 6- Funds Anticipated for Objective 5, by Year of Project Implementation.

Year	Funds Anticipated (US\$)
Year 1	2,122,590
Year 2	4,025,920
Year 3	6,276,330
Year 4	9,970,860
Year 5	7,583,000
Total	29,978,700

Goal 6: Comprehensive Care and Support for People Living with HIV/AIDS and their Families

The project aims to provide support to AIDS-affected families in project counties through diverse interventions. Active HIV-positive persons will be recruited to start self-help groups, to help improve adherence and attitude toward anti-retroviral therapy, and provide information on available care resources and transmission prevention. Social welfare and education for children in affected families will be provided, including the establishment of back-to-school and stay-in-school programs. Home-based care and support teams will visit affected families to provide psychosocial and nutritional support, help with manual labour and childcare, and

⁴⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003

⁴⁸ China CDC. *On-going Progress Update and Disbursement Request 8*. Not Dated.

⁴⁹ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th, 2005

⁵⁰ China CDC. *On-going Progress Update and Disbursement Request 4*. August 26th, 2005

⁵¹ China CDC. *On-going Progress Update and Disbursement Request 5*. March 9th, 2006

identify any opportunistic infections that may be present. They will also provide referrals to the appropriate healthcare divisions.⁵²

As of December 2006, 25,805 HIV-positive individuals and their families were receiving care, support and social assistance, just above the target of 23,600 families. By the end of August 2006, 20,413 PLWHA were receiving free information and education communication, above the target of 18,050.⁵³ In the year 2005, US\$ 497,103 was spent to fund this initiative, with US\$ 136,767 spent at the national level and US\$ 360,336 at the provincial level.^{54,55,56} Table 7 shows expected spending for each of the project's five years.

Table 7 - Funds Anticipated for Objective 6, by Year of Project Implementation.

Year	Funds Anticipated (US\$)
Year 1	825,000
Year 2	1,650,000
Year 3	2,364,000
Year 4	3,480,000
Year 5	3,480,000
Total	11,799,000

Goal 7: Promoting Awareness, Acceptance, Commitment and Involvement Regarding HIV/AIDS Issues among Political Leaders at all Levels, the General Public, and Affected Communities

In order to ensure a favourable policy environment and the continuation of funding for HIV/AIDS projects, targeted advocacy will be used to cultivate the government's commitment to HIV/AIDS. Officials will be informed about the detrimental social and economic effects of HIV/AIDS on communities, and be provided with information on policies, and best practices. Networking between officials will enhance communication between affected counties and study tours will help best practices to be more widely known.

The general public will be targeted in media and information and education communication campaigns, to increase knowledge and awareness about HIV/AIDS and reduce stigma based on fear. People living with HIV/AIDS will be targeted in information and education communication to provide details about available care and support services.⁵⁷

As of December 2006, 3,078 project activities included government organizations,

⁵² The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003

⁵³ China CDC. *On-going Progress Update and Disbursement Report 8*. Not Dated.

⁵⁴ China CDC. *On-going Progress Update and Disbursement Report 3*. May 30th, 2005

⁵⁵ China CDC. *On-going Progress Update and Disbursement Report 4*. August 26th, 2005

⁵⁶ China CDC. *On-going Progress Update and Disbursement Report 5*. March 9th, 2006

⁵⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003

departments and/or NGOs as active participants, well above the target of 2,300.⁵⁸ In 2005, US\$ 1,695,396 was spent on this initiative, excluding procurement costs. US\$842,811 was spent at the national level, and US\$852,585 was spent at the provincial level.^{59,60,61} Expected expenditures for this objective, for each of the program's five years, are presented in table 8.

Table 8 - Funds Anticipated for Objective 6, by Year of Project Implementation

Year	Funds Anticipated (US\$)
Year 1	578,250
Year 2	1,128,800
Year 3	1,837,600
Year 4	1,096,000
Year 5	0
Total	4,640,650

Goal 8: Delivery of Adequate Preventive Services

In the fight against HIV/AIDS, prevention is the key to future success. Under this objective, targeted information, education, and behaviour change communication campaigns will provide information and skills to high-risk groups, including migrant workers, sex workers, injection drug users, and youth. Barriers to condom use will be addressed, as well as safe behaviours, and safe injection techniques. Voluntary testing and counselling and prevention of mother-to-child transmission services will be promoted. Free condoms will be distributed. Universal precautions guidelines will be taught to health workers and implemented in health care settings to ensure the safety of medical procedures. The project will be documented and used as the base of a plan for a national prevention and stigma reduction campaign.⁶²

As of December 2006, 1,886 middle school teachers had been trained in life-skills education, and taught it to their classes. 1,118,296 students were taught in a participative life-skills class.⁶³ In 2005, US\$ 1,234,515 was spent for projects pertaining to this objective, excluding procurement costs. US\$ 328,970 was spent at the national level and US\$ 905,545 at the provincial level.^{64,65,66} Table 9 shows expected annual expenditures for this objective.⁶⁷

⁵⁸ China CDC. *On-going Progress Update and Disbursement Report 8*. Not Dated.

⁵⁹ China CDC. *On-going Progress Update and Disbursement Report 3*. May 30th,2005

⁶⁰ China CDC. *On-going Progress Update and Disbursement Report 4*. August 26th,2005

⁶¹ China CDC. *On-going Progress Update and Disbursement Report 5*. March 9th, 2006

⁶² The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003

⁶³ China CDC. *On-going Progress Update and Disbursement Report 8*. Not Dated.

⁶⁴ China CDC. *On-going Progress Update and Disbursement Report 3*. May 30th,2005

⁶⁵ China CDC. *On-going Progress Update and Disbursement Report 4*. August 26th,2005

⁶⁶ China CDC. *On-going Progress Update and Disbursement Report 5*. March 9th, 2006

⁶⁷ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 3 HIV Proposal from China to the Global Fund*. June 23rd, 2003

Table 9 - Funds Anticipated for Objective 8, by Year of Project Implementation

Year	Funds Anticipated (US\$)
Year 1	931,000
Year 2	1,240,900
Year 3	1,043,000
Year 4	670,000
Year 5	490,000
Total	4,375,000

In addition to the funding used directly to accomplish the objectives, additional funds were used for procurement. Spending by objective, procurement, and total spending, is tabulated in Table 10.

Table 10: Expenditures in US\$ by Government Level and Objective for Each Disbursement Period in the Year 2005, for the Global Fund Round 3 Project.

Objective		January-March	April-June	July-December	Total
1	National	64,162	118,066	202,743	384,971
	Provincial	497,459	426,879	1,222,384	2,146,722
	Total	561,621	544,945	1,425,127	2,531,693
2	National	837	246	18,409	19,492
	Provincial	236,400	142,389	513,640	892,429
	Total	237,237	142,635	532,049	911,921
3	National	20,127	0	63,300	83,427
	Provincial	109,595	61,196	271,535	442,326
	Total	129,722	61,196	334,835	525,753
4	National	0	3,629	27,950	31,579
	Provincial	61,746	36,042	112,543	210,334
	Total	61,746	39,671	140,493	241,910
5	National	124	0	41,767	41,891
	Provincial	57,411	31,541	151,734	240,686
	Total	57,535	31,541	193,501	282,577
6	National	81,055	0	55,712	136,767
	Provincial	101,199	78,845	180,292	360,336
	Total	182,254	78,845	236,004	497,103
7	National	155,050	479,029	208,732	842,811
	Provincial	104,728	115,222	632,635	852,585
	Total	259,778	594,251	841,367	1,695,396
8	National	74,353	35,476	219,141	328,970
	Provincial	147,258	145,248	613,039	905,545
	Total	221,611	180,724	832,180	1,234,515
Total	National	1,315,795	1,037,363	3,697,802	6,050,960
	Provincial	395,708	636,447	837,755	1,869,910
	Total	1,711,503	1,673,810	4,535,557	7,920,870
Procurement		705,165	3,795,255	1,261,530	5,761,950
Grand Total		2,416,688	5,469,065	5,797,087	13,682,840

4th Round – HIV/AIDS Prevention and Treatment among High-Risk Populations

Funds from the Global Fund's 4th round were solicited by the Chinese government to help in the implementation of an HIV/AIDS prevention and treatment program particularly aimed at the high-risk sex worker and injection drug user populations in 37 counties in Xinjiang, Yunnan, Guangxi, Sichuan, Guizhou, Hunan and Jiangxi provinces. The project began in July 2005 and will continue through 2010. The project aims to improve cooperation between the government, NGOs, and society to create an environment favourable to the development of projects in this discipline. It also aims to improve HIV/AIDS awareness via information,

education, and behaviour change communication projects, and decrease transmission among injection drug users and sex workers. Voluntary testing and counselling services will be established and promoted. Treatment and care services such as methadone maintenance clinics, needle exchange sites and anti-retroviral therapy clinics will be set-up. Youth education, risk-reduction programs for sex workers, and mass media campaigns will also occur⁶⁸. The many aims of this project were divided into 6 main objectives, which are further explored below.

Funding and Financial Information

A total of US \$ 63,742,277 in funding was approved for this project, to be distributed over two phases. The first phase, which lasted from July 2005 to September 2006, had US\$ 23,936,918 in funding approved and US\$ 21,422,769 disbursed, with the difference due to delays in procurement. The remaining US\$39,805,359 will be disbursed in phase two, which will extend from January 2007 to 2010⁶⁹. Co-financing will be provided by the central Chinese government, and will account for 20% of the project's financing in the first year, and increase to 50% of the project's annual budget by the fifth and final year. Total estimated finances for all five years of the project's duration are summarized in Table 11.

Table 11 – Expected Sources of Financing for the Global Fund Round 4 HIV/AIDS China Project

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Central Government Contributions (US\$)	2,745,977	4,317,671	6,065,333	8,895,570	12,309,561	34,334,112
Requested Funds from GFATM (US\$)	10,983,090	12,953,009	14,152,443	13,343,355	12,309,561	63,741,458
Total (US\$)	13,729,067	17,270,680	20,217,776	22,238,925	24,619,122	98,075,570
Government Contributions	20%	25%	30%	40%	50%	35%

Objective 1: Create an enabling environment and strengthen leadership to develop and implement co-ordinated, multi-sectoral, rights-based, risk-reduction policy at all levels

To ensure a favourable policy environment, information will be disseminated to national-level officials through the Central Party School, and communicated using a top-down approach to officials at lower levels of government. This goal includes support to promote

⁶⁸ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund*.

⁶⁹ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Grant Performance Report CHN-405-G05-H*. February 2nd, 2007.

better co-ordination of activities and communication between various government levels and departments, as well as relevant government-organized non-governmental organizations (GONGO) and NGOs. The participation of these non-governmental and civil society organizations will be encouraged. It is recognized that civil society groups and those run by people living with HIV/AIDS may have an advantage in reaching out to the high-risk populations targeted in this program.⁷⁰

As of December 31st 2006, 71 of 74 project sites (two per county) had established local HIV/AIDS projects, tied to the local government's economic development plan. This is the only progress indicator provided for this objective.⁷¹ Table 12 shows funds disbursed for this objective from October 2005 to September 2006.^{72,73,74,75}

Table 12 – Funds Used (\$US) for Objective 1, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December 2005	January-March 2006	April-June 2006	July – September 2006	Total
National	117,014	9,894.10	36,669.33	76,176.51	239,753.94
Provincial	152,040	51,963.98	52,806.62	149,414.61	406,225.21
Total	269,054	61,858.08	89,475.95	225,611.12	645,999.15

Objective 2: Increase Awareness and Knowledge of HIV/AIDS through Coordinated Development of Strategic IEC and BCC Materials Aimed at IDUs, CSWs and Youth

Mass media, including television, radio, newspapers and the internet, will be used to provide the general public with HIV prevention information. Targeted prevention information will be provided to secondary school and college students through formal programs in schools. These programs aim to build on the existing 'Straight Talk' life skills programs, and train teachers and peer educators to provide safe sex information before the beginning of sexual activity. Young people at high-risk for injection drug use or sex work will be targeted by the program for life skills interventions aimed at providing these young people with the capacity to avoid engaging in these activities. Information, education, and behaviour change communication materials will be designed and distributed from one clearinghouse to avoid duplication of efforts. Feedback will be used to improve the materials over the course of the project.⁷⁶

As of December 31st 2006, 215,353 members of high-risk populations (injection drug users, sex workers, STI patients, etc.) had received information, education and behaviour change communication packages. 1,472,405 youth had received community or school based

⁷⁰ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund.*

⁷¹ China CDC. *On-going Progress Update and Disbursement Request 6.* March 26th, 2007

⁷² China CDC. *On-going Progress Update and Disbursement Request 2.* February 14th, 2006

⁷³ China CDC. *On-going Progress Update and Disbursement Request 3.* May 30th 2006

⁷⁴ China CDC. *On-going Progress Update and Disbursement Request 4.* Not Dated

⁷⁵ China CDC. *On-going Progress Update and Disbursement Request 5.* November 24th, 2006

⁷⁶ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund.*

prevention education.⁷⁷ Table 13 shows funds disbursed for this objective from October 2005 to September 2006.^{78,79,80,81}

Table 13 – Funds Used (\$US) for Objective 2, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December 2005	January-March 2006	April-June 2006	July – September 2006	Total
National	114,805	46,817.39	71,337.95	146,965.00	379,925.34
Provincial	227,576	39,047.14	140,111.01	186,206.08	592,940.23
Total	342,381	85,864.53	211,448.96	333,171.08	972,865.57

Objective 3: Use Harm Reduction Approaches to Decrease HIV Transmission Among IDU and Reduce the Vulnerability of their Partners to HIV

To achieve the goals laid out in this objective, free methadone maintenance clinics and needle exchange sites will be established. Condoms will be promoted at these venues, and links between these services and voluntary testing and counselling sites will be established. According to Chinese policy, only those registered injection drug users referred from detention or detox centres will be permitted to access the methadone maintenance aspects of this program.⁸²

As of December 31st 2006, 68 methadone clinics had been established in project counties, and 5,583 people were receiving methadone maintenance. 112 needle exchange sites had been established. 49,665 injection drug users were receiving prevention assistance via needle exchange and/or peer education/outreach education.⁸³ Table 14 shows funds disbursed for this objective from October 2005 to September 2006.^{84,85,86,87}

Table 14 – Funds Used (\$US) for Objective 3, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December 2005	January-March 2006	April-June 2006	July – September 2006	Total
National	90,169	31,937.39	50,950.90	126,248.14	299,305.43
Provincial	755,824	248,787.09	371,437.08	1,100,097.39	2,476,145.56

⁷⁷ China CDC. *On-going Progress Update and Disbursement Request 6*. March 26th, 2007

⁷⁸ China CDC. *On-going Progress Update and Disbursement Request 2*. February 14th, 2006

⁷⁹ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th 2006.

⁸⁰ China CDC. *On-going Progress Update and Disbursement Request 4*. Not Dated

⁸¹ China CDC. *On-going Progress Update and Disbursement Request 5*. November 24th, 2006

⁸² The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund*.

⁸³ China CDC. *On-going Progress Update and Disbursement Request 6*. March 26th, 2007

⁸⁴ China CDC. *On-going Progress Update and Disbursement Request 2*. February 14th, 2006

⁸⁵ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th 2006.

⁸⁶ China CDC. *On-going Progress Update and Disbursement Request 4*. Not Dated

⁸⁷ China CDC. *On-going Progress Update and Disbursement Request 5*. November 24th, 2006

Total	845,993	279,724.48	422,387.98	1,226,345.53	2,775,450.99
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Objective 4: Reduce HIV Transmission to and from CSWs and their Partners/Clients

Outreach services will be provided through community-based centres and health centres. Better information, education and behaviour change communication materials and services will be provided at these centres, for both sex workers and their clients. Peer education will help to identify and support sex workers, and encourage them to seek testing. Voluntary testing and counselling services will be linked to these centres, which will also integrate women's health, reproductive health and STI services.⁸⁸

As of December 31st 2006, 66,712 sex workers had received outreach and peer education services including behaviour change and condom promotion.⁸⁹ Table 15 shows funds disbursed for this objective from October 2005 to September 2006.^{90,91,92,93}

Table 15 – Funds Used (\$US) for Objective 4, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December 2005	January-March 2006	April-June 2006	July – September 2006	Total
National	114,418	13,179.56	2.20	144,500.00	272,099.76
Provincial	443,647	124,144.36	203,312.63	657,156.78	1,428,260.77
Total	558,065	137,321.92	203,314.83	801,656.78	1,700,360.53

Objective 5: Promote and Provide Accessible and Affordable Voluntary Testing and Counselling Services at District and County Levels

HIV testing centres existed prior to the start of this program, but this project will seek to increase the number of sites, and add counselling services. The voluntary nature of the testing services will also be emphasized and supervised to ensure no coercive testing occurs and that confidentiality is maintained. The testing services will act as a gateway and referral centre to treatment and care. These centres will also play an important role in sentinel surveillance.⁹⁴

As of December 31st 2006, 149 voluntary testing and counselling sites existed, all with trained counsellors providing specialized HIV/AIDS services. 247,610 individuals took advantage of these services, were counselled, tested and collected their results.⁹⁵ Table 16 shows funds disbursed for this objective from October 2005 to September 2006.^{96,97,98,99}

⁸⁸ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund.*

⁸⁹ China CDC. *On-going Progress Update and Disbursement Request 6.* March 26th, 2007

⁹⁰ China CDC. *On-going Progress Update and Disbursement Request 2.* February 14th, 2006

⁹¹ China CDC. *On-going Progress Update and Disbursement Request 3.* May 30th 2006.

⁹² China CDC. *On-going Progress Update and Disbursement Request 4.* Not Dated

⁹³ China CDC. *On-going Progress Update and Disbursement Request 5.* November 24th, 2006

⁹⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund.*

⁹⁵ China CDC. *On-going Progress Update and Disbursement Request 6.* March 26th, 2007

⁹⁶ China CDC. *On-going Progress Update and Disbursement Request 2.* February 14th, 2006

⁹⁷ China CDC. *On-going Progress Update and Disbursement Request 3.* May 30th 2006.

Table 16 – Funds Used (\$US) for Objective 5, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December 2005	January-March 2006	April-June 2006	July – September 2006	Total
National	45,594	637.66	7.59	24,286.49	70,525.74
Provincial	610,289	196,935.53	213,916.85	686,344.05	1,707,485.43
Total	655,883	197,573.19	213,204.44	710,630.54	1,778,011.17

Objective 6: Establish a Network of Service Delivery Facilities Assuring Treatment, Care and Support to People Living with HIV/AIDS, including Prevention of Mother-to-Child Transmission

Following diagnosis, people living with HIV/AIDS will be referred to a hospital for needs assessment for anti-retroviral therapy, opportunistic infection prophylaxis and treatment, and referrals to support groups. These support groups will initially be established at treatment centres, and gradually expand to centres throughout the community. Health care workers will be trained in anti-retroviral therapy and opportunistic infection treatment, and bonuses will be provided for those willing to engage in AIDS-related work. Anti-retrovirals will be provided free by the Ministry of Health, and given by directly observed therapy. They will be integrated with opportunistic infection treatment/prophylaxis, or methadone maintenance where necessary. The CDC will participate in this aspect of the project by supervising drug resistance. The Ministry of Health is committed to providing a lamivudine-based first-line regimen, and a second line. At Maternal and Child Health Centres, anti-retroviral regimens will be tailored to the needs of HIV-positive expecting mothers to prevent mother-to-child transmission, based on infection stage, gestational age of the fetus and prior drug-dependency. Family planning and breastfeeding counselling will be offered, and elective caesarean section will be presented as an option for delivery.¹⁰⁰

As of December 31st 2006, 8,879 HIV-positive individuals were receiving basic care and support and 4,130 were receiving ARV treatment. 9,191 opportunistic infections were treated.¹⁰¹ Table 17 shows funds disbursed for this objective from October 2005 to September 2006.^{102,103,104,105}

Table 17 – Funds Used (\$US) for Objective 6, by Government Level and Disbursement Period, from October 2005- September 2006

	October-December	January-March	April-June	July –	Total
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⁹⁸ China CDC. *On-going Progress Update and Disbursement Request 4*. Not Dated

⁹⁹ China CDC. *On-going Progress Update and Disbursement Request 5*. November 24th, 2006

¹⁰⁰ The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Round 4 HIV Proposal from China to the Global Fund*.

¹⁰¹ China CDC. *On-going Progress Update and Disbursement Request 6*. March 26th, 2007

¹⁰² China CDC. *On-going Progress Update and Disbursement Request 2*. February 14th, 2006

¹⁰³ China CDC. *On-going Progress Update and Disbursement Request 3*. May 30th 2006.

¹⁰⁴ China CDC. *On-going Progress Update and Disbursement Request 4*. Not Dated

¹⁰⁵ China CDC. *On-going Progress Update and Disbursement Request 5*. November 24th, 2006

	2005	2006	2006	September 2006	
National	174,220	87.60	781.40	101,628.11	276,717.11
Provincial	224,927	308,822.16	238,975.08	626,856.84	1,399,581.08
Total	398,747	308,909.76	239,756.48	728,484.95	1,676,298.19

In addition to the funding used directly to accomplish the objectives, additional funds were used for human resources, monitoring and evaluation, public relations, and procurement. Spending in these areas, by objective, and total spending, are tabulated in Table 18.

Table 18: Expenditures in US\$ by Government Level and Objective for Each Disbursement Period from October 2005 – September 2006, for the Global Fund Round 4 Project

Objective		Oct. – Dec. 2005	Jan. – Mar. 2006	Apr. – Jun. 2006	Jul. - Sept. 2006	Total
1	National	117,014	9,894.10	36,669.33	76,176.51	239,753.94
	Provincial	152,040	51,963.98	52,806.62	149,414.61	406,225.21
	Total	269,054	61,858.08	89,475.95	225,611.12	645,999.15
2	National	114,805	46,817.39	71,337.95	146,965.00	379,925.34
	Provincial	227,576	39,047.14	140,111.01	186,206.08	592,940.23
	Total	342,381	85,864.53	211,448.96	333,171.08	972,865.57
3	National	90,169	31,937.39	50,950.90	126,248.14	299,305.43
	Provincial	755,824	248,787.09	371,437.08	1,100,097.39	2,476,145.56
	Total	845,993	279,724.48	422,387.98	1,226,345.53	2,775,450.99
4	National	114,418	13,179.56	2.20	144,500.00	272,099.76
	Provincial	443,647	124,144.36	203,312.63	657,156.78	1,428,260.77
	Total	558,065	137,321.92	203,314.83	801,656.78	1,700,360.53
5	National	45,594	637.66	7.59	24,286.49	70,525.74
	Provincial	610,289	196,935.53	213,916.85	686,344.05	1,707,485.43
	Total	655,883	197,573.19	213,204.44	710,630.54	1,778,011.17
6	National	174,220	87.60	781.40	101,628.11	276,717.11
	Provincial	224,927	308,822.16	238,975.08	626,856.84	1,399,581.08
	Total	398,747	308,909.76	239,756.48	728,484.95	1,676,298.19
Total	National	656,220	1,025,537.70	159,749.37	619,804.25	1,538,327.32
	Provincial	2,414,303	969,700.26	1,220,559.27	3,406,075.75	8,010,638.28
	Total	3,070,523	1,995,237.96	1,380,308.64	4,025,880.00	9,548,965.60
HR	National	24,313	19,415.55	53,726.14	29,173.89	126,628.58
	Provincial	253,368	133,799.43	236,567.45	239,236.31	862,971.19
	Total	277,681	153,214.98	290,293.59	268,410.20	989,599.77
M&E	National	22,604	15,987.04	49,301.77	71,805.66	159,698.47
	Provincial	154,623	66,558.14	77,811.81	114,335.24	413,328.19
	Total	177,227	82,545.18	127,112.58	186,140.20	573,026.66
PR		26,276	3,078.68	0.00	188.61	29,543.29
Procurement		0	1,412,710.80	36,630.00	0.00	1,449,340.80

Grand Total	3,551,707	3,646,787.60	1,834,344.81	4,480,619.01	12,590,476.12
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5th Round – Preventing a New Wave of HIV Infections

The fifth round of Global Fund support for HIV prevention in China will fund a project scheduled to run from July 2006 to 2011. It targets high-risk men having sex with men (MSM), sex workers, and migrant populations in 18 cities throughout Gansu, Heilongjiang, Inner Mongolia, Jilin, Liaoning, and Ningxia provinces, and Chongqing municipality. These target populations were chosen because of their potential to function as a bridge for HIV infection to the general population. The project aims to reduce stigma and raise awareness to facilitate access, for MSM and CSWs in particular, to outreach and prevention services. These services will also be increased in magnitude throughout the project, which aims to provide voluntary testing and counselling, information, education and behaviour change communication, condom and lubricant promotion, and initiate a 100% Condom Use Program in the target cities. The project aims to strengthen the government's relationship with relevant NGOs, especially those run by MSM and people living with HIV/AIDS, to coordinate efforts and present a unified front to the fight against HIV/AIDS. STI services and surveillance efforts will also be improved, with better case reporting and easier access to STI services for target populations expected.

The project is divided into five main objectives. Each objective, and funds planned to achieve them, are explored below.

Funding

The Global Fund has approved US\$ 28,902,074 in funding for this project, to be distributed over the five years, in two phases. The first phase will receive US\$12,544,128 in funding, of which US\$ 7,833,568 had been disbursed as of December 2006. The Chinese government will provide counterpart financing, and its contributions along with those of the Global Fund, are summarized in Table 19.

Table 19 - Expected Sources of Financing for the Global Fund Round 5 HIV/AIDS China Project

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Central Government Contributions (US\$)	2,065,533	2,720,370	4,101,092	5,046,218	5,160,090	19,093,303
GFATM Contributions (US\$)	6,196,598	6,347,529	6,151,638	5,046,218	5,160,090	28,902,073
Total (US\$)	8,262,131	9,067,899	10,252,730	10,092,436	10,320,180	47,995,376
Central Government	25%	30%	40%	50%	50%	40%

Contributions (%)						
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Objective 1: Create an Enabling Social Environment and Strengthen Policy Implementation

Activity 1.1: Media and Community-Based Campaigns to Reduce Stigma

A mass-media stigma reduction campaign using posters and television and radio ads, and featuring AIDS ambassadors, will be run. Groups of HIV-positive individuals will organize community-based campaigns. Anti-stigma and prevention campaigns will also be run at high schools and universities.

Activity 1.2: Advocacy Initiatives to Improve Implementation of Existing HIV/AIDS Policies

Government officials will be trained with information pertaining to HIV/AIDS, relevant existing government policies, and working with NGOs. Media and healthcare workers will be provided with information on HIV/AIDS and AIDS policies, in an effort to reduce discrimination toward HIV-positive people. Advocates will encourage entertainment establishments and hotels to implement the 100% Condom Use Program. Advocacy initiatives will also aim to have the rapid HIV test promoted in national HIV testing guidelines, and to have voluntary testing and counselling integrated into existing STI clinics.¹⁰⁶

In the project's first six months, 176 anti-stigma media campaigns were run.¹⁰⁷ Table 20 shows projected funding for this objective for all five years of the project's duration.

Table 20 – Expected Funding in US\$ for Objective 1 by Year of Project Implementation and Activity

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.1	501,924.44	799,788.65	652,073.63	560,130.20	552,129.63	3,034,717.67
1.2	501,924.44	482,412.20	301,430.26	161,478.98	144,482.52	1,589,614.02
Total	1,003,848.88	1,282,200.86	953,503.89	721,609.17	696,612.12	4,625,331.68

Objective 2: Comprehensive Approaches to Reduce High-Risk Behaviour and HIV Transmission Among MSM, Sex Workers, Migrants, and their Partners

Activity 2.1: Behaviour Change Communication (BCC) Outreach and Condom Promotion Activities Targeting Sex Workers

Sex worker-specific behaviour change communication materials will be improved, and

¹⁰⁶ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

¹⁰⁷ China CDC. *On-going Progress Update and Disbursement Request 3*. February 1st, 2007.

the link between STI-infection and contracting of HIV explained. Peer education training and activities will be organized for sex workers, who will also be trained in condom use, negotiation, and self-protection skills. Condoms and lubricant will be distributed, and behaviour change communication and condom promotion will take place at entertainment venues.

Activity 2.2: Behaviour Change Communication Outreach and Condom Promotion Materials Aimed at MSM

MSM-specific behavior change communication materials will be improved, and the link between STI-infection and contracting HIV explained. Support will be provided for MSM hotlines and networks, and peer education will be organized among members of the MSM community. The project will work in conjunction with MSM websites to distribute risk-behaviour reduction information, which will also be disseminated in bars, saunas, clubs, hotels and parks. Free condoms and lubricant will be distributed.

Activity 2.3: BCC Outreach and Condom Promotion Targeting Migrant Workers

Behaviour change communication materials aimed at migrants engaging in high-risk behaviour will be improved, and the link between STI-infection and contracting HIV explained. Peer education will be conducted at factories, construction sites and service industries employing migrant workers. Workshops will be held to involve local governments, NGOs, GONGOs, employers and migrant workers in behaviour change communication and condom promotion activities. Condoms and lubricant will be provided to migrants through labour organizations and departments.

Activity 2.4: Voluntary Testing and Counselling Services for Sex Workers, MSM and Migrants

Health workers, professional counsellors, NGOs, volunteers, target group members and people living with HIV/AIDS will be trained with information about voluntary testing and counselling services. A referral network will be established from testing sites to risk-reduction, treatment, and care services. Community groups will be used to encourage the use of voluntary testing and counselling services by sex workers, MSM and migrants. Voluntary testing and counselling centres will be established inside detention centres and drug rehabilitation facilities.¹⁰⁸

In the project's first six months, 124,000 people were reached with prevention information, 40,507 people received HIV testing and counselling and 997,911 condoms were distributed.¹⁰⁹ Table 21 shows projected funding for this objective for all five years of the project's duration.

Table 21 – Expected Funding in US\$ for Objective 1 by Year of Project Implementation and

¹⁰⁸ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

¹⁰⁹ China CDC. *On-going Progress Update and Disbursement Request 3*. February 1st, 2007.

Activity

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2.1	483,334.64	647,447.96	775,106.39	625,731.03	629,530.98	3,150,325.96
2.2	644,446.19	564,930.08	688,983.46	560,130.20	562,449.81	3,034,717.67
2.3	477,138.05	628,405.37	559,799.06	600,499.94	598,570.44	2,861,305.23
2.4	1,010,045.47	1,110,817.58	1,322,602.17	1,105,121.74	1,099,099.17	5,635,904.24
Total	2,614,964.35	3,078,551.57	3,346,491.07	2,891,482.91	2,889,650.40	14,682,253.08

Objective 3: Strengthen STI Services and Link with HIV-prevention activities*Activity 3.1 Improved STI Services Targeted at Sex Workers, MSM and Migrants.*

National STI guidelines will be revised to include partner notification, case reporting, and contact tracing guidelines. Training will be provided in STI clinic management, with information specific to treating MSM, sex workers and migrants. Hospitals and clinics will be trained in syndrome management, laboratory skills, counselling skills, and diagnosis and treatment of common STIs. STI clinics will also receive technical assistance from the project. Designated STI clinics will be targeted at specific high-risk population groups, and offer discounted testing and treatment services.

Activity 3.2 Coordinate STI, Voluntary Testing and Counselling, and Behaviour Change Communication Outreach

Where possible, voluntary testing and counselling services will be implemented in STI clinics. In the remaining clinics, a referral and tracking system will be established to voluntary testing and counselling services. Information, education and behaviour change communication will also be provided at STI clinics.¹¹⁰

In the first six months of the project's implementation, 180 health care professionals received STI training and 10,494 people received STI treatment and counseling.¹¹¹ Table 22 shows projected funding for this objective for all five years of the project's duration.

Table 22 – Expected Funding in US\$ for Objective 1 by Year of Project Implementation and Activity

¹¹⁰ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

¹¹¹ China CDC. *On-going Progress Update and Disbursement Request 3*. February 1st, 2007.

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
3.1	601,070.01	596,667.73	461,372.85	368,373.91	376,686.57	2,398,872.06
3.2	49,572.78	76,170.35	55,364.74	40,369.74	41,280.72	260,118.68
Total	650,642.79	672,838.07	516,737.59	408,743.65	417,967.29	2,658,990.72

Objective 4: Strengthen the Capacity of Civil Society Groups to Plan and Implement HIV Prevention Activities

Activity 4.1 Provide Support and Capacity Building to Community Organizations and NGOs

The project will seek to provide management support and technical assistance to small NGOs and community organizations that work with target groups, as well as twinning opportunities with larger NGOs. Financial support will be provided to grass-roots organizations working on HIV/AIDS.

Activity 4.2 Provide Support and Capacity building for People Living with HIV/AIDS and their Support Groups

Activists and support groups for people living with HIV/AIDS will be provided with assistance in funding, management, fundraising and logistics, in addition to technical assistance. Training and internships will be provided for HIV-positive persons in NGOs, government and community activities.¹¹²

In the project's first six months, 122 NGO staff received training.¹¹³ Table 23 shows projected funding for this objective for all five years of the project's duration.

Table 23 – Expected Funding in US\$ for Objective 1 by Year of Project Implementation and Activity

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
4.1	254,060.52	247,553.63	184,549.14	191,756.28	196,083.42	1,069,376.70
4.2	198,291.14	190,4425.87	159,942.59	131,201.67	134,162.34	809,258.04
Total	452,351.65	437,979.50	344,491.73	322,957.95	330,245.76	1,878,634.75

Objective 5: Strengthen Local Capacities to Conduct HIV Situational Analysis, Including Improved Surveillance, Monitoring, and Evaluation

Behavioural data concerning target populations will be collected, using surveys, sentinel surveillance, and data collected at routine testing centres. The number of sentinel sites will be increased. Local officials will be trained in using monitoring, evaluation, and surveillance data to plan HIV/AIDS activities. An HIV 'early warning' system will be established, targeting

¹¹² The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

¹¹³ China CDC. *On-going Progress Update and Disbursement Request 3*. February 1st, 2007.

vulnerable populations, and surveillance will be linked to prevention services.¹¹⁴

Following six months of project implementation, no data was available on progress in this area. A baseline presence of 27 sentinel surveillance sites was recorded.¹¹⁵ Table 24 shows projected funding for this objective for all five years of the project's duration.¹¹⁶

Table 24 – Expected funding in US\$ for Objective 1 by Year of Project Implementation

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
5	291,240.11	190,425.87	258,368.80	211,941.16	216,723.78	1,098,278.77

Total projected funding information is tabulated in Table 25.

Table 25: Projected Expenditures, in US\$, by Objective, for Each Year of the Global Fund Round 5 Project in China

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
1	1.1	501,924.44	799,788.65	652,073.63	560,130.20	552,129.63	3,034,717.67
	1.2	501,924.44	482,412.20	301,430.26	161,478.98	144,482.52	1,589,614.02
	Total	1,003,848.88	1,282,200.86	953,503.89	721,609.17	696,612.12	4,625,331.68
2	2.1	483,334.64	647,447.96	775,106.39	625,731.03	629,530.98	3,150,325.96
	2.2	644,446.19	564,930.08	688,983.46	560,130.20	562,449.81	3,034,717.67
	2.3	477,138.05	628,405.37	559,799.06	600,499.94	598,570.44	2,861,305.23
	2.4	1,010,045.47	1,110,817.58	1,322,602.17	1,105,121.74	1,099,099.17	5,635,904.24
	Total	2,614,964.35	3,078,551.57	3,346,491.07	2,891,482.91	2,889,650.40	14,682,253.08
3	3.1	601,070.01	596,667.73	461,372.85	368,373.91	376,686.57	2,398,872.06
	3.2	49,572.78	76,170.35	55,364.74	40,369.74	41,280.72	260,118.68
	Total	650,642.79	672,838.07	516,737.59	408,743.65	417,967.29	2,658,990.72
4	4.1	254,060.52	247,553.63	184,549.14	191,756.28	196,083.42	1,069,376.70
	4.2	198,291.14	190,442.87	159,942.59	131,201.67	134,162.34	809,258.04
	Total	452,351.65	437,979.50	344,491.73	322,957.95	330,245.76	1,878,634.75
5	Total	291,240.11	190,425.87	258,368.80	211,941.16	216,723.78	1,098,278.77
Total Service	5,013,047.78	5,528,697.76	5,419,593.08	4,450,764.28	4,551,199.38	25,000,293.15	
Total Management	1,183,550.22	818,831.24	732,044.92	595,453.72	608,890.62	3,901,779.86	
Grand Total	6,196,598	6,347,529	6,151,638	5,046,218	5,160,090	28,902,073	

¹¹⁴ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

¹¹⁵ China CDC. *On-going Progress Update and Disbursement Request 3*. February 1st, 2007.

¹¹⁶ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Round 5 HIV Proposal from China to the Global Fund*. June 13th, 2005.

6th Round – Mobilizing Civil Society to Scale Up HIV/AIDS Control Efforts

Although a grant agreement has yet to be signed, some preliminary information is available on China's 6th Round HIV project. The project will be implemented in 15 provinces, primarily by NGOs and community-based organizations, with cooperation from the government. The project aims to empower these types of groups to fill the gaps in government programs, create a supportive environment for government partnership with NGOs, and reduce social stigma surrounding HIV/AIDS to facilitate prevention work.

The project will be aimed at groups that have been underserved by previous prevention efforts, including injection drug users, MSM, youth who are not attending school, and sex workers. Outreach will mainly be conducted in the form of peer education, with AIDS prevention information, condoms and lubricant to be distributed. To help improve adherence to a difficult treatment regimen and decrease the probability of the emergence of resistant strains, HIV/AIDS affected individuals will lead a psychological support and counselling service for those on ARV therapy. Care for orphans and vulnerable children are also a goal of this project. The project is divided into three main objectives, for which main goals and funding are explored below.

Funding

US\$ 14,395,715 in funding has been requested for the project, to be distributed over 5 years. Table 26 summarizes requested funds and funds committed by the government for the duration of the project.

Table 26 - Expected Sources of Financing for the Global Fund Round 6 HIV/AIDS China Project

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Central Government Contributions (US\$)	354,663	655,226	774,060	881,247	947,619	2,819,692
GFATM Requested Funds (US\$)	3,191,972	2,620,903	3,096,241	2,643,742	2,842,857	14,395,715
Total (US\$)	3,546,635	3,276,129	3,870,301	3,524,989	3,790,476	17,215,407
Central Government Contributions (%)	10%	20%	20%	25%	25%	16%

Objective 1: Help to Create a Supportive Environment and Build the Capacity of NGOs Working on HIV/AIDS Projects, Including the Fight Against Stigma and Discrimination

Activity 1: Strengthen and Support NGOs Responding to HIV/AIDS

The institutional, managerial and financial capacities of NGOs will be improved. This will be accomplished in part through networking between NGOs and government organizations, and the establishment of an on-line information portal for these, and other civil society groups.

Activity 2: Reduce Stigma against People Living with HIV/AIDS and Vulnerable Populations

Anti-stigma and advocacy workshops will be held, including NGOs and the private sector as participants. Books and magazines with destigmatization messages will be published, and a youth ambassador campaign established.

Activity 3: Advocate for Rights of People Living with HIV/AIDS and Vulnerable Populations

Central Government policies are often implemented to varying degrees at the local level. Advocacy will help to ensure implementation of policies such as free schooling and financial support for AIDS orphans across the country.

Table 27 – Expected Funding for Objective 1, in US \$, by Year of Project Implementation

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.1	174,815	167,605	196,415	191,605	194,015	924,455
1.2	97,075	117,075	97,075	117,075	97,075	525,375
1.3	11,000	1,500	33,500	1,500	11,000	58,500
Total	282,890	286,180	326,990	310,180	302,090	1,508,330

Objective 2: Scale-up and Increase Impact of Prevention Services to Hard-to-Reach Populations, Including Most Vulnerable SW and their Clients, IDU, MSM, and Out-of-School Youth

Activity 1: Interventions Targeting Gaps in Current Prevention Efforts for the Most Vulnerable Female Sex Workers and their Clients

Drop-in centres for vulnerable female sex workers will be established by NGOs, who will also support peer education, behaviour change communication, and condom promotion. Lubricant and condoms will be distributed. Community-based organizations and NGOs will collaborate with the CDC to offer voluntary testing and counselling services to sex workers. NGOs providing these services will be supported by the project.

Activity 2: Behaviour Change Communication, Outreach, and Condom Distribution Activities Targeting MSM

The project will support behaviour change communication, community outreach, peer education, counselling services, and telephone hotlines. The development of more such projects will be encouraged. Outreach will be provided to MSM and male sex workers, including risk-behaviour education, and condom and lubricant distribution. Collaborations with government health agencies will be formed to provide STI education and referrals to diagnostic services and treatment. Support will be provided to NGOs working with MSM.

Activity 3: Fill Gaps and Scale Up Coverage of the Current HIV Preventive Effort Among Injection Drug Users

HIV education, behaviour change communication, and condom and lubricant distribution will be conducted among the injection drug user population, using peer education. Support will be provided to injection drug users and their families. Voluntary testing and counselling services will be provided. The local community will be encouraged to provide services to injection drug users, and advocates will work to decrease stigma. Methadone maintenance and detoxification services will be encouraged to provide counselling and promote risk reduction strategies at their facilities. Needle exchange sites will be established, and NGOs working with injection drug users will be supported.

Activity 4: Interventions Targeting Gaps in Current Prevention Efforts for Out-of-School Youth

Sexual health education will be provided to out-of-school youth age 15-18 at a local youth centre. This will include AIDS education, health referrals, and condom distribution. NGOs working with out-of-school youth will be supported.

Table 28 - Expected Funding for Objective 2, in US \$, by Year of Project Implementation

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
2.1	718,385	704,785	705,550	708,185	701,250	3,538,155
2.2	368,826	373,101	382,951	363,438	362,376	1,850,737
2.3	340,593	374,840	403,088	388,653	380,218	1,860,392
2.4	312,183	301,818	329,053	292,818	284,383	1,520,255
Total	1,739,987	1,754,544	1,820,642	1,753,094	1,728,227	8,769,539

Objective 3: Scale-Up and Fill Gaps in Treatment and Support Services for People Living with HIV/AIDS, Including Care and Support to Children/Orphans Affected by HIV/AIDS

Activity 1: Provide Psychological Assistance, Treatment, and Vocational Training Support for Orphans/Children Affected by HIV/AIDS

Families of children on anti-retroviral therapy will receive treatment support and education. All children affected by HIV/AIDS will receive child-friendly psychological support. The children will also receive vocational training. Support will be provided to NGOs working with children affected by HIV/AIDS.

Activity 2: Fill Gaps in and Improve Effectiveness of National Free Anti-Retroviral Treatment Program by Providing Comprehensive Treatment Education, Support and Counselling for People Living with HIV/AIDS

Treatment counseling and education will be provided to people living with HIV/AIDS, including support for particularly vulnerable individuals. Workshops will be held to ensure the coordination of NGO activities and government health services. NGOs working with HIV/AIDS affected persons will be supported.

Table 29 - Expected Funding for Objective 3, in US \$, by Year of Project Implementation

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total
3.1	139,800	143,800	254,520	258,520	260,920	1,057,560
3.2	408,500	343,100	506,500	488,500	491,700	2,238,300
Total	548,300	486,900	761,020	747,020	772,620	3,295,860

The total funding breakdown is tabulated in Table 30. ¹¹⁷

¹¹⁷ The Global Fund to Fight AIDS, Tuberculosis, and Malaria. *Global Fund Round 6 Application – People's Republic of China. July 30th, 2006*

Table 30: Funding Requested, in US\$, by Objective, for Each Year of the Global Fund Round 6 Project in China

Objective	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
1	1.1	174,815	167,605	196,415	191,605	194,015	924,455
	1.2	97,075	117,075	97,075	117,075	97,075	525,375
	1.3	11,000	1,500	33,500	1,500	11,000	58,500
	Total	282,890	286,180	326,990	310,180	302,090	1,508,330
2	2.1	718,385	704,785	705,550	708,185	701,250	3,538,155
	2.2	368,826	373,101	382,951	363,438	362,376	1,850,737
	2.3	340,593	374,840	403,088	388,653	380,218	1,860,392
	2.4	312,183	301,818	329,053	292,818	284,383	1,520,255
	Total	1,739,987	1,754,544	1,820,642	1,753,094	1,728,227	8,769,539
3	3.1	139,800	143,800	254,520	258,520	260,920	1,057,560
	3.2	408,500	343,100	506,500	488,500	491,700	2,238,300
	Total	548,300	486,900	761,020	747,020	772,620	3,295,860
Total Objective	2,571,177	2,527,624	2,908,652	2,810,294	2,782,937	13,600,684	
Total Management	620,795	93,279	187,589		59,920	795,031	
Grand Total	3,191,972	2,620,903	3,096,241	2,643,742	2,842,857	14,395,715	

Note: Data provided by the Global Fund was erroneous for year 4. It is presented here as given in the original project proposal.

USAID

USAID has no direct presence in China, but provides financial support to Chinese NGOs and American-led university partnerships. For its role in fighting HIV/AIDS in China, USAID supports two NGOs in Yunnan and Guangxi provinces¹¹⁸. In the 2006 financial year, US\$ 990 000 in funding was provided, with the total breakdown of funds shown in table 27¹¹⁹. For the 2008 financial year, US\$ 7,800,000 has been requested for China by USAID from the Child Survival and Health Fund, with the funds to be directed largely toward HIV/AIDS programs¹²⁰.

Table 31 – USAID Provided to China for Financial Years 2004 – 2007, by Sector

Program Budget by Sector and Account	FY 2004 (\$000)	FY 2005 (\$000)	FY 2006 (\$000)	FY 2007 (\$000)	Percent Change FY 04-07
Basic Education	0	0	1,980	0	N/A
Agriculture and Environment	0	0	2,475	4,000	N/A
Higher Education and Training	0	0	0	267	N/A
Economic Growth	0	0	990	0	N/A
Democracy and Governance	0	0	2,475	733	N/A
Conflict Management/ Humanitarian Assistance	0	4,216	0	0	N/A
Other Infectious Diseases	0	0	990	0	N/A
Others	3,976	0	0	0	N/A
Total	3,976	4,216	8,910	5,000	25.8%

¹¹⁸ USAID. *CBJ2006 Budget, Asia and Near East, China*. <http://www.usaid.gov/policy/budget/cbj2006/ane/cn.html> Updated June 15th, 2005. Accessed June 23rd, 2007.

¹¹⁹ USAID CBJ 2007 *Budget, Asia and Near East, China*. <http://www.usaid.gov/policy/budget/cbj2007/ane/cn.html> Updated June 2nd, 2006. Accessed June 23rd, 2007.

¹²⁰ Lum, T. *US-Funded Assistance Programs in China*. *CRS Issue Brief for Congress* May 18th, 2007