

## Governmental policies on HIV infection in China

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### ABSTRACT

This article is a general review of the evolvement of HIV/AIDS-related public policies in China since 1980's. It tracks the important laws, regulations and other governmental documents in regard to HIV/AIDS prevention mainly at central level.

**Keywords:** HIV/AIDS, government policies

### EVOLUTION OF THE GOVERNMENT POLICIES

Looking back 20 and more years, one could have hardly imagined that such great changes would have happened to the governmental policies on HIV/AIDS in China. In the earlier phase of the epidemic, laws and regulations were drafted based on the practices and experiences of prevention and control of other infectious diseases, such as isolation, quarantine and compulsory testing and examinations etc.

When the HIV/AIDS epidemic was firstly reported in the Western world in the 1980's, the Chinese government assumed that it was a disease of the foreign countries, and the epidemic could be prevented in China by banning HIV-infected persons from entering the country. Based on this assumption, legislation was implemented in *Regulations Concerning the Monitoring and Control of AIDS* in 1988. The regulation stipulated that all foreigners infected with HIV or who had AIDS would not be allowed to enter into China [1]. The *Border and Quarantine Law* of the People's Republic of China stated that those infected with HIV would be denied entry into China [2].

The *Law of Infectious Diseases Prevention and Con-*

*trol* of 1989, and the accompanying *Methods of Implementation of the Law of Infectious Diseases Prevention and Control* issued by the Ministry of Health in October 1991 declared HIV/AIDS to be a notifiable disease. It stated that diagnosed HIV/AIDS cases must be reported to the local health authority within 6 h in cities and 12 h in the countryside [3, 4]. Article 24 under Chapter 4 of the *Law of Infectious Diseases Prevention and Control* states that AIDS patients must be quarantined, and the period for quarantine depends on the results of a medical examination. The law requires reporting the name and address of a person with a notifiable disease, applicable to people with STDs and HIV/AIDS [3]. There have been two significant changes on HIV/AIDS in the latest revised version of the *Law of Infectious Diseases Prevention and Control*; one is that HIV/AIDS is categorized as type B infectious disease, and reporting procedure should follow as type B requirements rather than type A as stated in the previous version of the Law; the other is that the Law states that all infectious diseases infected should not be discriminated, including HIV/AIDS cases [5].

To protect the rights of mothers and children, the *Law for Protection of Mother and Infant* issued in 1995 states that the premarital health examination must include testing for specific contagious diseases such as HIV, gonorrhea, syphilis, leprosy, and other infectious diseases that affect marriage and/or giving birth. Article 9 further states that individuals diagnosed with these diseases should delay their marriage until they are not contagious [6].

Although the role of condoms in HIV/AIDS prevention is internationally acknowledged, it could not advertise on

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national television or in the printed mass media before. However, there have been some changes to this policy after the *Notice for Promoting the Condom Use for HIV/AIDS Prevention and Control* issued jointly by six national ministries, which emphasizes the promotion and utilization of condoms for the purpose of disease control [7].

There was some significant changes to the laws and regulations on HIV/AIDS from the central government in the mid of the 1990's. The central government issued the *Recommendations on Strengthening AIDS Prevention and Control*, approved by the China State Council and the Ministry of Health in 1995. The provincial government has also taken many positive steps. To control HIV spread from commercial blood and plasma donation, the *Law of Blood Donation* was issued in 1997 [9]. To mobilize all government departments and sectors to participate in AIDS control programs, the *Responsibilities of Ministries and Departments of State in AIDS Control and Prevention* was issued. Twenty-one ministries and departments have their own responsibilities in AIDS prevention and control, and activities are coordinated by then called the State Council Coordination Mechanism Committee for AIDS/STD Control and Prevention, which was later changed its name to the State Council Working Committee on AIDS in 2004 [10].

For control strategies, education and prevention have been emphasized as priorities for AIDS control since AIDS was first reported. However, in practice, not enough attentions were given either in input or in the implementation in China. Education and prevention were interpreted by the majority of those mere as dissemination of educational folders, pamphlets, and fliers. Few effective educational intervention measures targeting high-risk groups had been implemented until recently when education and behavior intervention projects such as condom use, methadone maintenance treatment and needle exchange programs have been introduced and implemented to a larger scale. It has now been recognized that education and prevention alone have not been effective. To rectify this situation, the *Principles for STD/AIDS Education and Prevention Messages*, which was issued jointly by the Ministry of Health, the Ministry of Publicity, the Ministry of Education, and the Ministry of Public Security in 1998, is further revised and publicized recently by MOH [11].

## **CURRENT GOVERNMENTAL POLICIES ON HIV/AIDS IN CHINA**

The Chinese government now recognizes the seriousness of the HIV epidemic and the threat it poses to the country's social and economic development, particularly in impoverished rural areas. Serious measures have been taken in the last several years, especially in the past two

years. Those measures include political commitments, establishment of the working committees at different levels of governments, the significant increase of financial resources and promulgation and implementation of the "four free and one care" policy.

In 1998, the State Council Coordinating Committee for AIDS/STD Prevention and Control, chaired by then Vice Premier Li Lanqing, was established to coordinate and mobilize all government sectors to put forth a national campaign against the HIV/AIDS epidemic in China. In February 2004, a new State Council Working Committee on AIDS was established to further strengthen the leadership and coordination of the national response to HIV/AIDS, with Vice Premier and Minister of Health Yi WU as director. The working committee comprises the Vice-Ministers of 23 key ministries and mass organizations, together with the Vice-Governors of the seven most HIV/AIDS affected provinces. AIDS Working Committees (or AIDS Prevention and Control Leading Groups) have been established in all provinces, autonomous regions and municipalities to coordinate local HIV/AIDS responses across all sectors.

In November of 1998, the China State Council issued the *China's Medium- and Long-Term Plan for the Prevention and Control of AIDS (1998-2010)*, which has since served as the blueprint for the HIV/AIDS prevention and control strategy in China until now. Priorities include but are not limited to ensuring a safe blood supply, implementing health education and behavioral interventions, and providing care to HIV/AIDS patients and their families. This plan, however, does not adequately address the most appropriate actions needed in the short term to deal with the seriousness of problems already at hand. Furthermore, no immediate solutions are available to effectively treat patients, due to a lack of drugs, funds and expertise [12].

In 2001, *China Plan of Action for Containment and Control of HIV/AIDS (2001-2005)* was issued by the State Council. This policy is significant because for the first time it highlighted effective strategies for the control of HIV, including condom promotion, drug maintenance therapy, and social marketing of needles for injecting drug users [13].

Since 2003, the highest political leaders have recognized that the response to HIV/AIDS in China is now at a crucial stage with the epidemic evidently spreading beyond the most at risk population to the general population and generating significant socioeconomic impacts. This in turn requires new strategic approaches to policy formulation and action plans. During the past two years or so, a series of important strategies and policies have been adopted by the central government. These are internationally acknowledged actions and achievements, which deserve the detailed description in the following section.

There has been a firm demonstration of commitment by key leaders of the Chinese Government to the HIV/AIDS crisis. In 2003, President Hu Jintao, also the General Secretary of the Communist Party Central Committee, has stated in a directive that HIV/AIDS prevention and control is of importance to the quality of Chinese nationals and the rise and fall of the nation. The leaders of the party and government at different levels should raise the awareness and mobilize the whole society by means of education and prevention to decidedly stop the spread of this disease” [14]. In the same year, Premier Wen Jiabao issued a directive for HIV/AIDS control, it reads “The State Council has paid a high attention to HIV/AIDS prevention and control as well as studied and deployed strategies. A responsibility system, strategic planning, monitoring and supervision, capacity building of professional teams, technical measures and management by laws must be strengthened. Meanwhile, successful experiences should be summarized. Only in this way can we realize the true objective of HIV prevention and control, which is relevant to the fundamental interests of the people” [15].

The top leaders of the country also demonstrate their commitments and support to HIV/AIDS control by actions. On November 30 of 2004 just before the World AIDS day, President HU Jin Tao came to Beijing You’an Hospital to meet the AIDS patients and medical staff in the forefront to fight against the disease. In February 2005, Premier WEN Jia Bao and his colleagues spent his Spring Festival Holiday with the children affected by HIV/AIDS in Shangcai County of Henan Province, where it is one of the hardest hit areas of HIV/AIDS. On World AIDS Day in December 2003, Premier WEN Jia Bao and Vice Premier WU Yi visited people living with HIV/AIDS at Ditan Hospital in Beijing and announced the ‘Four Frees and One Care’ Policy. Vice Premier Wu, subsequently visited AIDS patients in their homes in Wenlou, Shangcai county, one of the villages hardest hit by HIV/AIDS in Henan province and visited Hubei province where she was briefed about the response to HIV/AIDS. In July, Premier WEN Jia Bao signed an important proclamation “*Joint Efforts for Effective Prevention and Control of HIV/AIDS*” outlining the Chinese Government’s new initiatives in response to HIV/AIDS [16]. These public gestures and announcements have been widely publicized and recognized both at home and abroad.

## IMPORTANT POLICIES AND DOCUMENTS IN RECENT YEARS

“Four Frees and One Care Policy” is one of the most important recent policies from the Chinese Government to fight against the epidemic. It follows by series of specific government actions and policies. The contents are as

follows:

- 1) Free ARV drugs to AIDS patients who are rural residents or people with financial difficulties living in urban areas;
- 2) Free voluntary counseling and HIV screening testing;
- 3) Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies;
- 4) Free schooling for children orphaned by AIDS;
- 5) Care and economic assistance to the households of people living with HIV/AIDS.

State Council Document No. 7 sets out the national policy framework for responding to HIV/AIDS, and identifies the strategic approach of “prevention first, integration of prevention and treatment, and comprehensive prevention and control.” It recognizes that effective HIV/AIDS responses are linked to economic development, and to national security and prosperity, and requires government at all levels to develop concrete objectives and plans of action on HIV/AIDS prevention, treatment and care. Leaders are held accountable and their work in relation to HIV/AIDS will be assessed as part of their job performance. Annual monitoring and evaluation will be conducted and those who are responsible for misconduct will be brought to account [17]. In order to implement the Four Frees and One Care policy, and the State Council Document No.7, a number of important national policy initiatives have been drafted and promulgated by different sectors at central level, thus establishing a new policy framework for HIV/AIDS in China since December 1, 2003. The new policies are outlined as follows.

1) *Notice on HIV/AIDS Prevention IEC Guidelines 2004-2008*, issued by the Office of State Council AIDS Working Committee on AIDS in 2004. This document is targeting members of the State Council Working Committee and provincial AIDS Working Committees. It sets out principles for Health education to different target groups, the roles and responsibilities of different government sectors in health education on HIV/AIDS prevention and control. It states that priorities should be given to rural areas, and youths, women and migrant populations should be focused. The targets for knowledge and attitudes are set for the targeted groups.

2) *Notice on Key Messages on HIV/AIDS Prevention and Control*, issued by Publicity Department of the Central Committee of the Chinese Communist Party and Ministry of Health in 2004. In this document targeted to the publicity system of the Communist Party at different level, it emphasizes that the key messages for the key publicity agencies like the mass media to carry on, which includes that HIV/AIDS control and prevention is at a crucial stage; the party and the government are paying great attention to

the issues; we should fully implement the prevention, treatment and care measures by actively exploring a government led and societal participated mechanism.

3) *Notice on Free ARVs and Voluntary Counselling and Testing*, issued by Ministry of Health and Ministry of Finance in 2004. These documents set the roles and responsibilities of different levels of government in providing ARV treatment and VCT services. In principle, funds for ARV and test reagents for HIV testing for serious epidemic areas would be incurred by the Central Government, while others would be by the local government. Expenditures of treatment for opportunistic infections (OI) will be decided and incurred by local governments.

4) *Notice on ARV Treatment Management*, issued by the Ministry of Health and State Administration of Traditional Chinese Medicine in 2004. In this document, the principles of treatment and care to PLWHA are set as home and community based. The methods for technical guidance, monitoring and following up as well as referring to treatment in hospitals are clearly defined.

5) *Notice on Implementing the Policy on ARV Treatment*, issued by Ministry of Labour and Social Security in 2004. In this policy documents, it states the list of ARV drugs into the basic medicine list of social insurance.

6) *Notice on Strengthening Assistance to Poor People Living with HIV/AIDS (PLWHA), Families of PLWHA and Orphans*, issued by Ministry of Civil Affairs in 2004. This policy document asks the departments of civil affairs to strengthen the care and support to the poor people living with HIV/AIDS, especially those orphaned by the disease.

7) *Notice on Establishing a Task Force on Interventions among High Risk Groups by Centers of Disease Control at All Levels*, issued by Ministry of Health in 2004. This is the directive to the health departments and disease control institutions across the country. It requires all the health departments are responsible to set up the intervention task teams at the disease control centers, targeting at the most at risk populations of the entertainment establishments.

8) *Implementation Guidelines on Condom Promotion for Preventing HIV/AIDS*, issued by Ministry of Health, the National Commission for Population and Family Planning, the National Administration of Food and Drugs, the National Administration of Industries and Commercials, the National Administration of Radio, TV and Film, and the National Administration of Quarantine and Quality Inspection in 2004. This document clearly sets the roles and responsibilities in condom promotion and utilization for the purpose of prevention and control of HIV/AIDS. For example, it states that the health departments are responsible for organizing the health care institutions in publicizing the knowledge about condom in disease prevention,

and provide condoms to PLWHA. The State Administration for Radio, TV and Film is responsible for including the education and reporting on condom into the reporting plan, and provide technical support and guidance to TV and radio.

9) *Notice on Directive Principles of Protecting Medical Staff from Occupational Exposure to HIV/AIDS*, issued by the Ministry of Health in 2004. This technical guidance sets the principle and procedures to prevent occupational exposure to HIV for the health care professionals.

10) *Notice on Professional Training on Infectious Diseases, including HIV/AIDS for Medical Staff*, issued by the Ministry of Health in 2004. This document sets the plan for professional training of medical staff on infectious diseases, including HIV/AIDS.

11) *Notice on Strengthening HIV/AIDS Prevention and Control in All Places for Re-education through Labour*, issued by the Ministry of Justice and Ministry of Health in 2004. This documents set the principles, procedures and requirements for HIV/AIDS prevention and control in the places of re-education through labour.

## SUMMARY

The evolution of HIV-related policies reflects an increasing commitment from Chinese government in the process of fighting HIV/AIDS epidemic. Such supportive political environment in turn has a huge impact to the overall response to HIV/AIDS in the whole society, leading to increasingly active attitude and practical approach in HIV/AIDS prevention.

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