

AIDS in China
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Congressional Briefing, September 2002

[Click here](#) for Joan Kaufman's Science Magazine article "AIDS in China: The Time to Act is Now".

1. Official Estimates:

- 1 million HIV infected as of September 2002
- UNAIDS Estimates: 1.2 Million infected now, 20 million by 2010

2. Key Sub groups

- Intravenous Drug Users (officially 70% of cases)
- Paid Blood Donors and their families (the innocent victims who are mobilizing the public response) (probably most of cases)
- Female Commercial Sex Workers
- Homosexual Men

3. Drug Users

- increasing numbers
- high relapse rates/no methadone
- needle sharing and high HIV infection rates
- transmission to sexual partners
- mixing between IVDU and Sex Workers (drug use by sex workers)

4. Paid Blood Donors

- Acquired during the 1990's through paid blood donations by poor farmers
- Henan best known but at least 9 other provinces
- Widespread practice: e.g. in Henan over 200 sites and many people sold blood repeatedly over years for about \$5 a bag as income supplement
- Paid blood donations prohibited in 1998 but continued in some places
- Affected villages: over 60% of adult population infected in some Henan villages
- Sexual/vertical transmission to spouses/offspring
- little prevention/public education being done to prevent further spread
- virtually no treatment/care available (although pending Global Fund application is for care/support in Henan and for Voluntary Testing and Counseling - gateway to other services)
- Major orphan problem emerging

5. Sex Workers

- widespread prostitution
- high rates of STDs
- HIV rates among sex workers increasing (Guangxi 11%, Yunnan 5%)
- low condom use

- clients: rural economic migrants and middle class men

6. **Homosexual Men**

- Highly stigmatized and hidden, most married
- 1/3 of hospitalized AIDS patients in 2000 in Beijing
- Few channels for information and little prevention

7. **Vulnerable Groups**

- **Youth:**
Little sex education and limited AIDS knowledge Changing sexual attitudes and behaviors
Low self perception of risk and low condom use
- **Rural Women**
Returning migrant husbands High rates of reproductive tract infections

8. **Potential Impacts**

- compromise economic progress of last 20 years
- Huge orphan issue in poor rural areas
- Families falling into poverty to pay for treatment.
- Rural Protests by innocent victims

9. **Negative Constraints**

- No highest level policy leadership yet
- Local inaction (collection of local public policy failures)
- Fiscal devolution: health system and budgets strained in poor areas
- High levels of discrimination/fear based laws to protect public
- Limited civil society organizations
- Constraints on media coverage and information
- Complicity by local governments and denial

10. **Positive Potentials**

- Recent admission of the severity of the problem and asking for help
- Existing (albeit weakened) health infrastructure
- Existing IEC /public education infrastructure (Family Planning IEC/Party Organs)
- Ability to mobilize party/government around a national action agenda
- Access to treatment and care beginning: recently announced plans to manufacture AIDS anti-retroviral drugs if drug companies don't offer reasonable price

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