

**Statement Presented to the Congressional-Executive Committee on China**

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Hello. My name is Amar Bhat and I am the Director of the Office of Asia and the Pacific, Office of Global Health Affairs in the Office of Secretary Tommy Thompson. As such, I am the coordinator of all Asia-Pacific activities within the Department of Health and Human Services (HHS) and a spokesman for Secretary Thompson and the Department on all matters pertaining to this region.

This hearing today is timely in that Secretary Thompson is just returning from his first visit to China as HHS Secretary. His visit was very brief, coming on the heels of last week's meeting of the Board of Directors of the Global Fund to Fight AIDS, Tuberculosis and Malaria. As you may have heard, at this meeting of the Global Fund Board, the Chinese proposal to the Global Fund for work in HIV was approved. In the case of China, the third time was the charm, i.e. this was China's third attempt to garner funds for their HIV/AIDS work; the previous two attempts having failed. China's third-round application had the same focus as the second-round application: rapidly commencing and scaling up voluntary counseling and testing (VCT), associated with credible care and treatment options, for large numbers of HIV-positive persons living in seven Central China provinces most heavily affected by the dangerous plasma selling practices of the mid-1990's. The two-year commitment for this grant is for \$21 million.

Rather than provide you with an exhaustive list of activities in which HHS is engaged in China, I would rather try to provide a description of three HHS programs which have had significant investments in China. These three programs are ones where we have felt that HHS is having great impact, not only in China, but globally, utilizing our unique blend of resources and skills. And finally, I will end by touching on SARS-Severe Acute Respiratory Syndrome, for when it comes to China, I feel it is impossible to talk about HIV or for that matter any other major health problem in China without talking a little about SARS and the impact that this disease has had and will have on China.

HHS has been involved in China since the opening of relations in 1979. Since then, we have had a Health Protocol to cover cooperation in health and biomedical research. We will be renewing this protocol in the next few months, during the anticipated visit of Premier Wen Jiabao.

But only recently have we made a concerted effort to examine our relationship and indeed increase our investments in that country. Part of the reasons why has been the acknowledgement of the substantial scientific talent within China (many of whom were trained in the United States), the greater participation of China in world affairs, and the ever-increasing presence of disease, particularly infectious diseases such as tuberculosis and especially HIV. With the onset of SARS earlier this year, the importance of health has leapt to the forefront, more than ever before.

I won't take the time to discuss why and how China has begun to pay more attention to HIV/AIDS. I am sure some of the other panelists can do a much better job. However, I can say that the greater openness of China and Chinese officials has made it much easier for us to increase our investments in the country and

take advantage of the considerable assets in the country to make a difference in the global war on AIDS. Emblematic of this renewed relationship is the Memorandum of Understanding for AIDS cooperation that Secretary Thompson and then-Minister of Health Zhang Wenkang signed last year here in Washington.

As I mentioned before, HHS has begun to invest heavily in China. Starting late last year, CDC's Global AIDS Program (GAP) opened an office in China. This two-person office officially opened its doors earlier today in a brief ceremony involving the CDC Director, Dr. Julie Gerberding, who was accompanying Secretary Thompson to China. While a recent development, this office has been long in coming. In fact, the beginnings of the GAP program in China can be traced to a two-week assessment visit in 2001 led by Dr. Phil Nieburg, here with us today. As part of that assessment, Dr. Nieburg and his team identified several areas where China had significant deficits that CDC could help to rectify. Still in its infancy, GAP in China currently focuses on improving surveillance and VCT around the country. I should note that the CDC does not provide direct provision of health care services, nor do any of HHS components working in China.

Also last year, NIH's National Institute of Allergy and Infectious Diseases awarded a \$14.8 million five-year grant to the China CDC and the Chinese Academy of Medical Sciences. This multi-project grant, known as the Comprehensive International Program of Research on AIDS (CIPRA), is expanding China's research activities in HIV/AIDS prevention, treatment and vaccine development, in cooperation with experts from U.S. universities and medical schools. CIPRA is unusual in that it is one of the few NIH-supported research programs where by design the principal investigator is based outside of the United States. In this case, the principal investigator is Dr. Yiming Shao of the China CDC. Five interrelated projects, touching on a range of HIV-related questions.

A third area where HHS has made considerable investments in China is in training. While both the CIPRA and GAP have training components, there is another program I would like you to know about. Many of you know that untold thousands of Chinese professionals have come to the United States for advanced training in a number of scientific areas. Biomedical research is no exception. At the intramural laboratories of NIH, at any one time we may have approximately 300 Chinese scientists visiting our labs, conducting research side-by-side with other scientists at NIH. Additionally, there must be thousands more in American universities across the land, many of them here temporarily and others planning to settle permanently in the United States.

Additionally, the NIH has made considerable investment in training Chinese and other developing country scientists in high-priority areas of research, including HIV/AIDS and other infectious diseases. The NIH's Fogarty International Center administers the AIDS International Training and Research Program (AITRP) which supports HIV/AIDS and related TB international training and research for health scientists, clinicians, and allied health workers from China and dozens of other developing countries. The primary goal of this program is to build biomedical and behavioral research capacity for the prevention of HIV/AIDS and related TB infections and for the identification of appropriate interventions to provide care to those adults and children infected with HIV. Under AITRP, scientists are trained to address the global HIV/AIDS epidemic through skills development and the fostering of long-term relationships between individual scientists and institutions in both countries.

The scope of training includes epidemiology, biostatistics, behavioral interventions, program evaluation, research in drug use, blood safety, vaccine development and evaluation, virology, diagnosis and treatment. To date, 12 doctoral degrees, four masters degrees and 24 postdoctoral fellowships have been awarded to Chinese scientists and physicians through AITRP. Others have been trained through in-country workshops using faculty from U.S. universities supported by AITRP. One of the wonderful aspects of AITRP is that it leverages and complements much of what NIH is already funding through U.S.

universities and medical schools, and also what other major funders, such as the World Bank, are also supporting.

While these are three major HIV-related programs HHS has undertaken in China, there are numerous other activities outside of HHS you may be interested in hearing about. USAID is starting to involve Yunnan province in their Greater Mekong HIV prevention initiative. Another initiative is a workshop taking place later this week in Beijing organized by the State Department and the Development Research Center of the State Council. The primary purpose of this one-day workshop will be to present and discuss various methodologies that can be adopted to estimate and forecast the macroeconomic impact of HIV/AIDS in a society, at both the local/provincial level and the national level, with a focus on the situation in China. State Department is also funding a proposal by the Shanghai Academy of Social Sciences to support the development of model AIDS legislation.

Now, as I mentioned, I wanted to touch on the impact that SARS has had and will have on HIV/AIDS in China. In the short term, SARS has slowed the momentum we saw building in 2001 and 2002. During the worst of the epidemic, staff at the China CDC, and even our own HHS staff in Beijing, had been pulled from their normal HIV-related activities and asked to devote their full attention to addressing the national emergency. This in particular impacted heavily the first year of progress for our GAP team in China.

However, in the long-term, I am hopeful that SARS will indeed provide positive impacts for HIV and health in general in China. The epidemic brought to the attention of the senior-most leaders in China the importance of health to their economy and the need to pay attention to their public health infrastructure. China's leaders have realized that they have neglected basic public health and disease surveillance and now know that there are consequences for doing so. I also believe that they were stung by the global condemnation they received for allowing this to happen and are eager to show the world that they won't let this happen again.

However, I am not so naïve to think that they will abandon their practices and turn a new leaf overnight. In gaining control over the epidemic, they employed onerous command and control techniques that would not be allowed in most democratic societies. For some, I am sure this only validated their system in their own eyes.

Nonetheless, we are hoping to take advantage of this window of opportunity to provide substantive and long-term technical assistance in epidemiology and surveillance, information technology and communications, as well as make some additional investments in basic research, treatment, vaccine and diagnostics development, and eventually, we hope, vaccine trials. Work in these areas will only aid in addressing other epidemics such as HIV/AIDS. This work will also add to the buildup of their health care system and improve the ability of the Chinese government to detect and control disease outbreaks, and to appreciate the role of health in their overall economic development. In the process, we also hope to transmit some basic values such as transparency and accuracy in disease reporting, the value of communicating new developments quickly with international organizations and scientific colleagues around the world, and the need to share data and samples widely with the global network of scientists in order to arrive at a solution as quickly as possible.

That ends my formal presentation. I would be glad to take any questions you may have.