Health care systems in transition: People’s Republic of China
Part II: The Chinese health care system’s response to HIV–AIDS

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Introduction

Since the diagnosis of the first AIDS case in China in 1985, by the first half of 1995, 1774 patients had been diagnosed as being HIV positive, some of whom now also have AIDS. Between 1985 and 1993, more than 300 HIV-infected people had been identified through quarantine offices along the borders, making up one-quarter of the reported infections during that period.1 Until now, more than 75 per cent of the reported HIV cases are drug users.2 Within the Southwest border region, most of the infected individuals are injecting drug users. In the coastal cities and interior provinces, HIV-infected individuals are also found among returned expatriate workers. In the large cities, HIV-infected individuals are found among patients attending sexually transmitted diseases (STD) clinics, prostitutes and those with multiple sexual partners. Recently introduced routine screening has also diagnosed HIV-infected individuals among blood donors.3

The Chinese Government takes HIV prevention very seriously. Within the health care system, groups of professionals who specialize in HIV-related control, surveillance, education, treatment and research are being formed. A quarantine service is currently operated as one of the supplementary approaches, though its role within HIV-related containment strategies is being evaluated. These strategies are centred around prevention centres, involving all tiers from central to local government. In addition, a number of community organizations, research agencies and non-government organizations have become involved in HIV prevention. Multiple agencies and scientists representing multiple disciplines are working together to formulate appropriate HIV prevention policies. The best known non-government organizations, which have made important contributions to the work performed to date, include the China Association of STD and AIDS Prevention and Control and China AIDS Network.

Transmission characteristics

The risk of a widespread HIV epidemic exists in China. Some of the main reasons include an increase in prostitution, an increasing incidence of STDs, increasing and changing methods of drug use and the currently inadequate treatment of the blood donation system. According to the Ministry of Public Security, the number of prostitutes and clients of prostitution detained in re-education centres was 137 000 in 1990, which rose to 240 000 in 1992 and 400 000 in 1993.3 It is estimated that only a fraction of the prostitutes and their clients are known to the authorities. There has also been an increase in the number of patients attending STD clinics. This increase has been persistent over the last few years according to the statistics from the Ministry of Public Health. Gonorrhoea was the fifth most frequently transmitted disease in 1992, but by 1994 it had risen to the third most common communicable disease. Drug misuse is increasing and the methods used are changing. Statistics for 1993 indicate that there were 170 000 drug users in China, which had increased to 400 000 in 1994.4 The proportion of

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infecting drug users has been increasing. Until recently, drug users in China were concentrated in the Southwest, Northwest and the coastal provinces. In recent years, drug use is also increasing in China's interior provinces.

There is a potential risk of HIV transmission through blood transfusions. In China, 70–90 per cent of the blood reserves are obtained from people who sell their blood commercially. Voluntary blood donations only account for 10–20 per cent of blood stocks. HIV antibodies have been detected in several Chinese provinces among commercial blood sellers and in blood bank stocks. The proportion of blood sellers who are or have been infected with hepatitis C ranges from 20 per cent to as high as 70 per cent. There is no doubt that many deficiencies currently exist within the national blood supply system. Similarly, infection control approaches in many local hospitals are currently not adequate. Having become aware of the critical situation, the Ministry of Public Health issued regulations in 1994 for more strict management of blood donations. A campaign to increase the proportion of voluntary blood donations has been launched throughout the country. In recent years, the HIV epidemic in China has mainly been characterized by heterosexual transmission fuelled by the large migrant populations flocking to the newly commercialized cities. According to recent statistics, around 80 million Chinese people per year have moved to these cities over the last few years. As most of these people are of a sexually active age, it is expected that the rate of casual or commercial sex would increase. Though parental transmission remains very important, the rate of infection through sexual intercourse is now higher than through injecting drug use. The prevalence of homosexuality remains uncertain, as most of these activities are hidden. A 1989 college survey revealed that 8 per cent of students had a tendency towards homosexuality.

Projected caseload and interventions

The extent of HIV infection in China as projected by Chinese experts is dependent on the incidence rate. Assuming that the incidence remains at the current low level, there will be approximately 50 000–100 000 HIV-infected individuals in China by the year 2000. Assuming that the incidence rate will be higher, then there will be approximately 80 000–190 000 HIV-infected individuals by the year 2000. Finally, assuming that the incidence rate is considerably higher, the ‘worst case’ scenario predicts that approximately 110 000–250 000 HIV-infected individuals will be present in China by the year 2000. Based on the increasing number of people who display high-risk behaviour, the authors tend to believe that the ‘worst case’ scenario is most likely to occur.

Health system response

To assess the extent and the trend of the HIV epidemic, a system of HIV–AIDS surveillance centres has been established throughout China. Sentinel surveillance programmes have also been set up, specifically assessing four different populations: (1) injecting drug users; (2) long-distance truck drivers; (3) STD clinic patients; (4) prostitutes and their clients at the re-education centres. This programme has been sponsored by WHO and currently involves 30 000 subjects. At a larger scale, a regular surveillance programme is being carried out on selected populations at increased risk of being infected with HIV; this covers around one million subjects per year all over China. Voluntary testing for HIV is provided twice a year for these subjects, to monitor the trend of the epidemic. Similarly, a nationwide blood screening system is currently being implemented. Radio, television, written publications and posters are employed to increase HIV-AIDS awareness in the general public. In 1994, the National Education Commission issued instructions that sex education, including courses in safer sex, should be taught to college students. Safer sex messages are being directed at special groups, such as prostitutes, expatriate labourers, patients attending STD clinics and long-distance truck drivers. In Shanghai, free condoms are provided in hotel rooms on a trial basis. The results of these trials show that condoms were used and acceptable. The China AIDS Network is carrying out a knowledge, attitude and behaviour programme and an intervention study among long-distance truck drivers in Shandong and Guangxi provinces on HIV–STD prevention and control. The outcomes of these programmes have been assessed using various measures.

People at increased risk of HIV infection are not mandatorily tested. For all HIV testing in China, informed consent is required. Files and case-notes of HIV-infected individuals remain confidential. HIV-positive people are not discriminated against and are allowed to continue their normal work. Staff of the local epidemic prevention centres are responsible for periodic consultations and physical examinations of HIV-infected people. When they develop symptomatic HIV disease, they are transferred to local designated infectious disease hospitals for further clinical management. Both Western and Chinese medicine is used in the management of AIDS patients. Substantial research has already been conducted to determine the effectiveness of Chinese herbs in the treatment of AIDS.
patients. Clinical trials are being carried out on a collaborative basis between Western and Chinese physicians. Given the fact that the current Chinese health care system cannot afford the routine introduction of expensive anti-retroviral compounds, valuable experience on the use of traditional Chinese remedies has been gained through such research. The Academy of Chinese Traditional Medicine has been working hand-in-hand with colleagues treating African patients to evaluate the efficacy of Chinese herbs and reports promising results.\(^9\)

Despite the fact that China currently has a low prevalence of HIV infection and AIDS cases, it is because of the magnitude of factors involved with HIV transmission that this problem has caught the attention of the Government and non-government organizations. Priorities have been set in the areas of health education and publicity on HIV prevention. These have been aimed at populations thought to be at increased risk, and at the general population, to minimize the spread of HIV and the broader implications of the epidemic.

**References**


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