



**Testimony before the
Subcommittee on Asia and the Pacific
Committee on International Relations
United States House of Representatives**

**“THE COMING “SECOND WAVE”:
HIV/AIDS IN ASIA”**

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A Statement by

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Introduction

Allow me to begin by thanking the Chairman and members of this distinguished Committee for the opportunity to speak before you today. I congratulate you, Mr. Chairman, and your colleagues, for examining the looming challenge of HIV/AIDS in Asia more carefully, gauging its impact on American interests in the region and around the world, and considering appropriate American responses.

I will offer a brief summary of my remarks in three parts: an overview, a specific focus on China, and recommendations for the Committee. In the interests of time, I will summarize these points, but would ask that my formal statement be entered into the record.

The “Second Wave” of HIV/AIDS

Incredible as it seems, each and every day, more than 8,000 persons die of HIV/AIDS. More astonishingly, every day some 13,000 new infections occur.¹ Nearly half of these infections will be in the world’s future – its young people, aged 15 to 24. More people became infected with HIV in 2003 – 5 million new infections – than in any year since the disease surfaced more than 20 years ago. With resources for prevention, treatment and care coming well short of what is needed globally, the world is falling behind in its effort to reverse the deadly and destabilizing course of the epidemic.

Of particular concern to this Committee, the United States and the world now face an even greater challenge as a looming “second wave” of HIV/AIDS in Asia gathers on the near horizon. The center of gravity of the global epidemic is shifting perceptibly eastward from Africa and increasingly affects Eurasia. Unlike in the past, the devastating consequences of HIV/AIDS will increasingly envelop very large, highly populated, and geostrategically critical countries and regions in Asia, including China, India, Indonesia, and Russia.

Some basic figures tell the troubling tale of the Second Wave. Approximately 8.7 million persons are living with HIV/AIDS in Eurasia today – 1.3 million in Eastern Europe, Russia and Central Asia, and 7.4 million in the rest of Asia. Of the 5 million new infections in the world last year, more than 20 percent – about 1.1 million – occurred in Asia. On the Eurasian landmass, India accounts for the largest number of these infections, some 5.1 million, making it the second – and soon to be the first – most afflicted country in the world. China officially counts about 840,000 persons infected with HIV at the end of 2003, but many analysts believe the number is closer to 1 million or more, and that the figure could reach as high as 6 to 10 million by 2010 if current trends continue. Indonesia’s epidemic

appears largely concentrated in its population of injecting drug users (IDUs) Russia has an estimated 1 million persons living with HIV/AIDS, and could have two or three times as many by 2010. Indeed, Eastern Europe and Central Asia, including Russia, have the fastest growing HIV epidemic in the world today, according to UNAIDS. By some estimates, China, India, and Russia alone may account for between 10 and 15 million HIV/AIDS patients in just six short years.

The epidemics in Asia are centered primarily in two populations: injecting drug users and commercial sex workers and their clients. However, there is increasing evidence that the disease is spreading in the general population, driven by premarital, extramarital, and marital heterosexual contact.

Mr. Chairman, our government and private sector have not yet fully faced the reality of the Second Wave and its implications for the United States, the Asian region, and the world. As you know, China, India, Indonesia, and Russia and other important Asian countries fall outside the scope of the President's Emergency Plan for AIDS Relief, or PEPFAR, America's strategic response to the global epidemic. Given the importance of these countries in Asia to American economic, political, and security interests, we must craft a more coherent strategy to help stem and roll back the gathering threats posed to them by HIV/AIDS.

China's HIV/AIDS Crisis

Mr. Chairman, I will focus the remainder of my remarks on the HIV/AIDS crisis in China. These points are based on more than three years' work examining the HIV/AIDS challenge in China, and more than two decades as a student of China more generally. Our work, generously supported by the Bill and Melinda Gates Foundation and the Henry J. Kaiser Family Foundation, has established regularized and extensive access to Chinese leaders, HIV specialists, health professionals, government and quasi-government organizations, and persons living with HIV, both at national and local levels throughout China. The findings and recommendations presented here are based largely on a recent senior-level delegation visit to China at the invitation of the Chinese Minister of Health.ⁱⁱ

HIV/AIDS is now recognized clearly as a growing threat to China. According to official Chinese estimates, China now has approximately 840,000 persons living with the HIV virus. As of the end of 2003, only 62,159 persons had been tested and officially confirmed to be HIV-positive. The remaining HIV-positive persons in China – estimated at 780,000 persons or more – are not known to public health authorities, and the individuals themselves probably do not know their status, posing significant risks for the further spread of HIV.

Moreover, outside observers continue to believe that the number of HIV-positive persons in China is higher than China is prepared to acknowledge—perhaps 1 to 1.5 million. Doubt persists, despite improvements in estimating techniques, because China’s HIV surveillance system remains inadequate, and indeed is a major obstacle to successfully confronting the spread of HIV in the country. The approximately 62,000 persons officially reported to be HIV-positive represent only 7.4 percent of the total estimated HIV-positive population in China. In some parts of China, the gap between known and estimated cases is even more stark: Hubei provincial health authorities, for example, have confirmed approximately 1,300 HIV-positive persons, but this represents only 3.7 percent of the estimated 35,000 HIV-positive persons in the province.

HIV today is apparently concentrated among injecting drug users (IDUs) and persons infected in the 1990s through blood donations. It is present in all 31 provinces, autonomous regions, and municipalities of China, although the greatest numbers are found in eight hardest-hit provinces and autonomous regions: Yunnan, Xinjiang, Guangxi, Sichuan, Henan, Guangdong, Anhui, and Hubei. However, senior Chinese officials, as well as international experts operational in China, now assert that HIV is steadily moving from source populations such as injecting drug users and commercial sex workers into the general population.

China has made important advances in outlook, policy, and resource commitments at the central government level New leaders have emerged in China with a stronger commitment to improving social welfare and to addressing HIV/AIDS in particular. China has initiated a more proactive response to the HIV/AIDS challenge, including a national treatment and care program known as the China Comprehensive AIDS Response, or China CARES. China CARES aims to provide free antiretroviral (ARV) treatment to 10,000–15,000 persons by 2004 and 40,000 persons by 2005. As of the end of 2003, China CARES had initiated treatment for 7,011 patients, though the dropout rate stands at about 20 percent, largely owing to poor counseling, monitoring and drug side-effects and toxicities.

In addition, new policy guidelines promote “four frees and one care”: free antiretroviral drug treatment for poor citizens, free testing and counseling for poor citizens, free treatment to prevent mother-to-child transmission of HIV, free schooling for AIDS orphans, and care for families affected by HIV/AIDS. Senior leaders have committed to steadily ramping up certain sensitive harm reduction

strategies, including condom promotion, needle exchange, and methadone substitution therapy for drug addicts.

Also, in February 2004, China established the State Council Working Committee on HIV/AIDS. This move revamped and upgraded the former National Coordinating Committee on HIV/AIDS and Sexually Transmitted Diseases, which had met only four times between 1996 and 2003, and was operated out of a low-level office within the Ministry of Health. The new Working Committee is chaired by Vice Premier Wu Yi, comprises 23 ministries and seven provinces, and meets on an annual basis, with more regular meetings and consultations carried out at the working level. Importantly, the executive office of the new Working Committee is housed in the office of a Vice Minister of Health (currently the office of Vice Minister Wang Longde).

Importantly, in 2003–2004, significant new lines of funding became available to combat HIV/AIDS in China. After being rejected twice, China's application to the Global Fund in 2003 was accepted, promising \$32 million during 2004 and 2005. Remaining support of up to \$66 million would be made available in years three, four, and five of the grant contingent upon a satisfactory review by the Global Fund of the first two years of implementation. China's application to the fourth round of Global Fund support has also been accepted and will focus additional monies on prevention among certain high-risk groups such as IDUs and commercial sex workers. Chinese central government funding has also substantially increased. For the fiscal year beginning April 1, 2004, the Ministry of Health is expected to receive some 400 million *renminbi* (approximately \$50 million at current exchange rates) in funding to combat HIV/AIDS, a quadrupling of funding over 2002–2003 levels.

Formidable challenges lie ahead In spite of these many important changes in tone and policy, daunting challenges—political, technical, and normative—lie ahead for China to successfully meet the goals it has set to combat HIV/AIDS. It is difficult to overstate the scale of the challenge and the impediments confronting the implementation of an effective strategy in terms of planning, costs, logistics, human resources, technical capacity, and tackling the pervasive problems posed by stigma and misunderstanding about the disease.

The scale of the challenge alone—in a country with a territory and population as vast as China, and where the most heavily affected areas lie primarily in remote, rural, and poor parts of the country—is unrivaled in many respects, meaning many “lessons learned” from other countries will not readily apply to the China case. The political will and policy structure has turned in a more positive direction

at the central level, but the challenge of combating HIV/AIDS in China must now move into a far more difficult “phase two” of policy and technical implementation at a national, strategic level, and on the ground at the provincial, county, township, and village levels.

Key challenges include:

- Weak and incomplete national HIV testing and surveillance system;
- Debilitated and dysfunctional public health system, particularly in rural areas where HIV is hitting hardest, undermining an effective response to HIV/AIDS;
- Serious lack of qualified personnel and the necessary equipment and technologies to properly diagnose, counsel, treat, monitor, and care for HIV/AIDS patients;
- Major challenges in implementing an effective HIV drug treatment program, with strong risk of emergent drug-resistant HIV becoming more prevalent in China;
- Need for far greater emphasis on HIV education, awareness, and prevention;
- Lack of counseling and confidentiality to accompany expanded testing program;
- Lack of a strategic, well-coordinated plan aimed at winning provincial cooperation and forging effective external partnerships with the private sector and international donors; and
- Need to reform intra-governmental cooperation to stem and prevent the spread of HIV within socially marginalized groups such as drug users, sex workers, and economic migrants.

Conclusions and recommendations

In the past year, China has undergone a dramatic shift of focus, will, and consciousness vis-à-vis HIV/AIDS and public health. These promising changes have driven upward the priority attached to HIV/AIDS, empowered Ministry of Health, energized senior political leaders at many levels, changed the national discourse around HIV/AIDS, and opened the way for the first time in China to address HIV/AIDS and other related infectious diseases seriously on a national scale. However, at this juncture, China and its international partners can ill afford a “business as usual” approach or incremental, reactive adjustments to dealing with HIV in China. The United States should seize upon this moment to build new, far more robust partnerships around public health in China. These steps are warranted on the basis of U.S. national interests, and hold the promise of attaining substantial results.

Sustaining strong leadership Success in addressing HIV/AIDS in China will require continued high-level leadership, both in China and internationally. For engaged U.S. policymakers, members of Congress, and Cabinet secretaries, as well as country leaders and heads of international organizations,

priority should lie in near- to medium-term steps which sustain Chinese leadership's focus on HIV/AIDS and public health.

Enhancing strategic planning and prioritization China's formidable structural and organizational weaknesses must be addressed systematically. New national programs potentially pose unfunded financial burdens to provincial and local governments. Failure to implement a more strategically coordinated plan risks the loss of international support over time. Prevention and awareness should receive higher priority in China's strategic national plan to combat HIV/AIDS. High priority should be given to advancing testing in China. Human resource development, through education and training of medical professionals, is crucial.

Accelerating institutional restructuring and reform High priority should be given to addressing prevention and treatment more strenuously, especially within key at-risk groups. Present organizational structures to combat HIV/AIDS, dominated by the Chinese Center for Disease Control and Prevention, lack the technical expertise and human resources to plan and estimate costs, as well as develop, execute, coordinate, monitor, and evaluate complex national-scale treatment and care programs. China should incentivize health care delivery such that medical personnel become more actively engaged in HIV/AIDS prevention, education, treatment, and care. Particular attention should be given to improving communication and collaboration between central and provincial authorities.

Expanding space for new Chinese and international actors. China's business community and multiplying media outlets have not been meaningfully engaged in support of HIV/AIDS programs. Stronger signals are needed to welcome the special role of both indigenous and international nongovernmental organizations in fighting HIV/AIDS, including the contribution of international businesses in the form of worker education and training and charitable giving. Addressing the acute vulnerability to HIV of women and girls, as well as the growing number of AIDS orphans, increasingly will require enhanced support from communities, educators, and civil society.

Strengthening joint U.S.-China partnership The United States faces an historic opportunity to help shape health-related outcomes in China in ways that are favorable to the interests of China, the United States, the Asia-Pacific region, and the world. Innovative U.S. policies and support to China on HIV/AIDS will contribute significantly to the formulation of a "Second Wave" strategy for such major states as China, India, and Russia which stand at risk of a generalized epidemic but which are presently not a priority focus of U.S. global HIV/AIDS efforts.

Congress and the White House should give serious consideration to establishing a Joint U.S.-China Commission on Public Health to focus high-level attention on building U.S.-Chinese partnerships to strengthen public health in China. It would elevate the priority the two sides explicitly attach to issues of public health and underscore how public health challenges in China increasingly matter to U.S. interests. The Commission might enlist both congressional and administration involvement, and incorporate the widening array of important U.S. educational, religious, business, media, biomedical/public health, and philanthropic institutions that are becoming significantly invested in health in China.

Deepening high-level engagement by Americans in prominent public and private positions remains essential. The U.S. Global AIDS coordinator, Ambassador Randall Tobias could visit Beijing in 2004. Congressional and cabinet-level delegations to China should include HIV/AIDS issues on their agendas, as could senior corporate and philanthropic leaders in their visits to China.

Bilateral, technical assistance can be further expanded. The United States can underwrite the placement of external experts at central and provincial levels to assist in the planning and execution of HIV/AIDS programs, and increase public and private support for U.S.-China training exchanges, including twinning arrangements between U.S. and Chinese biomedical and public health institutions, including between private hospitals and universities.

ous waters. We must take appropriate steps to insure that this community remains healthy and vibrant. That is the responsibility that lies before this Committee. I am honored to have the opportunity to present my views to you, and I look forward to answering any questions you may have for me.

ⁱ The statistics in this section draw in part from *2004 Report on the global AIDS epidemic* (Geneva: Joint United Nations Programme on HIV/AIDS, June 2004).

ⁱⁱ More detailed findings and recommendations in Bates Gill, J. Stephen Morrison, and Drew Thompson, eds., *Defusing China's Time Bomb: Sustaining the Momentum of China's HIV/AIDS Response: A Report of the CSIS HIV/AIDS Task Force Delegation to China, April 13-18, 2004* (Washington, D.C.: Center for Strategic and International Studies, June 2004), accessible at: http://csis.org/china/040617_China_AIDS_Timebomb.pdf.