

# Averting a Full-blown HIV/AIDS Epidemic in China

A Report of the CSIS HIV/AIDS  
Delegation to China,  
January 13–17, 2003

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# Averting a Full-blown HIV/AIDS Epidemic in China

*Edited by J. Stephen Morrison and Bates Gill*

## **Executive Summary**

*The editors prepared this report in close consultation with members of the delegation. The report's findings and recommendations do not necessarily reflect the policies and opinions of any individual, organization, corporation, or U.S. government agency.*

At the invitation of the Chinese minister of health, Zhang Wenkang, the Center for Strategic and International Studies (CSIS) organized a delegation visit to China from January 13–17, 2003, to examine China's approach to HIV/AIDS and discuss the merits and options for possible expanded U.S.-Chinese collaboration in this critical area.

Senator Bill Frist (R-Tenn.), U.S. Senate majority leader and cochair of the CSIS Task Force on HIV/AIDS, served as honorary chair of the delegation. Two coleaders led the group to Beijing: Dr. Louis Sullivan, president emeritus of the Morehouse School of Medicine, cochair of the Presidential Advisory Council on HIV/AIDS, and former U.S. secretary of health and human services (1989–1993); and Ambassador J. Stapleton Roy, managing director of Kissinger Associates and former U.S. ambassador to China (1991–1995).

Dr. Bates Gill, the CSIS Freeman Chair in China Studies, and Dr. J. Stephen Morrison, executive director of the CSIS Task Force on HIV/AIDS and director of the CSIS Africa Program, organized the delegation's work in close concert with the Chinese Ministry of Health. The 18-member delegation included prominent members of the U.S. government, public health, philanthropic, scientific, corporate, and public policy communities.

During the week, Dr. Sullivan met with President Jiang Zemin and Deputy Foreign Minister Li Zhaoxing of China; Ambassador Roy met with Vice Premier Qian Qichen and Foreign Minister Tang Jiaxuan. Minister of Health Zhang spent a total of four hours with the delegation during the course of the week. The delegation interacted with some 150 Chinese attendees at a day-long conference, met with a range of officials and social organizations outside the Ministry of Health, conducted site visits to an HIV/AIDS treatment facility and other clinics, and consulted with Beijing-based international nongovernmental organizations, United Nations organizations, foundations, and foreign government representatives.

## Findings

- **CHINA IS AT RISK OF A GENERALIZED HIV/AIDS EPIDEMIC THAT BY 2010 COULD INFECT BETWEEN 10 MILLION AND 20 MILLION CHINESE WITH THE HIV VIRUS.** An epidemic of this magnitude would seriously impact China's mainstream society and economy.
- **THE CHINESE APPROACH TO HIV/AIDS IS MOVING IN THE RIGHT DIRECTION, ALBEIT SLOWLY.** The Chinese Ministry of Health recognizes the enormity and complexity of the threat and is leading a serious effort to preempt it, through increased funding, improved intra-governmental coordination, expanded pilot training programs, improved preventative education and awareness, and an enlarged dialogue with the international community on new partnerships.
- **THESE POSITIVE DEVELOPMENTS NOTWITHSTANDING, CHINA REMAINS ILL EQUIPPED TO PREEMPT A GENERALIZED HIV/AIDS EPIDEMIC.** Contributing factors are:
  - ♦ Insufficient high-level political will and financial commitments;
  - ♦ Lack of public health care capacity;
  - ♦ Poor baseline data and assessment capacity;
  - ♦ Bureaucratic and political obstacles;
  - ♦ Societal prejudices and lack of awareness, education, and prevention.
- **IT IS IN THE U.S. NATIONAL INTEREST TO ENLARGE SIGNIFICANTLY ITS BILATERAL AND MULTILATERAL ENGAGEMENT WITH CHINA TO ASSIST IN PREEMPTING A GENERALIZED EPIDEMIC THAT WOULD HAVE CATASTROPHIC CONSEQUENCES FOR CHINA AND THE COURSE OF THE EPIDEMIC GLOBALLY.** This conclusion is consistent with President Bush's January 28, 2003, State of the Union address, in which he called for a tripling of U.S. commitments to battle HIV/AIDS in acutely affected areas of Africa and the Caribbean; the president's September 2002 National Security Strategy, in which containing the spread of HIV/AIDS is explicitly linked to U.S. global security; and discussions on HIV/AIDS during the Bush-Jiang summit of February 2002. Given the improved bilateral dialogue between the United States and China and the generational shift in Chinese leadership, the timing is propitious to create new channels of U.S.-Chinese partnerships on HIV/AIDS.

## Recommendations

- **FORGE A SUSTAINED LEADERSHIP DIALOGUE.** The White House, in partnership with the secretary of state, the secretary of health and human services, and other cabinet-level leaders should seek intensified, regularized high-level contact with their Chinese counterparts to discuss HIV/AIDS, including: joint declarations; outreach to provincial leadership; targeted efforts to assist senior policymakers in estimating potential future economic costs of the epidemic; collaboration on global concerns, such as the pandemic's impact on security; and planning for steep future demands for low-cost and high-volume medications.
- **EXPAND OPERATIONAL COLLABORATION.** U.S. operational agencies—National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development (USAID)—should expand technical assistance to strengthen promising emergent Chinese policy initiatives. Efforts should be made to incorporate contributions by other agencies such as the Peace Corps and the Department of Labor, and to facilitate expanded engagement by U.S. foundations and nongovernmental organizations (NGOs). Support should be concentrated on:
  - ♦ National surveillance and data collection systems in China;
  - ♦ Media and educational campaigns aimed at youth and China's migrant worker population;
  - ♦ Preparation of a credible national action plan to bring to scale current pilot schemes;
  - ♦ Support for training, planning, and budgeting initiatives, especially at provincial levels, with a focus on informed, comprehensive approaches to treatment;
  - ♦ Development of an effective model for community- and family-based delivery of public health services to poor, rural populations that incorporates Chinese and external NGOs into new public-private partnerships;
  - ♦ Establishment of a high-level coordination mechanism to ensure an authoritative, comprehensive, and multisectoral approach, including the mobilization of provincial and local leadership.
- **STRENGTHEN DONOR SUPPORT.** The U.S. administration should invest more diplomatic energy in bringing greater coherence and coordination to external assistance to China. The United Nations Theme Group in Beijing provides a ready vehicle for donor cooperation, and the World Bank has unrealized potential for HIV/AIDS cooperation.

## Conclusion

The moment is ripe for enlarging U.S.-Chinese partnerships to avert a full-blown HIV/AIDS epidemic in China. The recommendations here are squarely in the U.S. national interest and represent a new and dynamic health diplomacy that links the threat of global infectious disease with U.S. foreign policy and security priorities.

## Introduction

At the invitation of the Chinese minister of health, Zhang Wenkang, the Center for Strategic and International Studies (CSIS) organized a senior-level delegation visit to China from January 13–17, 2003. Its aims were to examine the evolving Chinese approach to battling HIV/AIDS and discuss with Chinese counterparts the merits and options for possible expanded U.S.-Chinese collaboration in this critical area.

Senator Bill Frist, U.S. Senate majority leader and cochair of the CSIS Task Force on HIV/AIDS, agreed to be the honorary chair of the delegation, and provided a videotaped opening address that launched a daylong conference at the outset of the delegation visit. Two coleaders headed the group: Dr. Louis Sullivan, president emeritus of the Morehouse School of Medicine, cochair of the Presidential Advisory Council on HIV/AIDS, and former secretary of health and human services (1989–1993); and Ambassador J. Stapleton Roy, managing director of Kissinger Associates, and former U.S. ambassador to China (1991–1995). Senator John Kerry, the other cochair of the CSIS Task Force and ranking minority member on the Senate Foreign Relations Asia Subcommittee, supported the CSIS mission and its subsequent call for expanded bilateral collaboration with China on HIV/AIDS.

The 18-member delegation included prominent members of the U.S. government, public health, philanthropic, scientific, corporate, and public policy communities concerned with HIV/AIDS issues globally and in China. A list of delegation members and the delegation's itinerary while in China can be found in appendixes A and C, respectively.

Dr. Bates Gill, the CSIS Freeman Chair in China Studies, and Dr. J. Stephen Morrison, executive director of the CSIS Task Force on HIV/AIDS and director of the CSIS Africa Program, organized the delegation's work in close concert with the Chinese Ministry of Health. Also integral to the mission's success were Clark T. Randt Jr., U.S. ambassador to China, Kurt Tong, counselor for environment, science, and technology at the U.S. embassy in Beijing, and Andrew Thompson, research associate with the CSIS Freeman Chair in China Studies.

During the week Dr. Sullivan met with President Jiang Zemin and Deputy Foreign Minister Li Zhaoxing of China; Ambassador Roy met with Vice Premier Qian Qichen and Foreign Minister Tang Jiaxuan. At these meetings with senior Chinese leaders, Dr. Sullivan and Ambassador Roy were able to draw their attention to the issue of HIV/AIDS in China and convey the aims of the delegation. Minister of Health Zhang spent four hours with the delegation and accepted the invitation extended to him by Senator Frist (in his capacity as cochair of the CSIS HIV/AIDS Task Force) to lead a delegation to the United States later in 2003 to continue discussions, in exchanges organized by CSIS, on cooperation in addressing the challenge of rising HIV/AIDS infections.

In his videotaped address to the conference opening the delegation's visit to Beijing, Senator Frist emphasized:

The conversations you will have this week have the potential to shape this decisive moment in the history of the disease in two critical ways. First, China has the opportunity to contain the HIV/AIDS threat. And by doing so it can become a model for aggressive and effective response to the disease. The second opportunity concerns our two countries. Together we can turn this moment of cooperation on HIV/AIDS and related diseases into a vital, new dimension in our bilateral relationship.\*

In addition to meetings with Minister Zhang, the delegation interacted with some 150 Chinese attendees in a daylong conference entitled, “China-U.S. Cooperation on HIV/AIDS Prevention and Control Strategy”; met with a range of other officials and social organizations outside the Ministry of Health; conducted site visits to one of the country’s largest HIV/AIDS treatment and care facilities and other clinics; and consulted with Beijing-based international nongovernmental organizations (NGOs), United Nations organizations, and foreign government representatives. Ambassador Clark T. Randt also kindly hosted an evening reception, which afforded additional opportunities for the delegation to interact with Chinese counterparts.

At the conclusion of the visit, Minister of Health Zhang outlined his hope that the follow-on CSIS conference on HIV/AIDS in Washington would: examine how NGOs can be enlisted to provide public health services in poor, rural settings in China (in this regard, he explicitly asked that CSIS bring to the table major U.S. NGOs); explore support for a proposal under discussion with Project HOPE to establish a large-scale training center in Beijing at the Chinese Center for Disease Control and Prevention and at 10 demonstration sites across China; examine central coordination mechanisms for advancing an authoritative, multisectoral national policy; and discuss with U.S. pharmaceutical companies possibilities for arranging access to more affordable HIV/AIDS medications. Minister Zhang said he intended to include in his delegation senior representatives of other ministries and Chinese nongovernmental groups. He also indicated his willingness to discuss augmentation of the mission of the Peace Corps in China to include healthcare-related issues.

## Findings

### ▪ CHINA IS AT RISK OF A GENERALIZED HIV/AIDS EPIDEMIC THAT COULD RESULT IN BETWEEN 10 MILLION AND 20 MILLION HIV-POSITIVE CHINESE BY 2010.

At these numbers, China would have the first- or second-largest number of HIV-infected people by the end of the decade. Moreover, the country’s HIV/AIDS infections would have spread to affect a far broader swath of China’s mainstream society and economy. Quick, effective preventive action is essential to reduce transmission of the epidemic within high-risk populations and from them into China’s overall population of 1.3 billion.

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\* The full text of Senator Frist’s speech can be found in appendix B.

▪ **THE CHINESE APPROACH TO HIV/AIDS IS MOVING IN THE RIGHT DIRECTION, ALBEIT SLOWLY AND HINDERED BY INADEQUATE POLITICAL AND FINANCIAL COMMITMENTS.**

The delegation strongly believes that, despite continued problems and uncertainties, China is steadily moving forward in its approach to HIV/AIDS. As one long-time resident observer quietly emphasized to the delegation, “Over the long term, China will deal with HIV/AIDS. The battle at the central level is being won.” The issue is whether that progress will be quick and substantial enough to forestall a generalized epidemic.

The Chinese Ministry of Health recognizes the enormous and complex problem it faces and has begun to lead a serious effort to combat it, including a more open approach to the international community. Since 2001, the Chinese Ministry of Health has established a Center for Disease Control and Prevention, launched an ambitious five-year national action plan, and secured increased central government funding for HIV/AIDS awareness, prevention, and treatment programs.

They are seeking to expand surveillance and pilot prevention programs to reach high-risk populations, which may soon yield concrete results at local levels.

Central government spending on HIV/AIDS prevention and treatment was increased to 100 million RMB a year (approximately \$12 million), and the safety of national blood banks has been upgraded, funded by a 1.5 billion RMB government bond issue. Expanded pilot treatment training schemes are now in preparation for over 100 sites across the nation, and during the CSIS visit, delegation members Charles Sanders and John Howe of Project HOPE announced a joint program with the Chinese Ministry of Health to establish 10 HIV/AIDS treatment training centers.

Consultations with donors have improved, centered within the country-coordinating mechanism established to develop applications to the Global Fund to Fight AIDS, TB, and Malaria.

There is increased discourse among policymakers on how to create a more effective and authoritative high-level coordinating body to overcome bureaucratic rigidities and resistance at the provincial levels. China’s new leadership, emerging from the 16<sup>th</sup> Party Congress in November 2002, has signaled early interest in rural poverty and social stability, which may create an opening for affirming HIV/AIDS as a national priority. In this regard, discussions are actively under way on means to enlist provincial leaders formally in 2003 into policy and budgetary commitments on HIV/AIDS.

The delegation was struck by the far greater openness in the Chinese media and elsewhere to public discussion of HIV/AIDS, by comparison with just a year or two ago. Persons living with HIV are now permitted to organize themselves and have begun to acquire a national voice. Other Chinese nongovernmental bodies, such as the China AIDS Network and the Chinese Foundation for the

Prevention of Sexually Transmitted Diseases and AIDS, are increasingly important influences.

▪ **HOWEVER, DESPITE THESE POSITIVE DEVELOPMENTS, CHINA REMAINS ILL EQUIPPED TO CONFRONT ITS HIV/AIDS CHALLENGE. IF A GENERALIZED EPIDEMIC IN CHINA IS TO BE AVERTED, GREATER URGENCY IS REQUIRED TO ESTABLISH A NATIONWIDE PREVENTION PROGRAM LED BY CHINA'S NATIONAL POLITICAL LEADERS, BACKED BY SUBSTANTIALLY HIGHER RESOURCE COMMITMENTS.**

The delegation identified four stark challenges to effective action against HIV/AIDS in China.

1. *Bureaucratic and political obstacles.* While the Chinese Ministry of Health appears seized by China's HIV/AIDS challenge, it faces political and bureaucratic obstacles in three key directions.
  - ◆ First, the ministry needs clear and unambiguous support from above: the senior-most leadership in China has thus far kept a relatively low profile on the issue.
  - ◆ Second, the ministry has difficulties generating support and action from other ministries and agencies across the bureaucratic system.
  - ◆ Third, the ministry (and central authorities generally) meet resistance from below: provincial and local authorities, for a variety of reasons, are not adequately monitored, coordinated, or funded to assure an effective and comprehensive response to the spread of HIV/AIDS.

The Ministry of Health, despite its best efforts, lacks the budget or authority to overcome these obstacles. The National Coordinating Committee on HIV/AIDS and Sexually Transmitted Diseases, an interministerial body created in 1996 and chaired by Vice Premier Li Lanqing, has only met four times, to limited effect. Two years ago, plans were put forward to strengthen the Coordinating Committee by instituting a secretariat for the body and housing it in the State Council, China's cabinet. However, bureaucratic battles and resource constraints resulted in the secretariat being placed at a lower level, as a unit within the Ministry of Health's Center for Disease Control and Prevention, where it has inadequate authority to coordinate and "ride herd" across ministries.

2. *Poor baseline data and assessment capacity.* While Chinese officials estimate there are more than 1 million HIV-infected persons in China, there are only some 30,000 officially diagnosed and registered cases of HIV/AIDS in the country. Lacking a comprehensive surveillance and testing system, the country's public health officials cannot accurately calculate the scope of the infection's spread and determine how to effectively target at-risk populations.

Equally important, they lack the hard evidence to convince skeptics of the seriousness of the looming threat. Health officials emphasized to the delegation how difficult it is to make the case persuasively to China's leadership that a concerted national mobilization against HIV/AIDS is needed—urgently—to preempt a catastrophe. This is due to weak national surveillance data (there are only approximately 150 national sentinel sites for all of China, and several of these sites are not fully functional), resistance at local and provincial levels (where attention to HIV/AIDS, it is feared, will scare away outside investment), and lack of evidence to date that HIV/AIDS truly threatens China's future economic growth and social stability.

Existing surveillance sites predominantly monitor at-risk populations, including intravenous drug users and commercial sex workers, and thus provide only partial insight into the spread of HIV within the general population.

There are no provisions available for voluntary HIV testing for the public. Delegation members found that Chinese interlocutors were frequently unable to provide consistent and specific data.

3. *Lack of public healthcare capacity.* The country's fraying healthcare system lacks sufficient capacity at this point to deal with HIV/AIDS: only some 50 to 100 Chinese doctors understand how to diagnose and treat HIV infection and the onset of AIDS, and few spend time regularly in remote regions of the country where the hundreds of thousands of persons living with HIV/AIDS reside. Training, technical assistance, and well-targeted financial support across a range of disciplines—epidemiological, medical, scientific, educational—are sorely needed at national, provincial, and local levels to establish testing, prevention, and care programs as well as to expand small, promising pilot programs in pockets across the country. In the absence of antiretroviral medications, it will be important to enhance prevention and treatment of the opportunistic infections most likely to be seen in China, most notably tuberculosis.

Chinese counterparts repeatedly emphasized affordable access to antiretroviral medications as a priority in their battle against HIV/AIDS. Inadequate attention appears to have been given to training and other infrastructural requirements for effective treatment and to how to reduce the risk of drug-resistant strains of HIV emerging in China. Even less consideration was given to effectively utilizing existing low-cost, off-patent medicines for treating opportunistic infections, which are currently not reaching patients.

National budgetary commitments to HIV/AIDS, though rising, nonetheless still fall woefully short of requirements. In 2003 and 2004, projected total commitments, according to UN sources, are approximately \$62 million—including spending at central, provincial, and local levels—and in fact are projected to drop in subsequent years.

4. *Societal prejudice and lack of awareness, education, and prevention.* Public awareness of HIV/AIDS and understanding of ways to prevent infection, though rising, are still exceptionally low in many high-risk populations and among the broader public. According to briefings the delegation received from international government organizations in Beijing, only about 55 percent of the Chinese population have an awareness of HIV and an even lower percentage know how to protect against infection. This is especially troubling, as nearly all of the hundreds of thousands of HIV-positive individuals in China do not know they are infected or how to prevent transmission to others. Moreover, public discussion of sexual topics and HIV-related preventive measures, such as condom use or needle exchange, remains awkward in China, as in many countries. At the same time, intense prejudice surrounds the disease, which is widely regarded as an affliction restricted to marginal, morally suspect populations. Views such as “they brought it on themselves” or “it can’t happen to me” are widespread. Those rendered HIV-positive through tainted blood supplies are spared this public opprobrium and receive more sympathetic attention, resulting in greater willingness to devote public resources to addressing this aspect of the problem. As a result, legal, cultural, and political barriers impede interventions to stem risk-taking behaviors, especially among high-risk groups such as injecting drug users, commercial sex workers, and men who have sex with men. Indeed, the illegitimacy and stigma attached to these groups, and the threat of legal or moral retribution, motivate them to go underground. In some instances, actions by the judiciary and public security personnel clash with efforts by the Ministry of Health to facilitate access to high-risk groups in order to alter behavior.

▪ **IT IS IN THE U.S. NATIONAL INTEREST TO ENLARGE SIGNIFICANTLY ITS BILATERAL AND MULTILATERAL ENGAGEMENT WITH CHINA TO ASSIST IN PREEMPTING A GENERALIZED EPIDEMIC THAT WOULD HAVE CATASTROPHIC CONSEQUENCES FOR CHINA AND THE COURSE OF THE EPIDEMIC GLOBALLY.**

This finding tracks closely with President Bush’s National Security Strategy, issued on September 17, 2002. In that document, President Bush argued that the United States must lead the world in efforts to reduce HIV/AIDS, in order to guarantee U.S. security. That involves partnering with China, an emerging global power and home to one-quarter of the world’s population, to improve public health, strengthen medical systems, and expand development opportunities.

As the epicenter of the pandemic steadily shifts to Eurasia, China quickly appears at the forefront of the world’s strategic confrontation with HIV/AIDS, owing to its unrivalled scale, its complexity, and its regional and global standing. Whether preemption succeeds or fails there will be decisive to the course of the pandemic and to the stability and future economic growth of China.

Given China's dynamic and expanding integration into the global system, its HIV/AIDS challenge will become a growing concern for China's neighbors in Asia and for countries around the world, including the United States.

Given the currently stable and generally positive bilateral relationship between the United States and China, the timing is propitious to create new channels for U.S.-Chinese partnerships on HIV/AIDS. The Chinese government has unequivocally signaled its openness to U.S. advice and strong interest in expanded U.S. technical support. China's senior leadership is in the midst of a generational shift of power and reportedly is inclined to take a fresh look at newly emergent challenges to China's future, including HIV/AIDS.

President Bush and President Jiang discussed the importance of enhanced collaboration on HIV/AIDS when they met in February 2002. Shortly afterwards, in June 2002, Health Minister Zhang and Health and Human Services Secretary Tommy Thompson signed in Washington a Memorandum of Understanding that has led to expanded NIH and CDC assistance. This assistance, combined with new programs announced by the U.S. Agency for International Development (USAID) in October 2002, totals approximately \$20 million spread over a five-year period.

## Recommendations

President Bush announced in his State of the Union address on January 28, 2003, that the United States would triple its aid to combat HIV/AIDS in Africa and the Caribbean, from \$1 billion to \$3 billion per annum. That dramatic leadership reaffirms the centrality of the HIV/AIDS threat to the world community and creates an opportunity to expand substantially the U.S. partnership with China as it begins to confront HIV/AIDS more actively.

The delegation strongly endorses Senator Frist's belief that U.S. support to China on HIV/AIDS should become an enduring, significant dimension of the U.S.-China bilateral relationship. There is no question that it is in the U.S. national interest to see China succeed in reversing the rising trend line in HIV infections and thereby avert a generalized epidemic. A strong bipartisan coalition should be engaged in the opening of new channels of U.S.-Chinese collaboration on HIV/AIDS, and that effort, both humanitarian and strategic, should be insulated from future upswings in tension in other important areas of the bilateral relationship.

However, prudence and humility should guide the proposed expansion of U.S. engagement with China on HIV/AIDS. The many obstacles China faces internally in confronting its HIV/AIDS challenge effectively will have to be dealt with honestly, carefully, and with political sensitivity as the U.S. expands its engagement with China on these issues. Informed realism and pragmatism will be essential in overcoming key obstacles, gaps, and policy dilemmas.

Humility is in order given the United States' own history, in which issues of sexuality, reproductive rights, criminality, morality, stigma, and personal liberties

have proven highly sensitive, complex, and divisive. At critical moments in U.S. policy debates on HIV/AIDS, a lack of coherence and consensus has delayed effective action, and concerted work has been essential to find a feasible way forward. The United States should not be surprised that China confronts similar challenges that are compounded by China's exceptional scale and complexity, as well as by its highly preliminary understanding of the dynamics of the epidemic.

That said, conviction and speed will be equally important, given the catastrophic consequences that China and the larger global community will bear if the virus spreads to China's overall population.

The delegation believes that U.S. priorities should be to:

- ◆ Institute high-level, regular U.S.-Chinese exchanges on HIV/AIDS, aimed at solidifying a leadership consensus on priority interventions;
- ◆ Enlarge targeted diplomatic and technical and material support that strengthens those Chinese authorities initiating coherent policies and programs to combat HIV/AIDS;
- ◆ Bolster donor coherence through intensified coordination and engagement involving the United Nations, the World Bank, other key donors, and private-public partnerships.

▪ **FORGE A SUSTAINED LEADERSHIP DIALOGUE.**

President Bush, in partnership with Vice President Richard Cheney, Secretary of State Colin Powell, and Secretary of Health and Human Services Tommy Thompson, should seek intensified, regularized high-level contact with their Chinese counterparts to discuss HIV/AIDS, in order to bring greater attention and action to the issue among China's senior-most leaders. Other cabinet-level leaders, in coordination with the Department of Health and Human Services and the State Department, should integrate, as appropriate, the HIV/AIDS issue into their bilateral contacts with China.

The focus could include: joint declarations; outreach to provincial leadership; targeted efforts to assist senior policymakers in estimating potential future economic costs of the epidemic; collaboration on global concerns, such as the pandemic's impact on security (a topic for possible UN Security Council consideration); engagement of the business community; and planning for steep future demands for low-cost and high-volume medications.

Intensified bilateral dialogue with China on HIV/AIDS will need to be accompanied by assignment of higher priority to the issue in interagency councils on U.S.-China relations.

▪ **EXPAND OPERATIONAL COLLABORATION.**

The delegation recommends that U.S. technical support to China be doubled in fiscal year 2004 and doubled again in fiscal year 2005, in line with President

Bush's proposal to add \$10 billion in global AIDS funding over the next five years.

U.S. operational agencies (NIH, CDC, USAID) should expand technical assistance to strengthen promising emergent Chinese policy initiatives, centered largely in the Ministry of Health. They should also seek to work collaboratively with other Chinese institutions, as promising opportunities emerge. Efforts should be made to incorporate contributions by other agencies, such as the Peace Corps and the Department of Labor, and to facilitate expanded engagement by foundations (e.g., the Kaiser Family Foundation) and NGOs (e.g., Project HOPE and the American Foundation for AIDS Research). U.S. experience could prove relevant to China's priority needs in helping to:

- ◆ Strengthen China's national surveillance system and the generation of accurate national surveillance data;
- ◆ Prepare media and educational campaigns, especially aimed at youth and China's migrant labor population;
- ◆ Assist China, in close coordination with others in the international community, in urgently formulating a credible national action plan to expand current pilot schemes;
- ◆ Support training, planning, and budgeting initiatives, especially at provincial levels, focusing on informed, comprehensive approaches to prevention, treatment and care;
- ◆ Develop an effective model for community- and family-based delivery of public health services to poor, rural, and remote populations that builds on national capacities and incorporates Chinese and external NGOs into new public-private partnerships;
- ◆ Facilitate work of international NGOs to provide social services for the growing number of rural orphans and for rural elderly who have lost children due to HIV/AIDS;
- ◆ Adapt experiences elsewhere around the world for an effective fit to China's circumstances;
- ◆ Help establish and strengthen high-level coordination mechanisms that will ensure an authoritative, multisectoral approach and mobilize provincial and local leadership;
- ◆ Strengthen China's country-coordinating mechanism as the lead consultative forum linking Chinese official and NGOs, bilateral donors, international organizations, and international independent agencies, in the preparation of coordinated strategies and proposals to the Global Fund to Fight AIDS, TB, and Malaria;
- ◆ Facilitate the involvement of the local and multinational business communities to devise innovative public-private partnerships that

integrate prevention, care, treatment, and support and to mobilize other forms of support for the government's national HIV/AIDS strategy;

- ◆ Open exploratory military-to-military discussions on prevention and treatment of HIV infections within armed services.

▪ **STRENGTHEN DONOR SUPPORT.**

The administration should invest more diplomatic energy, in Washington and Beijing, to bring greater coherence and coordination to external assistance.

The UN Theme Group in Beijing provides a ready vehicle for donor cooperation, and the administration should engage more actively with it. The World Bank has unrealized potential in the area of HIV/AIDS. U.S.-UK collaborations on specific initiatives also hold promise.

## **Conclusion**

For all the reasons outlined above, the moment is ripe for enlarging U.S.-Chinese partnerships to stanch the threat that HIV/AIDS poses to China and, in turn, to others. The strategy that the delegation lays out and the specific concrete initiatives it proposes are squarely in the U.S. national interest. They are affordable, pragmatic, targeted, and politically feasible. In combination, they represent a new model of dynamic health diplomacy that links the threat of global infectious disease with U.S. foreign policy and security priorities.

## Appendix A. CSIS HIV/AIDS Delegation to China

William Frist, Honorary Chairman  
*U.S. Senate*

Ambassador J. Stapleton Roy, Delegation Coleader  
*Former U.S. Ambassador to China*  
*Managing Director, Kissinger Associates, Inc.*

Dr. Louis W. Sullivan, Delegation Coleader  
*President Emeritus, Morehouse School of Medicine*  
*Cochairman, Presidential Advisory Council on HIV/AIDS*

Lois Bradshaw, *Director, Senior Health Officer, Greater Mekong Regional Office (Bangkok), U.S. Agency for International Development*

Linda Distlerath, *Vice President, Global Health Policy, Merck & Company, Inc.*

Helene Gayle, *Director, HIV/AIDS & TB, Bill and Melinda Gates Foundation*

Bates Gill, *Freeman Chair in China Studies, CSIS*

John P. Howe, *President & CEO, Project HOPE*

Harold Jaffe, *Director, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention*

J. Stephen Morrison, *Executive Director, CSIS HIV/AIDS Task Force; Director, CSIS Africa Program*

Phillip Nieburg, *Associate Director for Public Health Practice, Global AIDS Program, Centers for Disease Control and Prevention*

Andy Olson, *Legislative Counsel, Office of Senator Bill Frist*

Sarah Palmer, *Staff Scientist, HIV Drug Resistance Program, National Cancer Institute at Frederick, National Institutes of Health*

Jerome Radwin, *CEO, The American Foundation for AIDS Research (amfAR)*

Charles A. Sanders, *Chairman, Project HOPE, Former Chairman & CEO, Glaxo, Inc.*

Mark Schneider, *Senior Vice President, International Crisis Group*

Andrew Thompson, *Research Associate, Freeman Chair in China Studies, CSIS*

### Observers

Kevin Frost, *Vice President, The American Foundation for AIDS Research (amfAR)*

Kurt Tong, *Environment, Science, and Technology Counselor, U.S. Embassy*

## **Appendix B. Address by U.S. Senator Bill Frist**

*Address to the Seminar on China-U.S. Cooperation on HIV/AIDS  
Prevention and Control Strategy  
January 13, 2003  
Beijing, China*

Hello. My name is Bill Frist. I'm the majority leader of the United States Senate. And I'm privileged to be the honorary leader of the CSIS delegation visiting Beijing this week.

I deeply regret that I am unable to join you. I am very interested in the subject of AIDS in China and have asked a member of my staff, Andy Olson, to represent me at the meetings. I look forward to the outcome of your week.

I first want to thank Minister of Health Zhang for inviting the CSIS delegation to Beijing. And I want to return the favor. I've asked Minister Zhang to lead a senior delegation to Washington later this year for a follow-up CSIS conference.

As a physician, a senator, and a medical missionary, I have deep personal interest in threats posed by HIV/AIDS. To mothers, fathers, and their children. To societies, economies, nations, continents. And to the entire global community.

I have actively promoted more resources to fight global HIV/AIDS. I have also served as a cochair of the CSIS Task Force. This is a group of leaders committed to identifying emerging new issues related to HIV/AIDS. We also develop relationships with experts in countries struggling with HIV/AIDS and generate ideas for action.

This visit to Beijing by the CSIS delegation is a major initiative of the Task Force. I am so very encouraged to see this become a reality. And it would never have happened were it not for Minister Zhang. Again, I am personally grateful to him for hosting these meetings.

I also want to thank two distinguished Americans who have served their country with distinction and kindly agreed to lead the delegation.

Ambassador Stapleton Roy. One of our most respected diplomats. A lifelong student of China. And, of course, U.S. ambassador to China in the early 1990s.

And the Honorable Doctor Louis Sullivan. Founder and president emeritus of the Morehouse University School of Medicine. Former secretary of health and human services for our first President Bush. And cochairman of President George W. Bush's advisory council on HIV/AIDS.

The CSIS delegation has a wealth of experience with the medical, scientific, political, social, and economic challenges of global HIV/AIDS. And I know all members look forward to sharing insights and discussing solutions with their

Chinese colleagues. The conversations you will have this week have the potential to shape this decisive moment in the history of the disease in two critical ways.

First, China has the opportunity to contain the HIV/AIDS threat. And by doing so it can become a model for aggressive and effective response to the disease.

The second opportunity concerns our two countries. Together we can turn this moment of cooperation on HIV/AIDS and related diseases into a vital, new dimension in our bilateral relationship.

To conclude, we have a lot of work ahead to combat the HIV/AIDS epidemic. I know the CSIS delegation is eager to work with the Chinese delegation to stem the spread of this disease in China, in Asia, and around the world.

Working together we can make a real difference. We can save lives.

Thank you very much. Have a wonderful week of meetings.

## **Appendix C. Delegation Agenda**

### **Monday, January 13, 2003**

#### **Seminar on China-U.S. Cooperation on HIV/AIDS Prevention and Control Strategy**

This daylong seminar, before some 150 attendees, included an opening videotaped address by Senator Frist, followed by a series of panels presenting U.S. and Chinese views on the global epidemic, U.S. and Chinese domestic responses, and future U.S.-China cooperation on HIV/AIDS. The Chinese presentations cataloged the HIV/AIDS challenge in China, described current policies to confront the disease, and outlined future steps to bring the epidemic under control. A press conference was also held during the event, attended by over 25 foreign and Chinese journalists.

### **Tuesday, January 14, 2003**

#### **Chinese State Council Coordinating Committee for AIDS/STD Control**

The State Council Coordinating Committee was formed in 1996. It is chaired by Vice Premier Li Lanqing; the Chinese minister of health serves as vice chairman. The committee aims to bring together vice ministers from 34 ministries and agencies to coordinate HIV/AIDS and sexually transmitted disease-control policies. The full committee has met four times since its inception, and an executive office for the committee was created in 2000 and is housed within the Chinese Center for Disease Control and Prevention (CDC). Representatives from 15 ministries and agencies attended the roundtable, with 5 ministry representatives giving detailed presentations.

#### **Chinese Center for Disease Control and Prevention, Ministry of Health**

Seven members of the Chinese CDC presented overviews of each division's activities with emphasis on their current role and future plans.

### **Wednesday, January 15, 2003**

#### **You'an Hospital**

You'an Hospital is the premier infectious disease training hospital in China and houses the "Home of Loving Care," the largest and most advanced HIV/AIDS treatment facility in China. It is one of only two hospitals in Beijing with HIV/AIDS-specialized facilities. The delegation received a detailed briefing on the HIV/AIDS-related work of the hospital and a short tour of the infectious disease wing, including conversations with some HIV patients under care. Facing a growing epidemic, where the vast majority of patients are poor, uninsured, and

not resident in Beijing, You'an Hospital demonstrates the immense challenges facing the healthcare sector in China.

### Meeting with Representatives of Chinese Social Organizations Working on HIV/AIDS

The delegation received detailed briefings from a range of social organizations concerned with combating HIV/AIDS in China. The delegation was impressed with the earnestness, dedication, and openness of the social workers, activists, and health professionals conducting this work but also cognizant of the enormous challenge they face. Some organizations, particularly mass-oriented, government-directed organizations such as the All-China Women's Federation, are concentrating on education and outreach efforts. Others, such as the China AIDS Network and China Foundation for STDs and AIDS, are focused on research and policy advocacy. One true grassroots organization (the Mangrove Support Group, an NGO established by and for HIV-positive persons) also contributed to the meeting. All participants in the roundtable were frank about China's problem with HIV/AIDS and open to innovative policies to address the problem, even at the risk of breaking existing social and political taboos.

The organization representatives in this meeting were also frank in discussing their weaknesses, including insufficient direct contact with HIV-positive or high-risk populations, small staffs that lack training, and a dearth of financial resources. They do point out their increasing involvement in the Global Fund's country-coordinating mechanism (CCM), and were hopeful to receive as much as 10 percent of future distributions from the Global Fund for AIDS, Tuberculosis, and Malaria. They also point out that their organizations are often adept at interfacing with local governments to educate about HIV/AIDS policies and encourage local governments to "buy in" and support HIV/AIDS prevention and treatment activities under their jurisdictions.

### Thursday, January 16, 2003

#### United Nations Theme Group on HIV/AIDS

The delegation was hosted by the United Nations Theme Group on HIV/AIDS (UNTG), a regularized gathering of some 30 organizations—UN agencies, international donors, foreign government initiatives, and international NGOs—which share a common interest in HIV/AIDS issues in China. Because of their on-the-ground experience, the group provided a comprehensive and insightful overview of the HIV/AIDS situation in China, the successes and constraints in effectively combating the disease, and future needs. The consensus view of the UNTG was that the Chinese government has now permitted the Ministry of Health to be more open in acknowledging the nature of the HIV/AIDS threat but has yet to adopt a coherent national strategy that encompasses the provinces, assigns adequate resources, confronts the lack of awareness and resultant stigma, and generates the needed political, public, or managerial commitment. A sense of urgency is missing along with failure to understand the potential of serious

damage to regional economic well-being and national stability. For these organizations, the biggest challenge relates to a lack of political commitment from the top leadership, both at the central and local levels.

Capacity building in every aspect is needed (medical professionals, teachers, etc), while the capacity of delivering HIV/AIDS treatment and care is a major concern, including the difficulties of rural treatment programs, dealing with a high prevalence of multidrug-resistant TB, a high prevalence of hepatitis in certain areas of China, and the potential for difficulties with ARV drug resistance in the case that programs are not properly handled.

The UNTG recommended that the U.S. government continue to play an active role politically, engaging the Chinese leadership at the highest levels to confront the HIV/AIDS situation, emphasizing the effectiveness of preventative action at an early stage.

### Chinese People's Association for Friendship with Foreign Countries

The Chinese People's Association for Friendship with Foreign Countries (CPAFFC) is a government-organized institution affiliated with the Foreign Ministry with a mandate to expand friendly relations between China and other countries. During the luncheon with our host, CPAFFC vice president Madame Li Xiaolin, the delegation discussed ways that the United States and China can further promote cooperation on HIV/AIDS between the two governments as well as through public-private collaboration.

### Concluding Meeting with Minister of Health Zhang Wenkang

The minister of health opened the delegation's concluding meeting by asking for open and frank observations and comments and reaffirming his commitment to continue cooperation with CSIS on HIV/AIDS. Ambassador Stapleton Roy and Dr. Louis Sullivan expressed their gratitude for the Chinese government's hospitality and requested the minister's advice on how to engage the top leaders in China, how to involve provincial leaders, what technical assistance the U.S. might best provide, and how the ministry plans to address issues of stigma and discrimination. The minister responded by informing the delegation that he was forming a "responsibility plan" that would make provincial governors more responsive to HIV/AIDS issues. He also asked the delegation to prepare a detailed report, giving findings and recommendations that he could use to help shape HIV/AIDS policies within the Chinese government. The minister added that China needed financial support from international donors, and he aimed to increase cooperation with domestic and international NGOs. He also confirmed that cooperation between government ministries on HIV/AIDS issues is weak and that the interagency coordination mechanism needs to be strengthened. The minister pointed out positive developments in international collaboration, including the announcement that Project HOPE will help establish 10 training centers across China.

Dr. Bates Gill and Dr. J. Stephen Morrison summarized the delegation's initial recommendations on opportunities for expanded U.S.-Chinese collaboration and reiterated Senator Frist's invitation to the minister to lead a Chinese delegation to a follow-on CSIS conference on HIV/AIDS, to be held in Washington in the latter part of 2003. The minister accepted the invitation and agreed to include within his delegation Chinese NGOs, ministers, and vice ministers from other government branches, as well as provincial leaders. He also expressed the strong desire to use that occasion to forge relations with U.S. NGOs and to meet with members of the U.S. and international corporate community to explore public-private partnerships. Other delegation members emphasized that the minister should seek to work with a broad range of U.S. counterparts, including the Peace Corps, foundations, and corporations.