

# **PREVENTING HUMANITARIAN DISASTER IN CHINA: COMBATING HIV/AIDS IN YUNNAN, CHINA**

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## **Preface**

This report was prepared as part of the Capstone Policy Seminar experience at the Pepperdine School of Public Policy. The Seminar, one of the integral parts of the preparation for students receiving the Master of Public Policy degree, provides students with the opportunity to explore a public policy program in depth and to prepare a set of specific recommendations to policy makers to solve the problem. These reports are prepared by a team of 6-8 students over the course of only twelve weeks, providing for an intensive and challenging experience.

The results of the team's analysis is then presented to a panel of experts in a public workshop setting where the student panelists are given the opportunity to interact directly with the policy professionals, not only presenting their findings but engaging in an exchange of ideas and views regarding the specifics of those recommendations. The policy expert panel for this report included health economist Angela Hawken of the Pepperdine School of Public Policy, Dr. Virginia Li, former Yunnan resident and Professor of Community Health Sciences at the UCLA School of Public Health, and public health advisor Andrew Weathers from the Division of International Health in the Epidemiology Program Office for the Centers for Disease Control.

The School of Public Policy would like to thank our students for their hard work and commitment in preparing this policy analysis. We are proud of your achievement.

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# 1. The AIDS Crisis in China

AIDS is a disease that strikes all populations regardless ethnicity, claiming 8,000 lives and infecting 13,700 people every day.<sup>1</sup> Statistics such as these have led U.S. Secretary of State Colin Powell to state that AIDS is, “more devastating than any terrorist attack, [any] conflict or [any] weapon of mass destruction.”<sup>2</sup> UNAIDS estimates that the development of a vaccine to cure AIDS is at least ten years away.<sup>3</sup> The current devastation of Africa shows the potential of an HIV/AIDS epidemic to undermine economic development and social stability.

China is the most populated nation in the world with 1.3 billion inhabitants.<sup>4</sup> HIV was first reported there in 1985. Currently the prevalence rate is less than 1%, this rate is deceiving as the percentage because it translates into approximately one million people.<sup>5</sup> As of December 2003, the Chinese Ministry of Health reported 840,000 cases of HIV and 80,000 cases of AIDS, amounting to a 20% increase in HIV infections and a 140% increase in AIDS cases over the same six month period in 2002<sup>6</sup>. However, because of poor surveillance methods, the current estimate of people infected with the virus could be as high as 1.5 million.<sup>7</sup> The Central Intelligence Agency ranks China as having the 13<sup>th</sup> largest HIV/AIDS infected population in the world.<sup>8</sup>

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<sup>1</sup> The Politics of AIDS. Holly Burkhalter. Foreign Affairs January/February 2004, pg. 8

<sup>2</sup> The Price Tag for a Pandemic. S.B. U.S. News & World Report December 15, 2003

<sup>3</sup> UNAIDS Summit Report 2001, <http://www.un.org/documents/ecoso/cn9/2001/english/ecn92001-7.pdf>

<sup>4</sup> [www.avert.org/aidssoutheastasia.htm](http://www.avert.org/aidssoutheastasia.htm)

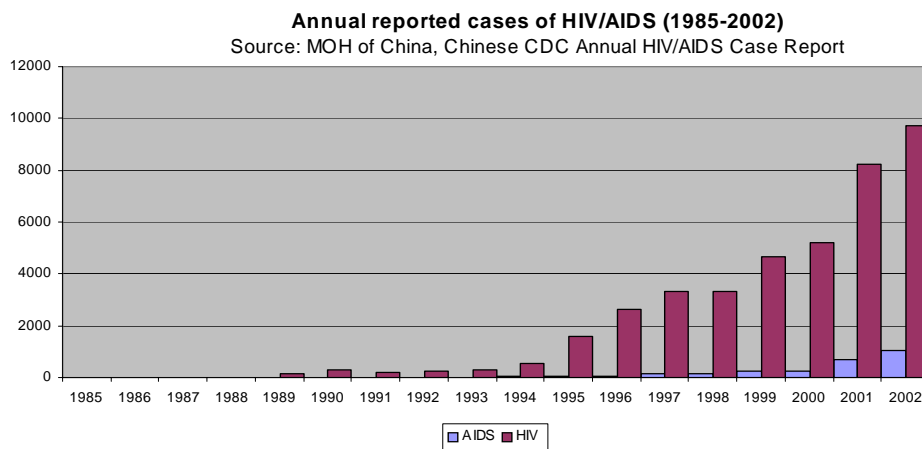
<sup>5</sup> Ibid.

<sup>6</sup> Drew Thompson, “Pre-empting an HIV/AIDS disaster in China.” Seaton Hall Journal of Diplomacy and International Relations. Summer/Fall 2003.

<sup>7</sup> [www.avert.org/aidschina.html](http://www.avert.org/aidschina.html)

<sup>8</sup> CIA World Fact Book [www.cia.gov](http://www.cia.gov)

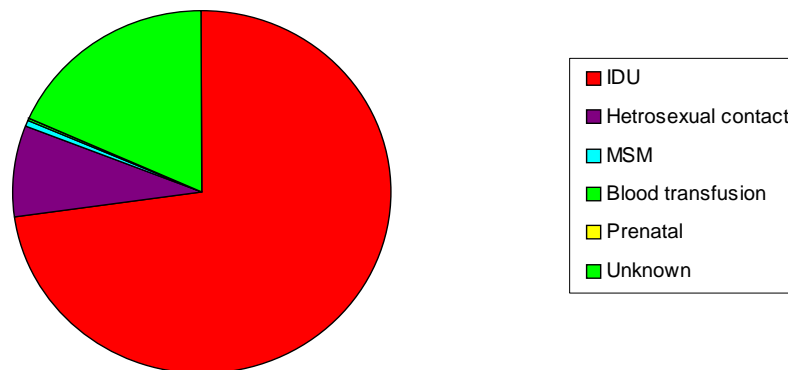
**Figure 1 – Reported HIV/AIDS cases**



As the chart illustrates, HIV/AIDS is increasing at alarming rates. UNAIDS and others predict that without serious prevention efforts as many as 20 million people will contract the disease by 2010 and leave as many as 260,000 children orphaned.<sup>9</sup> Without action, the death toll will mount to an unprecedented level in human history. Evidence indicates the disease is “spreading from high-risk populations to the general population” with high-risk behavior on the increase.<sup>10</sup>

**Figure 2—HIV Transmission Methods, 1985-1994**

**Transmission Methods, Cumulative 1985-1994**  
 Source: American Journal of Public Health and MOH of China



<sup>9</sup> A Joint Assessment of HIV/AIDS Prevention, Treatment, and Care in China. December 1, 2003.

<sup>10</sup> A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China. December 1, 2003

As illustrated in Figure 2, with numbers from the Chinese Ministry of Health, transmission rates can be categorized into three groups: intravenous drug users (IDUs), sex workers, and through blood transfusions . In 1989, HIV/AIDS was primarily an epidemic among IDUs.<sup>11</sup> Current information indicates a sharp increase in infections among IDUs. Some areas have prevalence rates among the drug using population ranging from 34% - 80%.<sup>12</sup> Researchers estimate that between 69 - 71% of all new infections are due to intravenous drug use with higher prevalence in poor, rural areas.<sup>13</sup>

China is at a political and economic crossroads because of its current market liberalizations. During this period of transition, China is trying to maintain social stability through constant economic growth to ensure low unemployment rates. Maintaining economic growth requires peace and foreign investment. According to a RAND study, China's GDP has risen 10% for the past decade. The spread of the disease has the potential to disrupt China's GDP by as much as 1.8 to 2.2 percent up to the year 2015.<sup>14</sup> As seen in several African countries, an HIV/AIDS epidemic has the potential to destabilize the country.

One consequence of economic liberalization is social behavior modification that could have serious repercussions for the country. While intravenous drug use is the principle form of HIV/AIDS transmission, studies indicate that other high-risk behavior, such as low rate of condom use and sexual promiscuity, is on the rise.<sup>15</sup> Of China's 1.3 billion people, 720 million are between the ages of 15 – 49, this could be a period of increased sexual activity and drug use.<sup>16</sup> In 2002, the proportion of transmissions that occurred by heterosexual transmission increased to 10.9%<sup>17</sup>. Also, a rise in the commercial sex industry has resulted in the spread of sexually transmitted diseases with the rate of 30% each year over the last decade.<sup>18</sup> This could indicate how quickly HIV/AIDS would spread from high-risk groups to the general population sparking a wide-spread epidemic.

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<sup>11</sup> [www.avert.org/aidssoutheastasia.htm](http://www.avert.org/aidssoutheastasia.htm)

<sup>12</sup> Ibid

<sup>13</sup> The HIV/ Epidemic in China: China Ministry of Health and UN Theme group. 2003. [www.avert.org/aidssoutheastasiaAIDS.htm](http://www.avert.org/aidssoutheastasiaAIDS.htm).

<sup>14</sup> Bates Gill and Andrew Thompson, "The Impact of HIV/AIDS on Business in China," China Business Review, July-August 2003. [www.chinabusinessreview.com/3707/Thompson.html](http://www.chinabusinessreview.com/3707/Thompson.html).

<sup>15</sup> Drew Thompson, Seton Hall Journal of Diplomacy and International Relations, Global Health.

<sup>16</sup> [www.avert.org/aidssoutheastasia.AIDS.html](http://www.avert.org/aidssoutheastasia.AIDS.html)

<sup>17</sup> The HIV/AIDS Epidemic in China. China Ministry of Health and UN Theme Group on HIV/AIDS, 2003

<sup>18</sup> Drew Thompson, "Pre-empting an HIV/AIDS disaster in China." Seaton Hall Journal of Diplomacy and International relations. Summer/Fall 2003.



## Why Focus on Yunnan?

The spread of the HIV/AIDS epidemic varies from province to province. HIV is more prevalent in certain provinces among specific populations. In 2002, Yunnan, Xinjiang, Guangxi, Sichuan, Henan and Guangdong reported a possible 40,000 infections per province.<sup>19</sup> In 1989, Yunnan was the first province to report HIV infection among IDUs.<sup>20</sup> After 1995, other provinces such as Sichuan and Xinjiang reported cases of HIV transmission among the IDU population.<sup>21</sup> By 2002, as figure 3 indicates, all 31 provinces reported HIV infection among this population with Yunnan the frontrunner in infection rates.<sup>22</sup> Nine provinces, Yunnan, Xinjiang, Guangxi, Guangdong, Sichuan, Hunan, Guizhou, Jiangxi, and Beijing, exhibited a HIV prevalence rate above 5% among IDUs.<sup>23</sup>

**Figure 3 – China Map**

The geographic distribution of reported HIV/AIDS cases in China



Source: China HIV/AIDS Case Report, December 2002

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

The importance of focusing attention on the Yunnan province is due to the rapid increase of the HIV/AIDS epidemic. Yunnan *is* the Chinese epicenter of HIV/AIDS infection. The increase of drug use, predominately among young males, began in southwest China during the early 1980's. The prevalence of drug use in the province of Yunnan among males ages 18 to 29 skyrocketed to 28% in 1994.<sup>24</sup> In 1989, Ruili, located in the western region of Yunnan, established itself as the first known "epidemic" area in China with 40% of IDUs HIV positive.<sup>25</sup> By 1990, Yunnan carried 80% of the caseload followed by Beijing and Shanghai.<sup>26</sup> In 1999, 108 of 126 counties in Yunnan reported a spread of the epidemic.<sup>27</sup> Ruili County, in addition to Longchuan, had the highest prevalence of drug use and HIV infections (40% to 60% among injectors).<sup>28</sup>

The Chinese national and local governments are showing greater willingness to address the epidemic. China simply lacks the medical expertise, technical capacity, and financial resources to meet and abate the growing epidemic.<sup>29</sup>

## **Issues in Fighting HIV/AIDS in China**

The fight against HIV/AIDS has many unique aspects to it, including the nature of the Chinese government, the main modes of transmission, and cultural/ethnic particularities. Given that Yunnan suffers from an epidemic that could drive the spread of HIV/AIDS in China, it is important to consider how these various dimensions interplay.

### ***The Moral Case for Foreign Intervention***

Should international efforts be mounted to assist China? In recent years, a crucial question arose for governments and non-governmental organizations (NGOs) of when and if an outside agent should intervene in the affairs of foreign sovereign countries. One critical factor in this decision is that the Chinese government has requested international assistance.

Some controversy arises from the role of the United States as both the last military superpower and one of the richest nations in the world. It has been our historical perception and

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<sup>24</sup> Community –Based Trial to Prevent Drug Use Among Youths in Yunnan, China. American Journal of Public Health. December 2002.

<sup>25</sup> Ibid.

<sup>26</sup> HIV Infection and AIDS in China, 1985 through 1994. American Journal of Public Health, August 1996, Vol. 86, No. 8.

<sup>27</sup> Community –Based Trial to Prevent Drug Use Among Youths in Yunnan, China. American Journal of Public Health. December 2002.

<sup>28</sup> Ibid.

<sup>29</sup> Drew Thompson, Seton Hall Journal of Diplomacy and International Relations, Global Health. Vol. IV, No. 2, Summer/Fall 2003.

tradition that the United States should be a *'beacon unto the world'* and that our great power endows us with a great responsibility. In the case of the HIV/AIDS crisis in Africa, the United States and its non-governmental organizations received criticism for not focusing enough money and resources on the problem to pre-empt the disaster. Today, the U.S. has demonstrated its leadership in the fight against HIV/AIDS with the \$15 billion dollar Emergency Plan for AIDS Relief targeted at Africa. Because it is more economically attractive to prevent HIV/AIDS than it is to treat those infected, the U.S. should mount a similar effort in Asia. Unfortunately, simplistic generalizations about normative values that the United States or other non-governmental organizations have regarding humanitarian intervention in foreign countries dismiss the complexities of working with various governmental systems, societal norms and different health care delivery systems. In short, preventing disaster will not be simple.

There are also questions regarding cooperation with the People's Republic of China in addressing issues of human rights. This problem cuts at the heart of the debate between engagement or isolation of a nation to bring about some desired action. The United States has followed a policy of engagement with the PRC since Nixon established relations in 1972. Following a policy of engagement in the fight against HIV/AIDS, the US has a unique opportunity to further develop our bilateral relations with China.

Under this philosophy, our duty as humanitarians is to try to stem the tide of HIV/AIDS in Asia. Human compassion dictates action to alleviate suffering where a government, in this case the People's Republic of China, admits they lack the basic resources for the most remedial action to help prevent and treat victims of HIV/AIDS. The government has invited outside agencies to implement solutions. There may be some worry that assistance from foreigners could promote more western cultural norms. There is no evidence to suggest that humanitarian intervention promotes western cultural more than trade. China is currently the U.S.'s fourth largest trading partner. Therefore, if U.S. can trade with China, it should be able to offer humanitarian aid.

There are elements of self-interest involved. Currently, the disease is incurable and continues to spread throughout the world. There is an element of national and global security, for a destabilized China would be a serious threat to peace and stability though out the world. The alternate choice to taking action is doing nothing. This would be inhumane and short sighted. The world is small and its populations are so mobile that any infectious disease will become a global problem over time.

This project approaches the fight against HIV/AIDS in China from the only perspective we know, as Americans inspired to save lives though engagement. As a newly created NGO, we

gauge the fulfillment of this responsibility by how successful the NGO is in reducing the rate of HIV infection in Yunnan.

### ***Political Issues***

The Chinese government is one of the most important stakeholders in this issue. In August 2001, the Chinese government finally admitted that the country was facing a serious crisis in the spread of HIV/AIDS.

The Chinese government has emphasized the importance of economic development and political stability. The HIV/AIDS epidemic is a real threat to these national interests. It is clear that the HIV/AIDS epidemic in China would produce economic and political ramifications. The Chinese government is willing to address the epidemic accordingly but is ill equipped to handle the situation. China simply lacks the medical expertise, technical capacity, and financial resources to meet and abate the growing epidemic.

The increase in trade and foreign investment link global economies together. China's trade infrastructure is weak and dependent on trade relationship for foreign investments to be viable.<sup>30</sup> The threat of a serious public health epidemic only magnifies the problem. Therefore, the policy strategies employed in assisting the Chinese government to abate the spread of HIV/AIDS in Yunnan will be crucial.

The local government in the Yunnan province is especially sensitive to the HIV/AIDS crisis since this province has experienced a rapid growth in the epidemic. Yunnan reported 12,000 cases of HIV infections in 2002.<sup>31</sup> The increasing rate of the HIV/AIDS cases in Yunnan has escalated rapidly. The tremendous increase in numbers of HIV/AIDS cases is a direct threat to the Yunnan province. Prevalent drug trade in the province is one of the main causes for the fast spread of the epidemic.

During the SARS crisis, bureaucratic inertia and the challenge of limited resources inhibited the national and local governments from mounting a quicker and more effective response. International NGOs operating in China, have begun mounting successful programs in

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<sup>30</sup> Ibid.

<sup>31</sup> Joint Assessment Report on HIV/AIDS Prevention and Control in China  
Ministry of Health, the People's Republic of China United Nations Theme Group on HIV/AIDS in China.  
[www.youandaids.org/unfiles/joint\\_assessment\\_exec\\_summary\\_china.doc](http://www.youandaids.org/unfiles/joint_assessment_exec_summary_china.doc)

addressing the HIV/AIDS crisis. They adopted strategies that have enabled the launch of effective programs and helped bridge communication between the national and local governments.

Currently, the Chinese public health system is poorly equipped to handle the current crisis or a future wide-spread outbreak. The Chinese Ministry of Health estimates that only 50-100 doctors nationally can diagnose the disease.<sup>32</sup> There are five major weaknesses in the Chinese public health system that need remedy: lack of technical expertise on HIV/AIDS, political and financial commitment, cooperation on behalf of provinces officials with the Ministry of Health, increase in medical staff with improvement in the healthcare infrastructure, and the expansion of epidemiological surveillance capabilities.<sup>33</sup>

The general population is misinformed about HIV/AIDS. The level of information dissemination in place is limited. Chinese culture is relatively conservative in having dialogue related to sexual topics. Cultural challenges could be obstacles in calculating the real numbers of HIV/AIDS cases. Without proper knowledge and treatment for HIV the social stigma attached to this disease can only lead to its spread.

### ***Social and Cultural Issues***

Yunnan is home to China's most ethnically diverse population. Besides the dominant Han nationality there are 36 minority groups estimated to constitute 216,000 people in Yunnan province.<sup>34</sup> In addition to minorities, there are a high proportion of foreign nationals. Many of these minority groups do not speak or read Mandarin Chinese. It is known that these minority ethnic groups have different cultures and patterns of behavior. Certain behaviors or lifestyles can fuel the rapid spread of the HIV/AIDS epidemic. In this context, ethnic groups cannot prevent the rapid growth of the epidemic without tailored intervention. The HIV/AIDS epidemic is a clear threat to some of the ethnic groups as well as the population in general.

### ***The Role of the Drug Trade***

The drug trade in China was not confronted until the Opium Wars in the middle part of the 1800's. Opium, a popular drug for the times, was banned in China with the drug trade being a way for imperial powers to gain resources from the Chinese Region. This ban did not deter

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<sup>32</sup> Drew Thompson, "HIV Treatment: The perils of the mainland's free Aids-drug policy" South China Morning Post 7 August 2003 [http://www.csis.org/china/Drew\\_FreeAidsDrug.pdf](http://www.csis.org/china/Drew_FreeAidsDrug.pdf)

<sup>33</sup> Drew Thompson, Seton Hall Journal of Diplomacy and International Relations, Global Health. Volume IV, No. 2, Summer/Fall 2003.

<sup>34</sup> Asia Development Bank "PRC-HIV/AIDS Prevention Program with the Western Yunnan Roads Development Project" <http://www.adb.org/documents/prf/prc/aids.asp#TOP>

opium use. The main reason for this is that the drug trade offers a greater profit for those who are poor and do not have a great deal of wealth. Although there is a worldwide network to stop the drug trade it is not yet an effective venture.<sup>35</sup>

Yunnan's socioeconomic life is linked to its neighbors: Laos, Myanmar, and Vietnam. This area, part of the "Golden Triangle", produces more than 20% of the world's opium supply used in heroin processing.<sup>36</sup> Drug trafficking is illegal in China with the private use of opium and other drugs viewed as unacceptable. The Chinese government attempted to employ various methods in controlling drug abuse but high demand prevails. The consequence of increasing law enforcement during the late 1980's inadvertently caused a rise in distribution and consumption among heroin injectors and contributed to the spread of HIV.<sup>37</sup>

As Thai police forces cut down on the flow of the drug trade through water transport and airways, a new transportation outlet surfaced; the Yunnan Province, with its lack of effective police. The American Journal of Health states that, "Presently, the Yunnan Province and the Guizhou Province produce around 10,000 kilograms of heroin per year."<sup>38</sup> At each transport point, the cost of the drug becomes higher, increasing the profit and making the drug trade a more attractive industry despite its illegality.

Intravenous drug use and the sharing of syringes are the primary causes of HIV/AIDS transmissions in the region. It is estimated that 70% of the HIV infections in Yunnan are due to intravenous drug use.<sup>39</sup> Drug abuse negatively impacts not only the users, but also their families and their communities. Further, it increases the financial burden on already limited health resources.

### ***The Commercial Sex Trade***

Another critical sub-population in Yunnan is commercial sex workers. Since the 1980s, there has been a resurgence of prostitution in China, starting in coastal cities and large metropolitan areas and gradually extending inland to smaller townships. The main reason for this resurgence is economic. City dwellers have higher working and living standards than residents in

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<sup>35</sup> <http://www.sinorama.com.tw/8504/50407e1.html>

<sup>36</sup> *ibid*

<sup>37</sup> *Ibid.*

<sup>38</sup> HIV Infection and AIDS in China, 1985 through 1994. American Journal of Public Health, August 1996, Vol. 86, No. 8.

<sup>39</sup> Asia Development Bank "PRC-HIV/AIDS Prevention Program with the Western Yunnan Roads Development Project"

<http://www.adb.org/documents/prf/prc/aids.asp#TOP>

rural areas. This attracts young women to the cities, where some become prostitutes to quickly make enough money to return home or to start their own business.

Prostitutes have sexual intercourse with various groups including drug users, migrant workers and tourists. Sex workers are a critical bridge between highly infected populations, like IDUs, and the general population. The real problem of commercial sex workers regarding HIV/AIDS issues is that the clients of sex workers do not usually use condoms. The Knowledge, Attitude and Practice (KAP) survey reported that 14%-30% of sex workers knew that condoms could prevent HIV/AIDS.<sup>40</sup> Unprotected commercial sexual intercourse is common, especially in Yunnan province. Given the seriousness of the HIV/AIDS crisis in the province this increases the threat to sex workers. Since sexual transmission is the primary route of the HIV transmission into the general population, stemming the spread of HIV among commercial sex workers should be a key component in the assault on HIV/AIDS.

### ***General Population***

HIV/AIDS in Yunnan province is spreading into the general population. In the first three quarters of 2003, blood transmission accounted for 47.5 percent of HIV carriers in Yunnan.<sup>41</sup> In the central parts of the province, tainted blood and plasma predominate in the transmission process.<sup>42</sup> This data indicate that the infection is moving beyond specific groups such as drug users and sex workers. As mentioned, the knowledge of HIV/AIDS amongst the general population is low; therefore, ordinary people are easily exposed to HIV infected and high-risk populations, without proper protection. The pattern of infection is also changing from predominantly rural and minority people living in border areas to urban areas.<sup>43</sup>

### ***Mobility and Industrialization***

Mobility also fuels the epidemic. Population growth and increased migration play an important role in the growing epidemic. In Yunnan, there is both domestic and international migration. Truck drivers, cross-border traders, migrant workers, refugees and military services make up much of the migrant populations. The growing economy has triggered construction and has increased population movement spanning from seasonal to permanent migrants, to domestic

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<sup>40</sup> A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China. China Ministry of Health and UN Theme Group on HIV/AIDS in China. December 1, 2003.

<sup>41</sup> Ibid

<sup>42</sup> Asia Development Bank "PRC-HIV/AIDS Prevention Program with the Western Yunnan Roads Development Project"

<http://www.adb.org/documents/prf/prc/aids.asp#TOP>

<sup>43</sup> Ibid

or international tourists and traders.<sup>44</sup> While migration can be seen as a sign of a healthy economy, a consequence is the increase of drug trafficking and in the sex industry. Many residents in Yunnan are exposed to the disease inside and outside the province.<sup>45</sup> Large numbers of people are in constant movement between cities and between regions. This has the potential to rapidly transform a local HIV epidemic to a countrywide one.

### ***Men Who Have Sex with Men***

In China, homosexual activities are not illegal or socially acceptable. Most homosexual people are still under social pressure to hide their sexual orientation and enter heterosexual marriages. There are complicated social-psychological factors at play in homosexual relationships and since activities are not widely accepted, there is secrecy about these interactions. This often makes education about safe-sex practices extremely difficult. There is still a significant causal relationship between homosexual intercourses and the HIV/AIDS infection, so the underestimation in the homosexual population and its secrecy means that the HIV prevalence rate among this high-risk group could be much higher than estimated.

### ***Private sector issues***

Private companies in Yunnan province are increasingly interested in the HIV/AIDS issue. Since Yunnan is known for its HIV/AIDS epidemic it could be an obstacle to growth of private business in Yunnan.

Thirty million dollars annually is generated from the tourism sector in Yunnan.<sup>46</sup> Since the Yunnan province is famous for its beautiful landscape and cultural richness, many foreign tourists visit Yunnan province strictly for leisure. Foreigners also come to the province for other purposes such as business and study.

The prescription drug industry inside and outside China could be sensitive to this issue. Drug companies dealing with anti-viral products and other prevention product providers have demonstrated their interests in the HIV/AIDS epidemic globally. Given the issue of the drug industry's intellectual property rights regarding antiviral drug products, it is predictable that the drug industry will be very sensitive and interested in the HIV/AIDS epidemic in Yunnan. Since the epidemic is rapidly increasing through drug users and commercial sex workers, other industries such as needle and condom companies also have an interest.

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<sup>44</sup> Population Movement and HIV/AIDS: The Case of Ruili, Yunnan, China. United Nations Development Programme.

<sup>45</sup> Ibid.

<sup>46</sup> Ibid.



### ***International issues***

Many international and domestic organizations have shown strong interest in the HIV/AIDS issue in China. The Chinese government is increasingly dependant on foreign aid for dealing with HIV/AIDS. There are some programs in place to prevent an epidemic in Yunnan by organizations such UNAIDS, CDC and the Red Cross. The United States, United Kingdom, and Australia have been spearheading possible solutions to HIV/AIDS crisis in China. Several other countries such as Japan and South Korea are showing their interest in joining HIV/AIDS preventative projects.

## **2. Addressing These Issues**

This project, based on humanitarian values, seeks to quell the spread of HIV/AIDS. Historically, western culture has placed a high moral value on helping those in need. For example, the international community, with strong support from the United States, set out to reduce poverty through the Bretton Woods organizations. It is well within western and American tradition to attempt to stem the rise of HIV/AIDS.

### **Measurable Effectiveness**

The World Bank has found, through both study and experience, that in order to create an effective intervention option and improve the option's effectiveness, it is important for a program to have a developmental approach of learning by doing, using monitoring and evaluation systems to strengthen response frameworks over time.<sup>47</sup>

The goal is to suppress further spread of the epidemic and mitigate its impact, and promote human health in China. In order to accomplish this goal, an option has to display strong effectiveness. The option should focus on reducing the threat where it is the highest, and yield measurable results that indicate HIV/AIDS reduction.

### **Cost/Benefit Efficiency**

Another aspect that needs to be considered is efficiency and the cost/benefit of the option recommended. The funds for the HIV/AIDS program in Yunnan province need to be used efficiently in order to reach the greatest amount of people with the resources available. It will be cost efficient to deal with the problem now rather than later.

### **Country/Province Need**

This option should be flexible within the Chinese cultural context. This means that no strict constraints should be nailed down on the nature of our engagement in the province, besides the pursuit of our basic goals. Some areas of China suffer from different strains of the HIV/AIDS infection and the chosen program must be tailored to the specific needs of the province. Therefore, our presence in the province must be pro-active and open to change, allowing the NGO the flexibility and viability to address ever-changing issues as they present themselves.

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<sup>47</sup> [www.worldbank.org/urban/hiv aids/handbook/handbook.pdf](http://www.worldbank.org/urban/hiv aids/handbook/handbook.pdf)

## **Interagency Teamwork**

The next aspect the implemented option should possess is the ability to engage interagency teamwork by promoting international and domestic partnerships. In order to accomplish these goals, organizations must coordinate their efforts. The option must enhance the province's community participation in planning, program, design, and implementation. In this process, it is crucial to include those who have HIV/AIDS.<sup>48</sup>

Regarding teamwork with other international organizations, it is important to attract their attention to this program and the issues it addresses by providing them with enough motivating evidence for the international intervention on the HIV/AIDS issue in China's Yunnan Province. Numerous international organizations such as the CDC, USAID, UNAIDS, Red Cross, and other NGOs are involved in the effort. There is enough work for all players to have an important role in this effort. Many of these organizations have a longer track record and reputation of success, making a partnership with them vital to our success.

## **Political Feasibility**

We acknowledge the importance of stakeholder input and the role they play in the success of policy implementation. As stated above some of these parties are the Chinese government: national, provincial, and local with the interest of serving the general population of Yunnan.

## **Regional Stability**

Lastly, the option should achieve regional stability in promoting a safe lifestyle. Considering the important fact that one of the main causes of the emerging AIDS issue in Yunnan Province is a high-risk lifestyle, it is necessary to promote a safe lifestyle in order to prevent the spread of the disease. It is crucial that this program take action in quelling the spread of AIDS and evaluate options that prevent development of a pandemic, as seen in the case of Sub-Saharan Africa.

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<sup>48</sup> [www.worldbank.org/urban/hiv aids/handbook/hanbook.pdf](http://www.worldbank.org/urban/hiv aids/handbook/hanbook.pdf)

### 3. Fighting the Problem

Determining the best course of action for pre-empting an HIV/AIDS pandemic in China requires a systemic application of these criteria to the options. These options fall into two broad categories: treatment and prevention. These options include education programs, condom distribution, needle social marketing and exchange programs, voluntary testing and counseling, and use of anti-viral drugs to reduce transmission. More broadly, prevention options also include generating political support, greater enforcement of drug and prostitution laws, increasing measures to reduce drug supply, closing the borders, and increasing the incarceration of drug users.

#### Treatment Options

Treatment options are for those already infected. There is no cure for HIV/AIDS. Treatment options can only improve the quality life and lengthen lifespan. Whether HIV stems from a dirty needle, contaminated blood or sexual transmission is an important predictor of how the disease evolves in the body. Blood-borne transmission bypasses the immune defenses present in the genital tract's mucosal lining, where the first exposure to sexually transmitted HIV takes place; affecting the time it takes the virus to infect the body.<sup>49</sup> The means of transmission also affects how AIDS evolves. In 1996, scientists discovered a new branch of the AIDS family tree in Yunnan, referred to as "B/C", a combination of the B strain in Thailand and the C strain in India. The new form of AIDS incubated in humans infected with both strains. HIV is a mutable germ, as it spreads worldwide, it multiplies into a menagerie of genetically distinct sub strains.<sup>50</sup>

Treating any strain of HIV is difficult as it invades the body by infecting CD4 cells making them unable to perform their job and weakening the immune system. The ability to spread throughout the body occurs via replication and the virus is able to create billions of new cells every day. The goal a combinations of drugs, known as drug cocktail, is to stop different parts of the virus from working, rather than only attacking one part with one medication. These multi-drug cocktails are called Highly Active Anti-Retroviral Therapy (HAART).

These therapies are expensive and not widely available in China. In October 2002, Dr. David Ho, a leading virologist and CEO of the Aaron Diamond AIDS Research Center

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<sup>49</sup> Chris Beyrer. Injecting drug users and HIV vaccine trials: What does the science say? *AIDScience* Vol. No. 14, July 2002

<sup>50</sup> Susan Jakes and Tim McGirk. *Time*. "Stalking a Killer." *Time Asia*, September 30, 2002, Vol. 160 No.12.

(ADARC), joined forces with the Yunnan Provincial Center for Disease Prevention to begin a three-year AIDS treatment study using HAART. The participants receive triple combination antiretroviral therapy in the form of Trizivir. This cocktail medication combines zidovudine, lamivudine and abacavir into one pill. The participants pay an examination fee but ADARC and GlaxoSmithKline pay for the cost of treatment.<sup>51</sup> The Clinton Foundation also helped to offset the costs of pharmaceuticals through Ranbaxy Laboratories, offering low-cost AIDS treatments to countries severely affected by the disease.<sup>52</sup>

The government responded to the growing epidemic by treating 5,000 people and intends to expand the program to cover all HIV-positive people in the country. This program is not without problems, as one in five people in China given the drugs stopped taking them, increasing the chance for the emergence of drug-resistant HIV strains. Health care workers "simply hand patients bottles of pills," without offering counseling on how to take the drugs or deal with the side effects.<sup>53</sup> The medications tend to cause side effects such as diarrhea that could be devastating to someone without proper medical care and/or nutrition. Certain foods, such as rice, may help alleviate side effects, as would anti-diarrheal medication, but without these simple education patients could become more ill or discontinue the medication because of the side effects.

T-20, an AIDS drug developed for its efficacy in patients with resistance to other therapies, is effective because it is a synthetic peptide that stops HIV from entering the cell whereas typical AIDS drugs block replication of the virus after it infects a cell. The drug will likely receive FDA approval in 2004, but its prohibitive cost will make it difficult for those infected to procure. The developers, Roche Holding AG and Trimeris have not released a final price, but projections have it priced in the \$12,000-\$15,000 range per year.<sup>54</sup>

T-20 and other drugs are effective in treating HIV/AIDS, but are these drugs available in China to those without the money to purchase them? The Chinese government pledged to make HAART available to all citizens infected with the virus, but this does little good without the necessary infrastructure to support distribution. Patients need education on how to take the

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<sup>51</sup> Settle, Edmund. AIDS in China: An Annotated Chronology 1985-2003. China AIDS Survey. Monterey, CA. 2003.

<sup>52</sup> Wall Street Journal. November 24, 2003. Selling Low-Cost AIDS Drugs Is Expected to Increase Volume

<sup>53</sup> New York Times Editorial, November 23, 2003

<sup>54</sup> Vanessa Fuhrmans. AIDS Help, Premium Price – New Drug Is Able to Suppress Even Super Strains of HIV, but May Prove Unaffordable. Wall Street Journal July 8, 2002

medications, prevent side effects and monitoring for opportunistic diseases such as Hepatitis and Pneumonia.

Studies have shown that anti-viral drugs, such as HAART, reduce viral load, but it is only speculation that it reduces probability of transmission to others. Evidence is mixed whether anti-viral therapy works as a means to reduce transmission.<sup>55</sup> While China has taken steps to increase the availability of AVTs, such as exempting them from import and VAT taxes, the current high rates of medication discontinuance in China increases the chance for the emergence of drug-resistant HIV strains.<sup>56</sup>

## Prevention Verses Treatment

In order to affect the HIV/AIDS epidemic, the greatest impact for the future is to achieve a reduction in the number of new infections. From a traditional epidemiological perspective, a key feature relates to the role of core groups in establishing and sustaining an epidemic. An epidemic will grow if infected individuals, on average, infect more than one person. If less than one individual is infected on average, then the epidemic will die out.<sup>57</sup>

Reducing the number of new infections will require substantial commitment and capital. In 2002, \$1.9 billion aided low and middle-income countries in AIDS prevention efforts such as distributing condoms, education campaigns, voluntary counseling and clean needles. Tripling these funds by 2005 could prevent 29 million new infections. Helene Gayle of the Bill & Melinda Gates Foundation said, “Without an immediate scale-up of HIV prevention interventions we’re likely to see an explosion of HIV.”<sup>58</sup> Elaborating on the necessity of increased funding for prevention is the Global HIV Prevention Working Group, authors of *Access to HIV Prevention: Closing the Gap*. This report utilized UNAIDS data to determine that only 42% of at-risk people have access to condoms and less than 20% of IDUs have access to harm-reduction programs.<sup>59</sup>

The more important question becomes how to allocate funds in Yunnan – prevention or treatment? A 2003 study in the publication of the British Medical Association, *Lancet* estimates that prevention is 28 times more cost-effective than AIDS-drug cocktails. The lead author of the

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<sup>55</sup> The evidence base for interventions to prevent HIV infection in low and middle-income countries. [http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5\\_paper2.pdf](http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5_paper2.pdf)

<sup>56</sup> New York Times Editorial, November 23, 2003

<sup>57</sup> Resource Allocation and Priority Setting of HIV/AIDS Interventions: Addressing the Generalized Epidemic in Sub-Saharan Africa. Lilani Kumaranayake and Charlotte Watts. *Journal of International Development*

<sup>58</sup> Accounting for HIV Prevention. Jon Cohen. *Science Now*. May 13, 2003

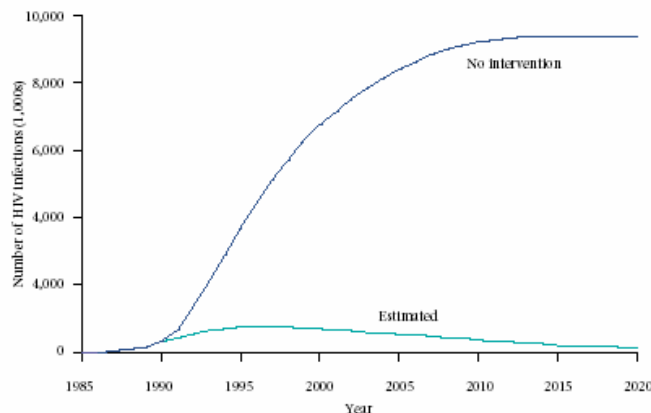
<sup>59</sup> Ibid

study, Elliot Marseille, calls allocating the majority of resources for treatment a case of “public-health malpractice.”<sup>60</sup>

## Prevention Programs

Prevention efforts can reduce the infection rate and risky behavior by 80%.<sup>61</sup> They are designed to make people aware of modes of transmission and promote behavioral change. Many countries have launched prevention efforts that have dramatically reduced national infection and prevalence rates. Thailand’s efforts to stem the rise the HIV/AIDS are often touted as the Asia model. As Figure 4 indicates, prevention efforts there have saves thousands of lives. These programs have been accused of being cultural imperialistic by imposing a western moral order onto non-western societies. This accusation must be balanced against saving lives and cultural appropriate designs for education programs are a way to mitigate criticism.

**Figure 4: Impact of Preventive Programs**



Source: Thai Working Group on HIV/AIDS Projection.  
Note: Prevention programs in Thailand have averted almost 5 million infections. The lower line shows the current number of people living with HIV. The upper line shows what would have happened had behavior remained unchanged since 1990.

### *Reducing transmission in the drug trade*

China like any other country suffers from the inability to control the flow of drugs into and throughout the province. The Chinese have begun to take steps to curb the problem, although

<sup>60</sup> Mark Schoofs and Rachel Zimmerman. World AIDS Experts Debate Treatment vs. Prevention. Wall Street Journal July 3, 2002.

<sup>61</sup>The evidence base for interventions to prevent HIV infection in low and middle-income countries. [http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5\\_paper2.pdf](http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5_paper2.pdf)

the government must take further steps to make the drug trade less attractive. In a province such as Yunnan with poverty challenges, the task becomes difficult.

### ***Efforts Against the Drug Trade***

In mid-June of 1997 the police announced that stiffer penalties would be imposed on drug users. The rationale was that if the police are able to make heroin harder to obtain then addicts will stop smoking it and turn their attention to needles.<sup>62</sup>

Some populations have been disproportionately exposed to the drug trade. "They (the Uigher people) have become a natural population to be involved in that (the drug trade)," said Dru Gladney, an expert on China's Muslim communities at the University of Hawaii. "Chinese officials ... are creating an underclass that's not participating in the system."<sup>63</sup> The stiffer penalties that the Chinese government has put into place shows a starting point to bring some deterrence to the problem. Although there must be some effort to make those most susceptible to the problem feel that there is another way to survive. Without any other alternatives, those living in poverty will have no choice but to survive any way they can. Under these circumstances, penalties will not be a deterrent, as they become only a small afterthought to the benefits that can occur if one engages in drug related activities.

### ***The Chinese Government Interacts with Other Governments to Deter the Drug Trade***

China is working with Burma on border relations to help to cut down the drug trade. In the early part of 2002 the largest amount of heroin was obtained in a raid that claimed the life of the ring-leader of the group in a gun battle. Most of those that were arrested hailed from Hong Kong but were involved in the trade route through Burma and the Yunnan province.<sup>64</sup>

China has also engaged in operations and cooperated with Thailand and Laos to attempt to quell the drug trade. China is not fully convinced of Burma's efforts to halt the drug trade, since the drug trade is very lucrative. In 2001, China arrested 7300 people on drug related charges, and further doubled their seizures of heroin from the previous year. This shows that they

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<sup>62</sup> Charles Hutzler, Trade Route Brings AIDS to China 2 August 1997

<http://www.aegis.com/news/ap/1997/AP970802.html>

<sup>63</sup> *ibid*

<sup>64</sup> Hewitt, Duncan, "China Smashes Heroin Ring," BBC News, 2/5/2002

<http://news.bbc.co.uk/1/hi/world/asia-pacific/1801732.stm>



are making some progress, but the large amount of drug use means that further shoring up of their borders with their neighbors must occur.<sup>65</sup>

British reporter Duncan Hewitt stated “Chinese police this month launched a six-month campaign which they say will target nightclubs, karaoke bars and other places described as havens for drug dealers.”<sup>66</sup> In 2002, the Chinese launched a campaign against drugs that show that the Chinese are taking this problem seriously. But they must continue to operate with the assistance of their neighbors to the south. Cooperation with their neighbors will remain a crucial step in lessen any conflicts that may arise. Overall, the Chinese do not have a realistic chance of curbing the drug trade without coordinating their efforts with those of the other countries in the “Golden Triangle.” It remains to be seen how much the PRC will allow or encourage an expansion of this policy.

### ***Rehabilitation Efforts***

The following is a first hand description of the type of efforts China has used to attempt to rehabilitate drug users:

At a walled campus in China's southwest, where heroin is cheap and plentiful, recovering addicts as young as 16 sit at tables making paper bags. Outside, others shout and march in military-style drills. The compound is run by police, and its 2,000 residents are there unwillingly, prisoners of China's policy of fighting growing drug abuse by locking up addicts to break their habit. Treatment is simple: three months of labor, counseling and a regimented schedule.<sup>67</sup>

This treatment regime follows a similar approach that was used by China for opium users after the Second World War. These treatment centers have a low success rate of heroin users staying away from heroin. Some skeptics feel that the rate might be higher as they are not sure how the Chinese calculate their numbers. The Chinese government has been reporting a declining rate of drug users although at the same time that the drug trade has been growing at high rates with seizure rates increased by 30 percent in the years of 1998-99. The Chinese argument for why the use and return rate to drugs is so high is that poverty and unemployment are rampant.<sup>68</sup>

If the government, who controls the rehabilitation efforts, seeks to promote a successful program, then it must create a system where abusers feel more welcome. To put abusers through a

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<sup>65</sup> ibid

<sup>66</sup> ibid

<sup>67</sup> McDonald, Joe, “Chinese Fighting Heroin Habits with Herbal Medicine,” Associated Press, 6/20/99 <http://www.jadecampus.com/News/AP20June99.htm>

<sup>68</sup> ibid

regimented and tight schedule means the rehabilitation is destined to fall. The rehabilitation efforts must be monitored by those closely related to the recovering addicts. This means that some must be in the camps longer than others so that they may have a better chance of successful treatment.

### ***The Relation of Drugs to the HIV/AIDS Problem***

Drugs in the Yunnan Province have contributed to the transmission of HIV in China, as it is one of the sources, which the disease moves between peoples of the province. While China had less than 70,000 drug abusers a decade ago, narcotics experts estimate the country now has more than 6 million heroin addicts. More than 80 percent of these addicts are less than 35 years old.<sup>69</sup> This can have a negative effect on the province because it can result in making large portions of the population be unproductive members of society.

Injectable yaba and heroin are responsible for most of China's HIV cases, in part because Chinese drug users rarely employ sanitary practices. In some parts of Yunnan, more than 70 percent of injecting drug users now are infected with HIV, and the United Nations recently estimated that China would have the most infections in the world by 2010.<sup>70</sup>

This being the case the use of drugs has not only become a profitable enterprise for those wishing to export drugs through the region but also a highly profitable demand center for drugs. The drug problem has found a way to move over land in such a way that air and water travel do not allow. Moving the drugs over land allows for greater ease of transport especially in a region such as Yunnan that acts as an outlet for drugs to flow out of the "Golden Triangle."

### ***Questions on Legalization and Regulation of the Drug Trade***

The legalization of the drug trade, especially in the Yunnan region would be legalizing narcotics such as heroin and opium. A government such as China is highly unlikely to take this step as a result of global views towards these drugs. In a closed Chinese society the feasibility of the legalization issue is not strong and highly unlikely.

The legalization and regulation of the drug trade in the Yunnan Province would bring a much needed influx of money to the province. This money could help finance a poor region's economy but lead to overall greater use of the drug making the society less productive on a whole. The question of legalization and regulation of the drug trade simply is not viable at this time. At the moment the region is struggling to control the illegal activity of the drug trade in Yunnan, attempting to legalize would require drug traffickers to register as a business in China,

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<sup>69</sup>Josh Kurlantzick, "Yaba: The New Drug War", July 2003  
[http://www.moaa.org/TodaysOfficer/OnlineEdition/Militray/yaba\\_2.asp](http://www.moaa.org/TodaysOfficer/OnlineEdition/Militray/yaba_2.asp)

<sup>70</sup> ibid

which is something they are unlikely to do since most drug traffickers do not solely operate in the Yunnan Province. The legalization and regulation of the drug trade would also go against established world norms that are highly against the issue and could result in backlash against China in terms of trade and development. This would hinder China in becoming a major force in the world economy

The laws of the Yunnan province for the punishment of drug abusers are dependent upon the severity of their crime. In the Lahu Automatic Governance County, the punishments for holding heroin and opium are different. The illegally holding of 100 grams to 200 grams of opium, or 5 grams to 10 grams of heroin, results in 10 to 15 days in prison and a fine of 1000-2000 Yuan. Illegally holding 50 grams to 100 grams of opium or 2 grams to 5 grams of heroin will result in a sentence of 10 days or less and a fine of 500-1000 Yuan. This is just a small example of the punishments for being in the drug trade. Although it doesn't seem like it is a hefty punishment in terms of prison time, the monetary fine may be quite large in terms of that person's or families' income."<sup>71</sup> These laws are great in terms of monetary punishment but for a drug abuser a couple of days in prison is prohibitive and rehabilitation methods are not effective. Neither of these actions have done much to deter the drug trade. These are the only things that the government has control over because the government has a definitive role in the legal practices that are imposed in Yunnan Province.

The laws of Yunnan Province are not creating a society where the law is respected. The provinces overall wealth does not deter illegal enterprises such as the drug trade, and in fact they promote growth. Deterring the drug trade on such a massive scope in countries such as the United States acting with Colombia has not been able to counter the flow of drugs for an extended period of time. Rather these methods have shifted the drug transportation to other, harder ways to monitor and deter. The ability to deter the drug trade is not in the realm of a small organization but rather in the hands of governments, both national and regional, country cooperation, and bodies like the United Nations to attempt to counter act. A smaller organization or project only has the ability to educate smaller parts of society on the dangers and disadvantages of pursuing such tracts. The scope of any drug prevention program is something that is on the governmental level. The government punishes the offenders and has the authority to use force to deter and detain. Those who are on the non-governmental scope have the ability to talk to those who break the laws, and in Yunnan the main problem is the drug trade. This requires any

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<sup>71</sup> Hu, Jianhui, Student Pepperdine University School of Public Policy, February 2004

organization to talk and educate drug abusers, offenders, and traffickers on the drawbacks and disadvantages of being involved in the drug trade.

Establishing a model that creates more focused sets of laws and regulations for provinces and other countries to follow will be useful to others as it will allow those governments to act with greater productivity when combating the drug trade. Overall, creating a system of more focused laws to the individual will allow for the problem to be taken on with a deeper understanding of the offenders. By making the system have a greater understanding of the offenders the system will help the offenders become positive influences upon their society.

## **Preventative Approaches**

Reducing the supply is not the only preventative measure that can be employed. In the past, there have been countless other programs employed to stop the spread of HIV/AIDS. Such programs can be categorized as mass media education, peer-education, condom distribution, and needle exchange.

### **Mass Media Education Program**

Some studies indicate that mass media can be used effectively to disseminate knowledge about HIV and create an environment that is permissive for more focused interventions. Mass media reaches large numbers of young people and has enormous influence. Media, in the form of TV, newspapers, magazines, radio and on-line mediums, provides youth-friendly information and can also cover the campaign in it's entirety. A 1999 review, in Europe, found that the mass media promoted open and frank discussion about responsible sexuality. The messages delivered through mass media actually encouraged healthy sexuality and did not stress fear or shame.<sup>72</sup>

Given that the mass media entertainment is so popular among young people, it can easily reach them with positive public health information. For example, in Uganda, The Safer Sex or AIDS Campaign that encouraged young people to make responsible decisions about HIV/ AIDS reached 92% of its intended audience. In Zimbabwe, a similar communication campaign reached 97% of youth surveyed. In Botswana , "Tsa Banana, a mass media campaign to improve adolescent reproductive health reached about 70% of adolescents.<sup>73</sup>

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<sup>72</sup> "Youth and HIV/AIDS: Can we Avoid catastrophe?" population reports published by the population information program, center for communication programs, The Johns Hopkins University Bloomberg School of Public health

[http://www.infoforhealth.org/pr/112/112chap4\\_3.shtml](http://www.infoforhealth.org/pr/112/112chap4_3.shtml)

<sup>73</sup> "Developments in the use of the mass media at the national level for HIV/AIDS prevention in South Africa", case study from Nancy Coulson, Independent public health analyst

Mass media can be a cost-efficient way to influence young people. For instance, in Kenya a call-in radio program for youth cost just three US cents per young person reached. The cost of getting one young person to take action to improve reproductive health – for example, visiting a health clinic- was 12 cents.<sup>74</sup> AIDS mass media prevention programs can use a variety of media, including dance, drama, folk theater, and sporting events as well as television, radio, and print media. These programs work with popular entertainers and sports heroes to reach young people with a message about HIV/AIDS.<sup>75</sup>

Mass media communication can eventually promote positive health behavior. In Zimbabwe, for example, young people reached by a communication campaign to encourage “saying no” to sex were 2.5 times more likely than those whom the campaign did not reach to change their sexual behavior. In Zambia adolescents exposed to a TV campaign promoting abstinence and condom use were 87% more likely to use condoms. In addition, viewers were 46% more likely to be abstinent or to have resumed abstinence.<sup>76</sup> In Uganda, self-reported condom use among sexually active young men rose from 33% to 70% following The Safer Sex or AIDS Campaign and from 58% to 73% among young women. In South Africa, 38% of young people who watched the TV program “Soul City,” reported always using condoms compared with 26% of those who did not watch this program.<sup>77</sup>

The mass media in China is still a largely untapped resource for HIV/AIDS prevention education. Television has grown rapidly and has become a dominant force in China's social development. In urban areas, more than 92 per cent of Chinese people watch TV programs regularly. Based on national statistics in 1998, the numbers of TV sets were 105.4 for every 100 urban households and 32.6 for every 100 rural households.<sup>78</sup>

As a matter of fact, with soaring prostitution and drug abuse pushing HIV cases higher, China’s mass media has already launched a candid and dramatic public-education drive. There have been several television programs dealing with the HIV issue in China. A prime-time program broke several state-television taboos by airing unprecedented interviews, including one

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[http://www.comminit.com/pdf/HIV-AIDS\\_south\\_africa\\_campaigns\\_report.pdf](http://www.comminit.com/pdf/HIV-AIDS_south_africa_campaigns_report.pdf)

<sup>74</sup> “Youth and HIV/AIDS: Can we Avoid catastrophe?”

[http://www.infoforhealth.org/pr/112/112chap4\\_3.shtml](http://www.infoforhealth.org/pr/112/112chap4_3.shtml)

<sup>75</sup> Nancy Colson, “Developments in the use of the mass media at the national level for HIV/AIDS prevention in South Africa”, [http://www.comminit.com/pdf/HIV-AIDS\\_south\\_africa\\_campaigns\\_report.pdf](http://www.comminit.com/pdf/HIV-AIDS_south_africa_campaigns_report.pdf)

<sup>76</sup> Ibid

<sup>77</sup> Ibid.

<sup>78</sup> “Advocacy & IEC strategies,” case study from Adolescent reproductive and sexual health <http://www.unescobkk.org/ips/arh-web/demographics/china/cfm>

with street-walking prostitutes and several with Chinese infected with the HIV or AIDS. It also showed rare footage of Chinese addicts injecting heroin and of unsanitary conditions at private blood-buying centers, where few precautions are taken against AIDS. Besides the television programs, there are an informative newspapers and several Internet sites with HIV/AIDS issue.<sup>79</sup>

Through mass media, China is trying to make Chinese people realize that AIDS is not a “foreigners’ disease” as widely assumed but is in China and spreading rapidly among ordinary Chinese. In addition, the Chinese of the public health ministry, under the guidance of the State Council, has planned a broad public education about AIDS – even among university, high school and primary school mentors.<sup>80</sup> The mass media education is expected to play an important role in fostering positive attitude toward HIV affected people in society. They can be involved in fighting against social discrimination and stigmatization. Given the governmental control over media outlets in China, getting the approval necessary to run mass media campaigns would be cumbersome and unlikely to be politically feasible.

Mass media programs have some other limitations. Mass media programs are not able to address all aspects of HIV prevention. Also, it might be difficult for people in rural areas to have access to certain media systems such as television, newspapers, and Internet. Also some studies have shown that mass media educations have little effect on promoting safe lifestyles in a short term.<sup>81</sup> Education that targets a specific group has proven more effective on changing people’s risky behaviors. The most effective communication programs involve both mass media and face-to-face communication, such as peer education in small groups.

### **Peer Education Programs**

Targeted education programs have proven more effective. Target groups can be based on age, language, high risk-behavior (i.e. sex workers or intravenous drug users), migrant populations, or health workers. The target population of an education program can be aimed at specific groups and targeting high-risk populations can also be more efficient. For example, targeting one person who has 1000 partners is more efficient than targeting a person who has only one sexual partner.

Peer education programs employ either peer educators or outside health educators. Peer educators are typically volunteers who are members of the target community and receive training

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<sup>79</sup> Ibid

<sup>80</sup> As AIDS soars, China media takes first candid look <http://www.aegis.com/news/re/1995/RE951124.html>

<sup>81</sup> This evidence base for interventions to prevent HIV infection in low and middle-income countries. [http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5\\_paper2.pdf](http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5_paper2.pdf)

from a professional health educator. Peer education offers a unique dialogue between the educators and the specified target populations. This particular intervention strategy plays upon the basic definition of the word “peer” that is defined as “one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status.”<sup>82</sup> A positive aspect of peer education is that it is adaptable in every environment from that of sex workers to intravenous drug users.

Peer education can take the form of organized seminars; counseling; facilitating discussions; mobilizing for advocacy; distributing materials such as needles, bleach pads, or condoms; redirecting those mentored to more specialized services; and providing a wide range of support.<sup>83</sup> This method of prevention is often used to effect change at the individual level by attempting to modify a person’s knowledge, beliefs, attitudes, and overall behavior.<sup>84</sup> The adaptability of the peer education approach serves to be such a valuable aspect of this particular methodology of suppressing the HIV/AIDS problem because it is inherently designed to reach a wide variety of listeners. A recent study put forward by the Commission of Macroeconomics and Health states that:

Around the world, it has been possible through peer programs to increase condom use by sex workers to high levels, maintain high levels of condom use over long periods, reduce the incidence of HIV and other STDs among sex workers and prevent further spread of infections. One intervention project among 2000 sex workers in the Pumwani area of Nairobi has been estimated to prevent some 6,000-10,000 infections annually.<sup>85</sup>

Another noteworthy facet of peer education programs is that audiences will be addressed at a more intimate, individual-based level by an unbiased equal. Peer educators have the advantage of being considered by the person they mentor as presenting a nonjudgmental curriculum as well as being socially sensitive. Being educated by a peer group leader is likely to receive a more positive response because it establishes more of a participatory nature to the learning experience as teachers would be talking with their pupil rather than at them.

Peer education has also been effective in areas such as: stopping injecting drug use, using sterile needles, syringes and other equipment every time, not sharing injecting equipment, and cleaning equipment between uses. In 2002, the Chinese CDC successfully implemented a needle

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<sup>82</sup> Ibid.

<sup>83</sup> Ibid.

<sup>84</sup> Peer Education and HIV/AIDS: Concepts, uses and challenges. UNAIDS. <http://www.unaids.org>

<sup>85</sup> The evidence base for interventions to prevent HIV infection in low and middle-income countries. [http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5\\_paper2.pdf](http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5_paper2.pdf)

social marketing program in Guangxi and Guangdong provinces. Currently, Population Services International is running a broad-based safe injection campaign in the Yunnan province. Peer-mediated education programs have the added bonus of reducing stigmatization associated with HIV/AIDS. Peer education has the unique advantage of even reaching the illiterate. Human beings no matter what their culture, ethnic or nationality will always relate better to someone they see as a peer compared to a mass marketing campaign.

Concerning the stigmatization of being “AIDS Educators” that peer educators in Yunnan may face, it is proven that most peer educators prefer to participate in integrated programming that describes them as general community health educators. An aspect of this option that sets it apart from other methodologies is that peer educators have exclusive access to opportunities to educate their communities while at the same time being inconspicuous. The most successful peer education programs are those that move away from simply providing factual information regarding the pandemic but rather integrate a much richer syllabus that nurtures a sustainable change in life patterns and overall behavior. This can be achieved by utilizing such options as peer educator led or peer educator linked activities, such as street theatre, radio call-in shows, support groups, policy advocacy or community mobilization.<sup>86</sup>

In addition, to ensure the best product from the peer educators, the educators themselves should be included in the curriculum establishment process. It is also important to note that it is crucial that the program be based on the continuous training of peer educators for the simple reason that they should always be aware of new developments concerning the issue of HIV/AIDS as well as for the reason that the educators’ overall knowledge of health related issues should be continuously evolving, making them an outstanding force on the front lines of addressing the issue in their particular community. It is crucial to capitalize on the creativity and positive energy of peer educators in program planning. A study done by UNAIDS made a valid claim:

Peer educators are effective and credible communicators who have inside knowledge of the intended audience and use appropriate language/terminology as well as non-verbal gestures to allow their peers to feel comfortable when talking about issues of sexuality and HIV/AIDS.<sup>87</sup>

Unlike other options, peer education brings the educators much closer to their pupils, allowing for a more intimate, trusting relationship, ultimately resulting in a stronger sense of identification between teacher and the person they mentor.

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<sup>86</sup> Peer Education and HIV/AIDS: Past Experience, Future Directions. <http://www.popcouncil.org>.

<sup>87</sup> Ibid.



Concerning this option there exist certain inherent non-monetary as well as financial costs. Although peer educators are largely volunteers, it is important that they receive such incentives as t-shirts, materials, access to credit, and compensation for expenses. Offering such incentives is a vital aspect of keeping the educators high-spirited and motivated.<sup>88</sup> The bulk of financial costs are found in paying trainers and supervisors. Other financial costs will be included in paying for training, office space, and teaching materials. As a result most successful peer education programs are integrated with other programs, such as condom or needle distribution initiatives, and costs must be considered for that kind of combined program as a whole.

The costs of fighting HIV/AIDS are not simply financial because there are social costs that have to be considered. A few of the benefits are saving lives, reducing stigmas, and ethnic preservation. Statistics show that HIV/AIDS has spread to a higher and disproportionate rate among several of the minority groups within China. Peer education programs are proven to be more effective than mass media campaigns at changing behavior, and can deliver the needed knowledge via culturally sensitive and linguistically appropriate means.

### **Needle Distribution**

One of the options for the reducing the rate of HIV/AIDS infection in Yunnan is a small kit containing clean needles, syringes, a vial of full strength bleach and a vial of distilled water. “More than 20 years of research in implementing interventions for IDUs indicate that HIV transmission among these users can be prevented, slowed and stopped with the appropriate intervention.”<sup>89</sup> The appropriate intervention in Yunnan must address the disproportionately high level of IDUs infected with HIV/AIDS.

Successful needle exchange programs are in place around the globe, in countries such as France, Netherlands, Great Britain, Australia and Canada.<sup>90</sup> In a 2003 study, 778 calendar years of data from 99 cities with HIV seroprevalence measurements for more than one year and information on Needle and Syringe Programs (NSP) revealed that cities with NSP had a mean annual 18.6% decrease in IDU HIV infections vs. a mean annual 8.1% increase in cities that did not have NSP.<sup>91</sup> Another study the same year in Ning Ming County (Guangxi Province), China

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<sup>88</sup> Ibid.

<sup>89</sup> A Study of Peer Education to Prevent HIV Transmission among Injection Drug Users and Their HIV Risk Contacts. NIH. <<http://www.clinicaltrials.gov/ct/show/NCT00038688>> Accessed 2004 February 24.

<sup>90</sup> Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Edited by Jacques Normand, David Vlahov and Lincoln Moses. Washington, D.C. National Academy Press. 1995.

<sup>91</sup> Sterile Syringe Access for Injecting Drug Users in the 21st Century: Progress and Prospects Margaret MacDonald, Matthew Lawa, John Kaldora, Jim Hales, Gregory Dorea. International Journal of Drug Policy. Vol. 14 Issue 5. December 2003. 353-357

and Lang Son Province, Vietnam distributed sterile needles and syringes through direct distribution, exchange and pharmacy vouchers with HIV/AIDS messages printed on them. The study cited that:

Most heroin injectors are poor people who often cannot afford new needles and syringes despite their widespread and cheap availability in pharmacies or cannot gain access to pharmacies at night when they need to obtain needles. These circumstances resulted in pooling of resources among users, sharing of injection equipment and thus to increased transmission of HIV.<sup>92</sup>

The study results include more than doubling the goal of collecting 75,000 used needles in the first year of the project for Vietnam and collecting just under the yearly goal for China. A study published in *Lancet* of 81 international cities, showed an average increase in HIV infection of 5.9% in 52 cities without NSP and an average decrease in HIV infection of 5.8% in 29 cities with NSP.<sup>93</sup>

Supplementing these studies are reviews performed at U.S. government agencies. An analysis by the U.S. General Accounting Office (GAO) of several domestic and international needle exchange programs estimated that a New Haven, Connecticut initiative produced a 33% reduction in HIV infection amongst IDUs.<sup>94</sup> The National Institute of Health (NIH) reviewed several NSPs and concluded “a reduction in risk behaviors as high as 80% in injecting drug users, with estimates of a 30% or greater reduction of HIV.”<sup>95</sup> The panel also concluded that drug use under NSP either decrease or remains constant, it did not increase.<sup>96</sup>

The affect of NSP on frequency or enticement to injection drug use is an important factor to consider in Yunnan. The National Research Council stated:

- There is no credible evidence to date that drug use in is increased among participants as a result of programs that provide legal access to sterile equipment
- The available scientific literature provides evidence based on self-reports that needle exchange programs do not increase the frequency of injection among program participants and do not increase the number of new initiates to drug use.

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<sup>92</sup> Development and Implementation of a Cross-border HIV prevention intervention for injecting drug users in Ning Ming County (Guangxi Province), China and Lang Son Province, Vietnam. Theodore Hammett. *International Journal of Drug Policy*. Vol. 14 Issue 5. December 2003, 389-398.

<sup>93</sup> Ibid

<sup>94</sup> Ibid

<sup>95</sup> Needle Exchange Programs: Part of a Comprehensive HIV Prevention Strategy. U.S. Health and Human Services Press Office. April 20, 1998. Accessed March 5, 2004. <<http://www.hhs.gov/news/press/1998pres/980420b.html>>

<sup>96</sup> Ibid

- The available scientific literature provides evidence that needle exchange programs have public support, depending on locality, and that public support tends to increase over time.
- Needle exchange programs should be regarded as an effective component of a comprehensive strategy to prevent infectious disease.<sup>97</sup>

These studies illustrate the effectiveness of needle distribution programs. The effectiveness of this method for reducing infections does not come without moral questions. The U.S. federal government banned federal funding for needle programs in 1988, although at least 55 programs are in place with local and state funding.<sup>98</sup> In Yunnan the argument is simple – continued, unmitigated needle sharing will continue to increase an already explosive rate of infection. The greater moral question in this situation is should organizations with funding to provide harm reduction products (needles, syringes, bleach) not provide them and continue to let IDUs in Yunnan become infected and die from AIDS? Many people would campaign for education as a less controversial form of intervention. Education in all forms, mass media and from peers or health workers is vital but ineffective if not supplemented by the actual means to adopt the tenets of education.

### **Condom distribution programs**

Condom distribution programs have been highly successful. From research published by USAID the CDC the use of latex condoms can significantly reduce the occurrence of transmission of HIV/AIDS and other sexually transmitted diseases. A 2001 CDC report sites that longitudinal studies of HIV Sexual partners and HIV+ infected cases condoms could prevent transmission by 85%<sup>99</sup>. In Thailand, prevention programs for sex workers and their clients focused on increasing condom use. Between 1990 and 1997, the rate of sex worker use of condoms increased from 30% to 90%. Figure 6 shows an inverse relationship between the rate of condom use and the infection rate of HIV. Between 1990 and 1993, the same campaign helped reduce the the percentage of men using sex services by half.

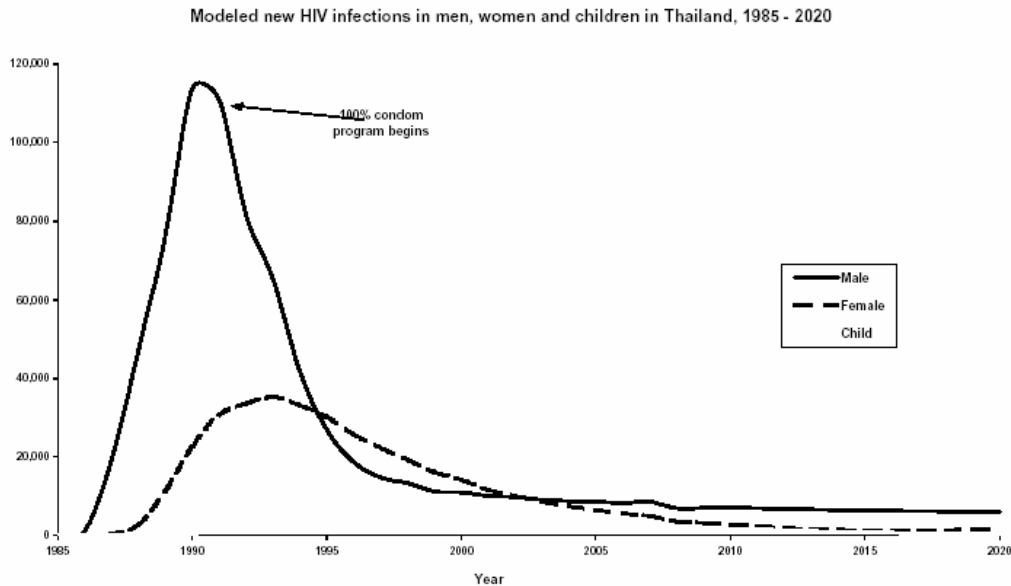
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<sup>97</sup> Preventing HIV Transmission: The Role of Sterile Needles and Bleach. Edited by Jacques Normand, David Vlahov and Lincoln Moses. National Research Council. Washington, D.C. National Academy Press. 1995.

<sup>98</sup> Ibid

<sup>99</sup> Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention, National Institute of Allergy and Infectious Diseases, NIH July 20, 2001. [www.niaid.nih.gov/dmid/stds/condomreport.pdf](http://www.niaid.nih.gov/dmid/stds/condomreport.pdf) p17.

**Figure 6: Projected Model of the Effectiveness of Condoms in Thailand**



However, there are complications in condom testing. Condom companies typically test 1 in 400 condoms by giving them a liquid test. There are a few complications that can occur after the condom has passed this test. During intercourse the condom can break, slip, or be defective because it would not have passed the liquid test. These occurrences can increase the transmission of HIV/AIDS through fluids even though the amount of fluids transmitted is significantly reduced. In a hypothetical relative risk model of condom use, if any of these three occurrences happen then transmission of disease is not significant. On a correlation scale the likelihood of transmission is .0008 or less<sup>100</sup>.

It seems that The Yunnan Ministry of Health is making headway into some possible solutions for condom distribution. This ministry has set up clinics in 68 out of the 128 counties in the Yunnan province<sup>101</sup>. There are also the Yunnan Red Cross and Yunnan Medicine Sans Frontieres that are highly active in a peer education projects. Some of these projects include condom distribution in public places such as train stations, commercial plazas, workshops, gynecological outpatient departments and commercial districts.<sup>102</sup> These two organizations advocate that condom use is the best method for AIDS prevention. Currently there are also

<sup>100</sup> Ibid

<sup>101</sup> Market Survey Report: Condom Social Marketing in Yunnan and Sichuan, April 6, 2001 by Qingdao Double Butterfly Salesfore. P.2

<http://www.51condom.com/english/resources/Ourreports/QDBG%20Market%20Assess%20Sichuan.doc>

<sup>102</sup> Ibid

condom vending machines and distribution places, such as clinic and pharmacies, in the two major cities of Kunming and Dali city. All programs show signs of significant progress.<sup>103</sup>

However, there are many variables that need to be considered when looking at condom distribution programs for the Yunnan province. The first is that there are two major divisions of population: rural inhabitants and urban inhabitants. These two populations have different perspectives on using condoms. In the urban areas, condom use is more prevalent than in the rural areas. A reason for this is that people whom are living in rural area have lower literacy rates and may be reluctant to accept new ideas.<sup>104</sup>

This is not the only problem that these two populations face. The people that are located in urban settings tend to respond to condom instructions that are more sophisticated and explicit than those instructions for people that are from rural communities.<sup>105</sup> People that are in the rural communities would rather have instructions in a more culturally targeted manner. This is one example of the challenges that the varied educational strata present to project leaders.

A problem that the Chinese condom industry faces is that some of the condoms that are produced in China are not of high quality. This poses a unique threat because a form of protection that could be thought to be reliable is in fact not. Also, some individuals that visit sex workers will not wear condoms either because they are uncomfortable or they take some of the pleasure out of the experience.<sup>106</sup>

The Chinese government has recently changed the classification of the condom from that of a sexual aid to a public health item.<sup>107</sup> This means that this device can be openly advertised through different media sources throughout China. Also, some members of Chinese society think that it is not necessary for them to wear condoms because people that practice promiscuity are the

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<sup>103</sup> Ibid

<sup>104</sup> Ibid

<sup>105</sup> Report on the Condom Instruction Material, Yunnan Reproductive Health Research Association, p.3  
<http://www.51condom.com/english/resources/Ourreports/YRHRA%20condom%20Lit%20report-english.pdf>

<sup>106</sup> Market Survey Report: Condom Social Marketing in Yunnan and Sichuan, April 6, 2001 by Qingdao Double Butterfly Salesfore. P.2  
<http://www.51condom.com/english/resources/Ourreports/QDBG%20Market%20Assess%20Sichuan.doc>

<sup>107</sup> Hamish McDonald, China set to lift condom ads ban, 6 December 2002  
<http://www.smh.com.au/articles/2002/12/05/1038950148852.html>

only people that need these devices. In the past these devices have been seen as somehow disreputable, but slowly that perception is changing.<sup>108</sup>

In looking at a condom distribution programs it seems to be the option that has a relatively low cost and a measurable effect on populations. Also, as pointed out before, the effectiveness of condoms in stopping the spread of the disease is relatively successful. A study the was performed the University of California at Berkeley found that condom distribution average \$3.50 per person while treating individuals with HIV/AIDS through anti retroviral treatment cost approximately \$300 yearly with generic drugs from Pakistan or \$1,200 from U.S. drug companies<sup>109</sup>. These condom distribution programs are significantly cheaper than many of the other options that are on the table.

Also, people do use condoms when they are given to them. In a study that was performed in the west side of Los Angeles, people were asks if they noticed the new ways of condom distribution available to them through vending machines in bars, restaurants, and coffee shops. It has been estimated that over 300,000 condoms have been distributed freely through these means. In a survey of 300 people 80% of the people have noticed that free condoms were available for them and 63% have taken advantage of the program<sup>110</sup>. Having Condoms available for people in public places does seem that they do get noticed by the average customer and are distributed with some frequency.

There are two common ways for programs to distribute condoms and family planning services. There is one that is clinic based while there are others that are community based. Of these two there have been studies determining the costs to of both programs. From a study that was performed in South Africa it was found that CBDs (community based distribution) were cheaper than the clinic approach. On average the cost of a CBD was \$42 dollars in the first year while it was \$44 at the clinic. However, after the first year cost for the CBD centers decreased to \$25.<sup>111</sup> Edina Sinanovic, a health economist at the University of Cape Town Medical School, claims that “CBD is comparable in cost to clinic provision, and may in fact provide significant

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<sup>108</sup> Wen Chihua, No condoms please, we're Chinese 11 April 2002  
[http://cyberdyaryo.com/features/f2002\\_0411\\_02.htm](http://cyberdyaryo.com/features/f2002_0411_02.htm)

<sup>109</sup> Joshua Steinman, “A start for combating AIDS” Chicago Maroon online edition. February 7, 2003.  
[http://maroon.uchicago.edu/viewpoints/articles/2003/02/07/a\\_start\\_for\\_combatin.php](http://maroon.uchicago.edu/viewpoints/articles/2003/02/07/a_start_for_combatin.php)

<sup>110</sup> “West Hollywood Mayor Jeff Prang Applauds Condom Survey” City of West Hollywood  
[http://www.westsidelife.com/nd00\\_cityscape/nd00\\_West\\_Hollywood/body\\_nd00\\_west\\_hollywood.html](http://www.westsidelife.com/nd00_cityscape/nd00_West_Hollywood/body_nd00_west_hollywood.html)

<sup>111</sup> Comparing CBD Program Costs Network: Volume 19, Number 3, Spring 1999. distributed by FHI.  
[http://www.fhi.org/en/RH/Pubs/Network/v19\\_3/cbd\\_costs.htm](http://www.fhi.org/en/RH/Pubs/Network/v19_3/cbd_costs.htm)

money savings.”<sup>112</sup> This means that programs that go to the people instead of having the people go to them have proven to be less costly as long as a knowledgeable staff is acquired. An important aspect to look at is the definition of knowledgeable staff. Some of the nurses that are in these programs have only a junior high education and have two years of more professional school. For many of the Chinese people it would not be too far of a stretch to volunteer or be a part of programs such as these.

However, the cost of a distribution program would exceed the cost of some of the other options, such as education programs. The relative cost of condom distribution is higher than education programs because condoms must be bought, stored, and then physically distributed. However, distribution is cheaper than needle exchange and some law enforcement options. Condom distribution programs are relatively supportive of the rule of law and would not disrupt economic activity.

## **Recommended Actions**

Ultimately, treatment options for HIV/AIDS fail to meet the criteria of reducing the infection rate. Prevention efforts, however, can reduce the infection rate and risky behavior by 80%.<sup>113</sup> Options for preventing the spread of HIV/AIDS in Yunnan, China must address the primary modes of transmissions and at-risk populations in the region.

The current limited availability of prevention programs contributes to the continuing spread of an already devastating epidemic. Prevention efforts will require little infrastructure and contribute to preventing 29 million new infections by 2010.<sup>114</sup>

As stated above there are five preventive measures that can be pursued: Restriction of drug supply, mass education programs, peer education programs, condom distribution programs, and needle exchanges. These preventive options have varying levels of effectiveness. Restriction of drug supply has not proven to be effective in the past and studies imply that cracking down on drug supply simply reroute transportation and reorganize supply infrastructure instead of changing behavior. Overall, the remaining preventive options have shown signs of success.

However, given the limited resources that this NGO initially will possess, these preventive measures have to be narrowed down. Mass media has the possibility of influencing

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<sup>112</sup> Ibid

<sup>113</sup>The evidence base for interventions to prevent HIV infection in low and middle-income countries. [http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5\\_paper2.pdf](http://161.200.33.31/downloads/Health%20Care%20Financing/Macro-econ-health/WGPaper/wg5_paper2.pdf)

<sup>114</sup> Accounting for HIV Prevention. Jon Cohen. Science Now May 13, 2003

some subsection of the population in Yunnan province. However, initially this medium might not be the best way to reduce the amount of cases of HIV/AIDS. People in rural areas, who are not being targeted by other prevention programs would not benefit as much as people in the urban areas. Also there is a language barrier issue with the rural inhabitants speaking different languages other than the official state and provincial language.

A combination of the peer education and distribution of transmission reduction products targeted at high risk groups in rural areas would be the most effective way to combat the HIV/AIDS epidemic in Yunnan. In the case of condom distribution programs and needle exchanges, these two programs cut to the core of the epidemic in this province.

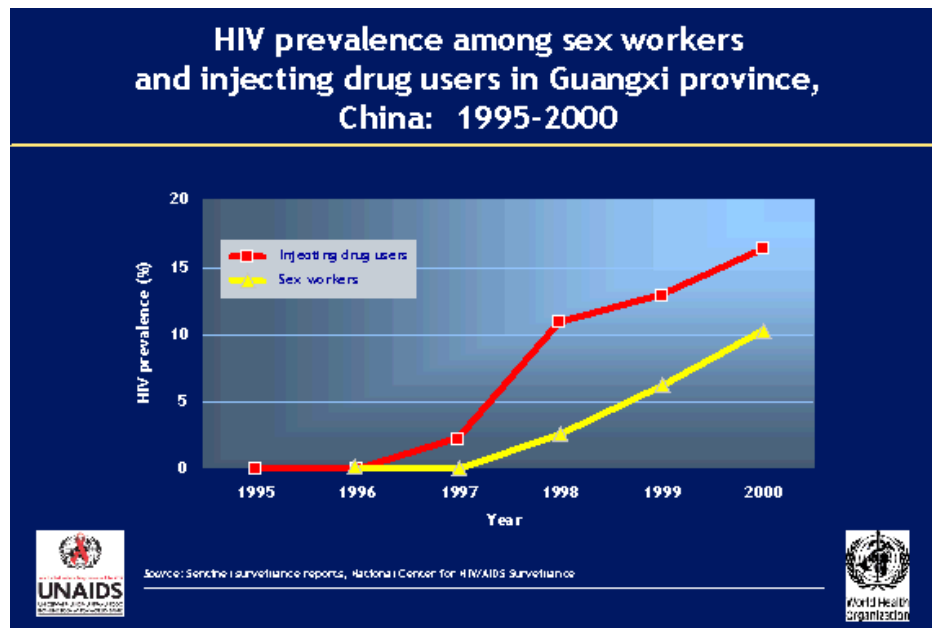


## 4. Implementation

In implementing the recommendation of this project, we propose creating an international non-governmental organization whose mission is to slow the rise of HIV/AIDS in Yunnan, China. Treatment of HIV/AIDS is far more costly and less effective at reducing the rate of transmission in comparison to prevention efforts. Therefore, we believe that this international non governmental organization should pursue a plan of action that will reduce the rate of HIV/AIDS through education of IDUs and commercial sex workers by emphasizing the use of transmission reducing products.

In order to prevent the further spread of the HIV/AIDS epidemic in Yunnan province, it is important to find the root of the problem and stop its further growth. There is a high HIV prevalence rate among drug users because most IDUs repeatedly share needles or syringes. Like commercial sex workers, the IDUs do not have enough money to afford new syringes or needles. Even if they have money for getting new and clean needles, they might not spend their money on buying needles. Considering that Yunnan province already has many drug users, and given its geographical location in the “Golden Triangle” without prevention efforts the HIV/AIDS crisis is likely to explode. The fact that the IDUs usually have close relationships with commercial sex workers should be addressed during implementation. While no studies have been done in the Yunnan Province, a study in the neighboring province of Guangxi, illustrated in Figure 7, found there could be an association between rising infection rates among IDUs and rising infection rates among sex workers. Therefore this project equally targets these two groups, with the possible role of sex workers acting as a bridge between the highly infected IDU population and the general population.

Figure 7



Peer education of IDUs and SWs is the most vital portion to the success of this endeavor. The first step would be recruiting recovering IDUs from rehabilitation facilities and sex worker who are interested in being peer educators. Creating partnerships with other projects that serve high risk communities in different capacities, such as drug rehabilitation, will be vital for recruiting peer educators. Most IDUs and SWs will know how to connect with these high-risk communities. This network will then disperse information on HIV/AIDS and the availability of the harm reduction kits. Training and out-reach will be conducted through small satellite offices throughout Yunnan.

Harm reduction kits and HIV/AIDS information will only be distributed from the small satellite offices. The satellite offices will be open between 6:00pm and 6:00am when Chinese pharmacies are usually closed. These offices will also provide safe needle disposal, an important benefit as disposing of used needles helps prevent needle sharing, contamination of the water supply and needles littered throughout communities. All staff will receive specialized training on how to educate IDUs and SW to reduce their HIV/AIDS risk and how they could educate their peers. All staff will undergo detailed training on used syringe/needle disposal to insure the highest safety standards.

Harm reduction kits would include a simply worded instructional pasted to the inside lid with directions for how to best use, dispose and disinfect needles and syringes. The most vital

information would be that bleach disinfection between each syringe use does not guarantee absence of the HIV virus.

Bleach disinfection should be considered as a method to reduce the risk of HIV infection from re-using or sharing needles and syringes when no other safer options are available. Sterile, never-used needles and syringes are safer than bleach-disinfected, previously used needles and syringes.<sup>115</sup>

The staff will also train IDUs on how to best disinfect needles according to CDC guidelines:

- Two cleaning cycles - filling the syringe completely with bleach, then water, and repeating once with the bleach left in the syringe for at least 30 seconds
- Only full strength bleach
- No reuse of bleach or water
- The cycle of cleanings done between each use if sharing needles.

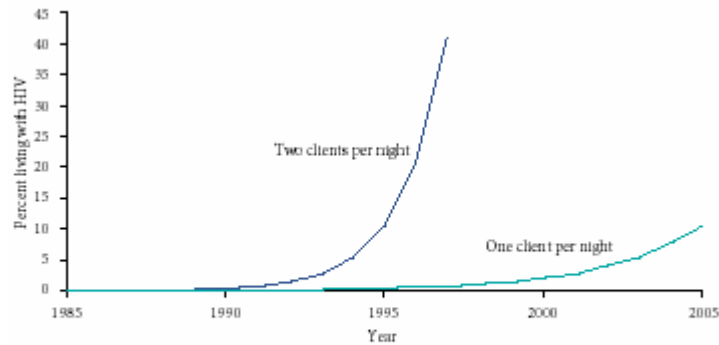
As stated above, some studies indicate that only 14% - 30% of sex workers are aware that condoms can prevent HIV/AIDS.<sup>116</sup> Given the fact that commercial sex workers can be easily infected by HIV/AIDS through sexual contacts with high-risk groups such as drug users and mobile population, it is also possible that these infected sex workers can easily transmit and spread diseases through sexual intercourses with other people. In this context, the education of commercial sexual workers should be done to increase their understanding of the danger of HIV/AIDS and promoting a safe life style in order to prevent further spread of the epidemic. Figure 8 illustrates the hypothetical effect of number of clients per night on the prevalence of HIV among sex workers living with HIV.

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<sup>115</sup> HIV/AIDS Prevention Bulletin. CDC. <[http://www.cdc.gov/idu/pubs/bleach\\_letter.htm](http://www.cdc.gov/idu/pubs/bleach_letter.htm)> April 19, 1993. Accessed 2004 February 24.

<sup>116</sup> Source : A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China. China Ministry of Health and UN Theme Group on HIV/AIDS in China. December 1, 2003

**Figure 8: Effects of Condom Distribution on Sex Work Population**



Note: Results from models show that the HIV epidemic will grow much more quickly in a society where sex workers have two clients per night than where they have only one. This may be a major factor explaining the variation in rates of epidemic growth seen in Asian countries.

Many valuable lessons can be learned from the mistakes made by HIV/AIDS workers in Africa. A critical mistake of early African programs was neglecting rural populations. It was precisely from this population that the numbers of HIV/AIDS cases subsequently exploded. This project will target rural areas by setting up satellite offices in strategic locations outside of urban areas.

Another lesson that can be used in the development of our project is that Western based systems of prevention that do not take into account cultural norms and the inadequacy of delivery systems. This over-sight in other programs led to a great waste of time, money and human capital. Therefore, to the extent that is feasible local partnerships will be used to recruit peer educators from ethnic and linguistic minorities.

## **Structure of the Non-Governmental Organization**

The non-governmental organization (NGO) which will originate from this proposal will be a charitable, not for profit organization as defined by the United States government in compliance with the Internal Revenue Service definition of a 501(c) 3 organization.<sup>117</sup>

The NGO headquarters will be in the United States. Solicitation for members of the board of directors will be commenced by an interim director who will be selected. The fifteen member board of directors will include members of relevant sectors of the government, medical professionals, business persons and those that are strongly committed to the mission. Once that

<sup>117</sup> United States Government, Internal Revenue Service, Charitable Non-profits, 2004. <http://www.irs.gov/charities/article/0,,id=96099,00.html>

board has met and organized, using sources of funding to establish this pilot program, the following structure is proposed.

An office will be established for the Director and support staff in the United States. That office will conduct all business related to the development of the project in Yunnan, of securing the required funding and transacting all business that will enable the project to go forward. This office will conduct the necessary arrangements with the People's Republic of China and lay the groundwork for the Provincial office.

In Kunming, Yunnan Province, an appropriate space will be leased that must include areas for administration, teaching and the storage of educational and medical materials. Salaried personnel will include the Provincial Director, administrative support, a health care professional trainer and personnel for inventory and distribution. This will be the center of operations.

All other needed support services will be hired on an independent contractor basis. The NGO hopes to generate a number of university volunteers to aid with its mission of peer education, needle and condom distribution.

Satellite centers will be established in major cities with large populations of IDUs. These will include: Chuxiong, Baoshan, Dali, Ruili, Ling Cang, Qujing Xishuang-Banna and high IDU rural areas as funding becomes available.

The Peoples Republic of China is an integral part of every NGO that operates within its borders. This NGO will endeavor to establish a good relationship with the government, and to partner with programs currently operating in Yunnan. Some of the previous programs, such as treatment facilities and detoxification programs will be valuable in the establishment of this program. The focus on outreach and peer counseling, which will be conducted from Kunming, will coordinate with programs that are already in place.<sup>118</sup>

The first national prevention and care center for AIDS patients, one with 200 beds, was recently established outside Kunming. When fully operational they will provide consultation, prevention, testing and treatment services.<sup>119</sup> The proposed NGO will work will organizations and programs such as these to extend the breadth and reach of effective peer education and needle distribution.

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<sup>118</sup> Drug Use and HIV Vulnerability: Policy Research Study in Asia, Task Force on Drug Use and HIV Vulnerability, UNAIDS, UNDCCP, 2000.

<sup>119</sup> AEGIS, CHINA: SW Province Setting up China's First Domestic AIDS Prevention, Care Center <http://www.aegis.com/news/ads/2003/ad32580>

## Operating in China

The government of China requires that any group whether it is a business group or an organization must register with the government. The United States Embassy issued a report in January of 2003 that stated that:

Chinese NGO's have increased steadily in number over the past several years. But while they may be multiplying, they are not necessarily flourishing. Legal and financial red-tape complicate operations and taxation is poised to become a major stumbling block. Changes to China's legal framework for NGOs would make it easier for civil society organizations to register and increase their social acceptability and ability to attract outside funding. We expect China's growing NGO movement to (gradually) gain in strength, with Chinese authorities (also gradually) ceding greater political space.<sup>120</sup>

The legal system in China has made any transition into the country difficult for any group seeking entry. The current system does not restrict any group's movement for the most part, although it seems certain that any NGO that enters the country will still be under a tremendous amount of scrutiny. It is the NGOs that work with causes that will not generate much news around China such as labor and human rights that do not run a great risk of being closed by the government. Those that do will almost surely have a great fight against the government of China. Those seeking to help lessen the impact of a disease such as HIV/AIDS do not run a great risk of being heavily scrutinized by the government.<sup>121</sup>

Since the legal system of China does not make it easy for organizations to enter the country some risk is required. This is because the legal situation in China is a very uncertain one. The "Regulations for Registration and Management of Social Organizations" was put into effect in September of 1998. It gave the Ministry of Civil Affairs and local Civil Affairs Departments the authority to register NGO's in China.<sup>122</sup>

There are three main obstacles to registering a non-governmental organization in China: finding a sponsoring agent, the ability to tailor their respective message so that it does not duplicate what another organization is already doing in China at the time, and financial requirements to registering. Finding a sponsoring agent or "sponsoring unit" requires that that unit be responsible for the organizations day to day operations. The requirements for a sponsoring unit make the government able to control the units as they are mainly government bodies or those bodies that are approved by the government. In China and abroad this search is

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<sup>120</sup> Chinese NGO's—Carving a Niche Within Constraints, <http://www.usembassy-china.org.cn/sandt/ptr/ngos-prt.htm>

<sup>121</sup> *ibid*

<sup>122</sup> *ibid*

commonly referred to as “finding a mother-in-law.”<sup>123</sup> This should give you an idea as to the difficulties faced when trying to find a sponsoring agent.

The second condition that creates difficulty comes from Article 13 of the Regulations for Registration and Management of Social Organizations that says that if there is an organization already responsible for covering the same work then there is no need for a new organization in that area. If there is already an agency working in the area that a NGO wishes to work in then its application will be denied and the organization will have to work without the approval of the government. This means that it will not be protected by the laws that have been established by the government to protect such organizations.<sup>124</sup>

The third main problem that faces any organization that wishes to enter and work in China within the legal methods established in financial considerations that come with registering. The regulations that govern NGO’s require that national organizations have a minimum of 100,000 Yuan on hand while local organizations must have 30,000 Yuan minimum on hand to register with the government. The problem with this is when trying to get funding most donors will want to know that your organization has been officially registered before they give funds. This third problem creates greater difficulty for those who wish to work in China.<sup>125</sup> If you do not have the funding then getting the registration will prove to be a futile task. If an organization fails to register with the government then it can either operate illegally or operate as a commercial body.

Many grassroots organizations will resort to the process of registering as a for profit business and are required to pay a Chinese business tax. This also requires that the organization have the necessary funds to do their work within China.<sup>126</sup> Any organization that seeks to work in China is faced with a great many difficulties in working within the legal landscape of the Chinese Government.

In Yunnan there is no legislation governing international NGOs that makes it a requirement for international NGOs to register as a Foreign Enterprise within the Chamber of Industry and Commerce. Yunnan government prefers international NGOs to sign a Memorandum of Understanding making it easier for their workers to be recognized by the

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<sup>123</sup> Liang, Sharon, “Walking the Tightrope: Civil Society Organizations in China,” China Rights Forum, Seeds of Change, No. 3, 2003

[http://iso.hrichina.org/download\\_repository/2/Sharon%20Liang.pdf](http://iso.hrichina.org/download_repository/2/Sharon%20Liang.pdf)

<sup>124</sup> *ibid*

<sup>125</sup> *ibid*

<sup>126</sup> Turner, Jennifer L., “Cultivating Environmental NGO-Business Partnerships,” The China Business Review, Nov.-Dec. 2003, <http://www.chinabusinessreview.com/public/0311/04.html>

government.<sup>127</sup> The government is also in the process of creating legislation regarding NGOs in the Yunnan Province which will likely be quite controlling as the government of China seeks to limit what organizations will be allowed into the country.

When an organization registers in China it must submit a charter that includes its name and address, objectives, membership qualifications, organization for establishing an executive body, qualifications of office holders, principles of management and funds, procedure for amending the charter, procedure for caesurae of operations, and other business regulated by the charter. On the registration certificates each organization must submit name, address, objectives, legal representatives, operational budget, and the name of the professional leading unit. If the organization engages in any type of operations outside of its registration then it is subject to closure under Article 32 of the Regulations for Registration and Management of Social Organizations. Article 33 states that other than closure the organization may be subject to a time frame within which changes must be made, and any illegal profits or other such entities will be confiscated.<sup>128</sup> For further information on text of the laws governing NGO's in China refer to Appendix G.

The political red tape that an organization must go through to work legally in China does not make it easy to enter the country, and any dealings in the country will be closely scrutinized by the government. This makes it very important to clearly state your objectives when registering your organization. It is also critical to have a "mother-in-law" to help your organization work smoothly through the process. The issue of HIV/AIDS in the Yunnan Province is of such an important nature that obtaining a partner and making sure that an organization has the funds to register with the government lessen the difficulty of this problem. If registration is a problem for an organization they must register as a Foreign Enterprise. This makes the organization open to taxes for conducting business in the region.

Overall registering an organization is a difficult and intensive process. Although it can be dealt with through determination and clearly stating your goals and procedures to the Chinese government. It is of high importance that any organization realizes that it must work openly with the Chinese government if it seeks to work legally within the country.

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<sup>127</sup> Riska, Gunilla, "NGO's In The GMS,"  
[http://www.mekonginfo.org/mrc\\_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/\\$FILE/FULLTEXT.html#part3](http://www.mekonginfo.org/mrc_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/$FILE/FULLTEXT.html#part3)

<sup>128</sup> Riska, Gunilla, "NGO's In The GMS,"  
[http://www.mekonginfo.org/mrc\\_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/\\$FILE/FULLTEXT.html#part3](http://www.mekonginfo.org/mrc_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/$FILE/FULLTEXT.html#part3)



## Funding Sources

Surprisingly, funding is one of the least complicated and most feasible aspects of this project. Funding for prevention efforts is at an all time high with billions of dollars are being raised and granted annually in the fight against HIV/AIDS. Financial support may come from a variety of places, including governments, non-profit organizations, faith based organizations, or private companies.

In an effort to encourage funding from *any* source, the NGO will operate under a transparent reporting structure. A website will detail the activities in Yunnan, through a line item distribution of funds and mission statement. This information enables possible benefactors to quickly access the information necessary to make their decision.

The contributors will act in a quasi-client role because if our standards do not meet theirs funding could be jeopardized. The final product we produce (decreased infection rates) must meet our own high standards of effectiveness as outlined in the criteria. Developing these criteria included anticipating what other organizations such as the UN, WHO and the Bill and Melinda Gates Foundation might expect concerning quality, implementation and execution of a HIV/AIDS policy. The inclusion of these expectations only contributes to raising the bar on our standards and how we wish to help the people of Yunnan. The amount of contributions, media coverage and volunteers for this effort will depend on the NGOs ability to prove successful in Yunnan. Many private endeavors have a static external client(s) defining standards and/or criteria. This NGO requires self-determination of criteria and the means for achieving the goal while providing the best outcome for the stakeholders.

### *Chinese Government*

While financial resources from the Chinese Government are limited, there has been a marked increase in resources allocated to preventing and treating HIV/AIDS over the past decade as referenced in Figure 7. “The annual contribution from the central government for HIV prevention and control was US\$15 million in 2002. US\$65 million is estimated to have been allocated by the provincial governments in 2002 for HIV/AIDS.”<sup>129</sup> While it may be possible to gain limited financial support from them, it is unlikely that either Beijing or Yunnan will be able to contribute substantially to the project. However, government authorities may be able to

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<sup>129</sup> UNAIDS. National Response Brief.  
<http://www.unaids.org/nationalresponse/result.asp?action=polcommitment&country=529>

contribute financially by alleviating tariffs and taxes on condom and needles as they did with Anti-retroviral drugs.

### ***International Donors***

Due to the limited financial resource of the Chinese Government, the international donor community has become the primary source of funds for prevention efforts in China. Millions of dollars have been made available to prevention projects. International funding can be broken down into four sources: multi-lateral donations, bi-lateral donations, expatriate support, and international philanthropic organizations.

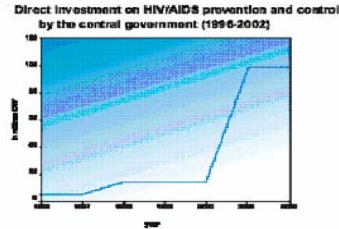
### **Multi-lateral**

Multi-lateral donations are the most sizeable. Multi-lateral donors to China already include UNAIDS, WHO, the World Bank, and the Asian Development Bank. In 2003, UNAIDS received \$95 million from 30 countries to fight HIV/AIDS. Since 1996, The World Bank has sponsored over \$30 million worth of HIV/AIDS projects in China. Annually, The WB promotes new programs through the Development Marketplace Program that provides seed funding to new projects. Since 1998, the DM program has funded 380 new projects in 60 countries with \$22 million dollars.<sup>130</sup>

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<sup>130</sup>UNAIDS Press Release NGOs Win US \$460,000 for Innovative AIDS Projects in Developing Countries, 9 December 2003  
<http://siteresources.worldbank.org/DEVMARKETPLACE/Resources/DMUNAIDSPressReleaseDecember9FINAL.pdf>

**Figure 9: Chinese Funding Over the Past Seven Years<sup>131</sup>**



### **Bi-Lateral**

Bi-lateral support is another generous source of funding. For example, United States President George W. Bush recently announced that the US will provide \$15 billion dollars to global fight against HIV/AIDS mostly through bi-lateral aid. While there is some debate about the eligibility of this project for those funds, USAID is currently financially contributing to the work of Population Services International on condom and needle social marketing. Other bi-lateral donors may be willing to support our efforts as well. The European Union could be another source of bi-lateral funding.

### **International Philanthropic Organizations**

The Global Fund to fight AIDS, Tuberculosis and Malaria, since its creation in 2002, has grown to become the world's largest financier of programs to fight these three diseases. Currently it is accepting proposals for its fourth round of grant making. The Global Fund has previously committed \$2.1 billion over 2 years to 224 programs in 120 countries. Bill and Melinda Gates Foundation is another excellent example of an international philanthropic organization that is committed to preventing the spread of HIV/AIDS. They fund similar projects in India. The Ford Foundation is already a large financial contributor to prevention and treatment efforts in China

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<sup>131</sup> UNAIDS. National Response Brief.  
<http://www.unaids.org/nationalresponse/result.asp?action=polcommitment&country=529>

and has an excellent working relationship with the Chinese government. Support from the Ford Foundation would also help facilitate our navigation of the political landscape.

### **Expatriate Support**

China has the largest number of nationals leaving abroad of any country in world. Its expatriate community is also one of the most generous. Organizations like the Asia Society and the Asian Society for the Intervention of AIDS may prove to be excellent sources of funding.

### **Partners**

The most successful prevention programs have incorporated a multi-sector approach in the fight against HIV/AIDS. Partnerships at the local, national, and international levels are essential to this endeavor. These partners will act as bridges into high-risk communities and sources of funding and political support. The ultimate goal is to create working partnerships among all of the stakeholders.

#### ***International Partners***

At the international level, partners will provide expertise, funding and political support. Organizations like the Center for Disease Control, Population Services International, the WHO's Safe Injection Network, Red Cross, and the Asian Harm Reduction Network will provide critical expertise on creating peer education, condom distribution and needle exchange programs. At the international level they will provide political support. Other international organizations such as the Asian Society for the Intervention of AIDS and the Asia Society based in the United States and Canada would also provide a crucial international support system.

#### ***National Partners***

It is critical to build partnerships at the national level for various reasons. China Medical Preventive Association and the Chinese Foundation for the Prevention of STD and AIDS can help us design and implement cultural appropriate peer training programs based on their already successful work. Building a partnership with the Chinese Government is beneficial for several reasons. First, the organization will not have access to China without its cooperation. Secondly, given the bureaucratic climate of the Chinese Government it is important to have more than one channel of communication. Relationships should be built with several ministries, such as the Ministry of Health and Ministry of Education.

### ***Local Partners***

Organizations similar to Save the Children UK, who is currently working on condom distribution to sex workers within the Yunnan Province, can help provide critical bridges into the community and help us establish a credible reputation within high-risk communities. As can organizations similar to the Yunnan Institute for Drug Use (DAYTOP), a voluntary detoxification center, The Compulsory Anti-drug unit of the Yunnan Public Security Bureau, women and children's development centers, and the Burmese Community Centre in Ruili.<sup>132</sup> The latter has become a gathering place for sex workers on Saturday afternoons.

Where networking structures already exist, this organization should participate, for example in the city of Ruili has created the Ruili HIV Leading Committee, which has developed a 5-year plan prevention plan. Where our two missions coincide we should work to strengthen the Leading Committee and 5-year plan.

At the Yunnan Province level we should work with the Office of Yunnan Provincial Leading Group for HIV/AIDS control, the Yunnan International Non-Governmental Organization Office, the Dehong Prefecture Women's Federation, the Yunnan Reproductive Health Research Association can help us into the community and provided political and logistical support.

Most social marketing and needle exchange programs actually reduce drug use because of strong partnerships between the peer educators and the recovery and detoxification facilities in the area. We should build partnerships with the Yunnan Institute for Drug Abuse, the China-American Style Daytop Village to help reach out to the drug community and serve as a place to refer those people using our services. These organizations will also provide important sources for recruiting peer educators. A partnership with the local Government and Communist party of Yunnan will keep the organization running smoothly.

### ***Private Sector Partners***

The private sector has been more involved in the fight against HIV/AIDS. Business owners are beginning to understand their social obligations in a society and the benefits to their business by participating in prevention efforts. HIV/AIDS has the potential to devastate their employees or customers and will ultimately hurt them financially. Condom and needle manufacturers should be approached and encouraged to help fight the spread of HIV/AIDS from businesses such as brothels, night clubs and taxi cab drivers.

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<sup>132</sup> UK, S. t. C. (2003). Young People and HIV/AIDS Responding to the New Asian Crisis.

## Challenges to Overcome

Although this organization recommends that the best option in an effort to suppress the spread of the HIV/AIDS epidemic in the Yunnan province of China is to establish a peer education program in conjunction with needle, bleach-pad, and condom distribution, there exists many unintended consequences that can be acquired by such a recommendation. Such consequences can be concentrated under the broader categories: Chinese social traditions, taboos, stigma issues, language barriers, safety and resistance problems, and general moral issues. All of these can prove to be significant obstacles in our mission's path to success.

Concerning the issue of Chinese social traditions, our recommendation runs into barriers due to the changes of the socioeconomic climate in China in the 1980's and 1990's. It has become prevalent in China for families to strongly prefer male children over female children, due to the tradition value Chinese society places on males over females and to the Chinese government's implementation of the one-child policy in the country. The preference for male children is founded upon the fact that males will carry on the family name, take care of aging parents, and ultimately be the bread winner of the family. As a result of this social stigma, illegal abortion of female babies have become prevalent, thus altering the sexual balance of Chinese society. It has become harder and harder for men to find wives in China, and has increased the demand for sex workers and the kidnapping of young women. As a result of these occurrences, the spread of HIV/AIDS has increased.<sup>133</sup>

Stigma attached to the subject of HIV/AIDS in China is also a road-block that must be recognized and overcome. Chinese culture does not leave much room to have casual, open conversations on sexually related topics, which severely hinders current sexual education efforts throughout China. This fact must be considered in order to increase awareness of HIV and AIDS. A 2002 study surveyed 4,000 Chinese citizens and discovered that less than 4% of them had any clear understanding of what HIV/AIDS was and methods of transmission.<sup>134</sup> As a result of the lack of education on the pandemic, Chinese individuals who are already afflicted with the disease are treated as lepers, and extremely alienated from their communities. Pulling these individuals out of this stigmatization is crucial to the success of any attempt to implement a solution to the problem and suppressing the spread of the pandemic. Evidence holds that the strongest opposition to this increase in awareness will be met when confronting Chinese conservatives.<sup>135</sup>

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<sup>133</sup> China's HIV Crisis. Bates Gill, Jennifer Chang, Sarah Palmer. Foreign Affairs. March/April 2002.

<sup>134</sup> Ibid.

<sup>135</sup> Ibid.

Another obstacle that will certainly be encountered is language barriers. There exists a plethora of different ethnic groups within the Yunnan province alone, and it is frequently the case that each uses their own dialect. Although peer education programs are extremely adaptable, it will be a challenge to recruit peer educators from every ethnic group. However, even if the latter is achieved it will present an unexpected cost for any organization to fund the need for translators in order to train all of the peer recruits. Although language presents a challenge to this organizations recommendation, it is just that, a challenge. Language barriers present a noteworthy problem, but are more easily overcome than that of social traditions and stigmas.

Funding such a recommendation as peer education and distribution of transmission reducing products also presents a challenge to success. According to a study compiled by the Population Council called “Horizons,” funding issues pose an issue to consider as they stated in their brief,

Despite the fact that HIV/AIDS peer education programs rely heavily on unpaid or low-paid field staff, peer programs still need to continually generate funding for peer educator incentives, professional/supervisory salaries, educational materials, training costs, and office space and equipment.<sup>136</sup>

Although financial backing is a noteworthy issue, this organization believes that the rapid spread of HIV/AIDS in Yunnan and the prospect of it becoming a continental pandemic, as in the case of sub-Saharan Africa, far outweighs the cost and will be seen as a worthy cause by possible sources of donations and support.

It is especially noteworthy, given the tradition-based conservative nature of China as a whole, to recognize the moral dilemma inherent to the distribution of such products as clean hypodermic needles with bleach pads, condoms and directions on how to use them. It will be difficult to start a sexual education program to begin with, but to delve into distribution of products that are seen to cause problems for Chinese society will be a significant challenge.

Distribution of needles may be viewed as a cause rather than a solution to the spread of the disease and recognized as encouragement to IDUs to continue on their set path of personal destruction. This might produce a negative drain on society. The Chinese may find it morally repugnant to distribute and educate on the use of condoms. It might be viewed as encouragement of sexually promiscuous behavior. Although the stated moral concerns are extremely valid, this organization feels that distribution of such transmission reducing products is crucial to successfully suppressing the growth of the disease in Yunnan. This organization holds that, while

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<sup>136</sup> Peer Education and HIV/AIDS: Past Experience, Future Directions. Horizons, Population Council. [http://www.popcouncil.org/pdfs/peer\\_ed.pdf](http://www.popcouncil.org/pdfs/peer_ed.pdf)

being completely understanding and sensitive to moral concerns, distribution partnered with clear, responsible, effective educational methods is the optimum way in which to achieve success and increase the rate of good health in the Yunnan province.

## **Conclusion**

This new NGO will work in coordinate with other NGOs that are implementing projects in Yunnan Province. There will be some challenges that this new NGO will face such as not trying to impose too much on cultural norms and cutting through the bureaucratic state. However, these actions have to be taken to insure that human lives will be saved and global stability maintained.

The potential epidemic in the Yunnan province has to be prevented. The past spread has been among the IDU and is currently spreading into the sex worker population. The spread of this epidemic is spreading to the general population. In 1990, Yunnan carried 80% of the caseload followed by Beijing and Shanghai the two largest cities in China.<sup>137</sup> This disease has been reported in 108 of 126 counties of the Yunnan province.<sup>138</sup>

If the rates of HIV/AIDS are not reduced in Yunnan province this disease might spread to neighboring provinces and eventually cause a national epidemic. Currently, China has the one of the largest populations in the world and a public health epidemic could significantly hurt both the country and the global economy. There are many ways to look at this problem and economic reasons alone are enough to warrant intervention. However, when moral responsibility is placed in the equation, intervention by more developed countries becomes more compelling. Human lives can be saved while respecting Chinese cultural and societal norms. Preventative programs, such as peer education, condom distribution and needle exchange programs, have shown early success and a combination of these programs should be implemented in Yunnan province to resolve the underlying reasons for the epidemic.

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<sup>137</sup> HIV Infection and AIDS in China, 1985 through 1994. American Journal of Public Health, August 1996, Vol. 86, No. 8.

<sup>138</sup> Community –Based Trial to Prevent Drug Use Among Youths in Yunnan, China. American Journal of Public Health. December 2002.



## Appendix A. Population and AIDS/HIV Cases<sup>139</sup>

1990 Population Census[a] and Cumulative AIDS and HIV-Positive Cases,[b] by Age and Sex: People's Republic of China, 1985 through 1994

This needs to be a table

Age, y	Male		Female	
	HIV+/ 1990		HIV+/ 1990	
	Population[a]	Cases[b]	Population[b]	Cases[b]
<15		10		1
16-19	187 798 432[c]	138	174 365 893[c]	15
20-29	98 361 750	828	93 868 582	89
30-39	75 290 535	477	69 922 864	27
40-49	50 141 565	128	45 303 308	13
>50	78 348 890	40	79 412 315	5
Unknown		3		0
All ages	489 941 172	1624	462 872 942	150

### Both Sexes

Age, y	HIV+/ 1990	
	Population[a]	Cases[b]
<15		11
16-19	362 164 325[c]	153
20-29	192 230 312	917
30-39	554 394 637	504
40-49	95 444 873	141
>50	157 761 205	45
Unknown		3
All ages	952 814 114	1774

[a] Population totals are for the 22 provinces, autonomous regions, and municipalities where HIV-positive and AIDS cases have been reported, excluding the population count from Anhui, Gansu, Jilin, Neimenggu, Ningxia, Qinghai, Shanxi, and Xingjiang. Calculations were made by the authors from data published by the State Council and Population Census Office.(n6)

[b] Case counts were obtained, with permission, from the Ministry of Public Health, People's Republic of China. Information on the number of persons tested was not presented by age and sex in the Ministry of Public Health's tabulations.

[c] Population counts are for persons aged 0-19 years. Further breakdown by age cannot be made because a detailed population census by age below 20 years was not published.

<sup>139</sup> HIV Infection and AIDS in China, 1985 through 1994. American Journal of Public Health. August 1996, Vol. 86, No.8.

## Appendix B. Number of HIV/AIDS Cases per Million Population<sup>140</sup>

Number of AIDS Cases and Proportion of Persons Who Were HIV Positive[a] per Million Population, among Those Tested for HIV, by Year: People's Republic of China, 1985 through 1994

Year	Total No. Chinese		Cases		Nationals	
	No. Persons Tested		HIV+	AIDS	HIV+	AIDS
1985	[b]		5	1	4	0
1986	10 181[b]		1	0	0	0
1987	27 776		9	2	0	0
1988	62 342		7	0	0	0
1989	91 982		171	0	148	0
1990	309 718		299	2	257	2
1991	457 966		216	3	179	1
1992	831 561		261	5	206	5
1993	1 040 206		274	23	218	20
1994	1 370 372		531	29	433	26
Total	4 202 104		1774	65	1445	54

Year	Overseas Chinese		Foreign Nationals		Proportion HIV+[a] per Million
	HIV+	AIDS	HIV+	AIDS	
1985	0	0	1	1	
1986	0	0	1	0	589.33
1987	2	1	7	1	324.02
1988	0	0	7	0	112.28
1989	0	0	23	0	1859.06
1990	2	0	40	0	965.39
1991	6	1	31	1	471.65
1992	7	0	48	0	313.89
1993	11	0	45	3	263.41
1994	13	0	85	3	387.39
Total	41	2	288	9	422.17

Source. Rearranged and calculated from data obtained, with permission, from the Ministry of Public Health, People's Republic of China.

[a] Includes count of confirmed AIDS cases.

[b] The number of persons tested for 1985 and 1986 was combined in the Ministry of Public Health's tabulations and cannot be disaggregated.

<sup>140</sup> Ibid

## Appendix C. Cumulative Count of Persons Tested and Number Positive<sup>141</sup>

Cumulative Count of Persons Tested for HIV, HIV-Positive and AIDS Cases,[a] and Proportion Who Were HIV Positive per Million Population, by Categories of Population under Surveillance: People's Republic of China, 1985 through 1994

	No. Tested for HIV	HIV+ Cases[a]
Surveillance Population		
Drug users	67 966	1132
Contacts of HIV+ persons	1 902	25
Homosexual persons	505	4
General hospital or clinic patients	5 284	13
Detainees in labor re-education	72 206	42
Camps		
Users of blood products	7 119	4
Returnees from abroad	297 036	151
Residents along China's borders	18 385	9
Unlinked sera	45 329	12
Prostitutes	108 782	12
Pregnant women	61 310	6
Clients of prostitutes	64 491	5
Patients with sexually transmitted disease	195 612	9
Sailors	58 603	2
Persons undergoing routine physical exams	647 873	13
Blood donors	1 879 309	3
Hotel and recreational service workers	332 434	0
Medical personnel	1 287	0
Tuberculosis patients	977	0
Others	223 099	3
Overseas Chinese	46 242	41
Foreigners[b]	66 353	288
Total	4 202 104	1774

	AIDS Cases[a]	Proportion HIV+[a] per Million
Surveillance Population		
Drug users	34	16 655.39
Contacts of HIV+ persons		13 144.06
Homosexual persons	2	7 920.79
General hospital or clinic patients	9	2 460.26
Detainees in labor re-education		581.67
Camps		

<sup>141</sup> Ibid

Users of blood products		561.88
Returnees from abroad	7	508.36
Residents along China's borders		489.53
Unlinked sera		264.73
Prostitutes	1	110.31
Pregnant women		97.86
Clients of prostitutes	1	77.53
Patients with sexually transmitted disease		46.01
Sailors		34.13
Persons undergoing routine physical exams		20.07
Blood donors		1.60
Hotel and recreational service workers		
Medical personnel		
Tuberculosis patients		
Others		12.87
Overseas Chinese	2	886.64
Foreigners[b]	9	4 340.42
Total	65	422.17

Source. Rearranged and calculated from data obtained, with permission, from the Ministry of Public Health, People's Republic of China.

[a] AIDS cases are included in the count of HIV-positive cases.

[b] Referring to foreigners who resided in China 6 months or longer.

## Appendix D. Population and HIV/AIDS Cases By Province<sup>142</sup>

1990 Population Census and Cumulative Number of AIDS and HIV-Positive Cases,[b] by Province, Autonomous Region, and Municipality Where Testing Occurred: People's Republic of China, 1985 through 1994

Legend:

A = Foreign Nationals

B = Overseas Chinese

C = Chinese

	1990 Total	No.	Total No.
	Population	Persons	HIV <sup>+</sup>
Province	Census[a]	Tested	Persons[b]
Anhui	56 181 005	9 270	0
Beijing[c, d]	10 819 414	454 638[d]	82
Fujian	30 048 275	263 349	24
Gansu	22 371 085	5 238	0
Guangdong	62 829 741	359 919	112
Guangxi[e]	42 244 884	342 584	9
Guizhou	32 391 051	19 800	2
Hainan	6 558 076	48 569	5
Hebei	61 082 755	63 767	6
Heilongjiang	35 215 932	69 928	1
Henan	85 534 200	20 666	10
Hubei	53 970 501	69 609	2
Hunan	60 657 992	41 504	3
Jiangsu	67 056 812	98 255	6
Jiangxi	37 710 177	10 812	2
Jilin[f]	24 659 790	148 014[f]	0
Liaoning	39 459 694	291 200	3
Neimenggu[e]	21 456 518	16 666	0
Ningxia[e]	4 655 455	1 909	0
Qinghai	4 459 952	10 574	0
Shanxi	32 882 286	165 613	1
Shandong	84 392 104	327 351	2
Shanghai[c]	13 341 852	796 429	50
Shanxi	28 758 846	10 297	0
Sichuan	107 218 310	52 378	9
Tianjin[c]	8 785 427	138 455	3
Xinjiang[e]	15 156 883	30 186	0
Xizang[e]	2 196 029	2 490	1
Yunnan	36 972 587	225 907	1426
Zhejiang	41 446 015	106 727	15
Total	1 130 510 638	4 202 104	1774

<sup>142</sup> Ibid

AIDS Cases[b]    HIV <sup>+</sup> Cases[b]						
Province	A	B	C	A	B	C
Anhui	0	0	0	0	0	0
Beijing[c, d]	5	0	6	38	1	32
Fujian	0	1	3	2	6	12
Gansu	0	0	0	0	0	0
Guangdong	2	1	2	23	16	69
Guangxi[e]	0	0	0	6	1	2
Guizhou	0	0	0	0	1	1
Hainan	0	0	0	2	0	3
Hebei	0	0	1	1	0	4
Heilongjiang	0	0	0	1	0	0
Henan	0	0	0	10	0	0
Hubei	0	0	0	2	0	0
Hunan	0	0	0	0	0	3
Jiangsu	0	0	0	2	0	4
Jiangxi	0	0	1	0	0	1
Jilin[f]	0	0	0	0	0	0
Liaoning	0	0	1	2	0	0
Neimenggu[e]	0	0	0	0	0	0
Ningxia[e]	0	0	0	0	0	0
Qinghai	0	0	0	0	0	0
Shanxi	0	0	0	0	0	1
Shandong	0	0	0	2	0	0
Shanghai[c]	1	0	0	18	10	21
Shanxi	0	0	0	0	0	0
Sichuan	0	0	2	1	2	4
Tianjin[c]	0	0	0	3	0	0
Xinjiang[e]	0	0	0	0	0	0
Xizang[e]	0	0	0	1	0	0
Yunnan	1	0	38	161	0	1226
Zhejiang	0	0	0	4	3	8
Total	9	2	54	279	39	1391

[a] Based on 1990 census data published by the State Council and Department of Population Statistics.(n6)

[b] Case counts were obtained with permission from the Ministry of Public Health, People's Republic of China. Cases are classified by place where HIV testing occurred, not by place of residence. Counts by AIDS cases are included in the counts of HIV-positive cases.

[c] Classified as a municipality--an independent geopolitical unit characterized by high urban population density and advanced industrial and economic development that is directly under the administration of the central government and not the province in which the city is located. [d] Includes testings conducted within the Chinese Academy of Medicine's Institute of Medical Sciences (n = 31 773 persons) and the Chinese Academy of Preventive Medicine's Institute of Virology (n = 7001) and Institute of Epidemiology (n = 2221), all located in Beijing. No HIV-positive or AIDS cases were found in these institutes.

[e] Classified as an autonomous region--a self-governed semi-independent geopolitical unit in which, historically, a large number of the inhabitants have been non-Han minorities.

[f] Includes testing conducted within the Institute of Changchun (n= 8990), located in Jilin. No HIV-positive cases were found.

## Appendix E. HIV/AIDS Cases By Category of Transmission<sup>143</sup>

Cumulative Number and Percentage of HIV-Positive and AIDS Cases, by Categories of Transmission and Nationality: People's Republic of China, 1985 through 1994

Legend:

A = Total No. (%) HIV/AIDS Cases  
 B = Chinese Nationals  
 C = Overseas Chinese  
 D = Foreign Nationals

Transmission Categories	A	B	C	D
Drug using	1290 (72.72)	1171	0	119
Heterosexual contact	145 (8.17)	109	16	20
Homosexual contact	7 (0.39)	5	0	2
Hemophiliac	5 (0.28)	4	1	0
Prenatal	1 (0.06)	0	1	0
Unknown	326 (18.38)	156	23	147
<b>Total</b>	<b>1774 (100.00)</b>	<b>1445</b>	<b>41</b>	<b>288</b>

Source. Rearranged and calculated from data obtained, with permission, from the Ministry of Public Health, People's Republic of China.

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<sup>143</sup> Ibid

## Appendix F. Needle Manufacturers

### **Univec**

22 Dubon Ct  
Farmingdale, NY 11735  
USA  
Chairman and CEO:  
Joel Schoenfeld  
Tel: +1 631 777 2000  
Fax: +1 631 777 2786  
email: [univec@msn.com](mailto:univec@msn.com)

### **Becton Dickinson**

1 Becton Drive, MS 250  
Franklin Lake, NJ 7417 1880  
USA  
Marketing Director:  
Fiona Garin McDonagh  
Tel: +1 (201) 847 4827  
Fax: +1 (201) 847 4845  
email: [Fiona.Garin@bd.com](mailto:Fiona.Garin@bd.com)

### **Destrojet**

Havelstrasse 1-3  
Neumunster 24539  
Germany  
Sales Director: Tina Norgard  
email: [info@destroject.com](mailto:info@destroject.com)  
Tel: (49) 4321 840 000  
Fax: (49) 4321 840 0022  
email (general): [info@destroject.com](mailto:info@destroject.com)

### **Star Syringe Limited**

Star House  
Forest Row  
East Sussex  
RH18 5DN  
UK  
Director: Marc Koska  
Tel: +44 1342 825 777  
Fax: +44 1342 826 271  
email: [mkoska@starsyringe.com](mailto:mkoska@starsyringe.com)  
email: [rbullock@starsyringe.com](mailto:rbullock@starsyringe.com)

### **Monomedi Korea Ltd**

304 Jeil One Room  
302-44, Ichon1dong  
Yongsanku



Seoul  
South Korea  
CEO/Chairman: Jason D. S Mah  
Tel: +82 2 796 0171  
Fax: +82 2 796 0882  
email: monomedi@hanmail.net  
monomedi@monomedi.com  
website: [www.monomedi.com](http://www.monomedi.com)

**Hindustan Syringe and Medical Devices (HMD)**

Ballabgarb  
Faridabad  
Haryana State  
India  
Managing Director: Rajiv Nath  
Tel: +91 129 523 4550  
email: hmdhealthcare@vsnl.com

**Zhejiang Lingyang Medical Apparatus Co. Ltd**

Linhai City  
Zhejiang Province  
China

The following are the intellectual property manufacturers for sterilizable needles:

Henke Sass Wolf GMBH  
Ichikawa medical Instruments MFG. Co  
Terumo Corporation Brussels Branch  
Tsubasa Industry Co. Ltd.  
Yanase Waitch K.K.  
M/S Shanghai Prosperity Medical Supplies  
Kronlein Import & Export Agencies  
Shangai International Holding Co Ltd.

## **Appendix G. Regulations for Registration of Organizations, Peoples' Republic of China**

### **ANNEX II: REGULATIONS FOR REGISTRATION AND MANAGEMENT OF SOCIAL ORGANISATIONS Peoples Republic of China State Council Order No. 250**

Published by the State Council at the 8th ordinary session on 25/9/98, to take effect from that date.

#### **No. 1: General Principles**

Article 1 These regulation are issued in order to guarantee citizens' freedom of association, to protect society's legal rights and interests, to promote the registration and management of social organizations, and promote socialist material and spiritual civilization.

Article 2 In these regulations 'social organization' means voluntary groups formed by Chinese citizens in order to realize a shared objective, according to their rules and to develop non profit making activities.

All groups other than state organs may join social organizations as institutional members.

Article 3 To become established, social organizations must be approved by the authorized department (zhuguan danwei) and follow the registration procedure set out in these regulations.

Social organizations must have the status of a legal entity (faren tiaojian).

These regulations do not apply to the following organizations:

- 1) Peoples organizations which participate in the Chinese Peoples Political Consultative Conference.
- 2) Organs under the administration of the authorized State Council departments
- 3) State organs and groups, enterprises and institutional units (shine danwei), and their internal bodies or groups.

Article 4 Social organizations must observe the constitution, state laws, regulations and state policy; must not oppose the basic principles of the constitution, harm the unity, security or ethnic harmony of the state, or interests of the state and society, or the lawful interests of other organizations or citizens, or offend social morality.

Social organizations may not undertake profit seeking activities.

Article 5 The state will protect social organizations and their activities conducted in accordance with the law, regulations and rules; other organizations or persons must not unlawfully interfere with them.

Article 6 The Ministry of Civil Affairs and local Civil Affairs departments at county level and above are the basic peoples government agencies for registration and management of social organizations. (Below, these are referred to as 'registration and management agencies' (dengji guanli jiguan). State Council relevant departments and local government relevant departments at county level and above, or organs empowered by the State Council or local government at county level and above, serve as the relevant leading units of social organizations in related trade, scientific or other professional areas (These are below referred to as 'professional leading units' [yewu zhuguan danwei]).

Laws, administrative laws and regulations regarding the supervision and management of social organizations, will take effect in conjunction with other laws, administrative laws and regulations.

## **No. 2: Administration**

Article 7 National level social organizations must register with and be managed by State Council registration and management agencies; local social organizations must register with and be managed by the local People's Government registration and management agencies; inter-area social organizations must register with and be managed by common higher level peoples registration and management agencies.

Article 8 If the registration and management agency and the professional leading unit are not in the same place as a social organization, then supervision and management can be deputed to local registration and management agencies and professional leading units.

## **No. 3: Registration**

Article 9 Candidate social organizations must be investigated (shencha) and approved by a professional leading unit, and applying persons (faqi ren) must make preliminary application to the registration and management agency.

Article 10 To establish a social organization the following conditions must be satisfied:

1. An organization must have more than 50 individual members or more than 30 institutional members or, if it has both individual and institutional members, a total of at least fifty.
2. It must have a standard name, and organizational capacity.
3. It must have a fixed location.
4. It must have staff with qualifications appropriate to the professional activities of the organization.

5. It must have lawful assets and a source of funds. National level organizations must have a minimum of 100,000 Yuan to cover their activities; local social organizations and inter-area social organizations must have a minimum of 30,000 Yuan.
6. It must be legally liable in its own right.

A social organization's name must comply with the law and statutory regulations and must not offend public morality. A social organization's name must reflect its activities, character and area of operations. Where national organizations use 'Chinese', 'All-China' etc, in their titles, they must be approved in accordance with the relevant state regulations.

Local social organizations cannot use 'National', 'Chinese', 'All China' etc in their names.

Article 11 Persons applying to set up social organizations must supply the registration and management agency with the following documents:

1. Preliminary application.
2. A document of approval from the professional leading unit.
3. A record of assets and proof of right of use of premises.
4. Verification of identity and basic situation of intended people in charge and persons applying.
5. A draft of the constitution.

Article 12 Within 60 days of receiving the documents stipulated in Article 11 of these regulations, the registration and management agency must decide whether or not to approve the registration of an organization, and in the case of refusal must explain the reason to the persons making the application.

Article 13 The registration and management agency will not approve the registration preparation in any of the following cases:

1. If it can be shown that the objectives and area of work of a social organization applying for the first stage of registration do not comply with Article 4 of these regulations
2. If in the same administrative area there is already a social organization active in the same (xiang tong) or similar (xiang si) area of work, there is no need for a new organization to be established
3. If the persons applying or the intended persons in charge have ever received criminal sanction of being deprived of their political rights, or do not possess complete civil liability (bu juyou wanquan minshi xingwei nengli).
4. If deception is employed in the preliminary. application.
5. Other cases prohibited by law or administrative rules and regulations.

Article 14 Within six months of the date of approval of the preliminary application by the registration and management agency, the social organization must hold a general meeting of members, or a general meeting of members' representatives to pass a charter, establish an executive body, appoint office holders (fuze ren) and a legal representative (fading daibiao ren), and apply for final registration to the registration and management agency. During this preparation period the organization must not undertake any activities other than preparing for registration.

A social organization's legal representative must not at the same time act as legal representative person for another social organization.

Article 15 A social organization's charter must include the following items:

1. Name and address
2. Objectives, professional area and the geographical area of activity
3. Membership qualifications, rights and duties
4. Democratic organization and management structure and procedure for establishing an executive body
5. Qualifications of and procedure for appointing and replacing office holders
6. Principles of management and use of funds
7. Procedure for amending the charter
8. Procedure in the event of ceasing operations and management of remaining funds
9. Other business to be regulated by the charter

Article 16 Within thirty days of receiving an application and relevant documents from a social organization, the registration and management agency must complete its process of investigation. Registration will be approved and a 'social organization legal entity registration certificate' (shehui tuanti faren dengji zhengshu) issued if there are no grounds for exclusion as covered by Article 13 of these regulations, if the preliminary process has been properly completed, and if the charter complies with requirements.

Registration certificates must include the following items:

1. Name
2. Address
3. Objectives, professional area and geographical area of activity
4. Legal representative
5. Operational budget (huodong zijin)
6. Name of the professional leading unit (yewu zhuguan danwei)

If registration is not approved the persons applying must be informed of the decision.

Article 17 From the date of approval of the establishment of a social organization it will be legally recognized as a legal entity (faren zige), and within sixty days of establishment a social organization must open a file (bei an) with the registration and management agency. Within thirty days of receiving the materials for the file, the registration and management agency must issue a 'social organization legal entity registration certificate'.

The information to be held on file must include the items covered in Article 16 of these regulations, and also the documents of approval in accordance with the law issued by the professional leading unit.

Article 18 The social organization, as named in the 'social organization legal entity registration certificate', may apply for an official seal and open a bank account. The social organization must submit details of the design of the official seal and the bank account numbers for inclusion in the file held by the registration and management agency.

Article 19 If, after establishment, a social organization wishes to set up a branch or subsidiary (fenzhi jigou ), or representative agency (daibiao jigou), this must be investigated and approved by the professional leading unit; for purposes of registration, the registration and management agency must be supplied with files including the branch or agency name, its area of work, address of premises, and particulars of intended main officers.

Branches and representative agencies of social organizations belong to social organizations and may not be legal entities (faren zige) in their own right; they must comply with the rules regarding objectives, area of work, and geographical area as set out in the charter of the social

organization; and implement activities and develop the membership in accordance with the authorized mandate of the social organization. Social organization branches must not establish their own branches.

Social organizations must not establish regional branches.

#### **No 4: Modification or Cancellation of Registration**

Article 20 If registration particulars or those held on file need to be changed, within thirty days of investigation and approval by the professional leading unit, the social organization must apply to the registration and management agency for modification of the registration or files. (Hereafter these two kinds of modification are jointly referred to as 'modification of registration'.)

If a social organization wishes to amend its charter, within thirty days of investigation and approval by the professional leading unit, it must report the changes for approval by the registration and management agency.

Article 21 If any of the following circumstances apply to a social organization, after investigation and agreement by the professional leading unit, the social organization must apply to the registration and management agency for cancellation of registration or closing of its file. (Hereafter these two kinds of cancellation are referred to as 'cancellation of registration').

1. The objective of the social organization has been achieved.
2. Closure of the organization on its own initiative.
3. Separation of an organization into discrete groups, or combination with other organizations.
4. Other reasons for closure.

Article 22 Before a social organization cancels registration it must, under the guidance of the professional leading unit and other relevant units, establish a receiver group (qingsuan zuzhi) to complete winding up (qingsuan)operations. In the winding up period, the social organization may not implement any activities other than winding up.

Article 23 Within fifteen days of completion of the winding up process, the social organization must undertake cancellation of registration with the registration and management agency. In undertaking cancellation of registration, the organization must submit an application for cancellation of registration signed by the legal representative person, together with investigation files and winding up report by the professional leading unit.

If the registration and management agency approves the cancellation of registration it will issue a confirmation of cancellation and withdraw the social organization's registration certificate, official seal and accounts.

Article 24 If a social organization wishes to close a branch or representative agency, the professional leading unit will undertake investigation, approval and subsequent cancellation of registration.

When a social organization cancels its registration, its branches and representative agencies are simultaneously cancelled.

Article 25 After cancellation of registration of a social organization, its remaining capital will be dealt with in accordance with relevant national regulations.

Article 26 Establishment, cancellation of registration, or changes in the name, address or legal representative of a social organization must be publicised (gonggao) by the registration and management agency.

## **No. 5: Supervision and Management**

Article 27 The registration and management agency will have the following responsibilities for supervision and management:

1. It is responsible for the registration and record keeping (bei an) with respect to establishment, modification and closure of social organizations.
2. It is responsible for conducting an annual review (jiancha) on the social organization.
3. It is responsible for supervision and review in cases where social organizations fail to comply (weifan) with these regulations, and for applying disciplinary sanctions (xingzheng chufa) to organizations which fail to comply with these regulations.

Article 28 The professional leading unit will have the following responsibilities for supervision and management:

1. It is responsible for investigating (shencha) the social organization's preliminary application, establishment, modification or cancellation of registration.
2. It is responsible for supervising and guiding the social organization in observance of the constitution, laws, statutory regulations, national policy, and in developing activities in accordance with their charter.
3. It is responsible for conducting a preliminary stage of the annual review.
4. It is responsible for helping the registration and management agency and other relevant departments to investigate and deal with illegal activities of social organizations.
5. It is responsible with other relevant departments for guiding the process of winding up social organizations (qingsuan shiyi).

Professional leading units may not levy a fee from the social organizations for performing the above services.

Article 29 A social organization's capital resources must be lawfully obtained; no institution or individual may seize, secretly divide or divert the social organization's capital.

A social organization's resources, and income lawfully obtained from activities carried out in accordance with its charter and in accordance with relevant regulations, must be used for the area of work as defined by the organization's charter and must not be distributed to the membership.

Contributions or donations to social organizations must be used in compliance with the principles and areas of work laid down in the organization's charter, and in compliance with purposes, methods and timescale as agreed with donors. Social organizations must report to their professional leading unit on the receipt and use of contributions and donations, and must use appropriate means of publicizing relevant information to society at large.

Salaries, insurance and social welfare benefits for full time staff of social organizations must comply with relevant regulations for institutional units (shine danwei).

Article 30 Social organizations must comply with the national financial management system and regulations, and accept the supervision of the Ministry of Finance; if an organization's capital resources also derive from national subsidies or public contributions and donations it must also accept the supervision of the National Audit Office.

Before changing office holders or legal representatives the registration and management agency and professional leading unit must carry out a financial audit of the organization.

Article 31 Social organizations must submit to their professional leading unit an annual work report for the preceding year by March 31; after preliminary investigation and approval by the professional leading unit, the report must be submitted, by May 31, to the registration and management agency, which will then carry out an annual review. The work report should include the following contents: the organization's situation in respect of complying with laws, regulations and national policy; its situation in respect of these regulations' registration requirements; activities carried out in accordance with its charter; any changes in membership, administration; financial situation.

The registration and management agency should simplify the contents of the annual review for social organizations which have, in accordance with Article 17 of these regulations, been issued with a 'social organization legal entity registration certificate'.

## **No. 6: Sanctions**

Article 32 if a social organization engages in deception (longxu zuojia) while applying for registration, or if within one year of receiving the 'social organization legal entity registration certificate' it does not engage in any activities, then the registration and management agency must cancel the registration.

Article 33 In any of the following cases, the registration and management agency will issue social organizations with a formal warning and instruction to rectify their conduct; it may also stipulate a time frame within which further activities must cease; and may order a change in executives with immediate management responsibilities (zhijie fuze de zhuguan ren); in serious cases, registration will be cancelled; if the activities are criminal, criminal sanctions will be applied in accordance with the law.



1. Where the 'social organization legal entity registration certificate' is obliterated, hired out or lent, or the social organization's official seal is hired out or lent.
2. Where an organization's activities go beyond the principles and area of work as defined in the charter.
3. Where supervision and reviews in accordance with the regulations are refused or not accepted.
4. Where modifications of registration are not carried out in accordance with the regulations.
5. Where branches or representative agencies are established without approval, or where poor management of branches or representative agencies has serious results.
6. Where organizations engage in profit seeking activities.
7. Where a social organization's capital, public contributions or donations are seized, secretly divided or diverted.
8. Where relevant national regulations are contravened in the charging of fees, collection or receipt of financial resources, donations or contributions.

Illegal profits and other illegally obtained goods, gained through activities covered in the above regulations, will be confiscated; a fine may also be imposed equivalent to between one and three times the value of illegally gained profits or between three and five times the value of illegally obtained goods.

Article 34 If a social organization's activities oppose other laws or regulations, it will be dealt with by the appropriate national agencies; if the relevant national agencies consider the social organization should be closed down, the registration and management agency will cancel the registration.

Article 35 If a social organization engages in preliminary activities without approval, or if it carries out activities in the name of a social organization without being registered, or if a social organization whose registration has been cancelled continues to carry out activities in the name of the social organization, then the registration and management agency will close the organization down and confiscate its illegal assets; in criminal (fanzui)cases, criminal penalties will be applied in accordance with the law; in non criminal (shang bu goucheng fanzui)cases, a public security sanction (zhi an guanli chufa) may be imposed in accordance with the law.

Article 36 If a social organization is instructed to cease its activities within a specified time, the registration and management agency will freeze the 'social organization legal entity registration certificate', official seal and financial records.

If the registration of a social organization is cancelled, the registration and management agency will confiscate its 'social organization legal entity registration certificate' and official seal.

Article 37 If the staff of the registration and management agency or the professional leading unit abuse their powers, fail to act impartially and commit irregularities, or neglect their duty, in criminal cases criminal penalties will be applied in accordance with

the law, in non-criminal cases disciplinary sanctions (xingzheng chufen) will be imposed in accordance with the law.

## **No. 7 Supplementary**

Article 38 The design of the 'social organization legal entity registration certificate' is decided by the State Council Ministry of Civil Affairs.

No charge may be levied for conducting the annual review.

Article 39 Social organizations already established before the issuing of these regulations, must apply for registration in accordance with the provisions of these regulations, within one year of these regulations taking effect.

Article 40 These regulations take effect from the date of publication. At the same time, the State Council's 'Regulations on Registration and Management of Social Organizations' published on October 25, 1989 no longer have effect.

Translated by Zhang Yu and Nick Young, February 1999

Source: Chinabrief<sup>144</sup>

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<sup>144</sup> Riska, Gunilla, "NGO's In The GMS,"  
[http://www.mekonginfo.org/mrc\\_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/\\$FILE/FULLTEXT.html#part3](http://www.mekonginfo.org/mrc_en/doclib.nsf/0/A77DBB857B762925C725682D00145A39/$FILE/FULLTEXT.html#part3)

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