

## **Annex 1**

### **ACRONYMS - CHINA**

ARHP	Asia Regional HIV/AIDS Project
AusAID	Australian Agency for International Development
CDC	Centres for Disease Control (China)
CHARTS	China AIDS Roadmap Tactical Support Project Office
China	People's Republic of China
CRC	Compulsory Rehabilitation Centres
DASS	Drug Abuse Surveillance Stations
DIC	Drop in Centre
HR	Harm Reduction
IDU	Injecting Drug User
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MIS	Management Information System
MMT	Methadone Maintenance Therapy
MoH	Ministry of Health
MoPS	Ministry of Public Security
NAP	National AIDS Program
NCIS	Narcotics Control Information System
NNCC	National Narcotics Commission of China
NSP	Needle and Syringe Programs
NSSDA	National Surveillance System on Drug Abuse
NSCDA	National Surveillance Centres on Drug Abuse
ONNCC	Office of the National Narcotics Control Commission
OW	Outreach Work
UNAIDS	Joint United Nations Program on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime (formerly UNDCP)
WHO	World Health Organization
UNAIDS	Joint United Nations Program on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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**1. National Program Support**

	<b>Ministry / Agency Responsible</b>	<b>Systems / Frameworks In Place (List Relevant Items)</b>	
		<b>Existing</b>	<b>Gaps</b>
Political Commitment	Ministry of Public Security (MoPS) and Ministry of Health (MoH)	<ul style="list-style-type: none"> <li>• The HR concept is overall well accepted politically at the central level and among the provinces that have been impacted the most by the HIV epidemic. HR approaches have fast grown in acceptance since 2004, but the focus is on MMT.</li> <li>• The Regulation on AIDS Prevention and Control, which came into effect in March 2006, states that governments at various levels are duty-bound to launch drug replacement therapy programs to curb drug abuse and the spread of HIV/AIDS.<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The China AIDS Regulations have excluded NSP. This is a serious problem, which helps to explain the lack of support for NSP by public security.</li> <li>• For health and public security this has created conflict and confusion between the current AIDS regulations and narcotic laws and regulations.</li> <li>• There is substantial autonomy at provincial level in some areas. Responses to drug use and HIV/AIDS vary significantly at provincial and lower administrative levels. Some local governments are not fully motivated to confront drug abuse and HIV/AIDS problems.<sup>2</sup></li> <li>• Most HR interventions are still funded by international donors.</li> <li>• Resistance towards harm reduction remains since the concept is still widely misunderstood outside the organizations working directly on HIV and drug issues.</li> </ul>

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Donor Commitment	Ministry of Commerce of the People's Republic of China	<ul style="list-style-type: none"> <li>The Chinese Government has pledged to nearly double overall spending on HIV prevention, to some \$185 million, between 2005 and 2007. In July 2005, the Chinese Center for Disease Control and Prevention received the first disbursement of a two-year Global Fund grant totalling US\$ 24 million to support HIV prevention and treatment among IDUs and commercial sex workers in seven hard-hit provinces.<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>More recent figures required as donor commitments are time limited.</li> </ul>
Costed National Strategy	MoH and MoPS	<ul style="list-style-type: none"> <li>Not specifically on HR but the China Action Plan for Preventing HIV 2006 - 2010 includes a small section on HR interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Budget cannot be identified.</li> </ul>
Legal Environment	State Council of China	<ul style="list-style-type: none"> <li>The State Council of China promulgated the Procedures for Narcotic Drugs Control (1987) and the Procedures for Psychotropic Substances Control (1988).</li> <li>The Prohibition against Narcotic Drugs adopted in 1990 sets out penalties for drug trafficking, possession and use.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>No specific law that supports NSP despite expansion of such programs. The fact that there is no written legal support at the central level creates confusion for police.</li> </ul>
Policy Environment	National Narcotics Control Commission (NNCC)	<ul style="list-style-type: none"> <li>Possession of needles and syringes is not unlawful.</li> </ul>	<ul style="list-style-type: none"> <li>The NNCC cannot support NSP while there is no written law to endorse NSP. In urban China, it is easy to access sterile needles and syringes because they are legally sold and available at pharmacies and medical clinics. However, many drug users live in rural areas; in addition, drug users may share needles and syringes because they cannot buy them when needed or do not have money to buy them.<sup>2</sup></li> <li>Public health and public security authorities frequently approach drug abuse from different perspectives, leading to conflicting approaches at local levels (whilst central government has given explicit support to HR).<sup>2</sup></li> </ul>

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<p>M &amp; E Systems/Research Capacity</p>	<p>National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention</p>	<ul style="list-style-type: none"> <li>• Focus on MMT and NSP, and national figures are sent to the Beijing National Centre</li> <li>• UNODC are currently producing a guide book about M &amp; E for HR coverage effectiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• M&amp;E is poor due to lack of staff to do the work. At the moment there are only 4 staff dedicated to harm reduction at the central level (National Centre) and this is inadequate. Local CDC staff in each county have many other responsibilities to handle and not just issues related to HR implementation.</li> <li>• Research capacity is relatively good but dependent on donor support.</li> <li>• Policy-oriented operational research is needed in China to better understand how to increase the effectiveness of MMT and other HR interventions in the Chinese context (limited experience with MMT in China shows a high rate of dropouts).<sup>2</sup></li> <li>• Studies which systematically evaluate the implementation and effectiveness of intervention programs are greatly needed.<sup>2</sup></li> </ul>
<p>Surveillance Systems</p>	<p>National Surveillance Centres on Drug Abuse (NSCDA)  Office of the National Narcotics Control Commission (ONNCC) and Narcotics Control Bureau of the MPS MoH</p>	<ul style="list-style-type: none"> <li>• National Surveillance System on Drug Abuse (NSSDA)</li> <li>• Drug Abuse Surveillance Stations (DASS) in all provinces, autonomous regions and municipalities</li> <li>• Narcotics Control Information System (NCIS)</li> </ul>	

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Multi-sectoral Involvement	<p>AIDS Working Committee (only meets once a year):</p> <p>Located in this group is the State Council AIDS Working Committee.</p>		<ul style="list-style-type: none"> <li>• Overall, the State Council AIDS Working Committee and AIDS Working committee do not have much power.</li> <li>• Lack of coordination between the different ministries. Most ministries operate vertically and in isolation.</li> <li>• No health representatives at Vice Minister level.</li> </ul>
Law enforcement involvement	MoPS (Narcotics Control Bureau).	<ul style="list-style-type: none"> <li>• Law enforcement has become clearly more active in HR approach in the past 2-3 years.</li> <li>• The Police Academy in the Provinces of Yunnan and Guangxi conduct training in understanding HR and the various approaches</li> </ul>	<ul style="list-style-type: none"> <li>• There is a shortage of teaching staff in this sector.</li> </ul>
Involvement of IDUs in Response	(none)		
Capacity building	MoH, MoPS and international agencies		<ul style="list-style-type: none"> <li>• Overall capacity is low.</li> <li>• There is a lack of skilled human resources to conduct HR activities at several levels. Training, policy level, street level to do OW, NSP etc.</li> </ul>

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### 2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 MoPS struggle with NSP	National Narcotics Commission China & UNODC	UNODC China are proposing to increase the capacity of the law enforcement to better understand HR.
2. Community commitment	2.1 Widespread stigma and discrimination towards drug users	MoH, MoPS, UNAIDS, WHO, UNODC, CHARTS	
3. Legislative / policy	3.1 Sometimes at the Central level a policy has been created but not put into practice. Some provinces are powerful and have the resources to undertake implementation of various approaches. This is not the same in poorer provinces.	MoH, MoPS	
4. Comprehensive Services	4.1 A push for MMT over NSP rather than balanced approach		The Asia Regional HIV/AIDS Project aims to raise the issue in its advocacy strategy in 2007.
	4.2 Admission to methadone is only granted after 2 unsuccessful attempts in detoxification/ compulsory rehabilitation centres/re-education through labour centres. <sup>5</sup>		
5. Resources	5.1 Human (lack of skills)		
	5.2 Lack of funds		
6. Affected community involvement	6.1 Fear of identification. Drug users are not represented at any level.		
7. Commodities			
8. Scaling up plans	8.1 There is a lack of will to get NSP operating. High threshold admission to Methadone programs. IDUs must meet very strict criteria for admission to MMT.	MoH (NSP) MoH and MoPS (MMT) Yunnan Institute for Drug Abuse (YIDA)	Plans for 370+ NSP by the end of 2006. Plan to have 301 MMT by 2006. Plans are underway to expand training programs for medical staff linked with MMT. Training programs established in Yunnan Province.

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9. Capacity Building	9.1 Lack of institutionalized training centres to build up skills of human resources. Lack of skilled trainers to do the work.	Yunnan Institute for Drug Abuse (YIDA)	Further analysis of the ARHP advocacy strategy may identify this information.
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**3. Program Implementation**

Estimated IDU Population: 356,000-3,500,000<sup>1</sup>

**Service Coverage:**

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach	5-10% <sup>5</sup>							
Drop-in Centres	5-10% <sup>5</sup>							
VCT	5-10% <sup>5</sup>							
Linkage to HIV Care and Support								
ARV	2-5% for IDUs	For AIDS patients who acquired HIV through drug use, there is limited experience in providing ARV. <sup>4</sup>						
Primary Health Care	5-10% <sup>5</sup>							
Needle and Syringe Programs	NSP - assessment in 50 counties: it was estimated that ~ 6.4% of all DUs were accessing the programs. <sup>5</sup>		By the end of 2005, the country had 91 free needle exchange centres, according to the Ministry of Health. 300 new needle exchange centres will open by the end of 2006. <sup>7</sup>					

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Substitution Programs	The country's methadone treatment program began in 2003 and covers about two-thirds of China's provinces, municipalities and autonomous regions. <sup>6</sup>		According to China's Center for Disease Control and Prevention, there are a total of 307 methadone clinics in the country, and by the end of 2007 there are plans to establish clinics in all cities and counties with more than 500 IDUs each (Xinhuanet, 11/1). <sup>6</sup>	A total of 15,678 people have received methadone treatment since 2004. <sup>7</sup> Currently, 10,754 people are taking methadone. <sup>7</sup> The average capacity of a clinic is ~300 visits/day. However, many clinics run at around half their capacity. <sup>6</sup>				
Linkage to Rehabilitation and Detoxification								
Peer education programmes	5-10% <sup>5</sup>							
Targeted IEC	5-10% <sup>5</sup>							
<b>Plans for Scale Up</b>								

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**Services in Closed Settings: not available**

Estimated Prisoner Population: 118 per 100,000 (Dolan, K. et al., HIV in prison in low-income and middle-income countries, *Lancet Infect Dis* (2007) 7:32-41)

Estimated % of Drug Offenders: not reported (Dolan, K. et al., HIV in prison in low-income and middle-income countries, *Lancet Infect Dis* (2007) 7:32-41)

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	
Needle and Syringe Programs	
Peer Education Programs	
Substitution Maintenance	
Post-release Follow-up	
Primary Health Care	
Condoms	
Total	

**Workforce**

Estimated Required Workforce: **not available**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
<b>Plans for Scale Up</b>								

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### **4. Gap Analysis**

- The China AIDS Regulations have excluded NSP.
- Responses to drug use and HIV/AIDS vary significantly at provincial and lower administrative levels. Some local governments are not fully motivated.
- Public health and public security authorities frequently approach drug use from different perspectives, leading to conflicting approaches at local levels (whilst central government has given explicit support to HR).
- Significant expansion of ARV for IDU required.
- Only 4 people dedicated to HR at the central level (National Centre). Shortage of teaching staff to lecture on HR to police. Lack of skilled human resources to conduct HR activities at several levels.
- Studies which systematically evaluate the implementation and effectiveness of intervention programs are greatly needed.
- IDU involvement in the response is lacking.
- Widespread stigma and discrimination.

### **5. Recommendations**

#### **Law enforcement**

Training for law enforcement on harm reduction should be broadened and expanded and run in conjunction with training delivered by staff from the police academies in both Yunnan and Guangxi Provinces where harm reduction training is operating.

Operational police supervisors working in areas where harm reduction services are provided should be encouraged, with the involvement of local level harm reduction steering committees (where they exist), to develop local policies and practices, including standard operating procedures, that create an enabling environment for harm reduction.

NNCC, Ministry of Public Security have historically focused on supply and demand reduction but recently this has expanded to harm reduction. There is a need to consider the creation of a harm reduction unit, merging with the demand reduction unit inside the NNCC.

#### **Political and multi-sectoral commitment**

Promote the concept of harm reduction in a coordinated manner with other technical agencies in the country, to all appropriate government sectors, at all levels. Emphasis should be placed on the important and successful role harm reduction is playing in reducing the spread of blood borne viruses and other harms associated with drug use.

Conduct a joint health and law enforcement sector advocacy workshop on harm reduction, targeting senior representatives from the Central Government. The focus should include examining the policy inconsistency related to the China AIDS Regulations 2006 and current narcotic laws and regulations.

Substantial funding has been allocated for the expansion of the MMT programs and needs to be further increased and sustained.

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### **Stigma and discrimination**

Positive outcomes of any harm reduction activities should be constantly monitored and disseminated in the mass media. Evidence of the benefits of harm reduction can reduce stigma and discrimination that communities feel toward drug users and assist with the acceptance of locally based initiatives.

### **M & E systems**

A standardized reporting (national) system for harm reduction programs needs to be established. A new Management Information System (MIS) for harm reduction programs in Myanmar is currently being developed and is planned to be operating in 2007. This model could be considered for China.

With the increasing scaling up of MMT, NSP and other harm reduction programs there is a need to increase staff numbers to assist, monitor and evaluate harm reduction approaches and impact at the National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention.

### **Policy Environment**

Resources, technical knowledge and training expertise should be utilized to enhance the process of awareness raising and implementation of existing action plans, policies and laws such as the State Council Document (2006) No. 457 "HIV/AIDS Prevention and Care Regulations" and State Council Office Document (2006) No. 13, The "China's Action Plan (2006-2010) for Reducing and Preventing the Spread of HIV/AIDS".

### **Capacity building**

MMT programs are expanding at a great pace throughout China at considerable cost and with high expectation of success. Advocacy efforts are required through training programs (for prescribers and other key personnel), conducted by experienced international and national methadone prescribing practitioners, to manage expectations of what methadone can achieve acknowledging such treatment is only a part of a comprehensive package of harm reduction interventions.

## **6. References**

<sup>1</sup> Devaney, M., Reid, G., & Baldwin, S. (2006). *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacific Region*. Canberra: Australian National Council on Drugs.

<sup>2</sup> Qian H-Z, Schumacher J E, Chen HT and Ruan Y-H (2006). Injection drug use and HIV/AIDS in China: Review of current situation, prevention and policy implications. *Harm Reduction Journal* 3:4.

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<sup>3</sup> International Harm Reduction Development Program (2006). *Harm Reduction Developments 2005: Countries with Injection-Driven HIV Epidemics*. New York: International Harm Reduction Development Program (IHRD) of the Open Society Institute.

<sup>4</sup> Office of the State Council Working Committee on AIDS, China (2005). *Progress on implementing UNGASS Declaration of Commitment in China*. [Online]. Available at [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_china\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_china_en.pdf).

<sup>5</sup> Jimmy Dorabjee, personal communication.

<sup>6</sup> Ton Smits, personal communication.

<sup>7</sup> People's Daily Online (2006): Methadone therapy, needle exchanges leading HIV battle. *People's Daily Online*, October 23, 2006.

<sup>8</sup> Dolan K, Kite B, Black E, Lowe J, Agaliotis M, MacDonald M, Aceijas C, Stimson GV, Hickman M. and Valencia, G (2004). *Review of injection drug users and HIV infection in prisons in developing and transitional countries*. UN Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries.