



## The Situation of Children and HIV/AIDS in China

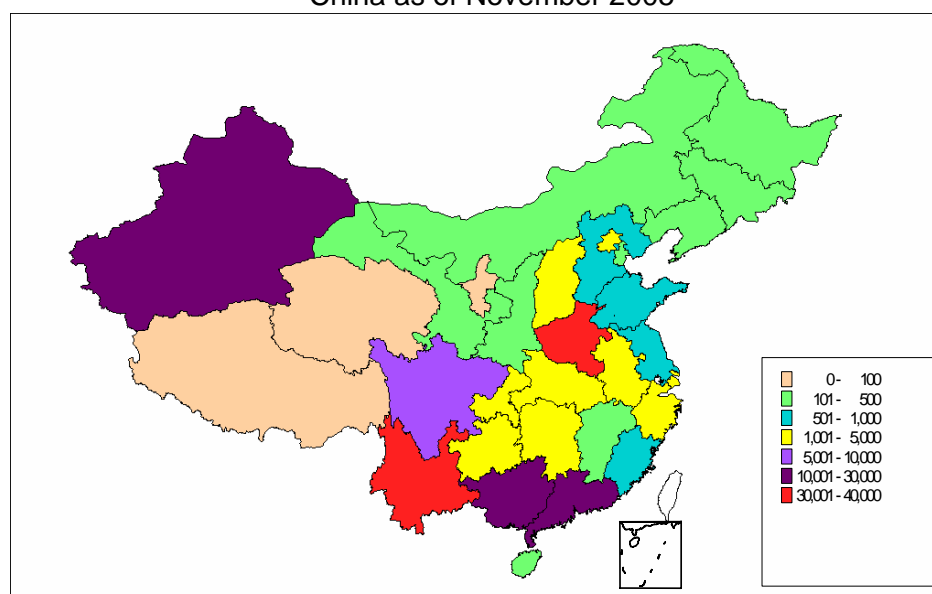
A Background Paper for *East Asia and Pacific Regional Consultation on HIV/AIDS and Children* Hanoi, Viet Nam 22-24 March 2006

### Overview of the Epidemic of HIV/AIDS in China

The latest estimation results indicate that as of the end of 2005, there are approximately 650,000 people currently living with HIV/AIDS in China (range: 540,000 to 760,000). Among these 650,000, there are an estimated 75,000 people living with AIDS (range: 65,000 to 85,000). In 2005, there were an estimated 70,000 new HIV infections (range: 60,000 to 80,000), and there were an estimated 25,000 AIDS deaths (range: 20,000 to 30,000). The latest national estimates indicate that HIV/AIDS remains on the rise in China. New HIV cases are being transmitted primarily through injection drug use (IDU) and sex. More people are developing clinical AIDS, and AIDS-related deaths are on the rise.

Surveillance data indicate that HIV is spreading from drug users, sex workers and their clients and other high-risk populations to the general population. In some areas of Yunnan, Henan, Xinjiang and other provinces, HIV prevalence already exceeds 1% among pregnant women and those receiving premarital and clinical HIV testing, meeting UNAIDS criteria for generalized epidemic transmission [See Table 1]. The epidemic is spreading from high-risk groups to the general population, and there is a potential risk that the epidemic will spread further.

**Figure 1.** Geographical distribution of accumulative reported HIV/AIDS cases in China as of November 2005



Source: *China UNGASS Report 2006*



## HIV/AIDS and Children in China

Limited information is available regarding the number of children living with HIV/AIDS, orphaned by AIDS and living with HIV positive parents, as well as trends in the epidemic that may affect children in China. Cumulative national data shows that 4.8% of reported HIV cases were under 20 years old at the end of 2005; 2386 reported HIV cases were less than 15, and 114 are on ARV treatment.

Efforts to prevent mother to child transmission of HIV (PMTCT) have significantly expanded in recent years. Between September 2003 and September 2005, 450,000 pregnant women received HIV tests. 87% of children born to 625 women living with HIV/AIDS received free ARV through PMTCT interventions.

Regarding children orphaned or made vulnerable by AIDS, as of August 2005 there were 3,050 reported double orphans in 127 China CARES counties, of which 2,818 children of school age were receiving free education<sup>1</sup>.

According to a number of sub-national studies conducted across China, children are affected by HIV/AIDS in a number of ways. First, children living in households affected by HIV/AIDS are more likely to be poor, even in the same village. Secondly, children living in households affected by AIDS tend to have a lower nutritional status; and finally, they experience more psycho-social problems than those children living in households that are not affected by HIV/AIDS.

Stigma and discrimination remains a major obstacle for prevention, treatment care and support. Sub-national data indicates that although many people feel compassion toward people living or affected by HIV/AIDS, many have misconceptions about how HIV is transmitted, so are sometimes fearful of sharing food or the same work spaces with people living or affected by HIV/AIDS.

The impact of AIDS on children has become a fact we have to face and it should arouse wide public concern. It has been universally acknowledged that the impact of HIV/AIDS on children's lives is broader than double orphaning, and that all children affected by HIV/AIDS are subject to a wide range of psychological, social and economic difficulties, including stigma and discrimination, that impacts upon their survival, well-being and development. Five predominant ways that children may be affected by HIV/AIDS include: being infected with HIV; losing one or both parents; living with parent(s) who are infected with HIV; or living in homes that foster or adopt children affected by HIV/AIDS.

---

<sup>1</sup> In 2003 the Chinese government launched China CARES (China Comprehensive AIDS Response), a community-based HIV treatment, care and prevention programme in 127 Counties, providing free treatment, care and support to people living with HIV/AIDS.



Understanding how children are vulnerable to AIDS is important in addressing the overall response to HIV/AIDS. Some sub-national data and studies reveal the vulnerabilities of children and young people to HIV infection, particularly the need for increased access to information and skills:

- 50% of 2500 15-20 year olds could not name one way to protect themselves from HIV infection; *2004 Ministry of Family Planning and UNFPA*
- 69% of 3087 12-20 year olds think it is possible to get HIV by sharing chopsticks with a persons living with HIV/AIDS or “don’t know” if you can get HIV infection from sharing chopsticks, *2004 Ministry of Education survey of rural students*
- 70% of 3087 12-20 year olds expressed sympathy and care for persons living with HIV/AIDS [PLWHA], but 34% will still avoid contact with persons living with HIV/AIDS. *2004 Ministry of Education survey of rural students.*
- 60% believed people living with AIDS should be separated from society to some degree. *2004 Ministry of Family Planning and UNFPA.*

## China’s Responses to the HIV/AIDS Epidemic

Over the past few years, the response to HIV/AIDS across China has intensified, and the Chinese government has strengthened leadership in HIV/AIDS. Effective measures have been launched in each key area of HIV/AIDS prevention, treatment and care work, and the environment for comprehensive work in these areas has improved considerably.

In the past few years, the Chinese government has further strengthened a government-led HIV/AIDS prevention, treatment and care response involving multi-sectoral support and strong societal participation. President Hu Jintao, Premier Wen Jiabao, Vice Premier Wu Yi and other national leaders have visited people living with HIV/AIDS and children orphaned by AIDS in hospitals and their homes, and have toured highly affected areas, leading by example to raise awareness of HIV/AIDS. The State Council has outlined 9 key measures for HIV/AIDS prevention, treatment and care work. Each level of government has established prevention, treatment and care coordinating mechanisms, and mobilized strong societal and multi-sectoral support for the HIV/AIDS response. NGO participation in prevention, treatment and care work is progressively increasing, and international cooperation has been further strengthened. Funding from the central government for HIV/AIDS prevention, treatment and care has risen from 390 million RMB (~ US \$ 50 million) in 2003 to 800 million RMB (~ US \$100 million) annually, and local investment has reached to 280 million RMB (~ US \$26 million) annually.

National HIV/AIDS surveillance and testing efforts have been strengthened, and a



web-based disease reporting system has been established. The number of HIV sentinel surveillance sites has been expanded, and improvements have been made to the laboratory screening and free voluntary counseling and testing (VCT) systems. HIV testing has been carried out among key populations, through which many HIV and AIDS cases have been detected.

- Across China, a broad range of mass media education activities have been instituted to reduce the stigma associated with HIV/AIDS. Over 120 million HIV/AIDS information, education and communication (IEC) materials have been distributed, and 34.9 million people have received HIV/AIDS information and face-to-face education.
- Ministry of Education issued the thematic HIV/AIDS education guideline in 2003 to require all high schools provide students 10 hours skills based HIV/AIDS education and 93.4% in urban areas and 85.4% in rural areas are currently implementing the guideline.
- Condom promotion programs have been widely implemented to target populations, and 128 methadone clinics and 91 needle and syringe exchange pilot sites have been established. In clinical settings, the proportion of blood coming from voluntary blood donors has risen from 22% in 1998 to 94.5% in 2005. Pilot programs for the prevention of mother-to-child transmission of HIV are now underway in 271 counties within 31 provinces and autonomous regions.
- Ministry of Civil Affairs issued the policy to provide care and support to poor families and children affected by HIV/AIDS in 2004 and Pilot programmes are conducting in 9 provinces. Free education has been provided to 2818 of 3050 school-aged (compulsory) children orphaned by AIDS in 127 China CAREs counties.
- Henan Province issued the first policy and guidelines on “children affected by HIV/AIDS” in 2005 and Yunnan, Hubei and Henan provinces conducted the first situation analyses of children affected by AIDS.
- Policy and guidelines on pediatric AIDS and PMTCT were issued in 2004 and are now being updated.
- Care, treatment and support for children and mothers continues to expand and contribute to the implementation of the “Four Frees and 1 Care.”

The Chinese Government has initiated and actively implemented the “Four Frees and Once Care” policy. Currently, 20,453 AIDS patients are receiving free antiretroviral therapy in 605 counties within 28 provinces. In high HIV prevalence areas, the death rate is beginning to fall as a result. Free education for children orphaned by AIDS and a series of other prevention and care policies are being progressively expanded in accordance with national policy.



#### **Four Frees and One Care Policy**

1. Free ARV drugs to AIDS patients who are rural residents of people with financial difficulties living in urban areas;
2. Free Voluntary Counseling and Testing (VCT);
3. Free drugs to HIV infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies;
4. Free schooling for children orphaned by AIDS;
5. Care and economic assistance to the households of people living with HIV/AIDS

## **Scaling up the Response for Children: China's Experiences**

### **Leadership and policy**

China has made great efforts to scale up the responses to children at risk, infected and affected by HIV/AIDS. Policies have been developed that address care, treatment, prevention and control along with various concessions and subsidies for affected families and for children who have lost both parents to HIV/AIDS. The Four Frees and One Care Policy clearly defines educational support for children orphaned (double orphans) and "Care and economic assistance to the households of people living with HIV/AIDS.

China has already signaled its commitment to the care and welfare of children affected by HIV/AIDS through the signing of the UNGASS commitments. The rights to education and protection against discrimination and abuse are enshrined in the *Constitution of the PRC*, *Education Law*, and *the Minor Protection Law*. An amendment made to the *Law of Communicable Disease Prevention and Control* in 2004 outlawed discrimination against people with infectious conditions, including HIV/AIDS. Furthermore, the *Regulation on HIV/AIDS Control and Prevention*, promulgated by the State Council and took effect since March 1, 2006, specifically protects the rights of people living with HIV/AIDS and their families.

Both the central and ministerial levels have developed key policies that support children who have lost both parents to HIV/AIDS, PLWHA and families. The main initiatives are financial subsidies and free compulsory education for double orphans, along with financial subsidies to support households affected by HIV/AIDS and care givers. Policies are also in places that provide free ARV treatment and other support to PLWHA, thus extending the lives of parents and enabling families to stay together. In those provinces and counties that have been hard hit by HIV/AIDS, locally developed policies are appearing that take further measures to support families such as subsidies for one parent families, alleviation of taxes and fees, establishment of clinics and restoration and construction of homes. The Central, Ministerial and local

携手儿童青少年  
携手抗击艾滋病



让我们  
行动起来

key policies and responses that serve to better support families, and therefore the needs of children, are listed in boxes below.

***Key Ministerial Level Policies***

**Notice on strengthening assistance to AIDS patients, their relatives and children orphaned by and lonely elders from AIDS who live in financial difficulties (May 2004, MCA)** - Promotes financial assistance to children and families, foster care and financial assistance to care givers. Stresses that children need to be raised in a family environment-adoption, fostering and facilities which include institutional care. Financial assistance and mobilization of society to assist those affected by HIV/AIDS. Stresses that necessary medical assistance must be given.

**Regulation on free treatment for AIDS patient (April 2004, MOH, MOF)** - School tuition waived for children whose parents have died from HIV/AIDS. Aid will be given to those infected with HIV who are not covered in the rule for free treatment(those deemed to be living in poverty ) but have difficulty in daily life. It details who is eligible for free treatment and the degree to which treatment fees can be waived or reduced. In areas where the number of infected is the greatest, free and anonymous blood tests will be conducted. Pregnant women in the 31 areas with the highest incidence of AIDS can get free consultation, blood tests and treatment.



### **Local responses**

**Henan province “Circular of standardizing and strengthening assistance work of AIDS widow and orphan”** Orphans who are brought up by their relatives can attend primary school and junior middle school free of charge and will receive financial support to finish study at institutions of higher learning. Each Children orphaned by AIDS will be given RMB 180 for medical care annually until 18 years of age. Orphans adopted and brought up by other families can get RMB 130 each month from local civil affairs departments for three straight years, from the day of their fostering or adoption.

**Henan Province Six point programme.** Includes assistance for children orphaned by AIDS. Orphans will be placed with other families, adopted and receive free compulsory education, with a monthly allowance of RMB 130, and RMB 30 for adoption. The Government is committed to build one road, one school, one standardized clinic, one orphanage and one education room at villages hard hit by HIV/AIDS.

**Hubei Province 8-point plan.** Will establish 10 AIDS control experts’ brigades to implement out-reach medical services, technical support and health education in the most severely affected areas. County governments will establish special funds to provide allowance to people infected with HIV/AIDS though blood transfusion and 40homes for care and support are to be established. Waived the agriculture tax of 933 families affected by HIV/AIDS, and supported 558 children with parents living with HIV/AIDS to go to school including textbook costs. Also supporting family based foster care to 202 children and old people.

**Yunnan Province Six frontage programme on HIV/AIDS prevention and control.** Creating a supportive social environment for HIV/AIDS prevention, treatment and care. Establishing AIDS care and support centers. AIDS prevention and treatment method in Yunnan Province-provide life assistance to HIV infected who are in difficulty and eligible for assistance and provide life assistance to Children orphaned by AIDSs and widows. Free PMTCT treatment. Other measures include free compulsory education of Children orphaned by AIDS. Schools cannot reject Children orphaned by AIDS and must keep their identity confidential. Life assistance offered to AIDS affected families in economic difficulties and included in the minimum living guarantee scheme. Civil administration support given to rural AIDS families.

携手儿童青少年  
携手抗击艾滋病



让我们  
行动起来

### **Mobilisation for Children and AIDS**

Many government departments and agencies, UN agencies, bilateral organizations, international and local NGOs along with grass roots groups are also working with government at all levels and local partners in initiatives that support and care for children living with and affected by HIV/AIDS. These initiatives are vital for the welfare of children, families and communities. They work in the following areas to support children infected and affected with HIV/AIDS: direct support for education; care and treatment for children living with HIV/AIDS; charitable work and direct donations to children and families; social mobilization; mentorship programmes; income generation; psycho-social support; community education to reduce stigma and discrimination; children's participation, and other interventions that reflect local needs and adhere to national guidelines and policies.

### **Mass education to reduce social vulnerability and social stigma**

The Ministry of Health, the Publicity Department of the Central Committee of the Communist Party of China, the Ministry of Education, the All China Labor Union, the Chinese Communist Youth League, the All China Women's Federation, and other ministries organizations have initiated mass media education activities, such as Worker's Red Ribbon Campaigns, "Face-to-Face," and Youth Red Ribbon Campaigns. HIV/AIDS prevention publicity posters have been distributed to 740,000 villages across China, 50,000 neighborhood committees, 2,100 universities and 90,000 middle schools. The Central Communist Party School has already begun to include HIV/AIDS prevention and care for children and families affected by HIV/AIDS into its curriculum. The Ministry of Justice has organized HIV/AIDS awareness competitions in Reeducation through Labor Centers among 50,000 police and 240,000 Reeducation through Labor Center residents. SCAWCO, the Publicity Department of the Central Committee of the Communist Party of China, the Ministry of Labor and Social Security, and other ministries and commissions under the State Council have jointly launched national mass media education campaigns on HIV prevention for migrant workers. Each local area has organized mobile van performances to disseminate prevention and care information using diverse styles of educational activities rich in content. According to incomplete statistics, over 120 million IEC materials have been distributed, and 34.9 million people have received HIV/AIDS information and face-to-face education. Efforts are on-going on how to reach vulnerable children, including children not in school, migrating children and others.

### **Prevention of mother to child transmission (PMTCT), treating AIDS patients and providing care and support services**

Pilot programs for the prevention of mother-to-child transmission are now underway in 271 counties within 31 provinces and autonomous regions.

携手儿童青少年  
携手抗击艾滋病



让我们  
行动起来

Currently, 20,453 AIDS patients are receiving antiretroviral therapy in 605 counties within 28 provinces and autonomous regions. According to Henan statistics, where treatment is available, AIDS mortality has fallen from 15.4% in 2001 to 7.7% in 2005. In Henan and Hubei and other provinces, a pilot pediatric care project was launched and antiretroviral therapy is currently being provided to 114 children. Free schooling and a living allowance are being provided to children orphans by AIDS in accordance with national policy. Self-support groups have been established for people living with HIV/AIDS in Henan, Xinjiang, Shaanxi, Shanxi, and other places.

## **Plans to Move Forward**

Children and young people's needs should be considered as part of the overall HIV/AIDS response. Responses aimed at children and young people should reflect their clinical, social and psychological needs which are often different than adults' needs. In particular, behavioral development interventions in youth can prevent risk taking behaviors and promote health in future years. The specific areas of intervention for children and young people include primary prevention and vulnerability reduction, including stigma and discrimination reduction; PMTCT; Pediatric HIV/AIDS treatment, care and support; Protection of children orphaned or affected by HIV/AIDS. The following are the challenges and plans to move forward to scale up the responses to children and HIV/AIDS.

### **Analyzing the situation of children and HIV/AIDS**

Country level or sub-national analyses of the situation of children and HIV/AIDS -- to include quantitative estimates of children vulnerable to, infected and affected by HIV/AIDS and qualitative assessment of their circumstances -- to guide efforts to plan, strengthen and scale up the response, and development of country-specific targets and locally defined action plans for rapidly scaling up HIV prevention including the prevention of maternal to child transmission, HIV testing and counseling, pediatric and adult antiretroviral treatment, family-oriented clinical care, psychosocial support and child and family protection services with accelerated effort targeted specifically for children by 2010.

### **Developing clear policy guidelines for Children and HIV/AIDS**

Legislation and policy must seek to ensure that each sector promotes responses to "children and HIV/AIDS" as a component of their overall responses to children. Even though there are many laws and policies that serve children, there needs to be a strengthening of these to include a response to children affected by HIV/AIDS.

There is need to amend existing legislation such as the Minor Protection Law, Education Law and those relating to health, welfare, public security such as national policy on care and support of children without care givers etc to include specific provisions for children affected by HIV/AIDS. Initiatives that address the special needs

携手儿童青少年  
携手抗击艾滋病



让我们  
行动起来

of children affected by HIV/AIDS should also be expanded to include all vulnerable groups of children. Attention should be given so that development of policies and guidelines, legislation, policy and practice not isolates “children affected by AIDS” from other children.

### **Building up better coordination and broad partnerships, including information sharing**

There is a need to develop a long-term effective channel for identifying children affected by HIV/AIDS and to establish a coordination mechanism among government departments, to provide more timely support of children’s survival, development, participation and protection. Additional support and partnerships need to be developed that incorporate various government sectors, UN agencies, international organizations, and NGOs including grassroots groups to share their experiences on responding to children and AIDS to help support national policy implementation.

### **Strengthening further the roles of NGOs/grassroots organizations**

NGOs and grassroots organizations are playing a vital role in the care and support of children affected by HIV/AIDS. Although there are national and provincial policies for supporting children orphaned by HIV/AIDS, local government can experience difficulties when there are a large number of children. Therefore, NGOs need to be strengthened to work in partnership with local governments. Meanwhile, governments and international funding agencies should support NGOs by financial support and technical assistances.

### **Improving psychological care and support**

Psychological support and care was identified as a priority area that needs addressing. It takes a long time for children to recover from the pain of losing a parent(s) and caring for ill and dying parents or siblings. Specifically, the counseling needs of children must be recognized in HIV/AIDS related policies. National legislation and child development programming that address counseling for children needs to also include vulnerable groups such as children affected by HIV/AIDS. Psychological care must extend across all forms of care, including welfare institutions. A professional governing body and a network of organizations working in this area, supported by national and international experts in this field needs to be established. Further research needs to be done in the counseling of children and appropriate personnel given the professional training and development required. At hospitals designated for HIV/AIDS treatment committees for affected children could be established comprised of medical doctors, nurses, social workers, trained psychologists, nutritionists, and pharmacologists, to provide treatment along with psychological counseling to children and their family members/care givers. School counselors and teachers need to be specially trained to support children affected by HIV/AIDS under the auspices of The National Programme for Child Development in China. Components that address the needs of children affected by HIV/AIDS also need to be developed for the general



school curriculum to reduce discrimination and promote a supportive environment from peers. Funding needs to be dedicated to this work and implementation of initiatives monitored to ensure benefits are received. Understanding the needs of children affected by HIV/AIDS will be critical to establishing effective programmes; and ensuring children and young people's participation in research and programme design is one way to achieve success.

### **Keeping children in a family environment in the community**

Children need to grow up within a community, preferably their own. They should not be isolated in residential institutions or schools targeting only orphans that further stigmatize children. Community based care in a family environment can be facilitated by the following recommendations.

### **Reducing and eliminating stigma and discrimination**

Children wanted to be treated equally. They need love and care to develop and to realize their rights. The government needs to raise the understanding and awareness of the whole of society of the knowledge of AIDS, in order to eliminate discrimination against children orphaned and made vulnerable by HIV/AIDS and children living with HIV/AIDS. Subsidies to children and caregivers need to be managed in a sensitive way that does not require identification. The fear of discrimination through disclosure is substantial with families, guardians and children foregoing subsidies. As a result families prefer to go into debt rather than accept support. Legislation needs to be put in place that specifically addresses stigma and discrimination against PLWHA and their families.

- Correct information on how HIV is transmitted is the first step to behavior change, so efforts to ensure that all young people in and out of school have the correct information on HIV transmission is needed.
- Provisions to decrease stigma and discrimination related to children and families needs to be carried across into relevant protection and education legislation.
- Employers need to have comprehensive education and training on HIV/AIDS.
- Close collaboration with the media and policy makers to increase awareness of the situation of children affected by HIV/AIDS.
- Activities should not focus solely on the children orphaned by HIV/AIDS but the whole community to avoid resentment and further discrimination.
- Children should not be used to raise funds in a manner that violates their confidentiality or causes undue stress and stigmatization. Children should be partners with adults in leveraging funds.

### **Ensuring access to basic services**

There have been difficulties in fully guaranteeing free compulsory 9 year education for children who have lost both parents. This needs to be ensured and extended along with access to basic health care. Strategies must be in place to support and provide



the above with existing mechanisms such as Civil Affairs and Women's Federation systems to monitor this. We need to:

- Ensure 9 year compulsory free education is extended beyond only children who have lost both parents;
- Books and other associated costs need to be waived and covered by funding;
- Assistance given to go on to higher education;
- Vocational training for school leavers;
- Health care needs to be monitored and subsidized. Ensure access to public health initiatives such as immunization, health communication and other public health care;
- Birth registration and the rights of assets heritage.

### **Supporting children living with HIV/AIDS, and their parents**

Keep parents alive. The best care and support for a child is provided by their parents, and all efforts should be made to keep parents alive by ensuring their access to effective HIV/AIDS treatment and care services.

Make sure children access to prophylaxis, OIs and ARV along with comprehensive training of local medical workers and community to support and care for children.

HIV/AIDS is a chronic condition and will require a lifetime of care and support. Family and communities are best placed to provide this care.

People living with HIV/AIDS, including children, should be involved in defining the best way to deliver medical and family/community based services, as they understand the issues best.

### **Monitoring the implementation of policy**

Policies need to be monitored to ensure that they are meeting the needs and rights of HIV-affected children. This can be achieved through the development of a National Plan of action to support implementation along with monitoring mechanisms in relevant bodies. Policy development and implementation needs to be evidence based and more research is required to support effective and efficient interventions.