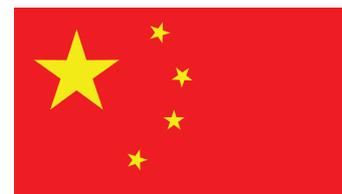


REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



CHINA

COUNTRY CONTEXT:

Size of population: 1.313 billion¹

Life expectancy at birth: 72.58 years²

Percentage of population under 15 years: 20.8%³

Population below income poverty line of \$1 per day: 16.6%⁴

Female youth literacy rate (ages 15-24): 98.5%⁵

Youth literacy rate (female rate as % of male rate, ages 15-24)⁶ between 1995-1999: 99%⁷

Median age at first marriage for women (ages 25-49) in 2000: No data available

Median age at first sex among females (ages 25-29)⁸ in 2000: No data available

Median age at first sex among males (ages 15-24) in 2005: No data available

Health expenditure per capita per year: \$2619⁹

Contraceptive prevalence rate:¹⁰ 84%¹¹

Maternal mortality rate per 100,000 live births: 56¹²

Main ethnic groups: Han Chinese | Zhuang | Uygur | Hui | Yi | Tibetan | Miao | Manchu | Mongol/Buyi | Korean | other nationalities¹³

Main religions: Atheist (official) | Daoist (Taoist) | Buddhist | Christian | Muslim¹⁴

Main languages: Standard Chinese or Mandarin (Putonghua, based on the Beijing dialect) | Yue (Cantonese) | Wu (Shanghaiese) | Minbei (Fuzhou) | Minnan (Hokkien-Taiwanese) | Xiang | Gan | Hakka dialects minority languages¹⁵

AIDS CONTEXT:

Adult HIV prevalence rate in 2005: 0.1%^{16a}

HIV prevalence rate among men who have sex with men in 2005 (Beijing): 4.6%^{16b}

No. of females (ages 15-24) living with HIV in 2005: 180 000¹⁷

Number of deaths due to AIDS in 2005: 31,000¹⁸

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Although the estimated number of cases remains low, HIV is spreading rapidly in China. While previously focused on vulnerable populations (such as sex workers and injecting drug users), the epidemic is now spreading to the general population and increasingly to females.¹⁹

Young people represent just one fifth of the population in China. Girls and young women benefit from high literacy, as well as the potential to access sexual and reproductive health services without parental consent. However, there are multiple factors that increase their vulnerability to HIV. These include: traditional gender inequality; strong cultural taboos about discussing sex (especially outside of marriage); poor access to information and services in rural areas; and social and economic factors that contribute to involvement in sex work and migration.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN CHINA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in China. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in China**. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in China.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in China to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in China' (available on request from IPPF).



KEY POINTS:

- According to the Marriage Law (1980), the minimum **legal age for marriage** is 22 years for males and 20 years for females. The Constitution requires the practice of family planning (methods and spacing) within marriage.²⁰
- Girls and young women can access **sexual and reproductive health services** without consent.²¹
- National law and local regulations permit the **mandatory HIV testing** of many categories of people, while a government 'active testing' programme invites members of vulnerable groups (such as sex workers and injecting drug users) to have a test. The process often excludes adequate counselling and, although people are permitted to refuse a test, there can be significant social pressure from local authorities and health workers to comply.²²
- The **Statute on AIDS Prevention** (2006) requires local governments to provide confidential HIV testing and free antiretroviral drugs. It also outlaws discrimination against people living with HIV and guarantees their right to health care, employment, marriage and education.²³
- The revised Marriage Law stipulates that **domestic violence** is illegal and that women and children can get legal support to protect their rights within families.²⁴
- According to the Maternal and Infant Health Care Law (1994), **abortion** is legal, except for the purposes of sex selection. However, the implementation of this law is reported to vary from province to province.²⁵
- **Sex work** is illegal and unregulated, but common. Supplements and amendments to the Criminal Law state that those who engage in sex work should undergo compulsory education in law and morality, be forced to participate in 'productive labour' and undergo examination for sexually transmitted infections. Meanwhile, intercourse with a sex worker under the age of 14 is treated as a crime of rape.²⁶
- **Injecting drug use** is illegal. Offenders can be detained and sent to detoxification centres or labour camps. However - with injecting drug users accounting for 44.3% of HIV cases, 45.5% of whom also share needles and syringes - the policy environment for harm reduction has liberalised and local authorities and NGOs are now developing targeted interventions.²⁷
- The Regulations on AIDS Prevention and Treatment protects the **legal rights of people living with HIV (PLHIV)** and their families. PLHIV have a right to employment, medical care and education.²⁸



QUOTES AND ISSUES:

- "An early **age of marriage** has a negative impact on girls and young women. Awareness of safer sex and HIV prevention tends to be low at a younger age. Early married girls do not know how to protect themselves." (Interview, Coordinator, group supporting people living with HIV)
- "*Girls and young women can use **sexual and reproductive health services** without their parents' consent if they have money.*" (Interview, Youth Peer Educator)
- "Laws in the HIV and AIDS field have been improved. However, making the laws work effectively remains a problem. For example, the law requires **gender equality** for women, with no discrimination and stigma. But that cannot be guaranteed in actual life." (Interview, Manager, NGO)
- "*Decision makers and law makers should consider the **voice of girls and young women** when talking about HIV prevention. They should shift their attitude from subjective to objective.*" (Interview, Doctor, sexual and reproductive health service)
- "Legislation gives **more protection to married women** than unmarried women." (Interview, Manager, NGO)
- "***Abortion** is legal. If girls go to public hospitals, it usually needs the parents to accompany them and give a signature. But girls can get an abortion without consent if they go to private clinics with money.*" (Focus group discussion with young women aged 15-19 years)
- "The more sex workers are exposed to society, the more preventive precautions they can get. It is **difficult to reach them when they are hidden.**" (Interview, Manager, NGO)
- "***Sex work is illegal.** This has set up a barrier to condom promotion among sex workers and clients. According to the National Five Year Action Plan for HIV Prevention and control, local authorities and NGOs are, however, now developing targeted interventions among the sex workers.*" (Interview, Leader, sexual and reproductive health organization)
- "With legislation, **women living with HIV** have been protected and have the same rights as men do." (Interview, Youth Peer Educator)





KEY POINTS:

- The Mid-Long Term Plan for HIV/AIDS Prevention and Control (1998-2010) promotes a **comprehensive and multisectoral response** to the epidemic.²⁹
- The Mid-Long Term Plan for HIV/AIDS prioritises **young people, women and people who are vulnerable to HIV**.³⁰
- The government supports the promotion of **condoms**. Some provinces implement a 100% condom use policy, targeting sex workers and their clients.³¹
- The 'Four Frees and One Care' policy commits to providing a set of free, core services: voluntary counselling and testing; prevention of mother-to-child transmission; schooling for children in families affected by HIV and AIDS; and antiretroviral drugs (to all relevant rural residents and to urban residents without insurance). In addition, the government also provides assistance for AIDS patients and their families in economic difficulties. However, it is often not implemented by local governments.³²
- The State Council Document on Strengthening HIV/AIDS Prevention and Control (2004) also commits to providing free counselling, testing and antiretrovirals to HIV positive pregnant women to **prevent mother to child transmission**.³³
- The Mid-Long Term Plan for HIV/AIDS builds on the Schooling Health Regulation (1990) and commits to all junior middle, senior high and secondary **schools incorporating HIV and sexually transmitted infections prevention into their curricula**. In practice, however, there is a lack of operational guidelines and clarity about exactly what should be taught to whom and at what level.³⁴
- The State Council Document on Strengthening HIV/AIDS Prevention and Control states that, in areas with high HIV prevalence among **injecting drug users**, health departments must cooperate to conduct pilot programs on AIDS treatment and drug adherence, needle and syringe exchange and the social marketing of condoms.³⁵
- Key **national data**, such as that used by UNAIDS, is disaggregated by age and gender. This enables an analysis of how the HIV and AIDS context – and its impacts on girls and young women – are changing.³⁶



QUOTES AND ISSUES:

- "Current **policies have introduced gender perspectives**. But it is just a start and we need more developments to bring greater improvements to HIV prevention for girls and young women." (Interview, Manager, NGO)
- "The **HIV/AIDS Plan** makes HIV prevention for girls and young people in China better in relation to antenatal care, condoms and voluntary counselling and testing. But it needs to be scaled up and to not only be a pilot process." (Interview, Project Officer, international agency)
- "The HIV/AIDS Plan ... needs to be **well planned and implemented**, not only at the policy level." (Interview, Project Officer, international agency)
- "The **HIV/AIDS Plan** specifies **targeted prevention** for high risk groups, such as condom promotion together with the provision of standardized services for sexually transmitted infections." (Interview, Project Officer, international agency)
- "**Free voluntary counselling and testing services** and prevention of mother to child transmission projects have made prevention for girls and young women better." (Interview, Youth Peer Educator)
- "It would be good if the government could also consider reducing, or eliminating, **other relevant costs**, such as for CD4 tests and confirmatory tests." (Interview, Manager, NGO)
- "Policy or protocol development should emphasize **HIV prevention for women in rural areas**." (Interview, Leader, sexual and reproductive health organisation)
- "Sex education has greatly improved in schools. The **curriculum has been changed** according to the actual needs in society and includes reproductive health issues and also HIV knowledge." (Interview, Leader, sexual and reproductive health organisation)
- "Some of us get **information in school** - about reproductive organs and self hygiene in biology classes." (Focus group discussion with young women aged 20-24 years)
- "Those of us from rural areas have **never received any education about sex and AIDS** in school." (Focus group discussion with 15-19 year old girls and young women)
- "Methadone replacement and **needle exchange programmes** can benefit girls and young women." (Interview, Doctor, sexual and reproductive health service)





KEY POINTS:

- There are 60,867 hospitals, 3,586 Centre for Disease Control and 2,997 maternity and child care centres, most of which offer some level of **sexual and reproductive health services**.³⁷
- As of 2005, there were 2,850 clinics providing free **HIV counselling and testing**. However, there is a lack of relevant expertise and laboratories, as well as concern over the quality of services that, for example, do not always involve pre and post test counselling.³⁸
- The Ministry of Health has created 127 demonstration sites for **comprehensive HIV/AIDS prevention and care** across China (known as the CARES program), which undertake community publicity, and provide counselling, treatment and care. It is proposed that the implementation of the 'Four Frees and One Care' policy is combined with the work of CARES program sites.
- In 2003, 3 billion **male condoms** were distributed. However, female condoms are not widely available.³⁹
- As of 2005, there were pilot programmes on the **prevention of mother to child transmission** in 271 counties in 28 provinces. However, only 1.3% of HIV-positive pregnant women were receiving antiretrovirals.⁴⁰
- As of 2005, 91 **needle and syringe exchange** pilot sites had been set up, offering a range of support, including condoms and information. However, they reached only a small proportion of the total population of injecting drug users.⁴¹
- At the end of 2005, 20,453 people living with HIV in 28 provinces were receiving free **antiretroviral therapy**. Overall coverage of the drugs was estimated at 25%.⁴²
- Many **HIV prevention** programmes in communities specifically target vulnerable groups, such as sex workers. Other initiatives tend to be for the general population, rather than specifically for girls and young women.⁴³
- Some programmes discuss possibilities for **men's greater responsibility** in family planning and HIV prevention, including male peer education and men's hotlines on condom promotion. Often, however, these approaches are not mainstreamed.⁴⁴



QUOTES AND ISSUES:

- "Girls and young women can get **information** [about HIV prevention] through various channels, such as school education, TV programmes, hospitals, newspapers, internet, community bulletins or drop-in centres." (Focus group discussion with young women aged 20-24 years)
- "**Effective HIV and AIDS publicity campaigns for girls and young women are urgently needed. We have lots of existing policies, information and drugs, but how to let them know remains a problem.**" (Interview, Doctor, sexual and reproductive health service)
- "In our **village**, we do not know anything about HIV and AIDS. Only when we come to the city can we learn something. But it is important in our life." (Focus group discussion with girls and young women aged 15-19 years)
- "*Women, especially young women, are sexually subordinate to men due to their passive role in society. So a publicity campaign on **men's responsibility** and prevention services might help young women.*" (Interview, Manager, NGO)
- "The **information and services for boys and young men** are almost the same as those for women. They should have some specific content – as men and boys have a dominant role and are more open to sex." (Interview, Leader, sexual and reproductive health organisation)
- "*Sometimes, we would like to **exchange information** with young men about sex and relevant diseases, but there are no opportunities.*" (Focus group discussion with girls and young women aged 15-19 years)
- "Married couples can get **free condoms** in their working units or through community services ... Sex workers and injecting drug users can obtain condoms from AIDS programmes. Also ... condoms are easy to buy in pharmacies and vending machines if you have got money." (Focus group discussion with young women aged 20-24 years)
- "*There is a lack of services provided to the **migrant population**.*" (Interview, Youth Peer Educator)
- "Special attention has been given to **marginalised populations**, such as sex workers, injecting drug users and HIV positive people. The scope ranges from training, education and information to Antiretrovirals and treatment." (Interview, Doctor, sexual and reproductive health service)
- "*Although **antiretroviral** drugs are available to HIV positive people, many of them lack awareness and knowledge about their CD4 count and the immune system. So, some do not go for drugs and treatment.*" (Interview, Coordinator, group supporting people living with HIV)



KEY POINTS:

- In practice, there are multiple **social, practical and financial barriers** to girls and young women accessing services, including:
 - Judgemental attitudes of families, community members and health workers.
 - Stigma associated with sex and HIV and AIDS.
 - Lack of information about services.
 - Distance to services.
 - Poor sanitary conditions of services.
 - Unsuitable opening hours.
 - Traditional norms of gender inequality.

Many of these barriers particularly affect girls and young women who are unmarried and/or in rural areas.⁴⁵
- A survey of one **voluntary counselling and testing** site during 2002-4 showed that less than 20% of service users were female.⁴⁶
- The services promoted within '**Four Frees and One Care**' (testing, prevention of mother to child transmission, education for affected children and Antiretrovirals) are free.⁴⁷
- **Condoms** are provided free by government services, but predominantly only to married couples.⁴⁸
- Only about 25% of **sex workers** are reached by HIV prevention programmes. Meanwhile, as of 2003, only 19% of sex workers reported consistent use of condoms.⁴⁹
- Some **health care workers** receive training in youth-friendly approaches to sexual and reproductive health services, as well as subjects such as confidentiality.⁵⁰

QUOTES AND ISSUES:

- "The **fear of being exposed** to an acquaintance [while accessing an HIV service] is the biggest barrier." (Focus group discussion with girls and young women aged 15-19 years)
- "*The cost, the lack of privacy, the attitudes of the staff, the attitudes of parents or friends and the hours of the service are all **barriers to young women using HIV prevention.***" (Interview, Youth Peer Educator)
- "I think the main barrier to girls and young women using HIV prevention is the **cost of the services**. Other barriers also exist, but are comparatively easy to overcome." (Interview, Manager, NGO)
- "*It is **easier for women who are married**, in school and HIV positive to access HIV prevention services.*" (Interview, Leader, sexual and reproductive health organisation)
- "**Married women** can get free condoms, but girls and young women who are unmarried have to buy them on their own. And it is morally accepted that married women enjoy more rights to discuss sex." (Focus group discussion with young women aged 20-24 years)
- "*It is easier for **in-school youth** to access services, since they have more opportunities to learn about HIV and AIDS.*" (Interview, Manager, NGO)
- "It is **not easy for rural women** to receive prevention services, as their education and access to health is limited compared to men in the villages." (Focus group discussion with girls and young women aged 15-19 years)
- "*Private clinics for **sexually transmitted infections** are popular with patients since they can keep confidentiality but the cost is quite high.*" (Interview, Youth Peer Educator)
- "Some **sex workers** might not use condoms to earn more money from the clients." (Focus group discussion with girls and young women aged 15-19 years)
- "*Programmes focused on sex workers and female injecting drug users have helped **marginalised women**. Drop-in centres and women's centres have created a friendly environment for them.*" (Interview, Doctor, sexual and reproductive health service)



KEY POINTS:

- China signed the **Convention on the Rights of the Child in 1990** and the **Convention on the Elimination of all Forms of Discrimination against Women** in 1980.⁵¹
- The **Mid-Long Term Plan for HIV/AIDS** was predominantly developed by government Ministries, rather than broad-based, multi-sectoral consultation.⁵²
- Key bodies within the **national response** to HIV and AIDS, such as the State Council AIDS Working Committee, are designed to strengthen leadership on HIV prevention and to mobilize all relevant stakeholders. However, there is often little direct involvement of young people, especially girls and young women.⁵³
- Representatives of people living with HIV participate in the **Country Coordinating Mechanism of the Global Fund** to Fight AIDS, Tuberculosis and Malaria.⁵⁴
- There are a limited, but increasing, number of projects to provide support and self-help for **people living with HIV**, for example in Henan, Xinjiang, Shaanxi and Shanxi provinces. Many of these address stigma, provide practical support and carry out capacity building, for example through workshops. There are also some initiatives, such as summer camps, for children affected by HIV and AIDS.⁵⁵
- The Law protects the legal rights of people living with HIV and their families. However, in practice, **stigma and discrimination** remain high in many communities and present a major barrier, for example to people accessing HIV testing and to those who are infected with HIV living healthy and fulfilling lives.⁵⁶

QUOTES AND ISSUES:

- “I have heard of those [international] **commitments** ... but I do not know the situation about their application.” (Interview, Youth Peer Educator)
- “We **need to mobilize leadership** - to promote changes in attitudes and understanding about HIV prevention for girls and young women.” (Interview, Project Officer, international agency)
- “Women have definitely been involved in developing the **national AIDS plan**, but not young women or girls.” (Interview, Manager, NGO)
- “**I don’t think girls and young women have participated** in big [AIDS policy] events. It is impossible at this stage for them to be involved in **decision-making** about national law.” (Interview, Doctor, sexual and reproductive health service)
- “I think it [the Government] is still in a process of exploring how to get young women involved in **decision-making** about AIDS at the national level.” (Interview, Youth Peer Educator)
- “We need **capacity building** for girls and young women and the creation of more opportunities for them to raise their voices in priority actions.” (Interview, Manager, NGO)
- “The current AIDS policy has recognized and addressed some sexual and reproductive health **rights of women living with HIV**. But there is a big gap compared to the real needs.” (Interview, Youth Peer Educator)
- “I have seen more and more **networks of women living with HIV** set up in the last one or two years. Many trainings are women-oriented - and more and more women have attended discussions.” (Interview, Youth Peer Educator)
- “In some way, the [national response] is **‘rights-based’**, such as that we should respect people who are HIV positive. But it is far less than the real needs.” (Interview, Coordinator, group supporting people living with HIV)
- “Society should learn how to respect women infected by HIV ... and call for attention from the whole of society to the fact that **stigma and discrimination** against people with HIV is unfair.” (Interview, Coordinator, group supporting people living with HIV)





REFERENCES

- ¹ July 2006 estimate, CIA (2006) The World Factbook – China.
- ² 2006 estimate, CIA (2006) The World Factbook – China.
- ³ CIA (2006) The World Factbook – China, <http://www.odci.gov/cia/publications/factbook/geos/ch.html>, (Date accessed 13/06/06).
- ⁴ From 1990-2003, UNDP (2005) Human Development Reports 2005: China.
- ⁵ UNDP (2005) Human Development Reports 2005: China.
- ⁶ The percentages of people ages 15-24 that can, with understanding, both read and write a short, simple statement about their everyday life.
- ⁷ UNDP, Human Development Reports (2005), Indicators: Gender Inequality in Education.
- ⁸ The age by which one half of young women ages 25-29 have had penetrative sex (median age).
- ⁹ UNAIDS (2005) Country Profile 2005: China.
- ¹⁰ The percentage of married women in union ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.
- ¹¹ From 1995-2003, UNDP (2005) Human Development Reports 2005: China.
- ¹² For 2000, UNDP (2005) Human Development Reports 2005: China.
- ¹³ CIA (2006) The World Fact book – China.
- ¹⁴ 2002 estimates, CIA (2006) The World Fact book – China.
- ¹⁵ CIA (2006) The World Fact book – China.
- ^{16a} Range: UNAIDS (2006) 2006 Report of the Global AIDS Epidemic.
- ^{16b} UNAIDS/WHO (2006) Aids Epidemic Update: December 06
- ¹⁷ UNAIDS (2006) Report of the global AIDS epidemic: Executive summary A UNAIDS 10th anniversary special edition 2006.
- ¹⁸ Range: 18,000 - 46,000, UNAIDS (2006) 2006 Report on the Global AIDS Epidemic.
- ¹⁹ UNAIDS, Country Situation Analysis, China.
- ²⁰ Centre for Reproductive Health Rights - China.
- ²¹ Interview, Youth Peer Educator.
- ²² Human Rights Watch (2003) Locked Doors: The Human Rights of People Living with HIV/AIDS, Vol. 15, No. 7(c).
- ²³ Zunyou Wu, Xinhua Sun, Sheena G. Sullivan, Roger Detels (2006) Public Health: HIV Testing in China, Science, Vol. 312 No. 5779, pp. 1475-1476. South China Morning Post, 2/13. The Body Pro – The HIV/AIDS Resource for Health Care Professionals (2006) China Issues First Comprehensive HIV/AIDS Prevention, Treatment Statute (from Henry J. Kaiser Foundation).
- ²⁴ People's Daily (2001) China's Supreme Court Explains Marriage Law.
- ²⁵ Center for Reproductive Health Rights - China. Strahan, Thomas (1999) Induced Abortions among Chinese Women: I. Sociological Aspects, from lifeissues.net website. Chinese Law on Maternal and Infant Health Care, 27 October 1994.
- ²⁶ UNFPA (2005) Cultural Programming: Reproductive Health Challenges and Strategies in East and South- East Asia. Decision of the Standing Committee of the National People's Congress on the Strict Prohibition Against Prostitution and Whoring (Adopted at the 21st Meeting of the Standing Committee of the Seventh National People's Congress on September 4, 1991, China AIDS Survey (1991)...
- ²⁷ Thompson Drew (2004) Injecting Drug Use Fuelling Spread of HIV in China, from Population Reference Bureau. UNAIDS, Country Situation Analysis, China.
- ²⁸ (Wen Jiabao (29 January 2006) Decree of State Council of the People's of China No. 457, Regulations on AIDS Prevention and Treatment , Chpt I: General Provisions
- ²⁹ China's State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998- 2010).
- ³⁰ China's State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998- 2010).
- ³¹ Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. USAID, UNAIDS, 12 WHO, UNICEF and the Policy Project (2004) Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003. World Health Organisation (WHO) 100% Condom Use Programme: Experience from China (2001-2004) – Learns Learnt...Future Challenges.
- ³² Zunyou Wu, Xinhua Sun, Sheena G. Sullivan, Roger Detels (2006) Public Health: HIV Testing in China, Science, Vol. 312 No. 5779, pp. 1475-1476. UNAIDS, Country Situation Analysis, China.
- ³³ Secretary Department of the General Office of State Council (2004) State Council Document 2004, No.7, State Council Notice on Strengthening HIV/AIDS Prevention and Control.
- ³⁴ China's State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998- 2010). Secretary Department of the General Office of State Council (2004) State Council Document 2004, No.7, State Council Notice on Strengthening HIV/AIDS Prevention and Control. Interview, Project Officer, international agency.
- ³⁵ Secretary Department of the General Office of State Council (2004) State Council Document 2004, No.7, State Council Notice on Strengthening HIV/AIDS Prevention and Control.
- ³⁶ UNAIDS (2006) 2006 Report on the Global AIDS Epidemic.
- ³⁷ Year book of China Statistics, State Statistic Bureau of China, Number of Health Institutions. China-UK HIV/AIDS Prevention and Care Project, VCT Guideline for China Project.
- ³⁸ Monitoring the Declaration of Commitment on HIV/AIDS – 2005 Country Progress Reports, Office of the State Council Working Committee on AIDS, China December, 2005.
- ³⁹ Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. USAID, UNAIDS, WHO, UNICEF and the Policy Project (2004) Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003. World Health Organisation (WHO) 100% Condom Use Programme: Experience from China (2001-2004) – Learns Learnt...Future Challenges. Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. United Nations Programme on HIV/AIDS (UNAIDS) (2006) 2006 Report on the Global AIDS Epidemic, Annex: 3 Country Progress Indicators.
- ⁴⁰ Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. United Nations Programme on HIV/AIDS (UNAIDS) (2006) 2006 Report on the Global AIDS Epidemic, Annex: 3 Country Progress Indicators.
- ⁴¹ Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. USAID, UNAIDS, WHO, UNICEF and the Policy Project (2004) Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003. Focus group discussion with girls and young women aged 15-19 years.
- ⁴² United Nations Programme on HIV/AIDS (UNAIDS) (2006) 2006 Report on the Global AIDS Epidemic, Annex: 3 Country Progress Indicators. Zunyou Wu, Xinhua Sun, Sheena G. Sullivan, Roger Detels (2006) Public Health: HIV Testing in China, Science, Vol. 312 No. 5779.
- ⁴³ Interview, Doctor, sexual and reproductive health service. Interview, Doctor, sexual and reproductive health service. Interview, Leader, sexual and reproductive health organisation.
- ⁴⁴ Susie Jolly with Wang Ying January 27th, 2003, Key Issues on Gender and HIV/AIDS in China Report for DFID.
- ⁴⁵ UNFPA (2005) Cultural Programming: Reproductive Health Challenges and Strategies in East and South- East Asia. Focus group discussion with young women aged 20-24 years. Interview, Manager, NGO. Interview, Youth Peer Educator. Focus group discussion with girls and young women aged 15-19 years.
- ⁴⁶ Current Situation and Analysis for VCT in Dalian City, Dalian CDC.
- ⁴⁷ Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. Zunyou Wu, Xinhua Sun, Sheena G. Sullivan, Roger Detels (2006) Public Health: HIV Testing in China, Science, Vol. 312 No. 5779, pp. 1475-1476. Interview, Manager, NGO. Secretary Department of the General Office of State Council (2004) State Council Document 2004, No.7, State Council Notice on Strengthening HIV/AIDS Prevention and Control.
- ⁴⁸ Interfax China (2006) Sexual Habits of Guangzhou Migrant Workers Revealed.
- ⁴⁹ UNAIDS, Country Situation Analysis, China.
- ⁵⁰ China Family Planning Association. China Youth Reproductive Health Project, Youth-Friendly Services Training Materials. China-UK HIV/AIDS Prevention and Care Project, VCT Guideline for China Project.
- ⁵¹ Office of United Nations High Commissioner on Human Rights (UNHCR) (May 2006), Convention on the Rights of the Child New York, 20 November 1989. United Nations Division for the Advancement of Women, Department of Economic and Social Affairs (May 2006) Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) State Parties.
- ⁵² China's State Council (1998) The Mid-Long Term Plan of HIV/AIDS Prevention and Control in China (1998-2010).
- ⁵³ Committee Director: Wu Yi (Female, Vice Primer Minister) The Notification of the Establishment of State Council AIDS Committee, Office of State Council of China, Feb 10th, 2004.
- ⁵⁴ Interview, Project Officer, international agency. Ministry of Health, People's Republic of China, Joint United Nations Programme on HIV/AIDS ad World Health Organization (2006) 2005 Update on the HIV/AIDS Epidemic and Response in China. China AIDS Surveys Links Page. China AIDS Surveys Links Page.
- ⁵⁵ UNICEF, At a Glance: China. Mangrove Support Group.
- ⁵⁶ China AIDS Survey - Avert website, Annabel Kanabus, with updates by Rob Noble, HIV and AIDS Estimates. Zunyou Wu, Xinhua Sun, Sheena G. Sullivan, Roger Detels (2006) Public Health: HIV Testing in China, Science, Vol. 312 No. 5779, pp. 1475-1476.



RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in China. These are that key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider:

1. Review and strengthen China's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
2. Ensure that **positive national legislative measures** in relation to HIV and AIDS, such as those within the **Decree of the State Council, Regulations on AIDS Prevention (2006)**, are put into practice on the ground, in particular through more systematic promotion and monitoring among state-level governments.
3. Similarly, ensure that positive national policy measures are maximised. In particular, ensure that the commitments outlined in **'Four Frees and One Care'** are fully understood and implemented by state level leaders and decision makers.
4. Significantly scale up the pilot HIV prevention programmes for **vulnerable groups** of girls and young women, such as those involved in sex work or injecting drug use. Ensure that such initiatives are carried out within a supportive environment that is non-coercive, non discriminatory and promotes participants' rights.
5. Complement existing programmes for vulnerable groups by developing models to reach other types of marginalised girls and young women, such as those who live in border areas and/or are **migrant workers**.
6. Increase the scale and breadth of HIV prevention programmes for **girls and young women in the general population**. Ensure that such efforts emphasise:
 - Building awareness and action on equitable **gender relations**, for example by addressing harmful gender 'norms', such as female subordination.
 - 'Going beyond awareness raising' and building **practical skills**, for example in relation to negotiation and active listening.
 - Promoting the **involvement of boys/young men** and enabling dialogue about sex and HIV and AIDS between them and girls/young women.
 - Using methodologies and materials that are adapted to, and appropriate for, the specific state and **ethnic groups** in question.
7. In particular, develop creative HIV prevention outreach models to reach populations, including girls and young women, in **rural areas**. Ensure that these build on the existing available infrastructure and promote a multisectoral approach that maximises the potential contribution of a wide range of local stakeholders.
8. Raise awareness, including among parents, political and community leaders, about the validity and importance of girls and young women, including those that are unmarried, being **empowered** to protect themselves from HIV infection. Support this by emphasising methodologies such as **peer education** that enable girls and young women to overcome their shyness about issues relating to sex and to build mutual support and access services.
9. Scale up universal access to **antiretroviral therapy** by expanding the 'Four Frees and One Care' to provide free drugs to all people living with HIV. Ensure that girls and women living with HIV can receive treatment in an environment that not only addresses their HIV status, but recognises their needs relating to their gender and age.
10. In line with the Mid-Long Term Plan for HIV/AIDS, systematically and comprehensively integrate **HIV prevention education** into the curricula of all levels of educational institutions. Ensure that efforts go beyond biological approaches and incorporate attention to areas such as relationships and life skills.
11. Proactively address stigmatising and gender-insensitive attitudes among **health care workers**. Systematically incorporate HIV and AIDS information and youth-friendly approaches into their training and take strong action against those that act unethically, for example by breaching confidentiality.
12. Facilitate the **participation of girls and young women**, particularly those living with HIV, in planning and programming relating to HIV and AIDS at all levels. Support this process by ensuring capacity building to enhance girls' and young women's skills and confidence in areas such as advocacy and leadership.

CONTACT DETAILS

For further information about this Report Card, or to receive a copy of the Research Dossier, please contact:



International Planned Parenthood Federation

4 Newhams Row
London SE1 3UX

Tel +44 (0)20 7939 8200

Fax +44 (0)20 7939 8306

Email info@ippf.org

www.ippf.org

UK Registered Charity
No.229476



UNFPA

220 East 42nd Street
New York,
NY 10017
USA

Tel +1 212 297 5000

www.unfpa.org



Global Coalition on Women and AIDS

20, avenue Appia
CH-1211 Geneva 27
Switzerland

Tel +41 22 791 5412

Fax +41 22 791 4187

Email womenandaids@unaids.org



Young Positives

P.O. Box 10152
1001ED Amsterdam
The Netherlands

Tel +31 20 528 78 28

Fax +31 20 627 52 21

Email rfransen@stopaidsnow.nl

www.youngpositive.com