

Pre-empting an HIV/AIDS disaster in China

By Drew Thompson

INTRODUCTION

Since September 11, 2001, the United States and China have enjoyed a particularly stable relationship. Both nations have actively engaged each other in pursuit of their own perceived interests, and are becoming partners to overcome shared strategic challenges. By cooperating closely on the global war on terror, the North Korean issue and international drug trafficking, the U.S. and China have established robust channels of communication which continue to strengthen their bilateral relationship. Secretary of Health and Human Services Tommy Thompson's visit to Beijing this October provides an additional example of the opportunities to further the national interests of the United States by enhancing U.S.-China cooperation and commitment to prevent an impending HIV/AIDS disaster in China.

China's HIV/AIDS epidemic is beginning to emerge from localized populations of former plasma donors and intravenous drug users and spreading to the general population. Without effective interventions, up to twenty million Chinese could be infected with HIV by 2010.¹ The capacity of China's healthcare system is lacking, largely due to insufficient investment since the reform and opening period began in 1979. The mishandling of the Severe Acute Respiratory Syndrome (SARS) outbreak provides insight into the challenges faced by the public health care system. While the prevalence of HIV/AIDS in the Chinese population is currently believed to be low, with around one million infected, the rapid increase and higher prevalence of other sexually transmitted diseases indicates the potential for the future spread of HIV/AIDS into the general population.² Unlike the efforts of President Hu Jintao and Premier Wen Jiabao to mobilize the nation against SARS, China's top leaders have yet to take a highly visible role in addressing HIV/AIDS. Without greater leadership commitment, the government-run healthcare system's ability to prevent the spread of HIV is uncertain at this point.

Increasing globalization continues to link the economies and interests of the U.S. and China. While it is not certain if the U.S. trade deficit or China's substantial holdings of foreign reserves can be sustained for the long term, the social and economic relationship between the two nations is unlikely to significantly decline unless exogenous shocks intervene. Moreover, China's economy is structurally weak and dependent upon foreign direct investment and access to export markets, thus the country remains vulnerable to disturbances, such as the threat represented by HIV/

Drew Thompson is the research associate for the Freeman Chair in China Studies at the Center for Strategic and International Studies in Washington, DC.

AIDS. Additionally, China faces a security risk from HIV/AIDS which could spread through its own military, much as it has already affected the security forces of Vietnam and Cambodia.³ Neither economic collapse nor instability in China serves the interests of the United States or its allies in Asia.

The United States government is actively engaging the Chinese government to curb the spread of HIV/AIDS in China, both bilaterally and through multilateral organizations, such as the United Nations and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The U.S. government's bilateral commitments to China include significant financial and personnel investments that will undoubtedly be enlarged through new initiatives. This dynamic bilateral collaboration clearly establishes China's effort to combat the emergence of infectious diseases as an essential diplomatic element of the U.S. strategy to preserve economic and strategic stability in the Asia Pacific region.

Outside experts...estimate that by 2010 there could be between 10 and 15 million infected Chinese.

THE EMERGENCE OF HIV/AIDS FROM LOCALIZED EPIDEMICS AND ITS SPREAD TO THE GENERAL POPULATION

China is at significant risk of a generalized HIV/AIDS epidemic, as the disease is currently spreading from relatively localized high-risk groups into the mainstream population. The Chinese government documented 40,560 cases of HIV infection by the end of 2002, but estimated that one million had been infected nationwide.⁴ On September 22, 2003, the Executive Vice Minister of Health Gao Qiang addressed the UN General Assembly in New York, informing them of current Chinese estimates that 840,000 people are currently living with HIV, and 80,000 are HIV/AIDS patients.⁵ This announcement implies a 20 per cent increase in HIV infections and a 140 per cent increase in AIDS cases over the same six month period last year.⁶ Outside experts, including the U.S. National Intelligence Council and the UN Joint Program on AIDS (UNAIDS), estimate that by 2010 there could be between ten and fifteen million infected Chinese.⁷

The Chinese government has identified three distinct HIV/AIDS epidemics in China. Approximately 68 percent of HIV positive individuals are identified as intravenous drug users, located largely in the south and west, and 10 percent have been infected through heterosexual intercourse, identified largely as intercourse between commercial sex workers and their clients. Another 10 percent have been infected through unsafe blood donation practices and the remainder contracted the disease through unclear modes.⁸ As China's economy continues to reform and the population becomes increasingly mobile, so-called "bridge populations" come into contact with relatively well-defined, high-risk population segments which have great potential to spread HIV.

One of the key bridge populations is the “floating population” (*liudong renkou*), who are estimated at 120 to 130 million people from rural areas that migrate to the cities in search of work. This floating population is extremely vulnerable to HIV infection. They are largely young, poorly educated, and in a sexually active period of their lives, but with little access to prevention education. Male migrants make up the largest proportion of the floating population, and are frequently away from home for fifty weeks a year, living in single-sex dormitory style housing, and working long hours in difficult conditions.⁹ They are easy targets for drug sellers, have ample opportunities to interact with sex workers, and being far from home, are less constrained by the conservative mores of their home villages.

This floating population is extremely vulnerable to HIV infection. They are largely young, poorly educated, and in a sexually active period of their lives, but with little access to prevention education.

Migrants also constitute a large number of commercial sex workers, who are generally young and have little formal education. Sex education is not widely taught in primary or middle schools in China, while cultural conservatism limits discussion of sexual matters within families. The Chinese Ministry of Health estimates that 1.32 percent of sex workers were HIV positive in 2002, while other experts have estimated that the infection rate is almost 11 percent and 5 percent in the Guangxi and Yunnan provinces, respectively.¹⁰ There is low condom use among sex workers, and low awareness or knowledge of HIV transmission.¹¹ Sex workers tend to be very mobile, as are many of their migrant clients. As the commercial sex industry expands, its clientele increasingly includes middle-class men, business people, and government officials. Recent corruption scandals in China have detailed the use of “sexual-bribery” as a common mode of remunerating government officials in lieu of cash payments that could be used as evidence of graft. As HIV infection becomes more prevalent within the commercial sex worker population, China’s most productive working age population, including government leaders, will likely be increasingly affected.

An additional key bridge population includes long-distance truck drivers who have ready access to commercial sex. Brothels, posing as restaurants, line inter-province highways outside of cities as a kind of “rest stop” for long-haul truckers. Like members of the floating population, truck drivers return to their home villages and infect their partners, whose sexual fidelity is also not assured.

These high-risk and bridge populations present significant challenges to the government’s response to HIV/AIDS. China’s governmental organizations have had trouble organizing effective educational and behavioral intervention programs that target individuals engaged in illicit activities, such as intravenous drug users and commercial sex workers.¹² Sex workers and drug users are generally not willing to participate in voluntary counseling programs due to the relatively high risk of being

identified and punished in the future. Most government-organized education projects targeting these groups are centered on apprehended commercial sex workers and intravenous drug users in detention centers run by the public security ministry. Executive Vice Minister Gao Qiang's speech to the United Nations in September stated the government's policy for dealing with these at-risk populations.

Illegal acts like drug trafficking, drug use, prostitution and illegal blood collecting and supplying will be cracked down while drug-free community and healthy sexual life will be promoted.¹³

In many other countries, non-governmental organizations provide counseling and outreach to marginalized groups which also generates valuable data for the scientific and policy community about population sizes and their behaviors. The government's general distrust and resistance to the development of non-governmental organizations deprives Chinese policy makers of vital information about these key groups. Access and information about these groups are crucial to designing and implementing effective interventions and education campaigns.

HOW FAR CAN HIV/AIDS POTENTIALLY SPREAD INTO THE GENERAL POPULATION?

HIV/AIDS is just one of several blood-borne and Sexually Transmitted Diseases (STDs) that have been spreading in the post-Mao period. STDs are not only indicators of the potential future extent of HIV infection, but they also facilitate the spread of HIV. China's society is rapidly changing with extra-marital sexual contact becoming increasingly commonplace. While the Chinese government maintains clinics devoted to treatment and surveillance of sexually transmitted infections, many patients visit private clinics, complicating the task of STD surveillance through the national network. Additionally, underfunded and unregulated clinics are partly responsible for the spread of some infections due to improper re-use of medical equipment, such as syringes and catheters.¹⁴

Hepatitis B and C, while more easily transmitted than HIV, are spread by the same means, making it a key indicator of the potential extent of the spread of HIV/AIDS.¹⁵ An estimated 170 million Chinese have hepatitis B, and an additional forty million are suspected of carrying hepatitis C, making liver cancer one of the leading causes of death in China.¹⁶ The increase of hepatitis B infections in China has been reduced over the past three years due to aggressive vaccination campaigns, largely financed by international donations and cooperative projects. However, the disease continues to plague millions, particularly in rural areas. Two-thirds of the world's hepatitis infections occur in China, giving an indication of the capacity of China's healthcare system to prevent the spread of sexually transmitted and blood-borne diseases.¹⁷ While the increase in HIV/AIDS infections is still largely attributed to intravenous drug users and commercial sex workers in official statistics, hepatitis reveals the extent to which sexual transmission and improper re-use of medical equipment in clinical settings can play a role in the transmission of infection.

Other sexually transmitted diseases are indicators of increased unsafe sex practices in China. In one report by the National Center for STD and Leprosy Control, researchers claimed that the average annual growth of the incidence of syphilis between 1993 and 1999 was 84 percent.¹⁸ This report goes on to detail how syphilis has spread rapidly from coastal, urban areas to inland urban areas, then into inland rural areas, establishing the existence of sexual transmission routes between urban and rural areas. A population-based survey conducted in 2000 of over three thousand Chinese aged twenty to sixty-four, found that chlamydia infected 2.1 percent of men and 2.6 percent of women.¹⁹ Nine percent of men in the survey had reported having sex in the previous year with a commercial sex worker, and 94 percent of those men reported "inconsistent condom use" in commercial sexual encounters.²⁰

The reduction of risky behavior, such as sharing of needles or unprotected sex with multiple partners will require aggressive and effective programs of behavioral intervention and general education campaigns to prevent the spread of HIV/AIDS in China.

The reduction of risky behavior, such as sharing of needles or unprotected sex with multiple partners will require aggressive and effective programs of behavioral intervention and general education.

CHALLENGES FOR THE CHINESE GOVERNMENT

Despite an increased willingness to address the issue of HIV/AIDS, China's governmental approach has had limited success on a national scale. There are four key weaknesses in the Chinese public health system which inhibits an effective response to the HIV/AIDS crisis: insufficient high-level political and financial commitment; bureaucratic obstacles between the central government and provinces; lack of human resources; weak epidemiological surveillance capacities.

Insufficient high-level political and financial commitment

Chinese government authorities have been devoting fewer resources for national public health care services since the post-Mao period began. The Ministry of Health, which is the lead actor in the Chinese bureaucracy in the fight against AIDS, lacks an adequate budget and continuous, visible support from high-level leaders.²¹ Unlike the outbreak of SARS, which resulted in a mass mobilization of resources, daily pronouncements and hospital inspections from central government leaders, HIV/AIDS has garnered inadequate public attention from the top leadership. At the height of the SARS outbreak, the premier, president and vice president regularly visited hospitals and the Ministry of Health, promising increased funds for SARS prevention and medical capacity.²² Some analysts optimistically predicted that SARS was a wakeup call for the top leadership and hoped that their attention would shift to

other public health crises, including AIDS.²³ However, it remains to be seen if the top leadership will take up HIV/AIDS as a major issue on their agenda.

China's annual budget for HIV/AIDS prevention and treatment has hovered around RMB 100 million per year (US\$ 12 million) since 2001.²⁴ From 1996 to 2000, the national budget was approximately US\$ 1.8 million.²⁵ By comparison UNAIDS notes that in 2000, the funds that China allocated to HIV/AIDS prevention and control was one seventh of the funds that Thailand invested.²⁶ While investments, funded through bond issues have been made to improve the blood collection system, these central government funds are inadequate supplements to provincial budgets. Both Beijing and the provinces are becoming increasingly reliant on international donations to fund their HIV/AIDS initiatives, including bilateral government aid, grants and loans from UN organizations, and donations from independent foundations and charities such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Unfortunately, one result of this system of disparate donors is the profusion of pilot projects. Few, if any of these projects have been able to "scale-up" into sustainable, nationwide efforts.²⁷ Additionally, direct funding from abroad to provincial projects lessens the influence of the central government with the provinces.

The bureaucratic challenges with HIV/AIDS are compounded by the way many provincial authorities see HIV/AIDS as a politically sensitive issue.

Bureaucratic obstacles between the central government and provinces

The Ministry of Health faces bureaucratic resistance from provincial authorities, as shown by the SARS outbreak. While Ministry of Health authorities demanded daily reports, not all provinces responded until politburo members intervened, firing the minister of health and the mayor of Beijing. Despite the close proximity of the municipal and central health authorities, as SARS was spreading in the capital, the local authorities defied directives, continued to hide cases and resist central government oversight. The bureaucratic challenges with HIV/AIDS are compounded by the way many provincial authorities see HIV/AIDS as a politically sensitive issue.²⁸ They view this issue as having the potential to spark civil unrest, or negatively impact foreign investment or tourism, all of which reduce a local official's prospects for promotion within the party or civil service system. Additionally, due to the low national budget for HIV/AIDS prevention and treatment, many of the central government's mandates are not funded, resulting in even less compliance from local officials.

Lack of human resources

China's national health care system is also medically unprepared to treat and care for citizens with HIV. The Ministry of Health reported in early 2003, that only between fifty and 100 doctors in China are able to diagnose and treat HIV infection.²⁹

These doctors are rarely in rural areas where the majority of sufferers reside. Only two hospitals in China, both in Beijing, have wards for HIV/AIDS treatment.³⁰ Chinese officials and media have emphasized affordable access to Anti-Retroviral Drugs (ARVs) as a priority in the fight against AIDS, though inadequate attention has been paid to developing medical training programs, referral systems and medical infrastructure. In April, China began providing free domestically manufactured ARVs to some HIV-positive residents in Henan, Hubei, Hunan, Anhui and Sichuan provinces where HIV infection is prevalent in former plasma donors. However, successful treatment is proving to be a challenge, due to an insufficient number of doctors and trained social workers to oversee treatment and inadequate laboratory equipment to monitor patients. It has been reported that patients have already stopped taking their medication because of serious side effects.³¹ Because patients are starting their treatment before doctors and counselors have been trained and laboratories with the necessary equipment and technicians are in place, it is likely that many patients will be unable to adhere to their regimens. The potential result is the emergence of drug-resistant strains of HIV, which can easily spread from the provinces to other parts of China, Asia and the rest of the world. The first two years of China's five year, \$98 million application to the Global Fund was approved in October, providing China with \$21 million to begin doctor, technician and counselor training and to build medical infrastructure, in areas with high prevalence of HIV positive former plasma donors. The goal is to use this money to provide ARV treatment in fifty-six counties in seven central provinces.³²

Weak epidemiological surveillance capacity

Aside from former plasma donors in the central provinces, the extent of China's AIDS epidemic is going largely unidentified and uncounted. Hampered by poor communication and scarce national resources, China is having problems establishing an accurate surveillance system that will enable health policymakers to identify emerging HIV/AIDS epidemics, design appropriate interventions and channel resources where they are most needed and can be most effective. China's information on the numbers and locations of HIV infections primarily come from two systems, a case reporting system, and a national sentinel surveillance system.³³

HIV, syphilis and gonorrhea are among 35 infectious diseases which all health clinics are required to report. Clinics report cases through three separate channels, the STD network, the infectious disease network, and a dedicated HIV reporting network. Positive test results are collected from clinics throughout the county and reported to the provincial authorities, who are then required to pass the statistics on to the national authorities. However, the unreliability of communications between various authorities within the system makes much of the collected data inadequate for establishing the actual scope of the epidemic. Additionally, testing protocols are not uniform throughout the system, or within each network, making the results from some sources questionable.³⁴ Even more frustrating for public health officials are the case reporting networks, such as the military which began testing all recruits in 2001, that do not share their information with civil authorities.³⁵

Supplementing the case reporting system is the national sentinel surveillance system. By the end of 2002, China operated 158 national surveillance sites, conducting two rounds of tests per year, with at least one site in each province.³⁶ These sites include STD clinics, drug-user rehabilitation sites, commercial sex worker re-education centers, trucking company clinics, and maternal-child health clinics. The targeted populations covered by this system are uneven, with many at-risk groups excluded, especially men who have sex with men. There are several hundred provincial level surveillance sites, though the testing protocols employed are inconsistent, making much of their data unreliable.³⁷

If China fails to identify and prevent the eruption of HIV/AIDS into a generalized epidemic, the implications for China, its neighbors, and the United States are grim.

The Chinese government is increasing their efforts to improve the national HIV/AIDS surveillance system by working with UNAIDS and the U.S. Centers for Disease Control and Prevention. The ability to accurately determine the scope and form of the epidemic in China will be valuable towards designing effective prevention and treatment programs. If China fails to identify and prevent the eruption of HIV/AIDS into a generalized epidemic, the implications for China, its neighbors, and the United States are grim.

CHINA'S INCREASING INTERDEPENDENCE WITH A GLOBALIZED WORLD

Since *gaige kaifang* or “reform and opening” began in 1979, China has steadily moved to integrate itself into the global economic system, attracting foreign investment and exporting its goods to the world. The United States has played a major role in China's economic reforms and integration with the global economy. The nations' economies and mutual interests have increasingly converged, prompting China to become more active in advocating peace and stability in the region. Due largely to China's cooperation with the U.S. on major issues, including the global war on terrorism and negotiations with North Korea, U.S. officials have recently described U.S.-China relations as the “best they have been since President Nixon's first visit.”³⁸ To maintain this relationship based on trade and mutual interests, China requires social stability. China is attempting to maintain this stability through constant economic growth to ensure employment for workers laid off from restructured or bankrupt state owned enterprises. Maintaining steady economic growth requires a peaceful international environment, free-market access to energy and technology, and most important for the Communist Party – stability and security at home. HIV/AIDS will threaten this delicate balance, much as the SARS outbreak dramatically demonstrated that China's social, political, and economic interdependence can be quickly derailed by the rapid outbreak of an infectious disease. Preventing future outbreaks will require an expanded domestic and

international effort to control the spread of not only SARS, but HIV and additional infectious diseases as well.

This section will review four key issues where the spread of HIV/AIDS in China will have a major impact in both China and the United States. First, China's population is increasingly mobile with borders more open than ever before, facilitating economic development while simultaneously posing public health challenges to authorities. Second, HIV/AIDS threatens China's economy, at the micro and macro levels. Third, as China's economy integrates with the global economy, multinational corporations are becoming exposed to China's domestic challenges, particularly the impacts from HIV/AIDS. Finally, HIV/AIDS poses a security threat to China, which in-turn could threaten the U.S. and the region.

Mobile populations contribute to economic growth, but present public health challenges

With a population of 1.3 billion people, China's economic integration and development has required unprecedented mobility of its people and exposure to travelers from other countries. The health of China's population is increasingly linked to that of other nations. China's increasingly opened borders have resulted in massive flows of people to and from the country. An estimated 97 million people from around the world visited China in 2002.³⁹ At the same time, an improved economy has enabled increasing numbers of Chinese citizens to travel domestically and internationally, generating an unprecedented level of commerce between the world and every Chinese province. In 2002, approximately 16.6 million Chinese people traveled abroad 2002 for business or pleasure.⁴⁰ Increased mobility, both domestically and internationally, makes tracking and preventing emerging infectious diseases a challenge to the authorities. The SARS outbreak in Beijing vividly demonstrated how a disease that emerged in Guangdong province easily spread to Beijing, inducing the flight of a million migrant workers back to the countryside despite government admonitions to remain in place. HIV/AIDS is particularly difficult to control; particularly as the government attempts to cope with a broad range of bureaucratic impediments related to unfettered population flows within the country.

**Increased mobility, both domestically and internationally,
makes tracking and preventing emerging infectious diseases
a challenge to the authorities.**

Potential impact of HIV/AIDS on China's economy

The economic impact from HIV/AIDS begins at the family level with economic hardships caused by sickness or incapacitation and ultimately contributes to economic decline of macro-level indicators. The majority of Chinese citizens do not have health insurance, particularly in rural areas, where the capacity for preventative medicine is weak.⁴¹ In areas with a high-prevalence of HIV/AIDS, the economic impact of disease is already being felt, as fields go untended and possessions are sold

off to pay for medicines. Additionally, there is little provision by the government for the care of children orphaned by HIV/AIDS, so the burden of care falls on relatives and neighbors. Similarly, elderly peasants have no social insurance or retirement benefits, making the loss of a son to HIV/AIDS an extreme hardship to the surviving family members.⁴²

There should be concern in the U.S. because increased integration with the global economy comes an increased risk due to the structural economic vulnerabilities of China. With annual GDP growth rates around 10% for the previous decade, China has been described as an “engine of growth” for Asia and a significant contributor to regional economic stability in the aftermath of the Asian financial crisis. However, researchers at RAND have projected that HIV/AIDS could lead to reductions in annual GDP growth of between 1.8 and 2.2 percent up to 2015.⁴³ Coupled with unemployment, a frail financial system, and rampant corruption, China’s economy could lose its resilience if faced with a sustained public health crisis. While HIV/AIDS is not likely to cause China’s creaky banking system to collapse, HIV/AIDS and poor health in general engender economic decline that can increase the stress on an already stressed economic system.

Economic integration between the United States and China

For the past 30 years, commerce has been the bedrock of the Sino-US relationship. U.S. based companies were among the first to invest in China, and are some of the largest investors with significant payrolls. China is the United States’ fourth largest trading partner with over \$147 billion in total trade in 2002.⁴⁴ Transpacific flights between major cities in both countries transport thousands of officials, professionals, tourists and students every day. This growing interdependence makes U.S. companies and investors increasingly exposed to China’s domestic condition. A declining health situation threatens to impact U.S. corporations with extensive investments and employees in China. HIV/AIDS affects people in the most productive years of their lives, between the ages of 15 and 55, placing much of the epidemic’s burden on employers.⁴⁵ If HIV/AIDS is not controlled, it will likely increase labor costs to companies operating in China, through reduced productivity, increased employee turnover, and higher medical and insurance costs.

Security implications of HIV/AIDS in China

HIV/AIDS has the potential to spark unrest both locally and regionally. Locally, some villages in Henan province with large numbers of former plasma donors have already seen sporadic incidences of civil unrest. Isolated clashes between police and villagers have not spread to other areas that are heavily infected. However, the long incubation period of HIV means that many more villagers across central China may yet show symptoms of full-blown AIDS. As more villagers become ill, incapacitated, and die, the potential for increased violence against authority and the dispossession of property becomes more likely. Paramilitary units could potentially be involved in quelling unrest in several regions in central China.

Regionally, China's handling of the HIV/AIDS epidemic has wide implications. Aside from economic relations with regional partners, China has an increasing strategic role both in Asia and around the world. United Nations observers and peacekeepers from the People's Liberation Army (PLA) units have been deployed in Asia and Africa, particularly areas where HIV prevalence is high.⁴⁶ The Chinese military's modernization drive over the past decade has been a cause for concern for neighbors and the United States, which remains the dominant military in the region. It is not unreasonable to assume that as the HIV virus spreads in China, the PLA will be directly affected. How China and the PLA respond to the impact of HIV/AIDS could potentially contribute to instability in the region.

Many military bases around the world attract large numbers of sex workers and China is no exception.

The PLA, like other armies around the world, is vulnerable to sexually transmitted diseases. Like the so-called "floating population," military units are at risk of HIV infection due to duties that require them to be away from home. Living in segregated barracks far from the social restrictions of home and with disposable income, troops have frequent opportunities to engage in casual and commercial sex. Many military bases around the world attract large numbers of sex workers and China is no exception. Experiences of other militaries have established that access to alcohol when on leave can increase the chances of unprotected sexual encounters, particularly when condom access is limited.⁴⁷

While the prevalence of HIV/AIDS in China's general population is low, if the experience of other Asian nations gives any indication, the prevalence of HIV within the military will likely be higher. In Vietnam, where the adult prevalence rate of HIV was estimated at 0.3 percent in 2001, overall prevalence in the military is estimated at 0.5 percent. More ominously, up to 4.5 percent of Vietnamese military recruits in one province tested positive for HIV. Since commercial sex workers are key vectors of HIV within the military, the rapid increase in the rate of infection amongst commercial sex workers from 1.5 percent in 1999 to 3.53 percent in 2000 is an additional concern to the Vietnamese military.⁴⁸ In Cambodia, with an adult prevalence rate of approximately 4 percent, between 12 and 17 percent of the armed forces are possibly infected with HIV. High-ranking officers and rank-and-file soldiers are both contracting HIV, which poses a long-term problem. Most soldiers contracted HIV through unprotected sex with prostitutes.⁴⁹ The Cambodian Defense Ministry's senior health official stated, "HIV/AIDS is now the military's only enemy. It could devastate our plans for reform and reduce our capability. We are very worried."⁵⁰

The impact of HIV/AIDS on the PLA is not currently known, though the effects are not expected to be immediate due to the five to ten year incubation period of HIV and China's relatively recent exposure to HIV. However, it is clear that the PLA is aware of the threat from HIV/AIDS, since the testing of recruits started in 2001. The PLA is wise to be cautious. While HIV is not likely to impact

the young conscripts who only serve two years, China's military modernization drive has created increased reliance on technically trained officers and larger numbers of noncommissioned officers. These long-term, highly trained experts are costly to train and difficult to replace. Technology driven services, such as the PLA air force, could be disproportionately impacted by HIV/AIDS, should it become prevalent within the PLA and general population. Several key factors will determine how severe the impact of HIV/AIDS on the PLA will become: the level of HIV prevalence in the general population; the size of the force; the levels of technical expertise required to run a modernizing force; and perhaps most importantly, the availability of adequate resources devoted to prevention and competent, engaged civil and military leadership at the highest levels.⁵¹

While it is premature to speculate on whether or not HIV/AIDS will have a destabilizing impact on the PLA, a chief concern is that HIV/AIDS will affect the military balance in Asia. A military with high rates of HIV/AIDS could be perceived as weak by neighboring countries, increasing the possibility that a country might seek to engage a neighbor in conflict to establish a more credible deterrent against opportunist powers. Cambodia, Vietnam, and Thailand have militaries currently affected by HIV, potentially shaping the military balance in the region in the medium term, while the epidemic in China will take longer to determine. As the dominant military power in the region, the United States has a vested interest to maintain a balance of power and prevent regional militaries from initiating hostilities that could possibly draw U.S. forces into costly conflicts.

MAINTAINING U.S. LEADERSHIP ON HIV/AIDS

In the post September 11 security environment, the United States has clearly established global leadership not only in the War on Terror but in the war against HIV/AIDS as well. The announcement of the president's Emergency Plan for AIDS Relief, a five-year, \$15 billion initiative targeted at twelve countries in Africa and two in the Caribbean, provides a benchmark for other nations. As the HIV/AIDS pandemic's center of gravity shifts towards Asia, national leaders throughout the region need to become more engaged on HIV/AIDS prevention and treatment. The appointment of Randall Tobias, a retired pharmaceutical executive, to the newly created global HIV/AIDS coordination office at the U.S. Department of State will establish an additional conduit for high-level engagement between the United States and international leaders.

The destabilization of China caused by HIV/AIDS would likely distract China from cooperation on issues of mutual concern, including non-proliferation, drug trafficking and terrorism. China's current efforts to cultivate a more secure environment in Asia, including intensified diplomatic engagement with ASEAN and central Asian nations through the Shanghai Cooperation Organization, coincide with U.S. national interests on many fronts. HIV/AIDS threatens these relationships, which, in turn, threaten international security and U.S. national interests.

It is crucial for the U.S. government to engage China diplomatically to prevent HIV/AIDS from becoming a catastrophic epidemic within China. It will require top-level attention from China's leaders and the use of international financial and technical resources combined with higher levels of political and financial commitment from China. The Chinese government especially needs assistance from experienced institutions, such as the U.S. Centers for Disease Control, to accurately assess the extent of the spread of HIV in order to channel resources appropriately. An accurate assessment will likely dictate a more equitable distribution of resources than has been seen to date. Additional resources will need to be directed to rural areas, where health care capacity is particularly lacking. Likewise, various high-risk and hard-to-reach populations, including drug users and commercial sex workers, must be addressed. U.S. government and multinational efforts to assist non-governmental organizations to build up capacity of the health care system in this area will be of great importance in China's fight against HIV/AIDS.

It is crucial for the U.S. government to engage China diplomatically to prevent HIV/AIDS from becoming a catastrophic epidemic within China.

Direct U.S. government endeavors to bolster China's capability to combat HIV/AIDS are significant in terms of financial and personnel commitments. The U.S. Department of Health and Human Services, the National Institutes of Health, the Centers for Disease Control and Prevention (CDC), and the U.S. Agency for International Development all have made significant financial commitments to China's public health system. This October, Secretary of Health Tommy Thompson, marking the first visit of a Health Secretary to China since 1988, announced the newly created position of a Health Attaché at the embassy in Beijing. Additionally, the CDC, through the Global AIDS Program (GAP), has assigned two permanent staff members to Beijing to work with the Ministry of Health to contribute to China's effort. Additional U.S. government branches also have supported efforts for treatment, prevention and education both bilaterally and through non-governmental organizations. Continued U.S. commitment, both to the Global Fund as well as direct bilateral aid, is vital. The U.S. government should continue to maintain a high-level of sustained engagement with China's leaders. HIV/AIDS can effectively remain on the diplomatic agenda by linking China's HIV/AIDS intervention efforts to all aspects of the U.S.-China relationship, much the way human rights became an omnipresent component of the bilateral dialogue after 1989.

As China becomes more globally integrated, its economic and immunological health matter more to the world. Continued U.S. global leadership on HIV/AIDS is critical to pre-empt an HIV/AIDS disaster in China.

Notes

¹ Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 2.

² For recent survey-based examples of the prevalence of sexually transmitted diseases in China, see, William L. Parish et al., "Population-Based Study of Chlamydial Infection in China A Hidden Epidemic," *Journal of the American Medical Association*, 2003;289:1265-1273. See also, Gong et al., "Epidemiological analysis of syphilis in China through 1985 to 2000," *Chinese Journal of Sexually Transmitted Infections*. 2001; 1 (1): 1-6.

³ HIV prevalence within Cambodia's military is estimated between 7 and 12.5%. See Family Health International (Accessed on November 17, 2003 at: www.globalhealth.org/assets/advocacy/larivee603.pdf, slide number 13, and http://www.fhi.org/en/HIVAIDS/Publications/Archive/articles/IOH/ioh22/Mak_Imp_HIV_AIDS_Cambodia.htm).

⁴ Chinese Ministry of Health Document, "AIDS situation and progress on prevention work in China in 2002," accessed on February 24, 2003 at http://www.chinaids.org.cn/index_sy_zxbd.asp?sn=811

⁵ Executive Vice Minister of Health, Gao Qiang's address to the UN General Assembly on September 22, 2003.

⁶ "Mainland Aids Death Rate Reaches 20pc," *South China Morning Post*, October 5, 2003. See also "HIV infections rise sharply in China, pass 1 million," *Deutsche Presse-Agentur*, October 4, 2003.

⁷ See, "HIV/AIDS: China's Titanic Peril," UNAIDS, June 2002. See also, "The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, and China," *National Intelligence Council*, September 2002.

⁸ Chinese Ministry of Health Document, "AIDS situation and progress on prevention work in China in 2002," Accessed on February 24, 2003 at http://www.chinaids.org.cn/index_sy_zxbd.asp?sn=811

⁹ "China Warned of AIDS Epidemic in Floating People," *Xinhua*, January 29, 1999. See also "AIDS in China: A View from the Ministry of Public Health," U.S. Embassy Beijing, April 1997. Accessed on September 9, 2002 at: <http://www.usembassy-china.org.cn/english/sandt/webads2.htm>

¹⁰ Joan Kaufman, Roundtable before the Congressional-Executive Commission on China, September 9, 2002. Pamphlet published by the Government Printing Office.

¹¹ Wu Zunyou, National Center for AIDS/STD Prevention and Control, Chinese Center for Disease Control and Prevention. Presentations made in October 2002 and January 2003.

¹² Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 9.

¹³ Executive Vice Minister of Health Gao Qiang's address to the UN General Assembly on September 22, 2003.

¹⁴ "Re-using Disposable Needles – Even Getting Rich off Medical Garbage," *People's Daily*, March 20, 2003. [In Chinese.]

¹⁵ Sun Z, Ming L, Zhu X, Lu J, "Prevention and Control of Hepatitis B in China," *Journal of Medical Virology*, July 2002; 67(3):447-50. See also: Chinese Foundation for Hepatitis Prevention and Control, statistics posted on web site accessed on March 15, 2003 at: <http://www.csyhepa.com>

¹⁶ Ibid.

¹⁷ "China Launches Battle Against Hepatitis," *British Broadcasting Corporation*, June 1, 2002.

¹⁸ Gong X, Zhang G, Ye S, et al., "Epidemiological analysis of syphilis in China Through 1985 to 2000," *Chinese Journal of Sexually Transmitted Infections*, 2001; 1: 1-6.

¹⁹ William L. Parish et al., "Population-Based Study of Chlamydial Infection in China A Hidden Epidemic," *Journal of the American Medical Association*, 2003;289:1265-1273.

²⁰ Ibid.

²¹ Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 6.

²² There was saturation press coverage in China of Hu Jintao, Wen Jiabao, and to a lesser extent Zeng Qinghong repeatedly visiting hospitals and the Ministry of Health. *People's Daily* maintains a web site with archived SARS coverage in English (http://english.peopledaily.com.cn/zhuanti/Zhuanti_335.shtml).

²³ Ibid.

²⁴ UN Theme Group on HIV/AIDS in China, "HIV/AIDS: China's Titanic Peril—2001 Update of the

AIDS Situation and Needs Assessment Report,” UNAIDS, June 2002, pg. 34.

²⁵ “China Launches Battle Against Hepatitis,” British Broadcasting Corporation, June 1, 2002.

²⁶ Sun Z, Ming L, Zhu X, Lu J, “Prevention and Control of Hepatitis B in China,” *Journal of Medical Virology*, July 2002; 67(3):447-50. See also: Chinese Foundation for Hepatitis Prevention and Control, statistics posted on web site accessed on March 15, 2003 at: <http://www.csyhepa.com>

²⁷ Parish WL, LAumann EO, Cohen MS, et al., “Population-based Study of Chlamydial Infection in China: a hidden epidemic,” *JAMA* 2003; 289; 1265-1273.

²⁸ Congressional-Executive Commission on China Annual Report for 2003. Pg. 46-47. (Accessed on November 17, 2003 at: <http://www.cecc.gov/pages/annualRpt/2003annRpt.pdf>)

²⁹ “China starts offering free AIDS drugs but lacks doctors to administer them,” Agence France Presse, July 15, 2003 and “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, p. 7.

³⁰ Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003, pg. 8.

³¹ “China starts offering free AIDS drugs but lacks doctors to administer them,” Agence France Presse, July 15, 2003.

³² China’s third proposal to the Global Fund to Fight AIDS, Malaria and Tuberculosis, entitled “China CARES (China Comprehensive Aids RESponse) –

A Community-Based HIV Treatment, Care and Prevention Program in Central China,” was prepared by China’s Country Coordinating Mechanism (CCM), which is chaired by the Ministry of Health.

³³ “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, pg. 7.

³⁴ Ibid.

³⁵ “China begins HIV/AIDS tests for military recruits,” Agence France Presse, October 24, 2001.

³⁶ Presentations given to members of a CSIS delegation to Beijing, January 13-17, 2003. See also Bates Gill and J. Stephen Morrison, eds., *Averting a Full-blown HIV/AIDS Epidemic in China*, Center for Strategic and International Studies, Washington, DC, 2003.

³⁷ “China HIV/AIDS Surveillance Framework for Improving the China Response to HIV/AIDS,” Interim Report dated July 11, 2003, Jointly Developed by UNAIDS/WHO Mission and NCAIDS, July 7-11, 2003, Beijing, pg. 7-8.

³⁸ “Powell says US-China ties best since 1972” *Xinhua*, September 6, 2003.

³⁹ “China’s Cross-Border Tourism Prospers in 2002,” *Xinhua*, Dec. 31, 2002.

⁴⁰ “Lives of Chinese People Improve Markedly in Five Years,” *People’s Daily*, March 5, 2003.

⁴¹ “Funds to Improve Rural Medicare,” *China Daily*, February 19, 2002.

⁴² For an overview of the impact of HIV/AIDS on heavily affected areas in China, see: Wan Yanhai, “Henan AIDS Prevalence and Effect,” self published in Chinese, March 8, 2002, and “Henan Province, Shangcai County, Houyang Village Orphan Record,” self published in Chinese 2002, both made available to the author. See also: Elisabeth Rosenthal, “Spread of AIDS in Rural China Ignites Protests,” *New York Times*, December 11, 2001; Leslie Chang, “AIDS Epidemic Spreads Unchecked Through Another Chinese Province,” *Wall Street Journal*, December 19, 2001.

⁴³ Charles Wolf, Jr., K. C. Yeh, Benjamin Zycher, Nicholas Eberstadt, Sung-Ho Lee, *Fault Lines in China’s Economic Terrain*, RAND, Santa Monica, 2003. pg. xvii.

⁴⁴ US Census statistics accessed on September 30, 2003 at: <http://www.census.gov/foreign-trade/top/dst/2002/12/balance.html>

⁴⁵ Bates Gill and Andrew Thompson, “The Impact of HIV/AIDS on Business in China,” *China Business Review*, July-August 2003. Accessed on November 17, 2003 at: <http://www.chinabusinessreview.com/0307/thompson.html>

⁴⁶ Since 1990, Chinese peacekeepers have served in Cambodia, Mozambique, Liberia, Sierra Leone, Ethiopia and Eritrea and most recently the Democratic Republic of Congo. In 1992, up to 800 engineering soldiers served in Cambodia in their largest deployment to date. For a list of PLA Peacekeeping deployments, see the *People’s Liberation Daily* at: <http://english.pladaily.com.cn/special/e-peace/txt/11.htm>. Similarly, PLA Navy ships have made visits to Asia and Africa, including port calls in

Simonstown (Cape Town), South Africa and Dar es Salaam, Tanzania. See: <http://www.china.org.cn/english/2000/Aug/806.htm>. The Chinese space tracking vessel Yuan Wang 4 has visited South Africa prior to the Shenzhou space launches, while the Chinese military operates a land-based space tracking station in Namibia. For reporting of these port calls, see: http://www.ports.co.za/navalnews/article_2003_09_28_2041.html

⁴⁷ Elbe, Stefan, *Strategic Implications of HIV/AIDS*, Oxford University Press, New York, 2003. Pg 20.

⁴⁸ "4.5 Percent of Recruits Test Positive in Vietnam Province," Associated Press, January 2, 2002; Vietnam Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2002 Update, UNAIDS, 2002; "FHI Focus on Vietnam," Family Health International, October 2001.

⁴⁹ Joe Cochrane, "Troops face unseen enemy as HIV sweeps through ranks," South China Morning Post, March 31, 1999; Cambodia Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections 2000 Update, UNAIDS, 2000.

⁵⁰ HIV/AIDS: A Major International Security Issue, Asia Pacific Ministerial Meeting Melbourne 2001, AUSAID, pg. 5.

⁵¹ Elbe, Stefan, *Strategic Implications of HIV/AIDS*, Oxford University Press, New York, 2003,