Chapter 3

China and the Global Health Regime: Alienation or Integration?

Medical education should be reformed... Medical schools do not have to admit only senior middle-school graduates; it is quite proper to take in third-year children from junior schools. The main point is to raise their standard during practice. The physicians trained this way may not be very competent, but far better than fake doctors and witch doctors. Furthermore, villages can afford them.

—Mao Zedong, 1965[1]

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS. Respect for the rights of people living with HIV/AIDS drives an effective response.

—United Nations General Assembly, 2001[2]

Perhaps in his revolutionary life Mao Zedong never considered the notion of public goods for health. However, from the above quotation it is obvious that he realized that public health care services should be accessible to all citizens, rich and poor. Under his cradle-to-grave government-subsidized health care system, the government bore responsibility to provide basic health services, allowing Chinese citizens to enjoy various types of basic health care. As a socialist country, China provided its citizens with the means to meet their essential social needs, ranging from work to education to health care, until after the launch of economic reforms and the open door policy in the late 1970s. During Mao's planned economy period, China's health policies emphasized wide entitlement and access to medical care. The government played a dominant role in providing all citizens with a comprehensive

L.-H. Chan, *China Engages Global Health Governance*

medical system. At that time, more than 90 percent of China's population was covered by a comprehensive government-subsidized health care system.[3]

In urban areas, most state-owned enterprises provided medical care for their workers. In rural areas, the provision of rudimentary training for village medical practitioners or so-called "barefoot doctors" saw 94 percent of China's villages covered by a cooperative medical scheme.[4] They operated reasonably decent vaccination programs and preventive care in villages, including those in remote areas. Although "barefoot doctors" could only provide basic health services, the public health situation in China improved rapidly. Life expectancy increased from thirty-five years in 1952 to sixty-eight years in 1985. During the same period, infant mortality dropped from about 250 per 1,000 live births to 34 per 1,000.[5] With increased government intervention, various virulent infectious diseases were effectively controlled or almost eliminated. China's health care system was comparatively more equitable and effective than many developing countries in the provision of basic medical care for urban and rural areas. China's health care system won extensive acclaim from international organizations and was often praised as a model for the third world.

However, in sharp contrast to the stunning success of economic reforms, China's public health reforms have left the country with a backward public health system. With Deng Xiaoping's dictum, "to get rich is glorious," the government acted single-mindedly in pursuit of economic development, to the detriment of social infrastructural development. Chinese leaders viewed public health as a commodity whose provision should be provided by market forces. With this kind of philosophy, public health was given a relatively low priority in the government's national development plan. Consequently, China's current health care system has become one of the worst in the world on the dimension of fairness of financial contribution.[6] The deficiencies are increasingly evident with the onset of globalization. This increased awareness that contagious diseases would pose a threat to the well-being of the population of China as well as the rest of the world has led to calls, inside and outside China, for the country to increase its engagement with global health governance.

This chapter will proceed in three sections. First, it will illustrate the defining elements of the global health regime regarding HIV/AIDS. The second section will explore what constitutes a responsible government in health. To further demonstrate the rationale

for studying China's response to HIV/AIDS, the third section will provide a succinct illustration of China's emerging response to HIV/AIDS since the dawn of this century both inside and beyond its borders.

HIV/AIDS and the Elements of Global Health Regime

As discussed in chapter 1, globalization has accelerated the movement of infectious diseases across national boundaries. Public health is considered a transnational security issue with global dimensions. It is at the forefront of the study of global politics and global governance in the twenty-first century. The spread of HIV/AIDS is one of the most serious and rapidly growing nonmilitary threats resulting in numerous victims that threaten to weaken the socioeconomic foundations of states. From 1981, when the first case of AIDS was identified, to the end of 2008, the AIDS pandemic had led to more than 25 million deaths.[7] By the end of 2008, 33.4 million people were living with HIV/AIDS. In 2008, more than 2 million people died and 2.7 million people became infected[8]—an average of 5,400 deaths and 7,000 new infections every day. It has been shown that AIDS is killing more people each year than any other infectious disease and its destruction is sometimes more serious than the effects of war.[9] The world's largest humanitarian organization, the International Federation of Red Cross and Red Crescent Societies (IFRC), has also departed from its traditional focuses on natural disasters and warns in its *World Disasters Report* in 2008 that the HIV/AIDS epidemic is "a disaster on many levels." In the most affected countries in sub-Saharan Africa, prevalence rates can reach 20 percent. As a result of these human-made and "natural" disasters, life expectancy has been reduced by half and development gains have been reversed.[10] Sadly, an HIV vaccine, which could protect people from either infection or the onset of AIDS, has not yet been developed. The recent failure of a clinical trial of the most promising experimental vaccine by the drug company Merck & Company at the end of 2007 has made most scientists believe that an HIV vaccine is still far away. A survey by the *Independent*, a newspaper in the UK, in April 2008 of thirty-five leading HIV/AIDS scientists in Britain and the United States found that two-thirds of them believed that an HIV vaccine would not be possible in the coming ten or twenty years. Some of them even believe that an effective immunization against the virus may be "a mission impossible."[11]

For a long time, there was a stereotype that the HIV/AIDS crisis only existed in sub-Saharan Africa. However, owing to the accelerating process of globalization, the transmission of the virus across borders has increased rapidly. Since the late 1980s, the epidemic began to spread to Asia and Central and Eastern Europe. Today, it has spread to all continents and remains a great scourge of humankind. As mentioned in chapter 1, the prevention and containment of infectious diseases is considered a global public good for health.[12] Any belated response or negligence in the prevention and containment of infectious diseases can be deemed a global public bad. The constitution of the WHO also explicitly states that:

> The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.[13]

In other words, access to primary health care services is a fundamental right. The right to health is the right of everyone. However, the incentive of a "free ride" in the supply of global public goods begs a crucial question as to who should be responsible for their provision. With masses of HIV/AIDS patients dying every day, at issue is who can and should provide them with basic health care. Are there any legal regulations to protect their right to access basic health care? Economists tell us that public goods cannot sufficiently be provided or distributed by an unregulated market because of the user's propensity to accept goods and services without obligation of payment.[14]

According to a WHO report published in 2002, less than 10 percent of the worldwide health-related research budget is spent on research and development (R&D) into the problems that afflict 90 percent of the world's population. This "10/90 gap" remains one of the major concerns of the WHO as well as other UN agencies.[15] In response to the calls for better promotion and protection of human rights in the context of the HIV/AIDS epidemic, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNAIDS adopted the guidelines entitled *International Guidelines on HIV/AIDS and Human Rights* in 1996.[16] The UN General Assembly also asserted in June 2001 that "the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic."[17] On May 23, 2005, the World Health Assembly adopted new International Health Regulations (IHR) to manage public health emergencies of international concern.[18] As a

result, the aforementioned regulations have provided tangible steps to protecting human rights in the context of HIV/AIDS.

Nevertheless, the problem of access to antiretroviral treatment, care, and support remains a major global health difficulty in the early twenty-first century. Following the international outcry on the high cost of HIV antiretrovirals, the WHO first recognized the importance of access to essential drugs and medications and since 1999 has regarded it as part of human rights in health. It declares that "essential drugs are those that satisfy the health care needs of the majority of the population; they should therefore be available at all times in adequate amounts and in appropriate dosage form."[19] Since the late 1990s, the call to engage the world's marginalized people has shown tremendous enthusiasm.[20] More importantly, while an effective AIDS vaccine may still be a long way away, according to scientists in the field of HIV research, mass prescription of antiretrovirals and universal testing could reduce new infections by 95 percent and could possibly eradicate the disease within forty years.[21] However, while 33.4 million people worldwide were infected with the HIV virus by the end of 2008, only 4 million in low and middle-income countries—less than 12 percent—received life-prolonging antiretroviral drugs. In sub-Saharan Africa, only 2.9 million out of the 22.4 million people who were living with HIV/AIDS in 2008 received antiretroviral therapy that year.[22] According to a report delivered by the UN Secretary-General Ban Ki-Moon to the General Assembly's high-level meeting on HIV/AIDS on June 10, 2008, the rate of progress in expanding access to antiretroviral drugs failed to keep pace with the expansion of the epidemic. While an additional 1 million people received antiretroviral drugs in 2007, 2.5 million people in the world were newly infected during the same period.[23]

In the face of the fact that many patients from developing countries are denied access to HIV antiretrovirals, the WTO Ministerial Council endorsed the Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement in November 2001. The agreement empowers any developing country to override drug patents by issuing "compulsory licenses" to manufacture or import cheaper versions of antiretrovirals whenever there is a need in the country. Later, the OHCHR and UNAIDS revised guideline 6 of the TRIPS agreement at the Third International Consultation on HIV/AIDS and Human Rights in Geneva in 2002. The revised guidelines call for states to ensure the availability and accessibility of antiretrovirals and to provide safe and effective

medicines to all on a sustained and equal basis. In addition, states should incorporate this international agreement on HIV/AIDS into national legislation.[24]

A Responsible Government in Health

There is no doubt that states should take full responsibility for providing public goods domestically and are duty-bound to protect their citizens.[25] This is a responsibility that falls under the rubric of "national responsibility." In the area of public health, states are expected to provide basic health care and ensure the availability of essential drugs for the majority of the population within their national boundaries under any circumstances. However, as seen from the interrelations between globalization and public health in chapter 1, health issues, especially infectious diseases, cannot be confined within geographical boundaries in this highly globalized world. We are facing the truth that infectious diseases know no borders and can easily spread from one country to another. Given this spatial dimension, the spread of infectious diseases is not just a domestic issue but also an international issue. In the case of HIV/AIDS, any delays in curbing the disease in one country can have direct adverse impacts anywhere in the world. At issue is, first, while the prevention and containment of infectious diseases are considered global public goods, how should the provision of global public goods for health be effectively governed; and second, while there is no central authority to enforce and regulate the production and supplies of public goods at the global level, how should countries maintain the proper balance between national and international responsibilities for providing global public goods for health.

With the acceleration of international movements of people and goods, the need to strengthen health governance at the global level has brought about an added sense of urgency. While all states, Western and non-Western, claim that they have a responsibility to provide public goods and are duty-bound to protect their citizens, it has been widely debated since the early 1990s in both scholarly and policy-making circles in the West whether states in international society should bear responsibility for providing global public goods beyond their own borders. As illustrated in chapter 2, the evolving paradigm in the international community is that states carry moral elements and therefore they are obliged to achieve justice and stand up for human rights beyond their borders. The definition of global

governance, in its simplest terms, is to do something to alleviate or remedy serious global problems.[26] David Miller refers to the remedial responsibility for the deprived or suffering people.[27] Through the workings of international institutions, states can contribute to the provision of global public goods, both within and beyond their borders, to remedy serious global problems. Hence, a state's responsibility with regard to global health issues would be both its commitment to the prevention and control of the spread of infectious diseases and to the protection of afflicted people within as well as outside the state.

Christopher Hill also explicitly points out that policy makers should consider responsibilities by virtue of their role, not only for their own citizens but also for the international community.[28] Robert Jackson further articulates the idea of responsibility for the global commons. National leaders are expected to take joint international actions to tackle common issues. With a responsibility for restoration and preservation of the global habitat, the state is regarded as a steward of the common goods of the earth.[29] Regarding public health, Todd Sandler suggests that infectious diseases constitute a threat to global public health. In order to avoid any negative spillover of diseases, if poor countries do not have enough capacity to prevent and control them, the rich ones will need to take actions to bring them up "to acceptable standards to avoid disease-creating transnational externalities."[30] In their study of regional responses to HIV/AIDS, Franklyn Lisk and Desmond Cohen declare that "the international community and organizations have a vital role to play in assuring the provision of public goods that serve the common interest of both poor and rich countries by controlling the spread of the global HIV epidemic."[31] To achieve this, a collective responsibility—by which states cooperate with a wide range of actors in managing public health—for providing equitable and sustainable development is needed.

However, this has presented a direct challenge to realist theorists, who contend that states remain the principal actors or agents in global politics. In order to capture both the territorial and supraterritorial features of global health issues, scholars have called for post-Westphalian health governance in managing pathogenic diseases.[32] This post-Westphalian health governance requires a fundamental transformation of the understanding of national sovereignty. In other words, the conventional understanding of national sovereignty, based on the principles of nonintervention and the state's

supreme legal authority over its territory and population, has to be transformed. The global public domain is to be enlarged to include a multitude of state and nonstate actors on many layers—supranational, national, and subnational—to manage global affairs. As contended by Wolfgang Hein and his associates, the process of globalization has "led to profound transformations in the architecture of international health politics from a nation-state–based structure toward a complex system of global health-related institutions."[33] As a result, global health governance has involved multiple actors and they "interact with each other at various spatial levels in the fight against the HIV/AIDS pandemic."[34]

Further, since global health governance is premised on the taking of collective actions by an array of actors with the aim of tackling transnational health problems, a high level of compliance with the global health regime, particularly in an anarchical society, is deemed necessary to address global health challenges. Through the making and implementation of global norms and rules, states can cooperate with each other as well as other nonstate actors in the global community to promote the health of their populations. It needs to "recognize and give meaningful participation of a greater plurality of interests to capture both the territorial and supraterritorial features of global health issues."[35] The state should not be the only actor but rather part of a wider network that involves nonstate actors, including international and local NGOs, corporations, private foundations, and individual activists. Infectious diseases cannot effectively be contained and defeated without state and nonstate actors cooperating with each other and responding promptly and decisively. However, the matter is whether states are willing to relax their grip on the conventional understanding of national sovereignty and cooperate with different actors, including states and nonstates, in dealing with the borderless infectious diseases through multilateral cooperation and participation in global health governance. This interesting question can be examined through a case study in China, a country that not only faces a mounting HIV/AIDS crisis but also proclaims absolute sovereignty over its territory and people.

The Evolution of China's Response to HIV/AIDS

The purpose of this section is to provide a succinct illustration of China's response to HIV/AIDS. Further details on China's governance of HIV/AIDS at both domestic and international levels will

be examined in chapters 4 and 5. In China, the estimated number of HIV carriers inside the country is 740,000, according to the UN and the Chinese government's official figures that were unveiled at the end of 2009.[36] On the surface, with a population of 1.3 billion, the overall HIV prevalence at approximately 0.05 percent is not high at all. However, UN agencies warn that the new infection rate of HIV in China is ever-increasing. In 2007 alone there were 50,000 new cases of HIV in the country, a sharp increase of 45 percent compared with the figure in 2006.[37] In the past several years, the rate of infection has been rising rapidly. According to a recent UNAIDS report—*2008 Report on the Global AIDS Epidemic*—published in July 2008, while the epidemic is stabilizing globally and the rate of new HIV infections even shows signs of declining in several countries, China is one of eight countries in the world where the rate of infection continues to rise.[38] Sexual transmission, both heterosexual and homosexual, now accounts for more than half of the HIV cases in China (see table 3.1). The increasing number of underground sex workers and drug users pose a problem for the government in trying to curb the disease. In describing the spread of HIV/AIDS, another UNAIDS report, published in June 2002, stated "China is on the verge of a catastrophe that could result in unimaginable human suffering, economic loss and social devastation."[39]

The first AIDS-related death in China, a tourist from abroad, was announced by the Ministry of Health on June 6, 1985. The social stigma about HIV/AIDS in China at the time was that it was a "dirty

Table 3.1 Major transmission modes of HIV in China (% of reported HIV Positives)

Transmission methods	*2003*	*End of 2005*	*December 2007*
Intravenous drug users	43.9	44.3	38.1
Heterosexual transmission	19.8	36.3	40.6
Homosexual transmission	11.1	7.3	11.0
Blood transfusions	24.7	10.7	9.3
Mother-to-child	0.5	1.4	1.0
Total	**100.0**	**100.0**	**100.0**

Sources: *2005 Update on the HIV/AIDS Epidemic and Response in China* (Beijing: Ministry of Health of the PRC, United Nations Program on HIV/AIDS and World Health Organization, January 24, 2006), 1–3; and *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007)* (Beijing: State Council AIDS Working Committee Office of PRC and UN Theme Group on AIDS in China, December 1, 2007), 4–5.

Western disease."[40] In order to prevent HIV from entering the country, China banned the importation of all blood products in September 1985. Two months later, the government required that all foreigners underwent blood tests when entering China.[41] Until December 1, 2000, World AIDS Day, the government media still treated HIV/AIDS epidemic reports as "foreign news."[42] While admitting that there were HIV/AIDS carriers inside the country, the Chinese government insisted that the cases were rare. The first indigenous cases of HIV/AIDS in China were reported in 1989 among 146 drug users in Yunnan province. In 1995, HIV sufferers were found among farmers in central China, who had been victims of unhygienic practices while selling their blood.[43]

Various sources and organizations have reported on and criticized China's lack of transparency in revealing the true situation of HIV/AIDS and in public policy making. Since the first case of AIDS in China was reported in 1985, the Chinese government denied the existence of an HIV/AIDS crisis in the country for more than fifteen years. China also denied that an outbreak occurred in central China among farmers who contracted HIV/AIDS through a dubious government-sponsored blood selling program in the 1990s. Caused by illegal blood deals, Henan has gained notoriety as the worst AIDS-hit province in China. Local authorities encouraged peasants to "donate" their blood for 40 yuan (approximately US$5) in compensation by inventing a slogan "it is glorious to sell your blood." In order to allow people to "donate" blood more frequently, collectors used centrifuges to separate plasma and blood. After the plasma was extracted, the blood was reinjected into the donors. However, the needles for collection were reused many times. Under the dual influence of financial and nonmaterial incentives, hundreds of thousands of peasants sold their blood and many were infected with HIV in the decade.[44] Accordingly, the infection rates in some Henan villages were up to 65 percent in 2001. The official figure of the village of Wenlou in the province was equally striking: 43 percent of those who sold their blood became HIV positive.[45] The notorious "AIDS villages" in Henan have been the subject of numerous mass media reports.

When blood sales were prevalent in Henan, all blood products in China were not required to go through viral inactivation. Starting in 1985, most developed countries stopped using blood products not treated by the process, yet the Beijing Municipal Health Bureau did not include that process in their regulations and guidelines on

biological blood products until September 1995. As a result, many people who had blood transfusions, such as those suffering from hemophilia or women after caesarean deliveries, were also infected with HIV in the 1990s.[46] Between 1995 and 2000 in Shanghai alone, there were up to seventy hemophiliacs who contracted HIV after receiving HIV-tainted blood products provided by the state-owned Shanghai Institute of Biological Products.[47]

As mentioned in chapter 1, economic development has been the first priority for the Chinese central government as well as local governments. Local governments have used all means at their disposal to maintain the drive for economic growth. Public health and the concept of public goods for health have been alienated from the thought of the Chinese leaders. It is widely believed that one of the major reasons for China's belated response to the HIV/AIDS outbreak was the concern about economic development. Officials fretted about a decrease in tourism and foreign investment if negative information was unveiled.

The turning point of this saga came in June 2001 when the central government openly admitted the problem of HIV/AIDS inside China (the reasons for this changing policy will be illustrated in detail in chapter 6). Subsequently, the central government has been paying more attention to health issues at the domestic level as well as on the international front.

Integrating into the Global Health Regime?

Domestically in China, since 2001, there has been a pronounced shift in the government's policy and attitude toward HIV/AIDS. The Chinese government had traditionally treated public health as a domestic social issue. In contrast to the *laissez-faire* health policy in the 1990s, there has been a remarkable change in China's public health policy since the turn of this century, from previous denials and cover-ups toward a more proactive stance and an embrace of multilateral mechanisms to manage serious health problems. The focus of this section is on how China has become increasingly enthusiastic about overhauling its ailing health system as well as working with a host of actors in the containment and control of the HIV/AIDS crisis.

Toward the end of the last century, particularly during and after the Asian financial crisis of 1997–98, China became concerned about its international image. As a consequence, not only did it begin to adopt a multilateral approach to dealing with various international

issues but also to vigorously project a positive image as a responsible state in the global community. The central government began paying more attention to health issues at both the domestic and international levels. For instance, in 1997, the Chinese government signed the International Covenant on Economic, Social, and Cultural Rights, which recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."[48] This covenant was ratified by the National People's Congress (NPC) Standing Committee in 2001. The Severe Acute Respiratory Syndrome (SARS) outbreak of 2002–3 prompted the Chinese government to be more proactive than ever before in engaging health governance. The then vice premier and a Politburo member, Wu Yi, was nominated as minister of health in 2003.[49] This was the first time such a high-ranking official of the PRC was assigned to take charge of the Ministry of Health. Since the SARS outbreak, China has not only embraced multilateralism in handling the epidemic in cooperation with its Asian neighbors, but also vowed its willingness to cooperate with all infected countries to tackle the disease. In particular, it urged local governments to remain transparent in managing the crisis.[50] At the UN General Assembly Special Session on HIV/AIDS that was held in September 2003, the then Vice Minister of Health Gao Qiang presented China's "five commitments" regarding HIV/AIDS. These commitments are:[51]

- Increasing government responsibility and accountability;
- Providing treatment and care to persons with HIV/AIDS;
- Improving relevant laws and regulations;
- Protecting legitimate rights and confidentiality of HIV/AIDS patients; and
- Increasing cooperation with international partners.

Authorities also officially acknowledged the faults with China's public health system. They attributed the cause of the poor health services to market-oriented reforms that created great disparities in service provision. A year after the SARS outbreak, Li Liming, director of the Chinese Center for Disease Control and Prevention (China CDC), argued in March 2004 that with one-third of the health system collapsed, another one-third was on the verge of disintegration and the rural medical and health system was essentially paralyzed.[52] This was also the first time that the PRC officially announced that the country would need to overhaul its public health system.

Since the government officially admitted the HIV/AIDS crisis in the country, the government has steadily increased its funding and resources for the prevention and control of the disease (see figure 3.1). For example, before the central government acknowledged the problem, the national budget for HIV/AIDS prevention and treatment between 1996 and 2000 was only 55 million yuan in total (approximately US$8 million). However, in 2001, the financial expenditure increased more than six-fold from the previous financial year. After the SARS outbreak, the central government allocated 810 million yuan (approximately US$115 million) in 2004 to the Ministry of Health for fighting HIV/AIDS, more than double

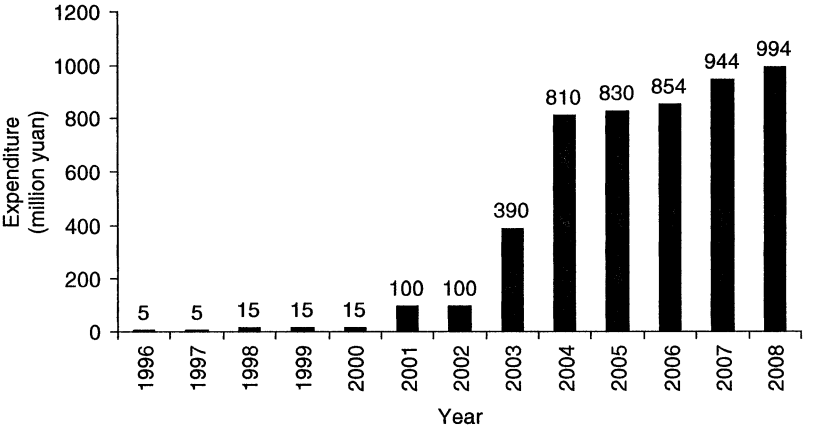

Figure 3.1 The Chinese central government's financial input to HIV/AIDS prevention and control, 1996–2008

Sources: The Harm Reduction SIDA Project for the Greater Mekong Subregion (HR3) First Project Advisory Committee Meeting, Phnom Penh, Cambodia 20–21 November 2007 (Manila: WHO Regional Office for the Western Pacific, 2007), 53, Annex 8; *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2004)* (Beijing: State Council AIDS Working Committee Office and UN Theme Group on HIV/AIDS in China, December 1, 2004), 22; *2005 Update on the HIV/AIDS Epidemic and Response in China* (Beijing: Ministry of Health of the PRC and UNAIDS and WHO, January 24, 2006), 10; *A Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China (2007)* (Beijing: State Council AIDS Working Committee Office of the PRC and UN Theme Group on AIDS in China, December 1, 2007), 11; and "Minister of Health, Chen Zhu Attends the 5th Conference of International Cooperation Programs on HIV/AIDS in China," *International Cooperation Program for HIV/AIDS in China*, December 2009, http://icpaids.chinaaids.cn/icpaidse/ActivityDetail.asp?UID=1254A42D378144F190508113260940E0D&AID=1105 (accessed February 22, 2010).

the funding a year earlier. In 2008, the central government's financial input to HIV/AIDS reached 994 million yuan (approximately US$142 million). This increased funding has allowed a substantial increase in the number and types of programs that target the prevention and control of HIV/AIDS in China. For example, in order to raise public awareness of the disease, the government mobilizes a variety of departments and organizations to initiate mass media education activities, such as the Red Ribbon Campaigns, Women's "Face-to-Face" Education Campaign, and the Awareness Campaign on HIV Knowledge among University Students. The Central Communist Party School also includes the prevention of HIV/AIDS in its curriculum.[53] In addition, the government announced the "Four Frees and One Care" policy on World AIDS Day in 2003.[54] This policy is to offer:

- Free antiretroviral treatment to HIV/AIDS patients;
- Free voluntary counseling and testing;
- Free drugs for prevention of mother-to-child transmission;
- Free schooling fees for orphans of HIV/AIDS patients; and
- Care and economic assistance to the households of people living with HIV/AIDS.

In addition, President Hu Jintao, Premier Wen Jiabao, and Wu Yi have paid high-profile visits to AIDS patients since 2003, indicating the central leaders' strong determination to take the issue seriously.[55] During their visits, they shook hands with or embraced AIDS patients to remove the social stigma about the disease. As a measure to support the government's new initiatives in response to HIV/AIDS, Wen signed the "Joint Efforts for Effective Prevention and Control of HIV/AIDS" in July 2004, outlining the principal guidelines that officials need to adhere to in managing HIV/AIDS issues.[56]

On the international front, China has been playing a more active role in various international and regional fora since the early 2000s. It has participated in the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter the Global Fund), the ASEAN Plus Three (APT) Seminars on Enhancing Cooperation in the field of Non-Traditional Security Issues, the International AIDS Conference, and the International Congress on AIDS in Asia and the Pacific, in addition to various UN conferences. Chinese leaders have reiterated China's promise to cooperate in regional and global efforts to combat

the disease. For example, at the 15th International AIDS Conference held in Bangkok in 2004, Chinese Premier Wen Jiabao pledged to contribute to the regional and global fight against HIV/AIDS.[57] Again, at a high-level meeting on HIV/AIDS at the 59th Session of the UN General Assembly on June 2, 2005, China reiterated its commitment to the international society in combating HIV/AIDS. A month later, Chinese delegates attended the Seventh International Congress on AIDS in Asia and the Pacific held in Kobe, Japan.

Apart from participating in international and regional fora, China has also actively played host to a number of international conferences on the disease. These include the "2005 New Strategies on Prevention and Control of HIV/AIDS International Conference" in December 2005,[58] a gathering of twenty-one Asia-Pacific Economic Cooperation (APEC) economies to reaffirm their commitment to fighting and controlling infectious diseases in April 2006,[59] and the conference on "East Asian Regional Cooperation to Fight AIDS, Tuberculosis and Malaria" in July 2006.[60]

China's intensified effort to fight HIV/AIDS is also evident in its shift from being a recipient of international aid to becoming a provider of international assistance for developing countries. It has played an increasing role in providing medical assistance to the African continent by not only conducting training courses for African HIV professionals, but also by cooperating with its neighboring countries, such as Myanmar, Laos, and Vietnam, in pilot projects to prevent and contain HIV/AIDS.[61] It has also exported generic HIV/AIDS drugs at affordable prices to African countries.[62] Recently, China's Mchem Pharma Group of Xiamen, Fujian, reached an agreement with the Clinton Foundation whereby Mchem supplies discounted pharmaceutical ingredients to manufacturers of generic HIV/AIDS drugs in South Africa and India, and Mchem may eventually export the finished formulations.[63] In an official policy paper entitled *China's African Policy*, published in early 2006, the Chinese government once again indicated its commitment to enhancing Africa's public health by sending medical practitioners and medical materials to the continent. Beijing also promised to cooperate with African governments in the prevention and treatment of infectious diseases, especially HIV/AIDS, malaria, and tuberculosis.[64] External debt has placed a heavy burden on African countries for a long time. Many of them have to spend up to 30 percent of their government revenue making repayments. China's discounted generic HIV/AIDS drugs and its announcement of a debt-relief plan to help the impoverished

African countries have been seen by some commentators as "real aid." China's outward health diplomacy, in particular its role in Africa's HIV/AIDS crisis, will be further elaborated in chapter 5.[65]

A controversy surrounding HIV/AIDS medicine is that pharmaceutical companies in developed countries have allegedly been reluctant to invest heavily in drugs that would primarily cater to the needs of patients in developing countries. The aforementioned "10/90" gap is a typical example. Owing to little prospect of making profit in less developed countries, drugs for the developing world's diseases receive little global attention.[66] China's assistance in providing generic HIV/AIDS drugs and herbal-derived anti-malaria drugs (artemisinin) is believed to help stem the tide of morbidity, mortality, and economic loss on the continent.[67]

In summary, since the dawn of the twenty-first century, there has been a remarkable change in China's public health policy, from initial denials and cover-ups to being more proactive and embracing multilateralism in managing its looming health crisis. The SARS outbreak of 2002–3 and the subsequent outbreaks of foot-and-mouth disease[68] and the avian and A/H1N1 influenza epidemics have tested China's commitment toward complying with global public health norms and rules. Although China's overall participation in the international health regime in relation to HIV/AIDS was shaky until quite recently, China's multilateral involvement in the health regime over the past few years is remarkable. Even UNAIDS has acknowledged that China has made good progress in response to its AIDS epidemic. The then Vice Minister of Health Wang Longde and Zhang Beichuan, a professor from Qingdao University, were awarded leadership excellence awards by UNAIDS for their dedication and commitment to helping China manage its HIV/AIDS problem.[69] Unlike its previous denials and cover-ups, China has scaled up its response to HIV/AIDS. It has become more willing to share data on the situation of HIV/AIDS in the country with the outside world. The central government has displayed an increased commitment to using a multilateral and cooperative approach to global health governance as well as providing public goods for health.

Why did China change tack at the beginning of the twenty-first century after denying the threat for more than fifteen years? Why is this health issue no longer merely framed as a domestic social issue but rather as a security issue with transnational implications? How can we account for China's changing health policy and its increasingly multilateral cooperation? Can we assert that China's impulse to

be more proactive in international fora has been driven by its deeper commitment to providing public goods for health? Or is it no less than a public relations exercise to remedy its tarnished international reputation or a rational response to its domestic dangers? On the international front, how can we gauge China's role and nature of its involvement in global health governance, especially its involvement in managing Africa's HIV/AIDS crisis? The following chapters will examine in detail China's intention for and aspiration toward global health governance.

Conclusion

The assurance of access to primary health care and essential antiretroviral drugs is a major focus of the global health regime on HIV/AIDS. Given that the access is a fundamental right for human beings, states are duty-bound to protect their citizens and to provide public goods for health. Since the early 1990s, an evolving global norm on health is that states are expected to carry moral responsibility to the prevention and control of the spread of infectious diseases within as well as beyond their borders. Global health governance is premised on the taking of collective actions by a wide range of actors to tackle transnational health problems. In order to capture both the territorial and supraterritorial features of global health issues, post-Westphalian health governance is called for.

China, as a socialist country, provided its citizens with the means to meet the essential social needs during the Mao era. However, since the launch of economic reforms at the end of the 1970s, the Chinese government has placed economic growth at the top of its policy agenda. Public health care, albeit one of the basic social needs, is no longer guaranteed. China's current crippled health system shows its deficiencies and weaknesses in controlling emerging infectious diseases, as evidenced by HIV/AIDS and SARS. The recent developments of China's health governance since the dawn of this century and its response to HIV/AIDS have shown that the country is now on the road to playing a more proactive role in global health governance. Evidence also demonstrates that China is including a multiplicity of actors to combat its domestic AIDS crisis and is proactively participating in various international and regional health fora. Its effort to fight HIV/AIDS has extended to the African continent. However, since the establishment of the PRC, Beijing has steadfastly resisted any international intervention into its domestic affairs. What can

this evidence of participation tell us about the genuine extent of China's engagement with the global heath regime and its effort to fight HIV/AIDS in the African continent? The following chapters provide a more detailed account of China's engagement with global health governance by examining the connections between domestic and international factors and its preference for and aspiration toward the world order.