

CHAPTER 4

HIV/AIDS GOVERNANCE IN CHINA: INTERNATIONAL-DOMESTIC NEXUS

Today I would remove China from the list of countries in denial [of HIV/AIDS].

—Richard Holbrooke, 2005¹

[The State Council Working Committee on AIDS in China] hasn't quite really lived up to expectations.

—Joel Rebnstrom, 2006²

The previous chapter illustrated how China has gradually integrated itself into the global health regime. This chapter will examine empirical evidence to analyze the Chinese government's policy and actions aimed at protecting its citizens from the HIV/AIDS epidemic. With an appearance of participation, Beijing seems to act in a way that is more positive and proactive in global health governance. However, one might wonder whether this amiable integration into the global health regime can positively improve its domestic HIV/AIDS governance. With one-fifth of the earth's population living inside China's borders, as well as China's integration with the rest of the world continuing apace, China's health situation can certainly exert a global impact, as discussed in chapter 1. Therefore, how China tackles its HIV/AIDS crisis is crucial not only for itself but also for the rest of the world. In other words, there is an intimate relationship between China's domestic health governance and its global health governance. The purpose of this chapter is to investigate China's response to its HIV/AIDS outbreak.

This book concentrates on the spread of HIV/AIDS, as it is one of the most concerning infectious diseases for many countries including China. Since an HIV vaccine that would protect people from either HIV infection or the onset of AIDS is not yet available, prevention and control of the disease are the most promising ways to curb the pandemic. The United Nations Development Program has specifically asserted that good governance is crucial for combating the disease.³ International experience has also demonstrated that a vibrant civil society, increased transparency of information flows, anti-stigmatization, and universal access to HIV testing and treatments are essential to curb the spread of the disease. Australia is a good example of a country that was able to reduce its HIV incidence dramatically by implementing a comprehensive HIV/AIDS policy.⁴ As Raimo Väyrynen argues cogently, “Global governance cannot replace the need for good governance in national societies; in fact, in the absence of quality local governance, global and regional arrangements are bound to fail or will have only limited effectiveness.”⁵ Therefore, the questions to be addressed are: to what extent does China allow the growth and expanded involvement of NGOs, both domestic and global, in its public health governance? Do Chinese officials attach increased significance to human security *vis-à-vis* national security? Is China’s improved response to the AIDS pandemic at the domestic level due to its increased commitment to protecting its citizens or just an instrumental reaction to international pressure? How can we account for China’s changing domestic policy and its increasing cooperation with various actors inside China?

This chapter aims to provide an in-depth investigation of the changing nature of China’s response to its domestic AIDS crisis. The first section focuses in particular upon new policies, declaration, and legal framework. It is followed in the second section by a discussion of China’s increasing cooperative behavior in relation to international organizations and the government-spanning networks across countries. The third section is about how the Chinese government calls on the private sector to join the fight against disease and creates the incentive for corporate responsibility. The fourth section discusses how China responds to civil society pressures and working with NGOs and AIDS activists within China. The final section explores the extent China has embraced the notion and practice of global health governance in combating HIV/AIDS inside the country.

Policy Declaration, Regulations, and Legal Framework

It has been widely perceived that the Chinese leadership is loath to acknowledge the enormity of infectious diseases in the country. If sovereignty entails responsibility to protect human beings both inside and beyond the state, it seems that the Chinese government, which is at pains to defend the principle of national sovereignty, has to show the world that China is both willing and able to provide global public goods for health. Since the official recognition of the growing problem of HIV/AIDS in China in June 2001, the central government has increased its commitment to tackling the problem. Following the SARS outbreak of 2002–3, Beijing has been more proactive in playing a leadership role in combating HIV/AIDS. Since 2003, Premier Wen Jiabao and President Hu Jintao have paid high-profile visits to AIDS patients around the annual World AIDS Day on December 1, indicating the central leaders' strong determination to take the issue seriously. In February 2004, a new State Council Working Committee for AIDS Prevention and Control was established under the leadership of the vice premier (Li Keqiang succeeded Wu Yi as the head of the committee in 2008) to coordinate and promote collaboration among government agencies, the private sector, and the civil society.⁶ During the National People's Congress (NPC) meeting in March 2005, Premier Wen Jiabao reiterated the central government's determination to improve China's public health system, particularly in fighting HIV/AIDS.

With regard to universal access to HIV treatment, one may consider whether this has been provided by Chinese law. The first law that is specifically targeted at HIV/AIDS was endorsed in 2004 in China. In August 2004, China revised its Law on the Prevention and Control of Infectious Diseases, which came into effect on December 1, 2004. Under this new law, all local governments must strengthen prevention and control measures to prevent the spread of HIV and ensure that victims of the disease have access to treatment without discrimination.⁷ This was the first time HIV/AIDS was specifically targeted in national legislation.⁸ When evaluating China's response to HIV/AIDS, the Center for Strategic and International Studies (CSIS), a U.S. think tank, also held that this new law was "an important step forward in de-stigmatizing HIV/AIDS in China and facilitating prevention and control efforts."⁹

Synchronizing with the promulgation of the new law, China began to provide people living with HIV/AIDS free diagnostic tests and

free medicine under the programs of the “Four Frees and One Care” and the China Comprehensive AIDS Response (China CARES). In addition, in June 2005, in an executive meeting of the State Council, the prevention, treatment, and care of HIV/AIDS were highlighted as the key focuses of public health policy in the 11th National Five-Year Plan (2006–10). Each level of government was requested to standardize HIV/AIDS prevention and care work in accordance with the law.¹⁰ Subsequently, the “AIDS Control Regulations” were approved by the State Council in January 2006. These regulations outline the principles, roles, and responsibilities of various government departments in the prevention and control of HIV/AIDS.¹¹

More crucially, the ailing state of China’s health system has been officially admitted by the government. A joint report issued in August 2005 by the State Council’s Development Research Centre and the World Bank pointed a finger at China’s public health care system for its failure to prevent and control both serious chronic diseases and infectious diseases.¹² The fact that it might be the first time that a Chinese official body criticized its public health care system is widely regarded as groundbreaking. The report sparked a lively debate as to how the system could be overhauled to give an effective response to communicable diseases. The then Minister of Health Gao Qiang, on his ministry’s website, even accused hospitals in China of being motivated by profit rather than the health of their patients. The exorbitant fees have in effect denied the poor access to proper medical care. In addition, China not only fails to provide adequate health care for most of its citizens, but also is unable to cope properly with large-scale epidemics and diseases.¹³

One month after the release of the joint report, Gao Qiang and his health officials visited Australia. During the visit, they paid particular attention to the control and prevention of HIV/AIDS in Australia and the respective roles of state and federal governments in health provision.¹⁴ In addition, in light of the urgent need for a major overhaul of the rural medical system, Premier Wen Jiabao announced in his annual work report to the NPC in March 2006 an introduction of rural cooperative medical funds. The gist of the reform is to provide peasants with affordable basic public health services.¹⁵ During the worldwide economic downturn in 2009, Wen further announced that the government would invest RMB850 billion yuan (US\$125 billion) in the improvement of the health care system in the country.¹⁶

However, it is far from certain that this promise and determination to control HIV/AIDS and to provide public goods for health will be long lasting. One may even speculate that the reform came about for short-term utilitarian reasons. The demotion of Gao Qiang from the position of the minister of health to deputy minister in the same ministry in June 2007 sparked off a concern about China's genuine determination to reform the public health system. It has been reported that Gao's demotion is linked with the much-criticized ministry-led health reforms.¹⁷ Nevertheless, there are still enormous challenges the government has to address before it can embrace the new understanding that sovereignty entails responsibility to protect. The HIV/AIDS crisis, avian flu, its problem-ridden medical system, and its food safety are just some of the cases in point. At issue are whether Chen Zhu, a technocrat without political affiliation to the CCP, can muster sufficient political influence to push ahead with the contentious reforms, and how serious the Chinese party-state treats the reforms.¹⁸

In evaluating the effectiveness of China's HIV/AIDS prevention, treatment, and care policy, both the Chinese government and UN agencies conclude that China still faces a number of key challenges. Problems are particularly acute in localities where leaders often do not understand sufficiently the dangers of HIV/AIDS. Implementation of the "Four Frees and One Care"¹⁹ policy remains relatively ineffective in some areas. Henan has several notorious "AIDS villages" in which farmers contracted HIV/AIDS through dubious blood selling sponsored by local governments in the 1990s. Shangcai is one of the most seriously affected counties in the province. After the exposure of the AIDS crisis there, both the central and local governments pledged to provide medical aid and financial support in order to improve the situation. However, it was alleged that by paying lip-service to supporting the central government's policy on "Four Frees and One Care," local officials siphoned aid money and resources, giving little to the patients and the people in need. In addition, most of the charity gifts donated by various organizations did not reach HIV/AIDS carriers or their families. Dr. Gao Yaojie, an 82-year-old gynecologist from Henan province, called on aid groups and people sympathetic to the victims not to offer any aid to Shangcai county as local officials would embezzle it. She said that Shangcai county's policy on HIV/AIDS prevention and control was no more than a trap.²⁰ In Henan, the provincial health authorities have blocked *Médecins*

Sans Frontières (MSF) from operating an HIV/AIDS treatment project in the province.²¹

In addition, while the Chinese central government has been committed to the provision of a free AIDS treatment program since late 2003, it is still a moot point whether local governments implement truly “free” programs. It has to be noted that some cities and provinces, such as Guangxi province and the city of Guangzhou in Guangdong province, have more or less fulfilled the requirement of providing free treatment. Not only do they give free antiretroviral treatment but they also waive other AIDS-related health service charges or provide HIV/AIDS patients with financial subsidies to cover inpatient costs. However, according to a report entitled *Missing the Target #5*, published by the International Treatment Preparedness Coalition (ITPC) in December 2007, “the only part of the treatment that is truly ‘free’ [in China] is the ARVs [antiretrovirals] themselves.” In many parts of the country, there are still multiple charges for HIV/AIDS-related health services, including CD4 tests, Western blot confirmation tests, regular diagnostic tests, and opportunistic infection tests. Many hospitals in China, especially those under heavy financial pressure to generate revenue, charge patients for both diagnostic tests and treatments for opportunistic infection, such as tuberculosis and bacterial pneumonia.²²

There are inherent faults with the ARVs, though they are provided free of charge. Until 2007, only five domestically made generic drugs and four patented drugs obtained from overseas pharmaceutical firms were available in China (see table 4.1). However, four of the domestically produced ARVs are not on the WHO’s list of recommended first-line treatments for HIV/AIDS carriers and two of them are even on the “not recommended” list of the U.S. National Institutes of Health treatment guidelines.²³ One of the domestically made drugs, NVP, produced by the Shanghai DESANO Pharmaceutical Co., is not suitable for patients with hepatitis B who would likely have severe side effects after taking it. The government procured almost 20 million NVP pills in 2007, the second largest procurement from the government among all available ARVs in China. The irony is that up to 10 percent of China’s population is hepatitis B positive.

Making the situation even more complicated is that once patients start taking antiretrovirals, they must continue with the treatment to prevent developing a resistance to the drug, which would require them to take new drugs, known as second-line therapies. According to Wan Yanhai, head of the Beijing Aizhixing Institute of Health

Table 4.1 The supply and availability of antiretroviral drugs in China in 2007

<i>Drug Name</i>	<i>Supplier</i>	<i>No. of Pills Purchased by Central Government</i>	<i>No. of Pills Purchased by Global Fund</i>
1 Zidovudine (AZT)	Northeast Pharmaceutical Groups Co. Ltd	11,356,092	
2 Stavudine (D4T)	a). Xiamen Maike Pharmaceutical b). Shanghai DESANO Pharmaceutical	a) 16,574,520 b) 13,126,860	
3 Nevirapine (NVP)	Shanghai DESANO Pharmaceutical	19,619,400	
4 Didanosine (DDI)	Zhejiang Huahai Pharmaceutical Group Co. Ltd	17,484,510	
5 Lamivudine (3TC)	GlaxoSmithKline	8,878,170	
6 Efavirenz (EFV)	Merck, Sharp & Dohme	1,628,520	840,600
7 Indinavir (IDV)	a). Northeast Pharmaceutical Group Co. Ltd. b). Merck, Sharp & Dohme	a) 2,137,200 b) 5,400	
8 Combivir (AZT + 3TC)	Glaxo Smith Kline	432,660	
9 Kaletra (LPV/R)	Abbott		432,000

Source: Information was given by an anonymous official of the Chinese Center for Disease Control and Prevention in Beijing in February 2008.

Education, 60 percent of those who received free treatment from Shangcai county of Henan province stopped taking the free drugs after experiencing strong negative side effects.²⁴ Information from China's CDC shows that at the end of 2007, only 42,807 out of the estimated 700,000 HIV/AIDS patients in the country received free first-line ARV treatment from the government. More surprisingly, the government just started piloting second-line treatment at the end of 2007 and only about 100 HIV patients received free second-line treatment in the country.²⁵ If none of the drugs funded by the government is suitable, patients have to purchase expensive, patented

drugs on their own. However, all of the imported patented drugs are “prohibitively expensive” and as a result, the choices for HIV/AIDS carriers in China are very limited.²⁶ The ITPC also resonates that “access to second-line HIV/AIDS therapy is extremely limited” in China.²⁷

Overall, the political commitment among China’s top government officials has been praised by international AIDS researchers. A report published by the journal *Lancet* in February 2007 paid tribute to China’s recent response to HIV/AIDS. Roger Detels, one of the contributors to the report, commented that China was initially “somewhat slow to respond” to its AIDS crisis; however, once responding, “they did it in a big way.”²⁸ The report also concludes that in spite of this improvement, the country is still facing a “formidable task.” Inadequate human resources have made it hard to translate central government policies into action on provincial and local levels and to mobilize adequate resources and trained personnel.²⁹ Joel Rehnstrom of the Joint UN Program on HIV/AIDS (UNAIDS) China Office also warned that although the central government has been increasingly open in handling the disease, the State Council Working Committee on AIDS “hadn’t quite really lived up to expectations” in effective coordination with lower-level authorities.³⁰ Peter Piot, executive director of UNAIDS, also noted that there was a mismatch between national policy made by the central government and its enforcement at local levels. He asserted that patients and NGOs should be given more room for involvement in the fight against the disease.³¹

Working with Multiple Actors inside China

Ever since China admitted the problem of HIV/AIDS in 2001, not only has it revised its laws and regulations in combating infectious diseases but it has also drawn in different actors, both state and non-state, to combat HIV/AIDS inside the country. The Chinese central government has demonstrated greater willingness to engage with various countries and international organizations to manage its public health, especially the HIV/AIDS crisis. Accordingly, China has cooperated with more than forty international organizations and countries on the prevention and control of AIDS in China,³² and all China’s thirty-one provincial units (provinces, autonomous regions, and municipalities of provincial ranks) are covered with international AIDS cooperation programs.³³ As of November 2009, China

had received external donations worth approximately 3.58 billion yuan (roughly US\$527 million) to support 276 AIDS treatment and prevention programs in the country.³⁴ Partners include UN agencies (e.g., UNAIDS, WHO, UNICEF, and World Bank), INGO (e.g., Global Fund to Fight AIDS, Tuberculosis and Malaria; the Clinton Foundation; and the Bill & Melinda Gates Foundation), sovereign states (e.g., Australia and the United Kingdom), as well as private business corporations (e.g., the Global Business Coalition on HIV/AIDS [GBC]).

UN Agencies

Working with UN agencies, China now provides more accurate data and has formulated a better-informed strategy to rollback the spread of HIV/AIDS. For a long time, China faced a serious challenge in compiling reliable data of the HIV/AIDS situation in the country. Many NGOs and AIDS activists condemned and suspected the authenticity of the official figures on HIV/AIDS in China. One reason it was easy to question the official figures was due to poor transparency about how the disease spread so quickly in the 1990s, following government-sponsored blood selling programs. Lack of a comprehensive surveillance and testing system was another hurdle as it was almost impossible for the government to gather reliable data. The problem of identifying HIV/AIDS carriers was eventually admitted by the Ministry of Health. In a conference on AIDS, jointly hosted by the Ministry of Health and the GBC in Beijing in March 2005, the Vice Minister of Health Wang Longde conceded that the government had “no information about most HIV carriers,” which therefore tied the hands of the government in providing necessary and timely treatment to them.³⁵ Indeed, poor-quality data has been a major problem for China. A report, entitled *Averting a Full-Blown HIV/AIDS Epidemic in China*, prepared by the CSIS and published in 2003, specifically indicated that poor baseline data and limited assessment capacity was one of the four stark challenges the Chinese leaders faced in tackling its AIDS problems.³⁶

With increased technical and financial support from UN agencies, China is now able to present a more open and accurate estimation of its AIDS situation. The UN Theme Group on AIDS, the UN’s coordination body, in China comprises seven sponsoring agencies—International Labor Organization (ILO), United Nations Development Program (UNDP), United Nations Educational,

Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Health Organization (WHO), and the World Bank. The UNAIDS Beijing office acts as a secretariat to the Theme Group.³⁷ The WHO has assisted in developing national sexually transmitted infections/HIV/AIDS Surveillance guidelines and improving surveillance data feedback mechanisms.³⁸ Cooperating with the UN Theme Group on AIDS, the Chinese Ministry of Health has since 2004 published several reports on China's response to HIV/AIDS.³⁹ The 2006 report revealed that the estimated number of persons with HIV/AIDS in China significantly reduced by 22 percent from 840,000 persons in 2005 to 650,000 persons in 2006. Surprisingly, skepticism from the international community about this new downsized figure was scant. One of the reasons for this might be that the new figure was endorsed by both UNAIDS and the WHO, which argued that the new figure was derived from better data collection and calculation models. It is certain that in working with UN agencies, China's mechanisms for national surveillance have improved and the estimate of the size of the HIV/AIDS disease burden in China is more precise and reliable, thereby dispelling widespread international suspicion about China's official AIDS data. More importantly, accurate data are certainly crucial and helpful for the government to have a better plan to arrest the spread of the disease.

As part of its cooperative program with intergovernmental organizations, China collaborates with the UNICEF in implementing the aforementioned national "Four Frees and One Care" policy.⁴⁰ In October 2001, UNICEF began carrying out an experimental intervention scheme in the seven most seriously plagued villages in Shangcai county in Henan province. By June 2003, the intervention had extended to all twenty-five villages in the county, and a supervisory group for the intervention work had been formed.⁴¹ In the period 2006–10, UNICEF would spend up to US\$100 million to combat HIV/AIDS in China.⁴² In addition, in cooperation with the ILO, in July 2008 the All-China Federation of Trade Unions (ACFTU) launched a three-year project to prevent the spread of HIV/AIDS among high-risk segments of the migrant workforce. In line with the government's AIDS Action Plan, the ACFTU-ILO project aims to introduce an AIDS intervention program among 90 percent of the 150 million migrant workers by 2010. The focus of this project is on those areas with many migrant workers, such as Guangdong, Yunnan, and Anhui provinces and the Xinjiang Uygur autonomous region.⁴³

Since 1996, the World Bank has supported China in the field of HIV/AIDS prevention through a comprehensive disease prevention loan project in eight cities in China. In 1999, the bank granted US\$60 million in total for the Health IX Project, of which US\$35 million was allocated to a STI/HIV/AIDS component project in the country. Effective January 24, 2001, the project is focused on Guangxi, Xinjiang autonomous regions, Fujian, and Shanxi provinces.⁴⁴ With supplements from Australian and Japanese governments, the project aims to promote and support NGO involvement in HIV/AIDS prevention, care, and control. Seven NGOs have been funded by the scheme to coordinate and support the major activities of the project in the provinces.⁴⁵

INGOs

The most prominent partnership by measure of financial assistance with which China is engaging is the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter the Global Fund), an international independent public-private partnership or an international nongovernmental organization (INGO). As of November 17, 2009, among 112 countries, China was ranked as the eighth highest recipient of the Global Fund's cumulative disbursements for HIV/AIDS.⁴⁶ Having been rejected twice in 2001 and 2002, China's application to the Global Fund for funding was first accepted in the third round of applications in 2003.⁴⁷ Since then, China has been awarded funding by the organization every year. The Chinese CDC has been granted more than US\$180 million in total to run four different projects to mitigate the impact and reduce the spread of HIV/AIDS in China. The four projects are: China Comprehensive AIDS Response (CARES) Project, which is a community-based HIV treatment, care, and prevention program in Central China; Reducing HIV Transmission among and from Vulnerable Groups and Alleviating its Impact in Seven Provinces in China; Preventing a New Wave of HIV Infections in China; and Mobilizing Civil Society to Scale Up HIV/AIDS Control Efforts in China.⁴⁸

In order to qualify for the Global Fund's financial support, China must meet certain criteria. One is to cooperate with NGOs inside the country. For example, in the fifth round of applications, China pledged to use 43 percent of the US\$29 million it asked for to work with NGOs to combat the AIDS epidemic nationwide. Official figures show that between 2002 and 2006, China granted around

US\$2.5 million to fund 231 local NGO projects to curtail the AIDS epidemic, covering almost all of its 31 provinces, municipalities, and autonomous regions.⁴⁹ However, there is a heated debate on the selection of NGOs. Some AIDS activists, such as Wan Yanhai, criticized that the system lacked transparency, was unequal, and “full of double standards.”⁵⁰

The second INGO that is involved in China’s HIV/AIDS prevention campaign is the Bill & Melinda Gates Foundation. In November 2007, it committed US\$50 million over five years to expand HIV/AIDS prevention in China and to increase high-risk groups’ access to various HIV/AIDS prevention programs, such as prevention services, HIV testing, support for people living with HIV, and stigma reduction. Of the total funding, US\$20 million is to be allocated to the Chinese Ministry of Health. The Office of the State Council AIDS Working Committee is obliged to justify the specific uses of the fund. The remaining US\$30 million is designed as grants for local, national, and international NGOs to apply for prevention programs.⁵¹

The Clinton Foundation is another major INGO dedicated to curbing HIV/AIDS in China. Not long after the former U.S. President Bill Clinton visited China and gave a keynote speech at an AIDS/SARS summit at Tsinghua University in Beijing in November 2003, a Memorandum of Understanding between the Ministry of Health of the PRC and the Clinton Foundation was signed. According to the memorandum, the Clinton HIV/AIDS Initiative, starting from 2004, would provide financial and technical support for China to develop a nationwide care and treatment plan. The organization would work with the Ministry of Health to undertake HIV/AIDS prevention educational programs and drug treatment in Henan, Yunnan, and Anhui provinces.⁵²

Government-Spanning Networks

The Chinese government is now trying to create a government-spanning networked response to its looming health crisis. As Anne-Marie Slaughter has described, foreign relations of nation-states in the twenty-first century are no longer conducted exclusively by the ministries of foreign affairs or the heads of the state, but rather by a dense web of governmental policy networks formed by various government units. These government-spanning networks are now playing an increasingly significant role in international relations.⁵³ In

terms of capacity building, these government-spanning networks are more promising in tackling China's looming health crisis. Therefore, to facilitate exchanges of knowledge with overseas experts as well as to build up its capability to address public health crises, the Ministry of Health has been sending its officials overseas to participate in exchange programs in public health.

As previously mentioned, Australia's comprehensive and effective strategies for curbing HIV/AIDS have been highly commended by the international community. The Chinese Government and the Australian Government's Overseas Aid Agency (AusAID) have established a strong cooperation network between the two countries' health officials. Accordingly, 700 Chinese government officials have been sponsored by the Australian government to study in various Australian universities.⁵⁴ One of the successful cases is the exchange and study program whereby officials and specialists from the Chinese CDC in Beijing and various provinces go to Queensland, Australia for R&D purposes. In 2007, the Ministry of Health applied for and successfully received the "Australian Leadership Awards—Scholarships," an AusAID regional program targeting developing countries. The first batch of students, consisting of twelve officials from China's CDC, was dispatched to Brisbane in July 2007 to undertake a one-year postgraduate degree in Environmental and Public Health Management at Griffith University. The second batch, another twenty officials from different CDC offices in China, arrived in Brisbane in February 2008 to undertake the same course of study at Griffith. In 2009, the Australian government cut back some of the financial support for this award but in February 2010, another group of twelve Chinese CDC officials arrived at Griffith to take up a six-month postgraduate course on public health.

In addition, the China-Australia Health and HIV/AIDS Facility (CAHHF) held its first workshop on exchanging health-related experiences in China in November 2007. The representatives from AusAID presented the strengths of Australia's health sector in front of thirty-eight representatives from different departments and divisions of the Ministry of Health of the PRC and the Chinese CDC. They also explored the potential for building partnerships between the two countries. In addition, a committee for the Tibet Health Sector Support Program (THSSP) was established in 2004 by AusAID, with an AU\$16 million (approximately US\$14.4 million) budgetary commitment from Canberra.⁵⁵ In order to improve the capacity of the Chinese CDC's health management in Tibet, the

committee has not only introduced modern management know-how to Shannan Hospital in the region but also committed to training 350 CDC staff across the region in health management. The committee also recognized the growing importance of strengthening the responsiveness to HIV/AIDS in that area.⁵⁶

In addition, the Chinese Government and AusAID commenced a seven-year HIV/AIDS Prevention and Care project in the north-western Xinjiang Uygur Autonomous Region in March 2002. This project was proposed by the PRC government and was approved in 2000 by the Australian government, which has committed AU\$18.5 million (approximately US\$16.65 million) in total to this project.⁵⁷ The aims of the project are to reduce the transmission of HIV infection and the adverse effect of the epidemic on the social and economic development of the region through a range of policy initiatives, such as improving the capacity of local institutions to deal with HIV/AIDS, training health workers, and promoting HIV awareness among the public.⁵⁸ In evaluating the first five years of work in November 2007, the coordination committee noted that the project made positive achievements. For example, through their promotion and education programs, the rate of condom use among sex workers in the Tianshan district dramatically increased from 53 percent to 90.4 percent in their last three sexual contacts, and the sharing of needles and syringes among drug users decreased by 51.5 percent in 2007.⁵⁹

Apart from Australia, another significant donor toward China's AIDS prevention and control is the United Kingdom. Since 2000, the UK, through its Department for International Development (DFID), has committed GBP 25 million (approximately US\$40 million) to supporting two major projects to curb HIV/AIDS in China. The first project was the China-UK HIV/AIDS Prevention and Care Program, which cost GBP 20 million between 2000 and 2006.⁶⁰ By focusing on Yunnan and Sichuan with additional support to Hunan, Hubei, Gansu, Guangxi, Jilin, and Zhejiang, the China-UK HIV/AIDS Prevention and Care Program was aimed at developing replicable models of HIV/AIDS prevention, treatment, and care for high-risk and vulnerable groups in China and enhancing institutional capacity building at national, provincial, and county levels to deliver a comprehensive scaled-up response.⁶¹ Toward the end of this project, the HIV/AIDS Policy Research Centre at Tsinghua University was commissioned by the Chinese CDC to prepare a full assessment about this project. The report, entitled *Zhengce pinggu baogao* (Policy

Assessment Report), concluded that the program has increased the awareness and prevention of HIV/AIDS, particularly among high-risk and vulnerable groups. It gave a highly positive appraisal of the overall progress of the program.⁶² The second project between these two countries is the ongoing China AIDS Roadmap Tactical Support (CHARTS). The DFID committed GBP 5 million to developing China's strategic capacity to deliver an effective and coordinated response to HIV/AIDS.⁶³ In 2006, together with the UN and the Global Fund, DFID committed another GBP 30 million for a five-year HIV/AIDS project. This project mainly targets high-risk populations in seven provinces in China with the highest prevalence rates and it is the largest AIDS project in the country thus far. According to the DFID, this project will provide direct benefits to 440,000 members of high-risk populations, 79,000 people living with AIDS, and 4.5 million members of vulnerable groups in the country.⁶⁴

Creating Incentives for Corporate Responsibility

As a means to respond to the challenges of globalization, the UN Global Compact, initiated by the then Secretary-General Kofi Annan in 2000, engages transnational corporations to promote corporate social responsibility. Since states, national economies, and even social lives fall increasingly under the regulation of global-level "private authorities," there is a rising need to include private global regulations into global governance. The UN Global Compact is not a legally binding code of conduct but rather a business network that helps to create global public norms among transnational companies. With a consensus-based standard of corporate social responsibility, companies recognize and disseminate "good practice" and try to build up momentum toward achieving the agreed-upon universal principles. The major advantage of this Global Compact network approach is that it facilitates the forming of private-public partnerships in response to complex and rapidly changing environments. John Gerard Ruggie argues that the global public domain in international politics has been transformed from statecentrism to "the growing significance of global corporate social responsibility initiatives triggered by the dynamic interplay between civil society actors and multinational corporations."⁶⁵ A good example is corporate involvement in HIV/AIDS treatment programs in Africa. Civil society organizations take the lead in "pushing" or encouraging transnational corporations to contribute to curbing the AIDS pandemic,

particularly in those areas where the public sector is unable or unwilling to perform.⁶⁶

As previously mentioned, it is unlikely that the Chinese government would tolerate any activities that have the potential to attenuate the supremacy of the CCP in ruling the country. Enlarging the public domain inside the country is certainly a vexing question. However, in order to wage an effective campaign to fight the disease, China has recently opened its doors to the corporate world and called on the private sector to join its fight against the disease. The first ever meeting to mobilize a business response to HIV/AIDS in China was initiated in 2003. Harvard University, the World Economic Forum, and UNAIDS together convened a series of workshops called "HIV/AIDS and Business in Africa and Asia: Building Sustainable Partnerships." The last workshop of this series was held in Beijing on November 5, 2003. It highlighted the potential economic impact of AIDS and its relevance to businesses operating in China. Shen Jie, director of the Chinese CDC, publicly recognized the positive role of the business sector in the government's response to its AIDS crisis during the meeting.⁶⁷ This was the first time the Chinese government called for public-private partnerships in managing a health crisis. Later, in a summit on AIDS jointly hosted by the Ministry of Health and the Global Business Coalition (GBC) on HIV/AIDS in Beijing on March 18, 2005, then Vice Premier as well as Health Minister Wu Yi further urged private companies and NGOs to play a greater role in halting the spread of HIV/AIDS in China. She indicated that the government could not win the battle by fighting the war alone. Combating AIDS is not just a government obligation, "but also the common responsibility of society as a whole, including business."⁶⁸

The GBC is an organization that leads more than 220 private companies around the world to combat HIV/AIDS, tuberculosis, and malaria through business-sector contributions. In response to Wu's call to establish public-private partnerships, twenty-six multinational companies committed themselves to implementing non-discrimination policies for HIV/AIDS in their China-based firms before December 1, 2005. The purpose was to protect their HIV-infected employees from discrimination by their employers or other employees.⁶⁹ The purpose of the GBC is to assist member companies and tailor individual responses to address the HIV/AIDS epidemic in the workplace and the community. For example, the Standard Chartered Bank, one of the members of the GBC in China, has

provided compulsory courses on HIV/AIDS basic awareness and prevention for new employees. All employees are also encouraged to participate in community outreach programs, such as distributing HIV/AIDS pamphlets to the public.⁷⁰

In China, migrant workers are mostly young and work in the construction and manufacturing sectors or in the service industry. They normally endure long working hours and are separated from their families. The opportunity for them to engage in high-risk unprotected commercial sexual behavior is soaring. Due to their lower education status, they are normally unaware of the risks of unprotected sexual activities. According to Beijing's Health Bureau, about 80 percent of Beijing's new HIV cases in 2006 were among migrant workers.⁷¹ Therefore, the Ministry of Health has already identified migrant workers as one of the high-risk groups for HIV transmission. Hence, increasing their awareness about the disease is deemed essential to control and prevent the spread of HIV/AIDS in the country. Given that there are around 150 million migrant workers travelling to major coastal cities from rural areas in inland provinces,⁷² the GBC in China worked with Chinese CDC, UNAIDS, and local NGOs to initiate a pilot HIV/AIDS awareness training program, known as the "Migrant Worker Training Program" at some construction sites. For example, in November 2004, they kicked off the activity at a construction site for a 2008 Olympic venue in Beijing and conducted an awareness training program in the workers' dormitory. The GBC provided materials such as pamphlets and playing cards with AIDS messages and condoms. With interactive communication, the program raises awareness of HIV/AIDS among migrant workers.⁷³ In addition, seven GBC members—Anglo American plc, Bayer, BD, Coca-Cola, GM, Eli Lilly & Co., and SSL International—are implementing a project called "Migrant Workers HIV, Tuberculosis, and Malaria Awareness Campaign on Trains." Targeting China's migrant worker population, the project distributes playing cards to migrant workers before they board the trains for cities to seek employment. Each deck's fifty-four cards are embossed with messages related to HIV/AIDS, TB, and malaria. The purpose of this campaign is to educate migrant workers on infectious diseases and measures to protect themselves.⁷⁴

In addition, the Chinese Ministry of Health and Merck, Sharp & Dohme (MSD), a global research-based pharmaceutical firm, have developed a partnership project called "HIV/AIDS Community-based Prevention Initiative in Sichuan." In 2005, MSD committed a

total of US\$30 million to a five-year initiative in Liangshan, Sichuan province. This partnership project is thus far the largest public-private HIV/AIDS undertaking in China. It aims to develop a comprehensive model for prevention, care, treatment, and social and financial support to the people in Liangshan where the transmission rate of HIV among drug users is comparatively high.⁷⁵

SOHU.com, another member of the GBC in China, was established in 2004. The company has set up a website to provide comprehensive HIV/AIDS information in China. Working with the Chinese government, the site engages in direct information exchange with the Ministry of Health and provides various forums for announcing and discussing government policies and regulations on HIV/AIDS in China. It has been recognized as the official website for AIDS prevention. Accordingly, it receives an average of 40,000 hits every day.⁷⁶

In order to remove the social stigma of HIV/AIDS and the myth that HIV can be contracted via casual social contact, the National Basketball Association (NBA) of China has enlisted the support of Chinese superstar Yao Ming and its Basketball without Borders Camp to raise awareness about AIDS among the youth in China. Yao Ming and Earvin “Magic” Johnson, an HIV positive former NBA player, filmed a public awareness television advertisement in which they play basketball, dine together, and shake hands. It began broadcasting in China in October 2004.⁷⁷

Johnson & Johnson and Elizabeth Glaser Pediatric AIDS Foundation, also members of the GBC in China, have provided a three-year program to prevent mother-to-child transmission of HIV in Hubei province as well as strengthen the health sector in China.⁷⁸ Anglo American plc, a British-based natural resources company and a member of the GBC in China, has not only provided HIV training to its entire China-based staff, but also cooperated with the local government in Wuxi, a town in Jiangsu province, to launch an AIDS awareness campaign for migrant workers.⁷⁹ Booz Allen Hamilton has provided pro-bono strategic management consulting services for China’s Chi Heng Foundation (*Zhixing jijin*), a Hong Kong-based NGO, to benefit AIDS orphans in China.⁸⁰

Overall, China’s current proactive attitude toward multilateralism in managing HIV/AIDS marks an important milestone on the road toward good governance, especially toward providing public goods for health. The Chinese government not only pays increased attention to its health security but is also eager to draw in a multiplicity of

actors to combat its domestic HIV/AIDS problem. However, international involvement would inevitably internationalize the issue and would breed the growth of domestic NGOs, which would potentially attenuate the supremacy of the CCP in ruling the country, or erode the autonomy of the state. At issue is why China is still willing to take this risk and expand its involvement with multiple actors inside the country on its health governance. Before we conclude to what extent China has embraced the notion of health governance in combating HIV/AIDS, one more element—its reaction to a vibrant civil society—must be examined.

Responding to Civil Society Pressures

It is worth noting that all NGOs in China are required to register with the Ministry of Civil Affairs or the State Administration of Industry and Commerce.⁸¹ Those that do not register with the government agencies are normally called “grassroots organizations.” Once organizations are labeled as “grassroots organizations,” their activities and development are normally constrained by officials through various channels. Since the Chinese government has always maintained its influence on all types of NGOs inside the country, China’s NGOs have often been called GONGOs (government-organized NGOs) by the West. Sovereignty and the supreme rule of the CCP are the primary considerations in the government’s treatment of the nonprofit sector. The Chinese government has long been wary of the growth of domestic NGOs, which are perceived to have the potential to pose a political challenge to the CCP rule.

Accordingly, only around fifty NGOs nationwide and dozens of grassroots organizations are actively involved in HIV/AIDS programs in the country.⁸² With an open admission of the problems and challenges of HIV/AIDS, China now allows the involvement of the civil society in the campaigns to combat it. At an international symposium held in Beijing on August 31, 2005, Chinese Vice Health Minister Wang Longde emphasized that Chinese NGOs have played an outstanding role in fighting HIV/AIDS, particularly in the fields where the government cannot go deep, notably the gay community.⁸³ According to Chinese official figures, there are between 5 million and 10 million homosexuals in the country. Of the 700,000 Chinese living with HIV/AIDS in 2007, 11 percent contracted the virus through gay sex.⁸⁴ That explains why the government needs to set up new programs targeting the gay community in 2008. Wang also

reiterated that the government would work closely with the international community and strengthen its support for NGOs in China.⁸⁵

The government also cooperates with selected grassroots organizations to deal with HIV/AIDS, especially in the areas that involve international funding. A typical example is the Snow Lotus AIDS Project for Education and Research, one of the well-known Xinjiang grassroots organizations. It has yet to register with any government department, but was allowed to receive a grant from the Global Fund to educate young people, homosexuals, and intravenous drug users (IDUs) on the prevention of HIV infection in Xinjiang.⁸⁶

However, if we flip the coin over, a deep concern over national sovereignty, more evident after the “color revolutions” in some post-communist countries, has led China to tighten its control over NGOs and AIDS activists. A typical example to show the government’s multifaceted attitude toward NGOs or grassroots organizations is the Snow Lotus AIDS Project for Education and Research, just mentioned. After the organization drew wide attention by publicizing how people infected with hepatitis B were discriminated against by schools and society, the organization was suppressed and ordered to close down by the local government, which claimed the NGO did not legally register.⁸⁷ Apparently, the government applies double standards to NGOs and AIDS activists. In addition, ample evidence shows that AIDS activists are still penalized or kept in detention for leaking any secret information about the disease in the localities. Chinese officials, particularly those at subnational levels, have been at pains to prevent prominent AIDS activists from any engagement with the rest of the world. The plights of Dr. Gao Yaojie, Wan Yanhai, Li Qianji, Hu Jia, and Zeng Jinyan offer vivid examples.

Gao Yaojie

Dr. Gao Yaojie (1927–), a gynecologist in Henan province, has been named an AIDS crusader and has fought the scourge of HIV/AIDS since 1996. After exposing the HIV/AIDS epidemic and the misconduct of health officials and private entrepreneurs in the collection and dissemination of blood in the province, Dr. Gao was accused of being “anti-government.” However, in the wake of a three-hour private meeting between Wu Yi and her—with the exclusion of Henan officials—during Wu’s visit to the province in December 2003, the central government began to be more tolerant of her activities in the country.⁸⁸ The national China Central Television (CCTV) honored

her with the “Touching China” award in February 2004. In addition, she had her books, *Yiwan fengxin* (*Ten Thousand Letters*) (2004), *Zhongguo aizhibing tiaocha* (*The Investigation of AIDS in China*) (2005), *Zhongguo aizhibing hu* (*China’s HIV/AIDS Disaster*) (2008), and *Gao jie de linghun* (*The Soul of Gao Yaojie*) (2009) published.⁸⁹ The books reveal her encounters with the victims in the AIDS villages in the Henan province. Interestingly, the first book was published by the Chinese Academy of Social Sciences (CASS), a government think tank in Beijing.

However, she was blocked from receiving two overseas awards in 2001 and 2003 and has been placed under house arrest many times. In February 2007, she was again prevented from leaving the country to receive a human rights award in the United States. The Vital Voices Global Partnership, a U.S. advocacy group promoting female empowerment, informed Gao in October 2006 that she would be honored in its March 2007 banquet in Washington, D.C. When Gao was about to leave Zhengzhou for Beijing in early February 2007 to apply to the U.S. embassy for a travel visa, she was placed under house arrest by Henan public security officers after senior provincial officials, including Deputy Governor and Deputy Party Secretary Chen Quanguo, allegedly failed to persuade her not to attend the event and to meet U.S. Senator Hillary Rodham Clinton, an honorary co-chair of the organization. After the alleged interventions by Hillary Clinton and the Chinese President Hu Jintao, Gao was eventually allowed to travel to Washington. While she was in Beijing awaiting the issue of the visa, two senior Health Ministry officials paid a visit to her as a sign of their support for her trip to the United States.⁹⁰ However, in August 2009, with the help of a U.S.-based Christian nongovernment organization, she fled from China and sought asylum in the United States. Contrary to Beijing’s claim that less than 10 percent of the reported HIV cases contracted the disease through blood transfusions, Gao asserts that the majority of the HIV carriers in China got the disease through that means.⁹¹

Wan Yanhai

The second example is Wan Yanhai, a former Health Ministry official and a leading AIDS activist in China. He is the head of the Beijing Aizhixing Institute of Health Education (or Love Knowledge Action) in China. Wan was put in jail for twenty-seven days in 2002 for posting on his website a Henan government document about the

HIV/AIDS outbreak there and detained for one month the following year for receiving a classified document showing that the provincial officials were aware of the AIDS problem long before their formal acknowledgement of it.⁹² The NGO was established in 1994 but not until 2002 was it officially registered as Beijing Aizhixing Institute of Health Education. The organization's website is highly informative about the disease in China.⁹³ It engages in AIDS education, research, and mobilizing public attention to the problem of HIV/AIDS, particularly the impact on AIDS orphans and the gay community in various provinces in China. The organization also has numerous publications on the HIV/AIDS situation in China, ranging from analyzing government policies to educating the public on the prevention and control of HIV/AIDS.⁹⁴ It receives financial sponsorship from various institutions, including UNESCO, UK Embassy in Beijing, the National Endowment for Democracy in the United States, and AIDS organizations in France and Australia.

However, its relationship with the government is often shaky. Sometimes its activities are banned by the government, which is surprising given it has assisted the central as well as local governments in combating HIV/AIDS. For example, while Wan was organizing a six-day AIDS conference, which aimed to provide a platform for AIDS experts and NGOs to discuss AIDS and blood transfusion issues, that was to be held in Beijing in November 2006, he was detained by Beijing security forces just two days before the conference. Ultimately, the conference was cancelled after organizers received a call from Wan.⁹⁵ Conversely, it has also helped the government in promoting AIDS awareness, such as when the China-UK HIV/AIDS Prevention and Care Program sponsored the organization to print pamphlets for the public in Xinjiang. While attending a meeting on the social determinants of health in the Western Pacific region of the WHO in March 2006, the then Chinese Vice Minister of Health Wang Longde explicitly indicated that although the government had introduced different programs on HIV/AIDS intervention and prevention control, with regard to sexual transmission, especially among the gay community, NGOs would be in a better position than the government in reaching the people. Therefore, Wang welcomed more NGOs to join the government in the battle against the disease.⁹⁶ One can presume that the government desperately needs the organization's assistance in managing its AIDS problem inside the country. A representative of the institute in Beijing indicated in 2007 that the organization's work is accepted

and recognized by the government.⁹⁷ In commenting on China's AIDS policy, Wan Yanhai emphasized that while the government provided funding to build infrastructure and public education, the frontline work of educating high-risk groups about HIV/AIDS is left with the NGOs.⁹⁸

Hu Jia and Zeng Jinyan

Hu Jia (1973–), an HIV/AIDS activist and Internet essayist in Beijing, spent 214 days under house arrest between July 2006 and February 2007. Earlier, when he was about to attend an NGO meeting in Beijing on February 16, 2006, he was abducted and detained for forty-one days. His wife, Zeng Jinyan (1983–), a prolific Internet blogger, was named by *Time* magazine as one of the 100 most influential people in the world. In May 2007, they were barred from leaving the country for a trip to Europe on grounds of being suspected of threatening state security. According to Hu, Chinese officials were worried that the couple would set off opposition to the Olympic Games in Beijing in 2008 because Hu and Zeng were prepared to show their audience in Europe a thirty-minute documentary about their house arrest.⁹⁹ After posting some articles on the Internet and speaking with foreign journalists to urge the International Olympic Committee to put pressure on Beijing to improve the human rights situation in China, Hu was placed in custody again and has remained there since December 27, 2007. He also called on the government to improve the treatment for HIV/AIDS patients in China, likened the CCP to the Mafia in some of his articles, and advocated greater autonomy for Tibet. He was finally sent to jail on April 3, 2008, for three and a half years on charges of “incitement to subversion of the state.”¹⁰⁰ His verdict immediately triggered condemnations from the European Union and the United States. While the EU called on the Chinese government to release Hu, the then U.S. Secretary of State Condoleezza Rice commented that the verdict was “deeply disturbing.”¹⁰¹ Amnesty International also declared that Hu's case showed that the Chinese government betrayed its commitments to improve its human rights before the 2008 Olympic Games.¹⁰²

Other AIDS Activists and the Blood-Driven AIDS Epidemic

In 2003, approximately 25 percent of those with HIV/AIDS in China were infected through blood transfusions, either through selling or

receiving blood and blood products. This blood-driven AIDS epidemic spread in the 1990s through rural China, especially in Henan province. Many of the victims developed full-blown AIDS and have passed away in the past few years, leaving up to 76,000 orphans in the country.¹⁰³ The Chinese government officially admitted in 1995 that there was an epidemic among people who sold blood and banned all blood-selling activities. With the government's confession and some of the HIV-positive victims passing away, the infection rate of this category had fallen to 10 percent by 2007. However, despite the official confession, the government has not provided protection or assistance to those who contracted HIV through receiving blood products, even those from the government blood banks.¹⁰⁴ Victims who contracted the virus by receiving blood product in hospitals have fought for compensation from hospitals or local governments. Not only did they fight in vain, they were also detained for their protests.

It is still a taboo for people to point their fingers at the government blood banks. According to Li Qianji, a clinic worker at the Xingtai Blood Centre in Hebei province in northern China, the center illegally bought blood from Shanxi province between 1995 and 1997. As a result, at least 300 people were infected with HIV by unsanitary blood from the center.¹⁰⁵ After appearing on a TV program on August 13, 2004, in which Li revealed the substandard practices of blood collection in the Xingtai Centre and the sale of tainted blood and plasma to Shanghai, Beijing, and Hebei in the 1990s, his monthly salary was dramatically reduced from 1,500 yuan to 2.75 yuan in February 2005. The center's director claimed that his salary cut was triggered under pressure from the provincial government.¹⁰⁶

A related case about a blood bank in Xingtai city concerns Zhu Bingjin, an AIDS activist in Jilin province in northeastern China who helped more than 100 victims infected with HIV through tainted blood transfusions in hospitals to seek compensation from local governments or hospitals. In March 2006, while he was organizing a "sightseeing trip" to Beijing for those who were infected by unsanitary blood buying, he was arrested by the police in Jilin. The twenty-three HIV/AIDS patients from Henan province who wanted to join the trip to Beijing were placed under house arrest for weeks without any explanation from the local government. According to the New York-based Human Rights Watch, they were confined because their scheduled travel to Beijing took place at the same time as the convention of the NPC.¹⁰⁷

In a similar vein, another group of victims from Shahe, a town in Hebei province outside Beijing, requested compensation from a hospital that allegedly spread the virus through blood transfusions. The local court repeatedly refused to look at their case. The local government also ignored their appeals. After learning that Premier Wen Jiabao was going to visit their province on April 5, 2008, they tried to grasp the opportunity to draw the attention of the premier and ask for compensation from him. However, before Wen arrived, all eleven petitioners were detained by the police.¹⁰⁸ They never had the chance to meet Wen and tell him their stories. A few days after Wen left town, the police released three of them on condition that they agreed to drop their complaint against the government. The remaining eight petitioners refused to accept that condition and remained under detention.¹⁰⁹

The continual conflicts over the blood-driven AIDS episodes have shown the errors the government made by not protecting the rights of AIDS sufferers. Joel Rehnstrom of UNAIDS in Beijing concludes that AIDS activists in China face the biggest problems when they assert patients' rights, seek compensation, or expose the inadequacies of the government's policy.¹¹⁰ Human Rights Watch also claims that NGOs and AIDS activists in China continue to face detention and harassment by local authorities, especially in Henan province.¹¹¹ Adam Li, the director of the AIDS-related Mangrove Support Group in Beijing and an HIV carrier, provided another view on this issue. In explaining why the grassroots AIDS groups are often harassed by the local governments, he said:

It's not the higher-ups but the county heads and village heads who don't understand the grass roots. They are wondering: how will this reflect on my political record to have these groups doing their thing? What if they petition the central government? Could I lose my job?¹¹²

Richard Holbrooke, then president of the GBC, used a Chinese idiom to describe the relationship between the central government and the local governments. In dealing with HIV/AIDS, he stated that:

The mountains are high and the emperor is far away. But at least the emperor has declared his policy.¹¹³

Nevertheless, the constraints that AIDS activists in China face are certainly not the exclusive products of local governments. While the

central government shows growing willingness to cooperate with a wide array of actors inside China, it refuses to let its domestic NGOs and AIDS activists establish direct links with their counterparts overseas. In addition, to exclude unsolicited external authorities from its domestic policy-making process, China persists in adopting a state-led multilateral approach to HIV/AIDS. Perhaps the words from Nick Young, founder of the *China Development Brief*, shed some light on the concerns of China's national leaders. After the Chinese clampdown on his publication in July 2007, he commented "you can do anything in China to a certain level. It is only when [you] have influence that you get in trouble."¹⁴ Therefore, one may conclude that although China has gone to great lengths to achieve a standard of good governance, it stumbles at the point that would undermine its sovereignty and domestic supremacy.

Conclusion

In order to utilize multilateralism instrumentally, China has to relax some of its stringent control over society. In the case of HIV/AIDS, China is also treading a fine line between the quest for national autonomy and the need to ask for international assistance. On the one hand, the Chinese government openly admits the problems and the challenges of HIV/AIDS and allows the involvement of global civil society in the campaign to combat it. However, it is also at pains to stress the state-led nature of the cooperation programs and to prevent prominent AIDS activists from any direct engagement with the rest of the world. National sovereignty is still the most sensitive and thorny issue on the Chinese agenda.

Since China acknowledged the problem of HIV/AIDS in 2001, there has been a marked increase in the government's commitment to fighting the disease. Not only did China revise its Law on the Prevention and Control of Infectious Disease, it has also drawn in various actors, including state and nonstate actors, to combat the disease. In addition, it is creating a globe-spanning network to increase its capacity in dealing with its health crisis. More significantly, China is now calling on the private sector to join its fight against HIV/AIDS. This is the first time that the Chinese government has called for public-private partnerships in managing its health crisis. Although the government has been doing a lot to combat HIV/AIDS, its response to HIV/AIDS is never free from controversies and problems. The shortcomings become clear when the government

confronts AIDS activists and implements national policy at the local levels. Ample evidence shows that activists are still harassed, penalized, or kept in quarantine for leaking any classified information about the disease in the localities. It is quite fair to conclude that due to its overriding concern about the erosion of sovereign authority, the Chinese government has not been socialized into fully embracing the global norms and rules of handling the transnational pandemic of HIV/AIDS.

Having reviewed the extent by which the Chinese government provides its citizens with the public goods for health, the next chapter will be focused on its contribution to global health governance, particularly toward the African countries. As mentioned in previous chapters, great powers play a pivotal role in the provision of global public goods for health both within and beyond their borders. If global governance reflects Western values and interests, as a third-world leader, does China intend to reform the structure, rules, and practices of the international community in such a way that they become more favorable to the development of developing countries? With growing power, will China passively comply with the existing global health regime or proactively reform it? What role will China play—a responsible stakeholder, a system-challenger, or a combination of both—in the existing international health order? These questions will be addressed by investigating China's no-strings-attached policy toward development and its position on generic drugs in relation to the TRIPS agreement.