

The Politics of HIV/AIDS in China

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Draft: Please do not cite or distribute without the authors' express consent.

Prepared for the Freeman Asian Studies Symposium on China "Changing Perspectives on China: New Debates, Approaches, and Challenges in 21st-Century Asian Studies," Lake Forest College, March 31, 2005

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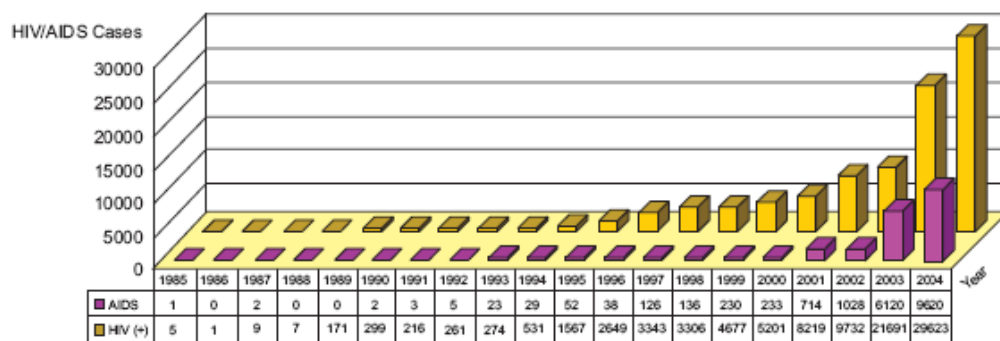
HIV/AIDS is now recognized clearly as a growing threat to China. According to official estimates, China now has approximately 840,000 persons infected with HIV. To make things even worse, HIV is steadily moving from high-risk groups into the general population. Lack of political will undoubtedly played an important role in the spread of HIV/AIDS. Despite warnings from some top Chinese scientists, the government for a long time failed to take any serious measures to come to grips with the epidemic. Since 2002, however, China has initiated a much more proactive response to the HIV/AIDS challenge, including the promotion of harm reduction measures and implementation of a national treatment and care program.

Using a model developed by John Kingdon, this paper seeks to explain Chinese government's policy response toward HIV/AIDS. In particular, it explores how political stream and focusing events (or lack thereof) interacted with the political institutional context in affecting the status of policy window and ultimately government agenda setting and decision making.

The Rise of an Epidemic

China's HIV/AIDS epidemic can be divided into three stages (see Zhang and Ma 2002; Xinjing bao 3/30/2004). The first stage is between 1985 and 1988, which saw the infection of a very small number of imported cases in coastal cities, mostly foreigners and overseas Chinese. In October 1986, the government for the first time reported the infection of four Chinese citizens in Zhejiang Province after "being injected with imported medication" (factor VIII) (AP 10/22/1986; Xinjingbao 3/30/2004). Still, by the end of 1988, there were only 22 reported infections and 3 AIDS cases (Figure 1).

Figure 1: Reported HIV/AIDS cases in China 1985-2004 (September)



Note: The number of HIV cases reported in or before 2003 has been reduced by 2,715 to adjust for results of HIV screening conducted in Henan in 2004.

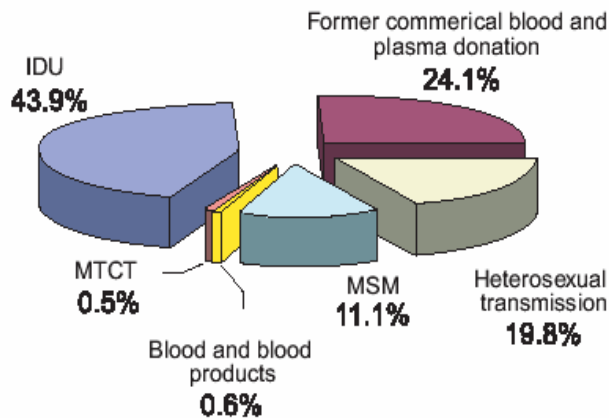
Source: *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China (2004)*, p. 2.

The second stage, from 1989 to 1994, began with the identification of 146 intravenous drug users (IDUs) in the southwest of Yunnan province. This is the period that saw the spread the disease, with an annual addition of several hundred cases (see Figure 1). By December 1994, HIV/AIDS was found in 22 of China's 31 provinces, autonomous

regions and municipalities. Of all the 1,453 registered HIV infections, more than 80 percent were Chinese, of which 70 percent were infected through injecting drug use (Xinhua 12/1/1994). In comparison to other affected countries, though, China still had a very low HIV incidence.

The situation changed in 1995, when annual HIV incidences jumped from several hundred to 1,567 (Figure 1). A considerable number of the infections were reported among commercial plasma donors in the central province of Henan. By 1998, HIV infection had been reported in all 31 provinces, region and municipalities (Xinhua 8/18/1998). The same year, the first case of mother-to-child transmission (MTCT) was found. By the end of 2003, China had an estimated 840,000 HIV carriers and 80,000 AIDS patients (JAR 2004). IDU remains the dominant mode of HIV transmission in China. Between 1985 and September 2004, IDU-related transmission and commercial blood and plasma donation account for 43.9 percent and 24.1 percent of the estimated number of HIV infections, respectively. The proportion of sexually transmitted HIV infections, however, has increased in recent years, with heterosexual transmission and man having sex with man (MSM) accounting for 19.8 percent and 11.1 percent of the total estimated cases respectively. Also, the epidemic is now rapidly spreading from high-risk groups to general population. This is indicated by the rising proportion of female total reported cases, from 10 percent in the early 1990s to 39 percent in 2004 (Jiankang bao, 11/30/2004; JAR 2004). Such high HIV rates among females have implications on the vertical mother-to-child transmission, which now claims .5 percent of the estimated cases (Figure 2).

Figure 2: Modes of transmission among HIV/AIDS cases (2003 estimates)



Source: A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China (2004.)

Government Response (1985-2002)

On the surface, the same factors that initially fueled the spread of SARS – official denial and inaction – characterize government’s response to HIV/AIDS situation between 1985 and 2002 as well (see Huang 2003a for the SARS case). Yet simply attributing China’s AIDS crisis to lack of government action often misses the complex dynamics of HIV/AIDS politics. Incentives of cover-up exist in almost every country, as

demonstrated in the 1892 Hamburg cholera epidemic, the 1918 Influenza Pandemic, and the 2004 bird flu outbreak in Southeast Asia.¹ Furthermore, effective government reaction can be constrained by lack of knowledge of a novel disease. Initially considered a gay man's disease, for example, AIDS did not draw much attention of the U.S. leaders. In fact, because the subpopulations suffering from the disease were not part of Reagan's constituency, the President's initial strategy was to avoid government involvement. Reagan did not utter a word on the disease until April 1987 (Behrman 2004). Similar to their American counterparts, scientists and public health officials initially was convinced that HIV/AIDS spread through homosexuality and promiscuity. Believing both were "illegal and contrary to Chinese morality" and as such, limited in China, the government was confident that AIDS epidemic was unlikely to occur in China (Beijing Review quoted by Toronto Star, 8/10/1987; Xinhua 7/22/1987). Despite the absence of political leadership, things began to move with a sense of gravity and urgency in the health bureaucracy in both countries. After China announced its first AIDS-related death in June 1985, for example, the Ministry of Health (MoH) immediately placed a ban on all blood products from entering China (Xinhua 9/3/1985). In October 1986, MoH created China's first AIDS prevention team to "monitor worldwide AIDS developments and prevent the disease in China" (United Press International 10/20/1986).

Yet unlike the United States, where HIV/AIDS soon became part of a national discourse even before the administration started to address the problem, China did not kick off a nationwide campaign to spread knowledge about AIDS prevention and control until October 1995.² Even after that, the government-sponsored campaigns were hardly sustainable. In the words of a leading AIDS researcher, China only talked about HIV/AIDS openly one day a year -- on December 1st (International AIDS Day) (Rosenthal 2000). As a result, public's knowledge about the epidemic remained extremely poor even at the dawn of the new century. According to a survey conducted by the official State Family Planning Commission (SPFC) in December 2000, 20 percent of the 7,000 respondents in Beijing, Shanghai, Heilongjiang Province, and Henan Province had never heard of AIDS, only 50.3 percent knew that AIDS was not curable, and over 70 percent never thought about trying to prevent the spread of the disease. Of the people who heard of AIDS, only 22.7 percent knew AIDS is spread by a virus (Xinhua, 9 April 2001).

Moreover, China's leaders lagged far behind their counterparts in other countries in mobilizing resources and organizations to fight the spread of the virus. Not until September 1995 did the MoH issue a State Council-approved policy document that formally endorsed the behavioral intervention of HIV infected people and high risk groups (Xinjing bao 3/30/2004). By comparison, some 37 percent of the countries where the first AIDS case was identified between 1985 and 1986 began to formally implement

¹ See McNeil 2003 for the German case; Barry 2004 for the U.S. case; for the accusation of cover-up in southeast Asian countries, see "Thailand 'covered up' bird flu," 1/22/2004 in http://www.news24.com/News24/World/News/0,,2-10-1462_1472838,00.html; "Indonesia in bird flu cover-up," 1/26/2004, in http://www.news24.com/News24/World/News/0,,2-10-1462_1474047,00.html.

² "China to Launch Nationwide AIDS Prevention Campaign," Deutsche Presse-Agentur, 28 October 1995.

preventive measures 18 months later.³ In other words, China was 10 years behind many other countries in responding to the disease. In part because of this lack of political will, until 2000 China's AIDS budget was less than the respective budgets in Thailand and Vietnam (where the first case was identified in 1984, 1990, respectively).⁴ Central leaders began to mobilize the Chinese bureaucracy only after April 2000, when Vice-Premier Li Lanqing urged all government officials to pay attention to HIV/AIDS control.⁵ As the United Nation's (UN) report, "HIV/AIDS: China's Titanic Peril" said, what was unfolding was an epidemic that "calls for an urgent and proper but as yet unanswered quintessential response."⁶

In accounting for this penchant for government inaction toward HIV/AIDS, one has to start with the country's authoritarian power structure, where enforceable policies are expected to originate in the political leadership. In the absence of a robust civil society, China's policy making does not feature a salient "bottom-up" process to move a "systematic" agenda in the public to a "formal" or governmental agenda (see Kingdon 1995). Each level takes its cue from the one above. If the leadership is not dynamic, a policy window for the problem will not open, meaning that no action comes from the party-state apparatus (Huang 2003a). The problem is that the drive toward economic growth in the post-Mao era has marginalized public health issues. Prior to the SARS outbreak, public health had become the least of the concerns of Chinese leaders (Ruan 1992: 189). As a matter of fact, China's paramount leader Deng Xiaoping seldom mentioned public health matters, to say nothing of issuing any directives with specific reference to public health (as Mao had done). Citing that "we were not authorized to reveal the epidemic situation," for example, Henan provincial officials did not acknowledge it had an AIDS problem until a vice premier intervened (Southern Weekend 11/29/2001; Washington Post 1/11/2001).

The same upward accountability also exacerbates the information asymmetry problems inherent in a hierarchical structure, making it difficult to open the policy window for addressing HIV/AIDS. This is compounded by the fact that local officials are frequently afraid to admit to an HIV problem in their area. While in any political system bureaucratic agents tend to distort the information that they pass to their political masters in order to place themselves in a good light, the problem is alleviated in democracies through "decentralized oversight," which enables citizen interest groups to check up on government actions (Huang 2003a). Since China still refuses to enfranchise the general public in overseeing the activities of government agencies, lower-level officials can fool higher authorities more easily than their counterparts in liberal democracies.⁷ Local government officials feared that a public health problem like HIV/AIDS, if revealed, would affect their political careers and scare off potential investors. Some local

³ *Southern Weekend* quoted in "China's Once Hidden HIV Fears Now out in the Open," China Online, 12 December 2000

⁴ Elisabeth Rosenthal, "Scientists Warn of Inaction as AIDS Spreads in China," *New York Times*, 2 August 2000, p. A1.

⁵ "Vice Premier Li Lanqing Urges Prevention of HIV/AIDS," *Xinhua*, 4 April 2000.

⁶ Quoted in "U.N. publicly chastises China for inaction on HIV epidemic," *New York Times*, 28 June 2002.

⁷ For the problem of oversight in different political systems, see Susan L. Shirk, *The Political Logic of Economic Reform in China* (Berkeley: University of California Press, 1993), 57.

government and party officials even believed that allowing prostitution and drugs (the primary reasons for the skyrocketing number of AIDS and other infectious diseases) could attract more investment.⁸ Not surprisingly, while the Deputy Governor of Yunnan Province said AIDS problem was very serious in the province, the mayor of the provincial capital city maintained that AIDS was only a foreigner problem and there were no cases of AIDS in the city.⁹ Denial and cover-up was particularly a problem in Henan province, where local officials have often detained and expelled journalists and blocked scientific work on what was regarded as a sensitive and embarrassing issue.¹⁰ Local officials in Henan stated as of early December 2001 there were only 1,495 HIV/AIDS cases in the province, although an official review completed in August 2004 discovered 25,000 HIV/AIDS carriers.¹¹ No wonder that by the end of 2001 China had only 30,736 confirmed AIDS cases, or no more than 4 percent of the estimated cases.¹² This created problems for policymaking because the central governmental leaders had only a vague idea of how and where the disease was spreading. The low confirmed cases were no help in convincing the central leaders how serious the problem was. Government inaction followed. As early as 1992, the Minister of Health Chen Minzhang submitted a report to the State Council asking for the establishment of a central organization to coordinate national efforts in AIDS prevention and control. The motion was rejected because “MoH only discovered and reported to the State Council 260 HIV infections that year” (Xinjing bao 3/30/2004).

To the extent that the authoritarian political regime has compromised the leadership commitment to addressing HIV/AIDS, efforts to prevent transmission of HIV/AIDS into the general population have been further hampered by the lack of administrative capacities. Administrative capacity is important because the importance of the role that the state plays in promoting social change is proportionate to its infrastructural power, or “the institutional capacity of a central state, despotic or not, to penetrate its territories and logistically implement decision” (Mann 1993: 59). To have strong infrastructural power, it is essential for the state to have the bureaucratic competencies and organizational coherence to carry out the directives of central authorities. Yet government ministers and agencies that habitually work at cross-purposes tend to produce incoherent and self-defeating policies, seize up in periodic deadlocks, and react dangerously slowly to public health problems. Programs to promote AIDS awareness or prevention through condom use – the most effective means of STD and AIDS prevention – were often aborted for lack of a consensus between different bureaucratic agencies. Supported by the SFPC, China’s first condom advertisement was aired on China Central Television (CCTV-1) in November 1999.¹³ This 42 second public awareness ad was also the first ever run by the

⁸ “Prostitution boom in China poses growing threat to public health,” *Atlanta Journal and Constitution*, 26 September 2000.

⁹ “Ignorance and Lack of Knowledge in China; Only Foreigners get AIDS,” Deutsche Presse-Agentur, 25 April 1995.

¹⁰ *Financial Times*, 23 November 2001.

¹¹ Elisabeth Rosenthal, “Spread of AIDS in Rural China Ignites Protest,” *New York Times*, 11 December 2001; available in <http://www.nytimes.com>; *JKB*, September 17, 2004.

¹² “Chinese Ministry of Health: HIV Carriers Total 850,000,” Xinhua, 11 April 2002 in FBIS CPP20020415000195.

¹³ “Television Advertisements Promote Condom Use, AIDS Awareness,” Xinhua, 29 November 1999.

Chinese mass media, but it was soon banned by the State Administration of Industry and Commerce, on grounds that sex products should not be advertised under State Advertisement Law.¹⁴ In June 2000, a billboard promoting condom use in Wuhan was removed after only 22 hours, because some government officials believed that promoting condoms among youth would lead to the abandonment of sexual morality.¹⁵ In fact, until 2002, the mere possession of a condom by a female worker in a night club constituted evidence of prostitution in the Chinese legal system, and thereby served as grounds for prosecution (Huang 2003b). Largely because of this lack of government coordination, it became difficult to effectively target high-risk groups such as commercial sex workers or the floating population. A 2003 survey suggests that 20.5 percent of commercial sex workers have never used condoms, while only 19 percent always use condoms (JAR 2004). Unprotected sex is also common among the migrant workers. A study carried out from September 2002 through January 2003 revealed that 36 percent of the migrants never used a condom during sex and 63 percent failed to use condom during last 3 sexual encounters (Li 2004: 545). Such high-risk groups constitute the major bridge population in the transmission of HIV/AIDS into the general population.

The lack of effective civil society participation further reduced government effectiveness in policy enforcement. As Scott (1997) has made it clear, large-scale state social planning aiming at improving the human conditions often misfires if it disregards the values, desires, and objections of its subjects. Successful state involvement in social transformation is more likely when administrative capacities and organizational coherence “are embedded in a concrete set of social ties that binds the state to society and provides institutionalized channels for the continual negotiation and renegotiation of goals and policies” (Evans 1995: 12). As more and more scholars have come to realize, it is no longer appropriate to assume a zero-sum relationship between state and society: evidence shows that government programs work better when they seek the participation of potential users, and when they tap into the community’s reservoir of social capital rather than work against it (Putnam 1993; Migdal, Kohli, and Shue 1994; Evans 1997). In Brazil, homosexual activists in São Paulo created the first NGO to fight AIDS in 1985, three years after the first case of AIDS was reported. Next year, activists in Rio de Janeiro created the first national NGO to fight AIDS in Brazil. Active participation of such NGOs complemented governmental efforts in stemming the rapid spread of HIV/AIDS (Reardon 2002). Unlike Brazil, the government in China in combating HIV/AIDS sought to make certain that all significant social power goes through its command structure, rather than have related government organizations collaborating with active civil associations in seeking collective goals. The NGO registration process is extremely complex in China. To set up a NGO, the organizer is required to pay 100,000 yuan (\$12,000) registration fee and find an organizational sponsor (usually a government agency carrying out work in a similar subject area). In addition, the organizer must produce a document of approval from the department overseeing its operations (usually the local Civil Affairs Department). This allows the government to continue to exercise control of the social forces. Efforts by some government officials to engage social

¹⁴ “In a Dramatic About Face, Beijing bans Condom Ads on China TV,” *China Online*, 1 December 1999.

¹⁵ Elisabeth Rosenthal, “Scientists Warn of Inaction as AIDS Spreads in China,” *New York Times*, 2 August 2000, p. A1

groups often met strong government resistance. In late 1992, two government officials of the national Health Education Institute helped set up China's first gay men support group called Men's World. They were later fired for "using the AIDS issue to promote gay rights."¹⁶ After being let go, Wan Yanhai founded the AIDS Action Project (Aizhi Xingdong), which was affiliated with a private university. The NGO's criticism of the government's slow response to the AIDS crisis, however, drew the wrath of the government. In July 2002, the NGO was ordered to shut its office and leave its host institution.¹⁷ Individual initiatives were also discouraged and suppressed. After meeting her first AIDS patient in 1996, a 72-year old gynecologist, Dr. Gao Yaojie, began publishing a monthly newsletter on AIDS, STD and Preventive methods. She was often harassed by the government for her work, even denied permission to visit the U.S. to receive the Jonathan Mann Health and Human Rights award in 2002. The same year, Wan Yanhai was detained for "suspicion of leaking state secrets."¹⁸

Without engaged civil society groups to serve as a source of discipline and information for government agencies, the state capability is often used in conflict with society's interest. Instead of promoting education and risk reduction, the government initially focused on eradicating the risk behavior. Indeed, among the six regulations and measures adopted by the government in 1987, only one was but promoting AIDS awareness, and all the remaining measures, such as "forbidding any AIDS carrier from entering China," "banning second-hand clothing," and "forbidding sexual contact with foreigners" were focused on creating barriers to the AIDS virus.¹⁹ Under the 1989 Law of Prevention and Treatment of Infectious Diseases, if any Chinese was found to be an AIDS sufferer, he would be quarantined and would not be allowed to continue working or going to school. The same mentality also led to the incarceration of drug users and imprisonment of sex workers. The Ministry of Public Security, for example, passed a regulation that required every drug user to be registered and undergo a detoxification programme in an incarcerated setting for three to six months. This of course makes it very difficult to effectively target prevention measures. Despite the extreme measures, for example, the relapse rate of drug users has been extremely high -- around 90 percent.²⁰ Moreover, the government crackdown drove underground high risk groups and activities underground, promoting a further spread of the diseases while also complicating regulation and preventive education. In addition, this heavy-handed approach did no help in reducing the public stigma attached to the disease. Rampant discrimination and fear inhibited people from voluntarily seeking advice and treating HIV/AIDS victims with more tolerance, which is a major reason for the rapid spread of the disease.

SARS and AIDS: A comparative perspective

¹⁶ Geoffrey Crothall, "Health Official's Sacking Signals Beijing's Attitude to Homosexual Rights," *South China Morning Post*, p. 8.

¹⁷ Cindy Sui, "Chinese NGO That Probed Village AIDS Deaths Evicted," Agence France Presse, 3 July 2002 in FBIS CPP20020703000064.

¹⁸ "Press Rights Groups Says China AIDS Activist Wan Yanhai in Detention," Agence France Presse, 5 September 2002 in FBIS CPP20020905000183.

¹⁹ "China Makes Efforts to Prevent AIDS," Xinhua, 27 September 1987.

²⁰ Zhang Kong-Lai and Ma Shao-Jun *BMJ* 2002;324:803-804 (6 April), editorials Epidemiology of HIV in China).

To the extent that denial and inaction characterized initial government responses toward SARS and AIDS, it is puzzling that the government waited “only” three months before addressing the SARS epidemic in 2003. In sharp contrast to its lukewarm attitude toward HIV/AIDS, the Chinese government after mid-April launched a crusade against SARS, effectively bringing the disease under control. What accounted for this divergence in government responsiveness?

Before addressing this question, we must make a distinction between two types of epidemics, outbreak events and attrition epidemics. In comparison to HIV/AIDS, the number of probable SARS cases is small, the duration of SARS epidemic is considerably short, and related demographic and human capital consequence seem to be insignificant. Yet outbreak events such as SARS could generate significant levels of fear and anxiety in a very short period of time because the virus is highly pathogenic and contagious. The fear and panic in turn affected the behavior of consumers and investors, which caused or were expected to cause damage to the material interests of the state (primarily economic interests). On the other hand, attrition epidemics, such as HIV/AIDS, while having important implications for development, stability, and security, do not generate similar levels of fear as there is relatively high certainty about morbidity, mortality, and pathways of transmission regarding these pathogens (Price-Smith and Huang).

Given the bias against public health in top-level agenda-setting and policy making in China, a health problem often needs either systematic indicators or an “attention-focusing event” (e.g., a large-scale outbreak of a contagious disease) to be finally recognized, defined, and formally addressed (see Kingdon 1995). As is discussed above, the political and policy structure makes it extremely difficult for the government to obtain reliable and complete information on the HIV/AIDS epidemic. In fact, not until 2002 did China embark on the kind of comprehensive nationwide survey that would allow a more precise tally of HIV/AIDS cases. This made attention-focusing events the only means to provide meaningful feedback for policy adjustment. Due to a major disease outbreak event such as SARS, because its immediate and dramatic impact, could quickly destabilize the status quo, generating in response a burst of human social and technical ingenuity.²¹ Unlike SARS, however, it takes an average of eight to ten years for the majority of people infected with HIV to develop signs of AIDS. This long-incubating feature of HIV/AIDS makes it even less likely to raise the eyebrows of central decision makers until it has already developed into a nationwide epidemic.

The absence of “attention-focusing” effect for HIV/AIDS is associated with another important factor affecting the status of policy window: international pressure. Despite the opaque and exclusive Chinese body politic, outside forces, including foreign media and international organizations, can still intrude into the public policy process. This is especially the case when a justification can be made that a failure to pay heed to international pressures will hurt China’s economic development and thus the regime’s

²¹ See Thomas Homer-Dixon, *the Ingenuity Gap*, (New York: Knopf, 2000). On the episodic nature of institutional change, please consult Krasner “Sovereignty: An Institutional Approach,” *Comparative Political Studies* 21, no. 4 (April 1988); and Ikenberry “Conclusion” in *The State and American Foreign Economic Policy* (Cornell, 1988).

legitimacy. International pressure was much stronger during the 2003 SARS crisis. Starting February 11, the Western news media began to aggressively report on SARS and a cover-up of the outbreak in China. On March 15, WHO issued its first global warning about the virus, which had an immediate dampening impact on tourism and consumer confidence. Meanwhile, China's export sector – the engine of its economic growth – was threatened by calls for other countries to “quarantine China”. On March 31, *Wall Street Journal* published an editorial calling for other countries to suspend all travel links with China until it had implemented a transparent public health campaign. This prompted the the State Council to hold its first meeting to discuss the SARS problem. By contrast, until the release of the UN report in 2002, international pressure on China in addressing HIV/AIDS remained low. Indeed, the lack of understanding of the true situation even led foreign health watchers to praise what the Chinese government had done. In 1991, a WHO official was reported to express confidence in China's ability to curb the spread of HIV/AIDS on grounds that “China has an excellent county-town-village epidemic prevention system in rural areas.”²² Four years later, another WHO expert called China “the first country to have policies and plans in place before an epidemic.”²³ Such statements did no help but sending wrong signals to the Chinese leadership, encouraging them to justify inattention and inaction.

A More Aggressive Response toward AIDS

Since 2002, Chinese leaders have shown a new, more proactive attitude toward AIDS. Government officials became more candid in discussing China's HIV/AIDS situation. In September, one senior health official acknowledged that “AIDS is at a very dangerous stage in China,” and predicted that if the epidemic is not dealt with effectively, “by the year 2010 there is the likelihood of more than 10 million HIV or AIDS patients in China.”²⁴ Since then, discourse and action surrounding HIV/AIDS have changed dramatically, with senior leaders facing the epidemic with a greater sense of awareness, openness, and responsibility. While President Hu made it clear that “HIV/AIDS prevention, care and treatment is a major issue pertinent to the quality and prosperity of the nation,” Premier Wen requested all departments to treat HIV/AIDS as an urgent and major issue “related to the fundamental interest of the whole Chinese nation.”²⁵ As the political environment changed, so too was the government policy structure. This change was characterized by introduction of a new national prevention, treatment, and care program (“four frees and one care” or *simian yi guanhuai*), by the creation of a more powerful coordination body (State Council Working Committee on HIV/AIDS) to help guide national HIV/AIDS policy, and, more recently, by the encouragement of new partnerships (NGOs and private sector) in combating HIV/AIDS (Gill, Morrison, and Thompson 2004; Kahn 2005).

²² “China Sets Up to Fight AIDS,” Xinhua, 22 July 1991

²³ Charles Hutzler, “Blood Problems, Poverty Point to AIDS Outbreak in China,” Associated Press, 5 November 1995

²⁴ “China Has Around One Million HIV Positive People,” Agence France Presse, 6 September 2002 in FBIS CPP20020906000023; “Further on China's One Million HIV Positive People; AIDS Near ‘epidemic,’” Agence France Presse, 6 September 2002 in FBIS CPP20020906000073.

²⁵ Gao Qiang, Speech at the HIV/AIDS High-level Meeting of the UN General Assembly, 22 September 2003 at <http://un.fmprc.gov.cn/eng/56493.html>.

As predicted by Kingdon's model, the growing availability of systematic indicators and feedback about the epidemic has increased the likelihood for HIV/AIDS to be identified as a potential agenda item. While the reported cases of HIV/AIDS remained low, a series of events after 2001 highlighted the role of the disease as a multiplier factor on social instability. In December, Tianjin and Beijing, the two largest northern cities, were convulsed by fear as word spread that innocent pedestrians were being jabbed in the streets by desperate AIDS victims from Henan.²⁶ Anxious residents of the two cities besieged hospitals and clinics, demanding blood tests after saying that they were jabbed in the street. Panic in Tianjin, where 47 such attacks were reported, prompted workers to call in sick, led shoppers to stay at home, and caused some people to flee the city.²⁷ Rumor also appeared in a number of Chinese cities that someone went around injecting watermelons or fresh vegetables with HIV. This pushed the panic to an even higher level, given the public ignorance of the disease and the government's inexperience in dealing with such cases.

By the end of 2002, it became clear that HIV/AIDS is not just a public health problem, but also one that has significant social, economic, political, and security implications, and therefore demands the highest level of attention. More studies point to the negative impact of HIV/AIDS on China's economy. In July 2002, an editorial of *People's Daily* warned that if measures are not taken by all levels of Chinese society, the number of HIV cases will hit 10 million, causing US\$7.7 trillion in economic losses.²⁸ In a report submitted to the State Council in August, a government think tank warned that the rapidly rising number of AIDS cases would not only have a great impact on China's social stability, but would also negatively affect its economy and investment environment.²⁹ Furthermore, HIV/AIDS are increasingly viewed as a security and strategic threat.³⁰ In recognition of this, the People's Liberation Army (PLA) began to test new recruits during entrance physical examinations since 2001.³¹ In December, an article published by *Foreign Affairs* predicted that even a mild epidemic (with a peak HIV prevalence rate of 1.5 percent) would cut more than half a percentage point a year off China's long-term economic growth rate. With a prevalence rate of 5 percent, the worst scenario, Chinese productivity would actually decline. This led the author to conclude that over the decades ahead, "HIV/AIDS is set to be a factor in the very balance of power within Eurasia -- and thus in the relationship between Eurasian states and the rest of the world" (Eberstadt 2002). Chinese leaders clearly got the message. According to a senior Chinese official, Chinese leaders now regarded AIDS as "a national strategic

²⁶ www.people.com.cn, 31 January 2002.

²⁷ "Chinese peasants take revenge after being given HIV," *Sunday Telegraph*, UK, 10 March 2002.

²⁸ Yang Ruoqian, "Curbing AIDS Proliferation, No Time for China to Delay Any Longer," *Renmin Ribao* (*People's Daily*, Beijing), 24 July 2002 in FBIS PP2002724000119.

²⁹ Verna Yu, "Think-tank Warns of Policy Crisis," *Sunday Morning Post* (Hong Kong), 17 August 2003, p. 6; Laurence Braham, "A Wake-up Call for China's New Leaders," *South China Morning Post* (Hong Kong), 30 August 2003.

³⁰ "China Marks World AIDS Day," Xinhua, 1 December 2001 in FBIS CPP20011201000089.

³¹ "Chinese Army Testing Recruits for HIV," *Hong Kong RTHK Radio 3* (Internet Version-WWW) in English, 24 October 2001 in FBIS CPP20011024000126.

issue that has significant impact on peoples' welfare, social stability and economic development.”³²

While these developments expanded the space for national debate and generated increased political resources, it was the SARS crisis that opened the policy window for significant policy change. On the one hand, it opened the problem window by exposing China's debilitated health system and problems in China's development agenda. With the SARS outbreak wreaking havoc and shaving an estimated 0.7 percentage point of China's gross domestic product for 2003, the government appears to have drawn some important lessons from the crisis, including the need of coordinated development. When interviewed by the executive editor of the *Washington Post*, Premier Wen Jiabao said that “one important inspirational lesson” the new Chinese leadership learned from the SARS crisis was that “uneven development between the urban and rural areas, and imbalance between economic development and social progress” were “bound to stumble and fall.”³³ On various occasions since the crisis, central leaders have emphasized the importance of public health, including rural health care.³⁴ Also, the SARS crisis forced the Chinese government to reexamine how to restructure its public health institutions to address infectious diseases challenges, which has led to public health-related institutional changes at national, provincial, and county levels and strengthened communication and coordination between the institutions at different levels. In addition, the government's ability to take relatively rapid action against SARS might have “prompted an eventual reconsideration of whether a similarly strong response was warranted to combat HIV/AIDS” (Gill, Morrison, and Thompson 2004: 10).

On the other hand, SARS crisis opened the political window by stirring personnel change and allowing the leaders to strike a new theme different from their predecessors. In the midst of the crisis, Health Minister Zhang Wenkang was ousted for their mismanagement of the crisis. Vice Premier Wu Yi was appointed health minister. Wu Yi's concurrent position as vice premier and her “can-do” leadership style not only boosted morale and authority of the Ministry of Health, but also resulted in significant changes in the AIDS policy structure. In February 2004, the State Council Working Committee on HIV/AIDS was established to replace the National Coordinating Committee on HIV/AIDS and STDs. Chaired by Wu Yi, the new Working Committee not only meets more frequently and regularly, but also has more authority and autonomy than its predecessors. Of course, this cannot be achieved without the explicit political support from the top level. Fortunately, SARS crisis occurred at a time when China was in an unsettled state of the leadership transition. Since former President Jiang Zemin informally retains ultimate authority even after the 16th Party Congress in 2002, the two formal titles Hu held – Party general secretary and state president – failed to grant the latter “core” status in the fourth-generation leadership. The tenuousness of Hu's position might have prompted him to

³² UNAIDS, “Business Initiates Dialogue with Chinese Government and Other Stakeholders to Address HIV/AIDS in China,” UNAIDS Press Release, 5 November 2003; available at http://www.youandaids.org/unfiles/wef_joint_pr_6nov03_en_pdf.pdf (March 24, 2005).

³³ *Renmin ribao*, overseas edition, November 24, 2003.

³⁴ *Renmin ribao*, overseas edition, August 26, 2003; September 3, 2003; November 3, 2003; and <http://www.moh.gov.cn/jewsyfybj/1200308080007.htm>.

make the effort to expand his own political space and to create a new image of an engaged and caring leader. In March 2003, Hu said in the National People's Congress that he would "exercise power for the people, feel as the people feel and work for their happiness."³⁵ The SARS crisis provided the new leaders a strong case to strike this new theme. Indeed, Hu's willingness to visit Guangdong, the SARS Ground Zero, in mid-April without wearing a face mask shaking hands with pedestrians appealed to the Chinese public and stood in sharp contrast with his predecessor, who fled to the relatively safe Shanghai during the crisis (Fewsmith 2004). Later, the new leaders would use hands-shaking to send a significant signal to the society that HIV/AIDS victims need support and care. On December 1, 2004, Premier Wen Jiabao appeared on state television shaking hands with AIDS patients and called on the nation to treat them with "care and love." This event was significant because until then, no senior Chinese leader had even addressed the issue in public. Next year, Hu Jintao would do the same. These gestures are compatible with the populist economic and social programs pursued by the new leadership, which place increased concern on social justice, fairness, and the need to create a social safety net.

Conclusion

Since its beginning, the HIV/AIDS epidemic has led to the infection of nearly 70 million people worldwide, promoting countries to craft new policies and institutions aimed containing the spread of the disease. Some governments have responded more aggressively than others, illustrating stark contrasts in the degree of government leadership and commitment to containing this epidemic; others, however, have not. Why is this case? Focusing on the case of China, this paper explores the factors that account for the delayed response toward HIV/AIDS. It finds that while political regime can affect the level of leadership commitment to addressing HIV/AIDS, administrative capacities also can influence the mode of policy enforcement in containing its spread. In the China case, an authoritarian political structure and lack of administrative capacities compromised leadership commitment and allowed the disease to develop into a nationwide epidemic. By differentiating "outbreak events" and "attrition epidemics", the same model also explains why the government response handled the SARS crisis in a more timely and aggressive manner. Furthermore, the model is robust in explaining why the government took a more proactive attitude toward the epidemic after 2002. While we recognize the importance of systematic indicators and expert opinions in agenda setting, it was the SARS crisis that opened both the political window (through personnel change and leadership transition) and the problem window (by highlighting the importance of public health and the vulnerabilities of the health system) for the AIDS policy shift. An examination of HIV/AIDS politics should therefore take into account the political/institutional context, the nature of the disease, and the impact of exogenous events.

³⁵ *People's Daily*, March 18, 2003. In http://english.peopledaily.com.cn/200303/18/eng20030318_113472.shtml

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