China: Leading the Way
A comprehensive approach to HIV prevention, care, and treatment

With USAID support, the Government of China, civil society organizations, and community advocates have been at the forefront of developing effective models to meet the prevention, care, and treatment needs of most-at-risk populations, as well as people living with HIV in Yunnan and Guangxi provinces in southern China.

Since 2004, the United States Agency for International Development (USAID), in partnership with the Government of China, civil society organizations, and community advocates, has been at the forefront of developing an effective model to meet the prevention, care, and treatment needs of most-at-risk populations in Yunnan and Guangxi provinces in Southern China. Throughout this process, all stakeholders have been actively engaged in developing the model and in testing and evaluating its effectiveness. Lessons learned have strengthened the model, and a wealth of experience has been gained. As a result, the model known as the Comprehensive Prevention Package has been developed. To date, the model has been implemented in various sites in Yunnan and Guangxi provinces with increasing success. It is hoped that the experience gained in these provinces will assist other areas in China to implement their HIV programs. This leaflet describes the core components of the Comprehensive Prevention Package.

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Outline of the Comprehensive Prevention Package

What are the key components of the Comprehensive Prevention Package?
The Comprehensive Prevention Package is comprised of two connected components:
• Services, as described by the Comprehensive Package of Services
• Enabling Environment Interventions

Who are the key target populations for the Comprehensive Package of Services?
The key target populations for the Comprehensive Package of Services are most-at-risk populations: men who have sex with men, injecting drug users, female sex workers and their clients, and people living with HIV. In the Comprehensive Prevention Package diagram (see Figure 1), these target populations are shown in the innermost circle. This signifies that services should be centered on the needs of the target populations.

What services are provided in the Comprehensive Package of Services?
The Comprehensive Package of Services comprises six essential services.

A brief description of each of these services is provided in Figure 1. Comprehensive Prevention Package: Outline of the Comprehensive Package of Services. The Comprehensive Package of Services is defined as the minimum package of services needed for HIV prevention.

Figure 1. Comprehensive Prevention Package: Outline of the Comprehensive Package of Services

HIV counseling and testing (HCT) enables people to know their HIV status and make informed choices about how to manage their health and well-being. HCT is considered the gateway to HIV treatment, care, and support services; regardless of the testing result, HCT provides an opportunity for prevention activities. Client-initiated HCT is known as voluntary counseling and testing (VCT). Providers may also initiate HCT routinely or for targeted groups.

Condom social marketing promotes high-quality male and female condoms and lubricants through traditional and nontraditional retail outlets and fosters condom use through behavior change communication. Condoms are primarily sold, usually at a subsidized price, with the aim of developing a sustainable retail market. Some condoms are provided free to most-at-risk populations, particularly those who are poor.

Continuum of prevention to care, support, and treatment integrates, links, and coordinates comprehensive prevention, care, support, and treatment services to meet the needs of people living with HIV and their families. It includes services provided in health facilities, the community, and homes by government, nongovernmental and community-based organizations, and families. A key component is the linkage of prevention services with care, support, and treatment services and the integration of prevention into all services.

Behavior change communication is the sharing of information and development of skills in target groups to influence them to adopt sustained changes in attitudes and behaviors and to engage in health-seeking behavior.

STI services are strongly promoted to all sexually active most-at-risk populations. A high take-up rate of these STI services, coupled with effective treatment and behavior change, will reduce the prevalence of STIs, including HIV. STI services provide an additional entry point for HIV counseling and testing.

Harm reduction is a set of pragmatic, evidence-based interventions designed to diminish the individual and societal harms associated with drug use, including the risk of HIV infection, without requiring the cessation of drug use. Interventions include harm reduction education, needle and syringe exchange, substitution therapy (e.g., methadone), and drug treatment.

MARPs = Most-At-Risk Populations
PLHIV = People Living with HIV
What are the Enabling Environment inputs?
A description of each of the six Enabling Environment Interventions is provided in Figure 2. Comprehensive Prevention Package: Outline of the Enabling Environment Interventions. Effective implementation of these interventions helps to create an enabling environment that will facilitate successful implementation of the Comprehensive Package of Services. More detail on how each of these Enabling Environment Interventions does this is provided below.

Why is the enabling environment important?
The ability of HIV prevention programs to make a real and lasting impact in preventing the spread of HIV will be determined largely by the broader social environment in which these services are implemented. Where the environment is constrained, the effectiveness and impact of services are limited. But where the environment is supportive (enabling), impact will be maximized. For HIV prevention, an enabling environment is the social, economic, and legal determinants that facilitate the behavior change process and encourage most-at-risk populations and people living with HIV to participate in all levels of an intervention to improve the response to the epidemic. A good example of an intervention to improve the enabling environment could include working on the laws and policies that allow a harm reduction approach to preventing HIV among injecting drug users, coupled with the involvement of injecting drug users in program design, implementation, and evaluation.

Figure 2. Comprehensive Prevention Package: Outline of the Enabling Environment Interventions

Stigma is a negative social label that may determine how individuals view themselves, how they are viewed by others, or both. It can be felt by individuals (internal stigma), leading to an inability to seek help and access services. It may also be enacted by others (external stigma), leading to discrimination. Discrimination results from stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status or membership in a group perceived to be at risk of HIV (e.g., sex workers).

Livelihood development interventions supply, protect, and grow financial, human, and social assets to improve the well-being of PLHIVs, most-at-risk populations, and their families. These interventions may also reduce vulnerability to the stresses associated with living with or being at risk for contracting HIV.

Capacity building is the range of activities undertaken at multiple levels to develop an organization’s or individual’s capacity to carry out organizational or individual roles and responsibilities. Capacity building includes training, mentoring, and provision of technical assistance.

Policy includes national and provincial strategic operational plans, laws, and regulations that determine how HIV services and programs are implemented and funded. Advocacy involves persuading decision-makers to change policy or how it is implemented.

Community mobilization is a process through which community groups, organizations, or both take responsibility for addressing HIV themselves, with the support of and in collaboration with others, such as government and other community groups. Community mobilization engages most-at-risk populations and PLHIVs as participants to combat HIV.

Strategic information improves the evidence base for decision making and encompasses both quantitative and qualitative data, including monitoring and evaluation, epidemiological and behavioral surveillance, resource allocation, modelling, and research. Systems to collect, analyze, utilize, and disseminate data are essential.

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Who should be involved in the implementation of the Comprehensive Prevention Package?

For the Comprehensive Prevention Package to be effective, a range of partners, including governments at all levels and civil society should be involved in its implementation. The model has been designed to build capacity to be sustainable through the Government of China at all levels, working collaboratively on implementation with civil society partners. Implementation of the model is not dependent on the long-term involvement of USAID.

Where does the Continuum of Prevention to Care, Support, and Treatment fit within the Comprehensive Prevention Package?

Although the Comprehensive Prevention Package is focused primarily on prevention, it recognizes the importance of ensuring a continuum of prevention to care, support, and treatment. In 2011, USAID, in partnership with the provincial government and civil society in Guangxi, will be implementing the Continuum of Prevention to Care, Support, and Treatment model in Luzhai County. The purpose is to test and evaluate the model, with the aim of further strengthening linkages between prevention programs and care, support, and treatment services to ensure better access to all these interventions. The model testing will also involve addressing broader structural and enabling environment challenges relating to the provision of a fully functioning continuum of services.

How Enabling Environment Interventions improve HIV program outcomes

It would be possible to implement the Comprehensive Package of Services without the Enabling Environment Interventions, but the outcome would be significantly inferior. A discussion of how each of the Enabling Environment Interventions improves HIV prevention outcomes follows.

Each of the Enabling Environment Interventions is essential for a comprehensive approach needed to successfully control HIV and to provide for a continuum of prevention to care, support, and treatment. Figure 3 shows the full Comprehensive Package of Services and how each of the Enabling Environment Interventions interacts with all other Comprehensive Prevention Package elements to strengthen program outcomes.

Policy and advocacy

China has shown leadership in developing a robust HIV policy and legal framework, and many gains have been made. In common with other countries, its policy challenges include achieving consistent implementation, overcoming operational and procedural blockages, and harmonizing approaches between public health and public security. For example, USAID assessments of how HIV counseling and testing policy is operationalized found that factors contributing to a low uptake of HIV testing by most-at-risk populations in Yunnan were real-name testing, follow-up home visits to people with HIV-positive results, low coverage of rapid testing with same-day results at the point of care and provider-initiated testing, and stigma and discrimination. An example of the power of changing how policy is implemented is the introduction of rapid testing with same-day results in a Kunming drop-in center, which resulted in a greater than 400% increase in the rate of HIV counseling and testing uptake by injecting drug users. Similarly, the introduction of anonymous HIV screening in one Yunnan county resulted in an immediate 280% increase in the rate of uptake by most-at-risk populations. Given the low rates of HIV testing among most-at-risk populations and the pivotal role of HIV diagnosis in ensuring timely access to treatment, these are important lessons on how changes to operational policy can generate demand for services.

2 Ibid.
Support under the Comprehensive Prevention Package for community groups to engage with local government in constructive dialogue on how policy is operationalized has resulted in the removal of barriers to accessing services. For example, in Mengzi, Yunnan, advocacy by a self-help group of former injecting drug users resulted in the repeal of the requirement that methadone applicants produce proof of compulsory detoxification and local residency. Other changes as a result of this group’s advocacy were greater cooperation by police with harm reduction services; a reduction in the cost of methadone pre-enrollment health check-ups; and development of a client feedback system for the methadone clinic, resulting in improved attitudes by staff toward the clinic’s clients. Through these policy dialogues, community groups have been able to demonstrate their unique insights into the views of clients and ways to improve service utilization rates and outcomes. By demonstrating their value to government in these ways and by engaging in constructive dialogues, community groups have enjoyed, to varying degrees, maturing, trust-based, mutually respectful relationships with government.

**Community mobilization**

The Comprehensive Prevention Package approach to community mobilization has included

- participatory assessments involving community groups to identify their programmatic and technical support needs,
- organizational development support for community-based organizations,
- technical support for community projects, and
- advocacy training and small grants to community-based organizations to enable them to work with local government on policy and service delivery issues.
Combined, these interventions have resulted in improved capacity in management, planning, finance, administration, and the ability to provide services relevant to the needs of most-at-risk populations and people living with HIV. For example, groups led by people living with HIV have demonstrated strong capacity to provide effective psychological and adherence support and advocacy for improved treatment services. Also, voluntary counseling and testing clinics are now being provided in some drop-in centers. Organizational development and technical support for AIDS Care China in Guangxi has helped with the establishment of an exemplary model for community-based support for people living with HIV that is being replicated in other parts of China. Overall, the increased capacity of community groups has resulted in local governments seeing these groups as having a valid and essential role in the HIV response. The constructive collaboration between government and community groups has seen community-based organizations take on a greater role in service delivery, with increases in service utilization rates by target populations.

**Stigma and discrimination reduction**

Stigma and discrimination remain significant and pervasive barriers to life-saving HIV prevention, care, and treatment services. For example, many people at risk for HIV are fearful of being tested because of the stigma associated with being HIV-positive. The approach of the Comprehensive Prevention Package has been to address stigma and discrimination at three levels:

- Some approaches are integrated into service delivery (e.g., stigma and discrimination sensitization training for health care workers and community members).
- Specific activities directly address some aspects of stigma and discrimination (e.g., legal aid to address discrimination).
- Stigma and discrimination are addressed as a byproduct of implementing other Enabling Environment Interventions. (For example, livelihood development for people with HIV and injecting drug users reduces internalized stigma by increasing the skills of individuals. As these individuals are able to demonstrate their newfound worth to their families and society, external stigma and discrimination are reduced.)

Qualitative data indicate that activities in these areas have reduced stigmatizing attitudes and, in turn, discrimination. However, given the high prevalence of stigma and discrimination, further reduction remains a priority area for additional action.

**Livelihood development**

The Comprehensive Prevention Package has integrated expertise and tools from public health and sustainable livelihoods sectors. Livelihood development interventions include

- formation of support groups providing group-based solidarity microloans, agricultural extension services, and elements of business development to people living with HIV and their family members who are micro-entrepreneurs;
- setup and support for collective enterprises owned by and employing people living with HIV and most-at-risk groups; and
- training in employment skills, internships, and job placement for recovering injecting drug users.

Livelihood development interventions have stimulated increased economic security and improved the general well-being of people and communities affected by HIV. For example, during a participatory review, AIDS Care China (one of the civil society partners delivering livelihood development services) indicated increased financial, social, and human assets among project participants.

Within the Comprehensive Prevention Package, livelihood development interventions have improved both care and prevention outcomes. In China, scale up of free antiretroviral therapy has helped transform HIV infection into a more manageable chronic condition. However, the cost of health care, loss of the ability to migrate for labor, and internalized
stigma and fear of disclosure all contribute to increased social and economic vulnerability for people living with HIV and their families. To ensure sustained access to treatment and improved quality of life, people living with HIV need support on how to adapt their livelihood strategies to their health status to stay productive and self-reliant.

Livelihood-strengthening interventions also contribute to reduced risks of HIV infection. For example, vocational skills development and occupational counseling for recovering injecting drug users helps them obtain and maintain employment. This supports their transition from drug rehabilitation treatment to family and community settings, which helps reduce relapse into drug use and needle sharing. Monitoring through monthly unannounced urine testing in a project supporting recovering drug users to obtain employment demonstrated low relapse rates among participants.

Strategic information
The Comprehensive Prevention Package strategic information work has been focused on

- epidemiological and resource needs modeling, using tools to project future needs using the evidence base of existing data and future trends (e.g., the Analysis and Advocacy, or A² Model);
- operations research, implementation research, and monitoring and evaluation (i.e., program evaluation, outcome evaluation, routine assessments, special studies) of existing interventions, which is applied toward strengthening implementation (e.g., Routine Behavioral Tracking, IDU Outcome Evaluation Study);
- assessment tools to identify existing needs and gaps (e.g., Participatory Community Assessments used for planning community mobilization); and
- use of data for evidence-based program design (e.g., standardized monitoring and evaluation of service delivery triangulated and synthesized with periodic behavioral surveillance to inform programming).

Both Yunnan and Guangxi have strong track records in using strategic information to strengthen policy and program implementation. In the area of modeling, both provinces have adopted and adapted the A² analysis methodology. A² modeling and analysis have been used in decision making, with Yunnan and Guangxi giving higher priority to most-at-risk populations, including strengthening of programs for men who have sex with men. Guangxi has used A² modeling in its strategic planning.

Routine Behavioral Tracking surveys among female sex workers and men who have sex with men in Yunnan and Guangxi provide insight on intervention coverage and effectiveness across Comprehensive Prevention Package program sites and identify areas for program improvement. The use of Participatory Community Assessments builds a sense of shared commitment among community groups through the needs assessment process and facilitates community mobilization around the HIV response. This, in turn, supports community-based implementation of the Comprehensive Package of Services.

Capacity building
Capacity building in all technical and functional areas has been an integral component of the Comprehensive Prevention Package. Improved capacity has, in turn, contributed to ownership and sustainability.

In summary, the greatest impact will be achieved if all the Enabling Environment Interventions are implemented with the service components of the Comprehensive Package of Services in a highly integrated manner to support common goals of reducing new HIV infections and providing effective care, support, and treatment to people living with HIV.
Key Lessons Learned

- The Comprehensive Package of Services model provides six essential services needed for effective implementation of HIV prevention interventions.

- Delivering services—such as HIV testing, STI diagnosis, treatment, and care and substitution therapies—alone will not ensure that these services are utilized to their full extent by most-at-risk populations and people living with HIV. Barriers to uptake include stigma and discrimination, unintended policy barriers, and problematic policy implementation. In order to attract sufficient clients to have an impact, demand for services needs to be generated. Enabling Environment Interventions are critical for generating this demand.

- To achieve impact, HIV prevention interventions in the Comprehensive Package of Services must be delivered with sufficient coverage, intensity, and quality and with a combination of interventions. Coverage is the percentage of most-at-risk populations reached by prevention services. Sufficiently high coverage for prevention interventions is a prerequisite if impact is to be achieved. Intensity is how often the intervention is provided. The intensity or frequency needed will vary by the type of service. For example, most-at-risk populations may need quarterly STI check-ups and annual HIV testing, with regular exposure to behavior change communication and ready, daily access to prevention products such as sterile needles and syringes and condoms and lubricant. The combination of interventions refers to how many components of the Comprehensive Package of Services are delivered. The greater the number of components that are implemented, the greater the likelihood of impact. For example, behavior change communication is likely to have more impact if there is easy access to condoms and lubricant. Quality refers to whether the intervention components are delivered in the way they were designed, consistent with best practice. In summary, there is a need to reach a sufficient number of most-at-risk populations, to make interventions with sufficient frequency, to maximize the number of different interventions, and to ensure that they are delivered in a high-quality way.

- Implementation of the six service components of the Comprehensive Package of Services and the six Enabling Environment Interventions will, of practical necessity, be undertaken by a range of partners. Effective implementation requires good coordination between all implementers. A standardized, quality-assured, and coordinated approach to implementation will be easier to achieve if standard operating procedures are developed and focused around meeting the needs of the target populations.