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HIV/AIDS in Xinjiang: A Growing Regional Challenge

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Introduction

Jutting into Central Asia and bordering on Pakistan, Afghanistan, Tajikistan, Kyrgyzstan, Kazakhstan, Russia, Mongolia, and on the disputed Jammu and Kashmir and Aksai Chin regions, Xinjiang presents Beijing with an array of opportunities and challenges. The region is rich in tapped and untapped natural resources and makes up nearly a sixth of China's landmass. It provides Beijing with a significant strategic foothold in the heart of the Eurasian landmass and a claim to exert its national interests in this increasingly important part of the world.

Xinjiang – its official name is Xinjiang Uyghur Autonomous Region, with "Xinjiang" translating as "New Frontier" – is also home to some of China's most difficult political and social ills. The challenges posed to Beijing by the Uyghur separatist movement and localized unrest – including occasional acts of violence and terrorism – are well known.

But Xinjiang is also an area of growing transnational concern. Chinese authorities suspect that some Uyghur and other ethnic separatists train abroad, such as in Afghanistan or Pakistan, in order to return to China or to carry out violent activities elsewhere. About 60 percent of Xinjiang's population is composed of ethnic groups – largely Uyghur, but also with significant populations of Kazakh and Hui minorities as well – which have familial, linguistic, cultural, historic, and religious bonds across China's western border to Central Asia. The autonomous region also serves as a convenient drug trafficking route, lying between opium growing regions of Afghanistan and the Southeast Asia and heroin markets in Central Asia, Russia, and Europe. Not surprisingly, intravenous drug use has become a major problem in Xinjiang, especially among ethnic populations in Xinjiang's cities, such as Urumqi, Yining and Kashi.

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Many of these domestic and transnational challenges converge on the growing problem of HIV/AIDS in Xinjiang. Neither Beijing nor the international community has focused sufficient attention on the HIV problem in Xinjiang, and how it relates to broader transnational concerns of drug trafficking, the spread of infectious disease, and political discontent. To dig deeper into these issues, this article examines HIV/AIDS in Xinjiang and considers the transnational security threats it may pose to China and its neighbors in Central Asia.

HIV/AIDS Situation in China and Xinjiang

Since China's first detected case of HIV in 1985, the official estimate of HIV cases in the country reached 650,000 at the end of 2005, yielding a national infection rate of 0.05 percent.[1] About three-quarters of these people live in five Chinese provinces: Yunnan, Henan, Xinjiang, Guangxi and Guangdong.[2] Additionally, among certain high-risk groups and in certain hard-hit areas, HIV prevalence is often extremely high – as high as 89 percent among intravenous drug users in certain parts of Xinjiang, for example. Today, people living with HIV/AIDS are present in all 31 provinces and municipalities of China.

Although the new estimate of 650,000 cases is lower than the previous figures, the epidemic is spreading more rapidly, with an estimated 70,000 new cases of HIV infection and 25,000 AIDS deaths per year as of 2005.[3] However, these figures are only estimates: about half a million or more persons in China, or about 80 percent of those HIV-positive, do not know their status and health authorities do not know who they are. Public awareness about the epidemic continues to be fairly low, inviting opportunity for the epidemic to spread rapidly. A survey recently conducted among some 1,000 people in four Chinese municipalities suggests that 72.6 percent of respondents think HIV/AIDS has nothing to do with them, and that they cannot personally take steps to contain the epidemic.[4]

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[1] China Ministry of Health, Joint United Nations Program on HIV/AIDS (UNAIDS) and World Health Organization (WHO), *2005 Update on the HIV/AIDS Epidemic and Response in China,* (Beijing: National Center for AIDS/STD Prevention and Control, January 24 2006), 1.; The figure of 840,000 HIV-positive persons in China was reported a year earlier in China State Council Working Committee on AIDS and United Nations Theme Group on HIV/AIDS in China, *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China* (Beijing: Ministry of Health, 2004).

[2] "China Has 135,630 Reported Cases of Reported HIV Infection," *Xinhua*, November 28 2005, <http://news.xinhuanet.com/english/2005-11/28/content_3847884.htm> (November 28 2005).

[3] *Ibid.*

[4] National Population and Family Planning Commission of Chine, A Survey Report, July 28 2006, <www.chinapop.gov.cn/rkxx/rkxw/t20060728_145024815.html> (August 20 2006).

Furthermore, there is widespread agreement that HIV transmission is moving from within so-called "high risk groups" into the general population, mostly through unprotected sexual relations. In 2003, the United Nations Joint Program on HIV/AIDS (UNAIDS) projected that the number of people living with HIV/AIDS in China will exceed 10 million by 2010 if the country does not mount a prompt and aggressive response.[5]

Xinjiang, and especially its Uyghur and other ethnic populations, are disproportionately affected by the HIV epidemic which is spreading throughout China. The first HIV positive case in Xinjiang was discovered in 1995 – though it is likely the disease was present there many years prior to this time. The number of HIV cases in Xinjiang has risen considerably. The number of confirmed HIV/AIDS cases in Xinjiang reached 16,035 as of June 30, 2006. But according to official estimates, there are some 60,000 HIV-positive persons living in Xinjiang, making it the fourth most-affected province in terms of total cases. On a per-capita basis, Xinjiang is easily the heaviest-hit province by a large margin: Xinjiang accounts for a little more than one percent of China's population, but about 10 percent of its estimated HIV population.

Historically, intravenous drug users (IDUs) made up the largest proportion of Xinjiang's HIV-positive population, though other groups such as commercial sex workers (CSWs) and men having sex with men (MSM) are also increasingly affected. Evidence now suggests that the epidemic is spreading to the general population. Since Xinjiang's first case of mother-to-child transmission (MTCT) in 1996[6], the prevalence of MTCT in Xinjiang exceeded one percent as of December 2004.[7] Alarmingly, in some parts of Xinjiang, such as Kashi, the prevalence of MTCT has risen to 5.3 percent, according to official data.[8] Crossing the one percent threshold for MTCT prevalence meets the UNAIDS criteria for a "generalized epidemic", suggesting that HIV/AIDS in Xinjiang is spreading from high-risk groups to more mainstream populations.[9] Although HIV in Xinjiang is mainly concentrated in Urumqi, Yining

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[5] UNAIDS, *Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2004 Update China*, <http://data.unaids.org/Publications/Fact-Sheets01/china_EN.pdf> (August 20 2006); see also "Chinese AIDS Exhibits Attract Attention in Barcelona," <www.china-embassy.org/eng/zt/zgrq/t36656.htm> (August 20 2006).

[6] National Center for STD & Leprosy Control, "Prevention of Mother-to-child HIV/AIDS Transmission," <www.ncstdlc.org/jjzx-detail/hiv/jjzx-hiv-20.htm> (August 20 2006).

[7] People's Republic of China Ministry of Health, UNAIDS and WHO, *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China* (Beijing: Ministry of Health, 2004), 7.

[8] *Ibid.*, 14.

[9] People's Republic of China Ministry of Health, UNAIDS and WHO, *2005 Update on the HIV/AIDS Epidemic and Response in China*, 5.

and Kashi, this data may be more a reflection of where there is adequate surveillance rather than a full accounting of how widespread the epidemic is in Xinjiang.

Intravenous Drug Users

HIV is efficiently spread through the sharing of needles by intravenous drug users (IDUs). Until recently, IDUs made up the vast majority of HIV cases in China, and this was particularly the case in Xinjiang. In the past, over two-thirds of Chinese HIV infections were contracted through intravenous drug use with infected needles. Although the nationwide proportion of new HIV positive cases contracted through intravenous drug use declined to 48.6 percent in 2005, the spread of HIV through intravenous drug use will remain significant and difficult to combat. Official data as of 2005 show that HIV prevalence among IDUs has more than tripled from 1.95 percent in 1998 to 6.48 percent nationwide in 2004.[10] In some areas of Xinjiang, the HIV prevalence rate among IDUs has reached a staggering 89 percent.[11]

Despite the government's continued "strike-hard campaign" on drug trafficking and abuse, drug use has hit new highs in China. As of 2005, China had 1.16 million registered drug users, an increase of over 100,000 persons from 2004.[12]

As an important drug trafficking hub, Xinjiang has become not only an ideal hot spot for international drug smuggling to central Asia and points further west, but also a booming market for drug abuse. As of late 2004, the number of registered drug users in Xinjiang had reached 25,664, with some 15,400 taking drugs at the time.[13] Given that the actual population of drug users is reportedly four to seven times the number of registered users, the total population of drug users in Xinjiang is perhaps as high as 180,000.

As is common elsewhere in China, most of these people are young – some two-thirds of drug users in Xinjiang are under the age of 35 – and engage in risky behaviors which spread the disease, such as sharing injection equipment and unprotected sex. According to official reports, as of June 2004, some 69.5 percent of drug users in Xinjiang were IDUs and

[10] *Ibid.*, 4.

[11] People's Republic of China Ministry of Health, UNAIDS and WHO, *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China*, 11.

[12] "National Narcotics Control Commission Releases Report of Drugs Control in 2006 in China," June 21 2006, <www.china.org.cn/chinese/zhuanti/jjdp/1250169.htm> (August 20 2006).

[13] A report by Xinjiang Daily, June 27 2006, <www.xj.xinhuanet.com/2005-06/27/content_4517977.htm> (June 27 2006).

61.2 percent of these persons reported sharing injection equipment.[14] A surveillance survey among drug users in Xinjiang's four prefectures suggested that only 19.2 percent of drug users used a condom with their spouses or sexual partners in recent sexual contact, and 25.5 percent used a condom occasionally in previous six months.[15] In Urumqi, the capital city of Xinjiang, there were some 8,558 registered drug addicts as of late 2005, accounting for 35 percent of the total number of registered drug users in Xinjiang; 75 percent of these drug users were under 35.[16] For the 10 year period up to 2004, compulsory detoxification incarceration has been ordered 23,000 person-times in the capital city.[17] As of late 2004, among 9,787 HIV positive persons in Xinjiang, some 92.3 percent were infected through sharing injection equipment.[18]

Commercial Sex Workers and Sexual Transmission

Commercial sex work is increasing in China. There is a wide range of estimates about the number of sex workers in China today, but most are in the range of three to five million. The increase in sex work also leads to an increase in sexually transmitted disease including HIV through unprotected sex. According to a field survey report in 2003, among 200 CSWs in Urumqi, only 15 percent knew of HIV/AIDS and 20 percent used condoms when having sex with clients.[19] In many parts of China, women support drug habits, including intravenous drug use, through the sale of sex, further increasing the risk of spreading HIV. According to the United Nations and Chinese government, "approximately 127,000 sex workers and their clients are living with HIV/AIDS, accounting for 19.6 percent of the total number of estimated HIV cases."[20]

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[14] Xinjiang Department of Health, *Xinjiang Health Bulletin* 25 (June 28 2004), <www.xjwst.gov.cn/1$005/1$005$035/1$005$035$004/505.jsp?articleid=2004-8-24-0001> (August 20 2006).

[15] Xinjiang Center for Disease Control and Prevention, "Xinjiang xidu renqun dier lun aizibing xiangguan weixian xingwei jiance diaocha fenxi ["Second Surveillance Survey and Analysis of HIV/AIDS Related Risky Behavoirs among Xinjiang's Drug Users"], *Difangbing tongbao* [*Endemic Diseases Bulletin*) 20, 5 (2005): 18-22.

[16] See *Xinjiang Daily*, July 26 2006, <www.fzxj.cn/readart.asp?artcleid=7037> (August 18 2006).

[17] See <http://news.acftu.org/template/10001/file.jsp?cid=64&aid=2519> (August 18 2006).

[18] Xinjiang Department of Health, *Xinjiang weisheng jianbao* [*Xinjiang Health Bulletin*) 7 (May 12 2005), <www.xjwst.gov.cn/1$005/1$005$035/1$005$035$001/343.jsp?articleid=2006-1-12-0009> (August 20 2006).

[19] *Zai yule changsuo kaizhan HIV/AIDS xingwei ganyu qingkuang huibao* [*Report of Behavioral Intervention in Entertainment Establishments*], Population and Family Planning Commission of Xinjiang Uygur Autonomous Region, November 3 2003, <www.xjpop.gov.cn/shownews.asp?ID=160> (August 18 2006).

[20] People's Republic of China Ministry of Health, UNAIDS and WHO, *2005 Update on the HIV/AIDS Epidemic and Response in China*, 2.

In areas where HIV is more concentrated, HIV prevalence among CSWs is higher. A study in 2003 found that the prevalence among CSWs was as high as 5.08 percent in Chongqing, 6.70 percent in Honghe (Yunnan), and 4.30 percent in Dehong (Yunnan).[21] Another study in 2002 found that HIV prevalence reached as high as 11 percent among CSWs in parts of Guangxi province.[22] Other studies confirm that HIV prevalence among sex workers is over 10 percent in certain hard-hit parts of China.[23] Official data estimates the national average prevalence among sex workers has dramatically increased by nearly 50-fold, from 0.02 percent in 1996 to almost one percent in 2004.[24]

Xinjiang faces the same challenges as elsewhere in China as sexual transmission of HIV increases. A surveillance study conducted in 2003 among travelers at the entry-exit ports in Xinjiang found that sexual transmission is the second most common mode of HIV/AIDS transmission in the region.[25] According to official statistics, the HIV prevalence rate among CSWs reached 4.3 percent in Tulufan and 3.3 percent in Yili in 2004.[26]

Data on the incidence of other sexually transmitted diseases and infections indicates the extent of risky behaviors, such as unprotected sex, can also result in the transmission of HIV. The presence of certain sexually transmitted diseases and infections can also facilitate the transmission of HIV between sexual partners. A survey in 2004 conducted in Kashi found that the prevalence of syphilis infection was 8 percent among CSWs, 5.75 percent among patients visiting sexually transmitted disease clinics, 4.61 percent among pregnant women and 1.45

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[21] People's Republic of China Ministry of Health, UNAIDS, and WHO, *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China* (Beijing: Ministry of Health, 2004), 12. See also, *Chongqing Evening Daily*, December 9 2004, <http://news.sohu.com/20041209/n223412076.shtml> (August 18 2006).

[22] Joan Kaufman, "HIV/AIDS in China: Can Disaster be Averted?," Testimony Before the Congressional-Executive Commission on China, Washington, D.C., September 9 2002.

[23] Pengfei Zhao, "100% CUP Implementation in China" (2005), National Population and Family Planning Commission of China," (Powerpoint Presentation), <www.npfpc.gov.cn/aids/100%25%20CUP%20strategy%20%202005%20%D4%C6%C4%CF.pdf> (inaccessible).

[24] People's Republic of China Ministry of Health, UNAIDS and WHO, *2005 Update on the HIV/AIDS Epidemic and Response in China*, 4.

[25] Xinjiang Entry-exit Inspection and Quarantine Bureau, et al. "Xinjiang kouan 2001~2003 nian churu jing renyuan HIV ganran jiance jieguo fenxi" ["HIV Surveillance Analysis of Travelers by Xinjiang Entry/Exit Port (2001-03)"), *Xinjiang Port Health Control* 8, 3 (2003): 24-27.

[26] People's Republic of China Ministry of Health, UNAIDS, and WHO, *A Joint Assessment Report of HIV/AIDS Prevention, Treatment and Care in China*, 12.

percent among randomly surveyed hospital visitors.[27] A more recent study in Xinjiang found that slightly more than 39 percent of 661 CSWs tested were harboring a sexually transmitted disease or infection.[28]

The "Floating Population"

The growing "floating population" of migrant labor in China poses new and difficult challenges for HIV prevention across China generally and in Xinjiang in particular. According to data released by China's National Population and Family Planning Commission, the total number of internal migrants increased from about 53.5 million in 1995 to over 140 million in 2004. Some experts predict the number will rise to 300 million by 2020, and eventually to 500 million.[29]

Beijing has long fostered policies to develop Xinjiang, including through infusing the population of the region with greater numbers of ethnic Han Chinese. The Xinjiang Production and Construction Corps, established in 1954, has for decades organized mass inward migration to Xinjiang to cultivate the vast farms under its jurisdiction. According to the fifth national population census, Xinjiang hosted more than 2.5 million migrants between 1995 and 2000.[30] Another report suggested that Xinjiang has hosted some five to six million migrants in recent years.[31] Since 2001 and the beginning of the "Go West" campaign, infrastructure development projects in Xinjiang have also attracted increasing numbers of surplus laborers from Sichuan and other central provinces such as Henan, Shanxi, and Anhui.

Generally speaking, migrants are more vulnerable to acquiring HIV/AIDS than the overall population owing to a greater likelihood they would engage in high-risk behaviors associated with HIV infection and owing to lower educational levels.[32] On average, migrants are young,

[27] Xinjiang Center for Disease Control and Prevention, "Xinjiang Kashi diqu 2004 nian aizibing zonghe diaocha fenxi" ["2004 HIV/AIDS Comprehensive Survey in Kashi"), *Chinese Journal of AIDS and Sexually Transmitted Disease* 11, 5 (2005): 353-356.

[28] Li Fan, Zhang Feng et al., "Study of HIV-risk Factors among Commercial Sex Workers in Four Cities of Xinjiang," *Chinese Journal of AIDS and Sexually Transmitted Disease* 12, 1 (2006): 27-29.

[29] Jim Yardley, "In a tidal wave, China's masses pour from farm to city," *New York Times*, September 12 2004.

[30] National Population and Family Planning Commission, *Xinjiang Wailai Liudong Renkou Jihua Shengyu Gongzuo Qingkuang* [Situational Analysis of Family Planning Among Migrants in Xinjiang), April 22 2005, <www.chinapop.gov.cn/ldrk/gfyl/t20050422_21673.htm> (August 18 2006).

[31] "Renmin guancha: feidian xijin, Xinjiang yuanhe yipian jingtu" ["People's Watch: SARS Spreading toward West China, not in Xinjiang"), *People's Daily*, May 22 2003, <http://past.people.com.cn/GB/news/7203/7204/20030522/997840.html> (August 18 2006).

[32] See, for example, Li Xiaoming, et al., "HIV/STD Risk Behaviors and Perceptions among Rural-to-Urban Migrants in China," *AIDS Education and Prevention* 16, 6 (2004): 538-556; N. He, et al., "Sexual behavior and sexually transmitted diseases among male

in the sexually most active period of life, and far from home, families and local mores.[33] With lower levels of education, they are typically uninformed about HIV/AIDS and how to protect against its transmission. Working as migrants, they are more difficult to access with prevention and education messages, further frustrating attempts to slow the spread of HIV through this demographic group. A report at the end of 2005 found that in Chongqing, about 45 percent of HIV-positive persons in that city were economic migrants.[34] Another survey conducted in Shanxi Province from 1995 to 1999 suggested that 66.7 percent of those identified as HIV positive were economic migrants.[35]

In parts of China, migrant women dominate the commercial sex trade.[36] Migrant women laborers who take part in the sex trade – working as hostesses, for example, at tea houses, karaoke bars, massage parlors, and other entertainment establishments or brothels – often lack the knowledge and ability to negotiate safe sex with clients. Moreover, studies also indicate that migrant workers have a higher likelihood of becoming drug users, including IDUs.[37]

Xinjiang experiences what might be called the "reverse migration" effect: the net flow of labor *into* Xinjiang from other parts of China, many of which return to their homes on a seasonal basis. For example, more than 600,000 seasonal migrants flock into Xinjiang for cotton-picking, living in Xinjiang for several months before returning home.[38] Frequent large scale internal migration undermines timely and sufficient interventions targeting the "floating population" both in Xinjiang and the source provinces.

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rural migrants in a metropolitan area of Eastern China," abstract presented at the XV International AIDS Conference, Bangkok, Thailand, July 2004.

[33] See the results of a study by the State Population and Family Planning Commission, <www.china.org.cn/chinese/renkou/748584.htm> (August 18 2006).

[34] "45.1% of the population infected with AIDS are migrants," *Chongqing Times,* December 26 2005, <http://news.sina.com.cn/c/2005-12-26/08037817124s.shtml> (August 20 2006).

[35] Qiao Xiaochun, et al., "Survey on Moving Status among HIV Positives in Shanxi Province," (2000), <www.hkcss.org.hk/useful_materials/AIDS/Workshop_IIC_3_Qiao_abstract.doc> (inaccessible).

[36] Yang Xiushi, "Temporary Migration and the Spread of STDs/HIV in China: Is There A Link?" *International Migration Review* 38, 1 (2004).

[37] T. Zu, et al., "Beijingshi Aizibing chuanbo hexin renqun ji xidu renqun xingweixue tezheng yanjiu" ["Behavioral Characteristics of the Main AIDS Risk-taking Group – Drug Use Population in Beijing"), *Essay Collection of the First China Conference on HIV/AIDS and STDs Prevention and Control*, (2001), 156-58; J. Yang, J. Yao and E. Chen, "Zhejiangsheng xidu renqun xingweixue tezheng ji HIV ganran xiankuang diaocha" ["Behavioral Characteristics and HIV Infection among Drug Use Population in Zhejiang Province"), *Essay Collection of the First China Conference on HIV/AIDS and STDs Prevention and Control*, (2001), 75-77.

[38] See *Nongmin Ribao* [Farmers Daily], June 5 2006, <www.agri.gov.cn/jjps/t20060605_623185.htm> (June 5 2006).

China's Response to HIV/AIDS

A lack of sufficient resources, suppression of what was considered "bad news", and widespread stigma slowed an earlier and more effective Chinese government response to China's HIV/AIDS challenges.[39] It was not until the summer of 2001 that the Chinese Minister of Health acknowledged that China's HIV-positive population was possibly as high as 600,000 persons.

Since 2003, the Chinese government response to HIV/AIDS has expanded significantly. New leaders were placed in charge of the Ministry of Health, and national and provincial budgets for HIV/AIDS were enlarged. Headed by Vice Premier Wu Yi, a high-level interagency body – the State Council Working Group on HIV/AIDS – was formed in 2003, and was upgraded to State Council AIDS Working Committee in February 2004 to enhance national coordination and resource mobilization.

The national budget for combating HIV was increased from RMB 100 million (approximately US$12.5 million) in 2002 to RMB800 million (approximately US$100 million) in 2005. It was officially announced at the end of 2005 that this number would nearly double for 2006 and 2007, increasing to RMB1.5 billion (approximately US$185 million).[40] The central government took a highly visible interest in HIV/AIDS and mobilized the bureaucracy to mount a more effective response. A national program to provide comprehensive drug treatment and care, known as "China CARES" (China Comprehensive AIDS Response), was initiated and expanded to 127 sites, and high-profile official appeals such as "Four Frees and One Care" were promoted.[41]

Awareness and health education programs have increased, as has HIV voluntary counseling and testing. Surveillance sites have been expanded, and plans are afoot to introduce more aggressive and often controversial interventions to stem the spread of HIV among certain marginalized populations such as IDUs and CSWs, including condom promotion and distribution, needle and syringe exchange programs, and methadone replacement therapy to help IDUs kick heroin addiction.

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[39] Portions of this section are drawn from Bates Gill, *Assessing HIV/AIDS Initiatives in China: Persistent Challenges and Promising Ways Forward* (Washington, D.C.: Center for Strategic and International Studies, June 2006).

[40] "Spending on HIV/AIDS Prevention Set to Double," *China Daily,* December 28 2005.

[41] "Four frees and one care" refers to free anti-retroviral treatment for farmers and indigent AIDS patients, free HIV testing, free prevention of mother-to-child transmission of HIV, free schooling for AIDS orphans, and care for families affected by HIV/AIDS.

Since 2003, the Chinese government has also become more open to receiving HIV-related funding and technical assistance from international governmental and nongovernmental organizations. According to Chinese Vice Minister of Health Wang Longde in late 2005, international cooperation programs to combat HIV/AIDS have been carried out in 27 of China's 31 provinces, autonomous regions and major municipalities, contributing RMB1.867 billion (approximately US$229 million) in funding.[42]

These steps are welcome and are demonstrating progress in China's fight against HIV/AIDS. Unfortunately, however, until recently, Xinjiang – while one of the worst hit parts of China – has not received the level of attention and resources commensurate with the HIV challenge it faces. There are a number of reasons for this.

First, both the Chinese government and the international community have been generally slower to mount an effective response to the IDU-spread epidemic. It is true across the world that intervening in IDU populations is more sensitive and difficult. Drug use is illegal in China, so IDUs are naturally averse to engaging with government authorities, and tend to be hard-to-reach populations. Public security authorities tend to be less sympathetic to IDUs and prefer incarceration and forced detoxification over public health-oriented education interventions or methadone replacement therapy as a way of preventing the further spread of HIV. In many parts of the world, IDUs can be reached through the deployment of peer groups and other nongovernmental organizations (NGOs), but this approach presents political and legal obstacles in China. All of these problems apply in Xinjiang where the IDU-driven epidemic is the biggest challenge.

Second, because the HIV epidemic disproportionately affects the Uyghur and other ethnic populations in Xinjiang, combating HIV in the region presents particular political, social, cultural, religious and linguistic challenges.[43] The political and social tension between the dominant Han nationality and other ethnic groups in Xinjiang is longstanding, which can undermine a better response to the HIV epidemic in the region. Perhaps more difficult is surmounting cultural, religious and linguistic challenges – for example, developing strategies to work with local mosques and Islamic community leaders, or identifying and deploying sufficient numbers of well-trained public health officials proficient in local languages such as Uyghur or Kazakh.

[42] "New Rules to Combat AIDS Spread," *China Daily,* October 28 2005.

[43] A survey conducted in Xinjiang suggested that up to 85 percent of those contracting HIV in 2003 were of the Uyghur ethnic group. See Xinjiang Center for Disease Control and Prevention, "Xinjiang HIV/AIDS Epidemic Analysis," *Epidemic Bulletin* 20, 1 (2005): 31-32.

Third, as a remote and poorer region, Xinjiang faces a host of practical and logistical difficulties which slow and weaken the effective delivery of HIV prevention, education, treatment and care services.

However, in spite of these difficulties, there are a number of important anti-HIV initiatives in Xinjiang. The World Bank Health 9 Project with US$140 million in funding, focusing on maternal health, child development, and the prevention of HIV/AIDS and other sexually transmitted diseases, was launched in 1999 in four Chinese provinces, including Xinjiang. The project's HIV prevention work included institutionalizing safer blood collection and distribution systems, improved HIV surveillance and monitoring capacity, and the introduction of certain harm reduction interventions such as condom promotion and behavioral education efforts.[44] The United Nations Family Planning Agency, in partnership with National Population and Family Planning Commission, provided reproductive health services and HIV/AIDS-related interventions among CSWs in entertainment establishments in Xinjiang.[45]

For its fourth round of funding in July 2005, the Global Fund for AIDS, Tuberculosis and Malaria approved five years of financial support for HIV/AIDS prevention and control in seven Chinese provinces, including Xinjiang, with US$98 million in funding of which US$35 million is co-financed by Chinese government. This is the only Global Fund program in Xinjiang. The program seeks to reduce the spread of HIV/AIDS among at-risk groups such as IDUs and CSWs by supporting such activities as methadone maintenance therapy, education and treatment for sexually transmitted infections, needle and syringe exchanges, behavioral education, condom promotion, voluntary counseling and testing for HIV, treatment of opportunistic infections which arise with HIV and AIDS, and the provision of anti-retroviral drug treatment for HIV and AIDS patients. The Global Fund also seeks to encourage greater involvement of non-governmental organizations in the fight against HIV/AIDS.[46]

The Xinjiang HIV/AIDS Prevention and Care Project (XJHAPAC), a partnership between the Australian international development agency (AusAID) and the Chinese government, was launched in March 2002 for five years with Aus$22 million in funding. The project focuses on three parts of Xinjiang heavily affected by HIV: Urumqi, Yili, and Kashi. The project supports such activities as distribution of educational pamphlets

[44] A program introduction from World Bank dated February 20, 1998, <www.worldbank.org.cn/Chinese/content/595d1218547.shtml> (August 18 2006).

[45] Program summary report by National Population and Family Planning Commission of China, May 30, 2005, <www.npfpc.gov.cn/xm5/xm5-rkb.htm> (August 17 2006).

[46] See China program description for the Global Fund To Fight AIDS, TB and Malaria, <http://211.167.248.4/globalfund/aids4.asp> (August 18 2006).

and posters at mosques and other sites, start up of needle and syringe exchange programs in hard-hit neighborhoods, and training of peer educators for both fixed and mobile needle and syringe exchange sites. This project has placed great emphasis on strengthening peer group and community-based interventions, including needle and syringe exchanges, condom promotion among CSWs, and mosque-based interventions against discrimination and stigmatization.[47] As of October 2004, XJHAPAC believed that 500 to 600 IDUs have been reached by the program, with 20,943 needles distributed, over 24,000 collected, and 1,130 condoms distributed. As a result of this work, needle sharing had been reduced dramatically such that only 12 percent of drug users in the target areas continued to share needles and that condom use among IDUs has increased.[48]

The United States Centers for Disease Control and Prevention Global AIDS Program in China started in September 2003 with US$15 million in funding for five years, providing support in ten provinces and regions, including Xinjiang. The program seeks to foster greater national and local government commitment for HIV/AIDS, strengthen public health capacity in terms of HIV/AIDS prevention and care, as well as assist with the containment of localized HIV/AIDS epidemics by preventing secondary transmission to the general population. Program activities are designed to improve the provincial-level HIV surveillance system and expand access to HIV testing and care for at-risk populations.[49]

Most recently, the Clinton Foundation initiated a three-year HIV/AIDS treatment and care program in Xinjiang in July 2006 with US$900,000 in funding. By providing financial and technical support, the program seeks to improve the delivery of HIV-related health services through training of health workers and by establishing a well-organized treatment and care referral mechanism in support of the "Four Frees and One Care" mandated by the Chinese government.[50]

All of these initiatives are important and much-needed. But these programs alone are quite simply insufficient to fully stem the spread of HIV/AIDS in Xinjiang. Clearly, a greater focus of energy and resources will be needed to assist those who are now HIV-positive and slow the pace of HIV transmission in the future. Failure to do so risks an even greater negative impact on economic and social structures in certain parts

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[47] See the description of the China Australia Xinjiang HIV/AIDS Prevention and Care Project, <www.muprivate.edu.au/fileadmin/project_template/index.html> (August 17 2006).

[48] Authors interview with XJHAPAC workers, Yili prefecture, Xinjiang, October 2004.

[49] See <www.chinaaids.cn/worknet/zhongmei/shownews.asp?newsid=142> (inaccessible).

[50] News update from the website of Government of Xinjiang Uygur Autonomous Region, <www.xinjiang.gov.cn/1$001/1$001$012/197.jsp?articleid=2006-7-20-0016> (August 18 2006).

of Xinjiang, and increases the probability that Xinjiang's HIV problem will become a broader problem for China and for China's neighbors in Central Asia.

Implications and Recommendations

A Deadly Mix for Xinjiang and Beyond

The problem of HIV/AIDS in Xinjiang is a focal point around which a number of other challenges converge. Drug trafficking is one good example. The disease is spread primarily through shared needles among IDUs. Drug use is on the rise in Xinjiang, Xinjiang has become an important drug trafficking route, and HIV prevalence among IDUs in the region is remarkably high. There is some evidence that migrants from Xinjiang are often active in drug trafficking in other Chinese provinces, particularly Yunnan and eastern China. China's official press reported that from 2000 to September 2005, some 6,300 drug traffickers originally from Xinjiang were arrested in 13 provinces, municipalities and regions including Beijing, Shanghai, Yunnan and Guangdong.[51] The close geographic, cultural, and linguistic connections between Xinjiang and its neighbors in Central Asia helps facilitate increased contacts across China's western borders, including such activities as drug trafficking and migration. By identifying the spread of certain HIV recombinant viruses it is clear that HIV has spread along certain well-defined pathways between Southeast China and Central Asia, probably fueled in large measure by shared needles among IDUs.

The increase in commercial sex activity in Xinjiang is also related to the spread of HIV in the region and beyond. As Xinjiang develops and becomes an increasingly more open and lucrative place for economic activity, there will also be an increase in the interaction between people engaged in risky activities such as drug trafficking, injecting drug use, and commercial sex. This will include the increase of migrant laborers coming into Xinjiang from other parts of China and of business people and traders from Central Asia. As highway, rail, and air transport routes expand from Xinjiang to Central Asia and from Xinjiang to other Chinese provinces, Xinjiang is likely to become a more and more important gateway between China and Central Asia for all manner of activities, legal and otherwise.

This could become all the more pertinent in light of the ambitious plans of the Shanghai Cooperation Organization (SCO) to generate ever greater economic cooperation and exchange amongst its member and observer states. As of May 2006, the number of people living with

[51] See <http://news.xinhuanet.com/herald/2006-07/18/content_4848006.htm> (August 18 2006).

HIV/AIDS among the SCO member states reached approximately 1.642 million. That number quadruples to just over six million if the four observer states of India, Iran, Pakistan, and Mongolia are included in the tally.[52]

All the while, Xinjiang will likely remain a politically and socially restive region, especially for its ethnic populations. If and as HIV continues to disproportionately afflict ethnic minorities in Xinjiang, it could become a politically difficult issue for Chinese authorities which already must address a range of cultural, religious, and social tensions in the region. Looking ahead, this convergence of trends may spell trouble for Xinjiang and its neighbors in central Asia.

Important Steps for Going Forward

Given the impact HIV/AIDS already has on China's economy and society, the particular effect it is having in certain hard-hit areas of Xinjiang, and the fact that HIV/AIDS is spilling over from Xinjiang and into neighboring areas, it is imperative to forge more effective national and especially regional responses to the problem.

A major step in the right direction will have to include a more serious effort to reduce stigmatization and discrimination as it relates to people living with HIV/AIDS or at high risk of contracting the disease. This is true no matter where anti-HIV efforts are initiated. But this approach is particularly important among ethnic populations in Xinjiang which already face discrimination and stigmatization regardless of their HIV status.

This approach requires not only greater ethnic sensitivity and a gradual change in social mindsets in China. It will also demand greater creativity in the design of programs aimed at lessening stigma and discrimination and introducing more effective HIV prevention and intervention strategies which make sense within the context of Xinjiang's cultural, ethnic and religious settings.

Second, far more work is needed to foster greater coordination across the relevant government agencies at the Xinjiang regional level. Combating HIV/AIDS is not only a challenge concerning public health authorities, but requires the active and effective cooperation of a range of other government agencies, including public security, justice, propaganda and broadcasting, education and culture, transportation, commerce, finance, and ethnic and religious agencies, among others. Of particular concern is coordination between the public health and public security bureaucracies. Perennial "strike-hard" campaigns to crack down on drug abuse and prostitution should not undermine the broad and effective

[52] United Nations Joint Programme on HIV/AIDS, *2006 Report on the global AIDS epidemic* (New York: UN, 2006).

implementation of prevention and harm reduction programs, such as condom social marketing, needle exchanges, and methadone maintenance initiatives.

Third, civil society organizations and other nongovernmental groups, including the private business sector, should be encouraged to take a more active part in the fight against HIV/AIDS in Xinjiang. Participation of civil society organization and the private sector have consistently demonstrated success in other parts of the world to mobilize funding and raise public awareness about HIV/AIDS. Peer groups and HIV/AIDS self-help organizations are typically more effective at reaching marginalized and at-risk populations such as IDUs and CSWs. Given the sensitivity of civil society activity throughout much of China, and in Xinjiang in particular, such groups are rare and their activities are often restrained. Some interesting quasi-governmental initiatives have been launched in Xinjiang, but as the HIV/AIDS challenge grows in the region there will be greater and greater demand for energies and insights that well-placed and technically competent civil society organizations and independent peer groups can bring to bear to help stem the spread of the disease.

Finally, there is a glaring need for greater cross-border cooperation between China and its Central Asian neighbors to combat HIV/AIDS and the risky behaviors which facilitate its transmission. The SCO stands out as an organization which can take a greater role in this effort. To date, the SCO has focused its major statements on promoting economic cooperation and combating the "three evils" of terrorism, separatism, and religious extremism. But the spread of HIV/AIDS and associated risk behaviors may pose an even greater problem for China and Central Asia in the years ahead. Considering the long-lasting catastrophic impact of HIV/AIDS as a non-traditional security threat, the SCO secretariat should seek to include anti-HIV/AIDS initiatives as part of its overall work. At a minimum, relevant local authorities in particularly hard-hit areas – such as between Xinjiang and Kazakhstan and between Xinjiang and Kyrgyzstan – should meet to coordinate more effective responses to the challenges which HIV/AIDS pose to their jurisdictions.

Final Thoughts

Like Severe Acute Respiratory Syndrome (SARS) or the H5N1 avian flu virus, HIV/AIDS knows no borders. HIV/AIDS spreads more quietly, however, even as its longer-term effects can be more devastating. HIV/AIDS is also perceived as a problem which only affects certain "bad" people who live in society's shadows, outside the mainstream. But as the experience in other parts of the world so tragically demonstrates,

HIV/AIDS, left unchecked, will spread into the general population with ruinous effect.

The problem of HIV/AIDS in Xinjiang is particularly challenging, both for how it currently affects marginalized and stigmatized groups, and for the particular political, ethnic, social, religious, and linguistic barriers which stand in front of a more effective and comprehensive response. But for Xinjiang and its neighbors to meet their tremendous developmental potential, the challenges of HIV/AIDS in the region will need to be met head on sooner rather than later.

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China's New Approach to Conflict Management: The Cases of North Korea and Taiwan, 60p.
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