

Editorial

The year 2004 marked a decisive turning point in the Chinese authorities' response to the risk of an HIV epidemic. Following the crisis caused by the SARS (Severe Acute Respiratory Syndrome) outbreak in 2003, the government seems to have become fully aware of urgent public health issues and of the potential impact of epidemic outbreaks on economic development.⁽¹⁾ In 2004, the State Council adopted a national intervention plan for the prevention and control of AIDS. This plan called for a more comprehensive grasp of the dynamics of the epidemic. In particular, it encouraged an expansion of care provided to the sick, thanks to developments in the local production of anti-retroviral drugs, and the provision of free treatment through the public health system in accordance with international standards. The priority given to support for research into treatments for HIV/AIDS, both in modern medical biology and in traditional medicine, is also a sign of the state's increased commitment to innovative policies in treatment and care. One of the most remarkable consequences for health policies, brought about by the progressive implementation of this national intervention plan, has been the process of reformulating the overall social response to the risk of an HIV epidemic. As we understand it, this social response includes all the various civic and official responses on the part of the many social agencies as they interact with each other. This interactivity can be pinpointed and assessed at the different levels of their intervention (local, national, and international).

Each of the articles brought together in this issue illuminates, in its own way and from a particular angle, a specific aspect of the social and/or medical treatment of AIDS.⁽²⁾ Our approach is grounded in the multidisciplinary nature of the human sciences. The contributors include anthropologists (Yuvany Gnep, Evelyne Micollier, Rachel Yunqiu Zhou, and Zheng Tiantian), a sociologist (Pierre Miège), and a political scientist (Vincent Rollet).⁽³⁾ Finally, Meng Lin, whose contribution is the first in this issue, is an active member of civil society engaged in the fight against AIDS as a founder and leading member of a Beijing-based NGO that provides help and information to PLWHA (people living with HIV/AIDS). Despite the variety of approaches among the different contributors to this collection, their studies have one feature in common, namely their focus on the social processes involved in the tensions and negotiations between the different categories of players as they come up against their divergent social interests. The aim of this shared approach has been to observe and analyse the transformations, both in practice and at the discursive level, in the social and/or medical treatment of AIDS in the face of recent changes in public policy. Furthermore, we should note that

International Governmental Organisations (IGOs) such as UNAIDS strongly recommend the development of self-help groups to better meet the needs of HIV-positive patients.⁽⁴⁾

The second article in this collection, by Yuvany Gnep, deals with the Ark of Love (*aizhi fangzhou ganranzhe xinxi zhichi zuzhi*), the information support network for people living with HIV/AIDS founded in 2004 by Meng Lin. In this article, Meng Lin evokes his dual experience as patient and activist in a context that is now more conducive to mutual exchanges between civilian and official players. He also brings up the processes leading to the formulation of social demands confronting a public health problem with so many social ramifications. Vincent Rollet's article analyses the social responses at the local level in one of China's most HIV-infected regions, the central province of Henan, which became the epicentre of the epidemic outbreak in the 1990s through its badly regulated commercial blood collection.⁽⁵⁾ Rollet's article throws an original light on the topic by exploring the transnational dimension behind locally-formulated demands.

Questions related to sexuality and gender are at the heart of current preoccupations with how to prevent and control the outbreak. In fact, since 2005, sexual transmission has been the dominant factor behind new infections. By the end of 2007, 40.6 percent of those living with HIV had been infected through heterosexual contact, and the rate of sexual

1. Tony Saich, "SARS: China Chernobyl or much ado about nothing?" in Arthur Kleinman and James L. Watson (eds.), *Sars in China: Prelude to pandemic?*, Stanford, Stanford University Press, 2005, 244 pp.; Joan Kaufman, Arthur Kleinman, and Tony Saich (eds.), "Introduction" to their *AIDS and Social Policy in China*, Cambridge Mass., Harvard University Asia Center, 2006, 267 pp., p. 4.
2. The term "AIDS," which is broadly used in the social sciences as a bio-cultural category (a medical state referring to the illness in both its biological and its social acceptations), should be understood in most cases as referring to HIV/AIDS from an epidemiological point of view.
3. Some of the articles report the results of joint research projects carried out within the IRD-PUMC/CAMS (Peking Union Medical College/Chinese Academy of Medical Sciences: *Beijing xiehe yike daxue/ Zhongguo yixue kexueyuan*), a Franco-Chinese programme in social sciences (2006-2009) under the broad title of "Réponses sociales, impact du genre et mobilisation de savoirs scientifique/traditionnels dans le contexte de la prévention, du traitement et de la prise en charge du VIH/sida en Chine" (Social responses, the impact of gender issues, and the mobilisation of scientific/traditional knowledge for the prevention, treatment, and care management of HIV/AIDS in China). This programme was co-ordinated by Evelyne Micollier, and Yuvany Gnep and Vincent Rollet were members of the research team. It was also carried out with financial support from the Centre d'Etudes Français sur la Chine Contemporaine (CEFC).
4. AFP, 11 September 2006, "The fight against AIDS in China cannot be won unless the role of the patients and the NGOs is strengthened." This supports the affirmation by Peter Piot, the director of UNAIDS: "The degree to which patients adhere to the proper taking of medicines does not only depend on the voice of the doctor who prescribes them but also on that of the HIV-positive sufferers organised for mutual support."
5. For general information on this subject, see Pierre Haski, *Le Sang de la Chine: Quand le silence tue*, Paris, Grasset & Fasquelle, 2005, 229 pp. For more specialised analyses based on ethnological studies, see Ann Anagnost, "Strange Circulations: the Blood Economy in Rural China," *Economy and Society*, vol. 35, no. 4, 2006, pp. 509-529; Shao Jing, "Fluid Labor and Blood Money: The Economy of HIV/AIDS in Rural Central China," *Cultural Anthropology*, vol. 21, no. 4, 2006, pp. 535-569; Kathleen Erwin, "The Circulatory System: Blood Procurement, AIDS, and the Social Body in China," *Medical Anthropology Quarterly*, Vol. 20, no. 2, pp. 139-159.

transmissions in new cases of infection stood at 56.9 percent, of which 44.7 percent were through heterosexual and 12.2 percent through homosexual contact. These questions are examined in the articles by Pierre Miège and Zheng Tian Tian. Two articles, by Pierre Miège and Rachel Yunqiu Zhou respectively, also broach the issue of sexual orientation and identity, along with the daily life experience of people infected with HIV or affected by it. These writers view the issues from the angle of various situations or institutions such as family obligations, marriage, and the family structure, which remains the cornerstone of Chinese society. Academic research in sociology and anthropology has left relatively untouched the socio-cultural aspects of homosexuality and HIV/AIDS in the context of family relationships. Pierre Miège clearly shows the existence of a double cleavage, the first of which is cognitive, owing to the specific modes of socialisation prevalent in China, and the second is ontological, owing to social pressures and family obligations. These tend to obstruct the understanding of homosexuality in terms of an identity, and to reinforce a distinction between sexual and social identity. For her part, Zheng Tian Tian tackles the problem of sexuality and AIDS prevention by examining the policies and public pronouncements over the last decade for socially promulgating and commercially promoting the use of condoms. She provides a critical interpretation of this targeted intervention in the field of public health, and questions the effectiveness of public policies for the prevention of AIDS. In addition, she shows that the correct and widespread use of condoms lies at the heart of all the preventive measures following the emergence of the epidemic.

Finally, Evelyne Micollier's article suggests a new way of connecting the social and medical responses towards AIDS by focusing on the practices of "integrated" medicine in both therapy and research in China and placing them within an international context. The article describes how the idea of integrating the different approaches to medicine, drawing on their distinct and somewhat dissonant systems of meaning and bodies of knowledge, is beginning to make headway. Indeed, the National Plan launched in 2004 reserves a special place for developments in modern biomedical research as well as in traditional Chinese medicine (TCM). The article also emphasises that protocols covering innovative treatments, as well as the clinical adaptation of existing treatments, are being steadily developed within the provisions of the 2004 National Plan.

Evelyne Micollier

• Translated by Jonathan Hall

Some significant data on the current state of the epidemic ⁽⁶⁾

Standing at about 0.05 percent, the rate of HIV infection among China's population is considered relatively low by international standards. However, pockets of epidemic outbreaks have been observed, with high rates of infection in certain areas and among specific sections of the population. In October 2007, the number of HIV-positive individuals was estimated at around 700,000, indicating a sharp increase of about 8 percent over the figure for 2006. The rate of infection via heterosexual contact rose from 11 percent in 2005 to 38 percent in 2007, whereas in previous years the main mode of transmission in the rising rate of infection had been through blood. The proportion of women testing positive has also doubled over the last decade. Given that 90 percent of them are of child-bearing age (15-44 years old), the coming years may well show a significant increase in vertical transmissions from mother to child. The number of people infected through homosexual contact has risen exponentially in two years. ⁽⁷⁾ In 2007, most new infections were due either to blood infection by IDU (injecting drug use) (42 percent) or to sexual contact (56.9 percent). ⁽⁸⁾ The number of AIDS sufferers requiring treatment, care, and support is estimated at 85,000 (of whom 35,000 were infected through commercial blood sales). At present, about 32,000 people over the age of 15 are following a course of antiretroviral drugs. According to the recount at the end of September 2008, the overall number of people who tested positive was 264,302, including 77,753 with full-blown AIDS as well as 34,864 who had died. ⁽⁹⁾ All these figures suggest that the epidemic is spreading and that the most energetic preventive measures need to be implemented. ⁽¹⁰⁾

Glossary

feizhengfu zuzhi	非政府組織
Beijing xiehe yike daxue	北京協和醫科大學
zhongguo yixue kexueyuan	中國醫學科學院
aizhi fangzhou ganranzhe xinxi zhichi zuzhi	愛之方舟感染者信息支持組織

6. According to the latest UNAIDS report on the prevention, treatment, and care provision for HIV/AIDS in China: *A Joint Assessment of HIV/AIDS Prevention, Treatment, and Care in China (2007)*, State Council AIDS Working Committee Office, UN Theme Group on AIDS in China, 1 December 2007, 38 pp.
7. An eight-fold increase from 0.4 percent in 2005 to 3.3 percent in 2007.
8. Updated data from the 2007 report, Key Data, UNAIDS, <http://www.unaids.org.cn/en/index/page.asp?classname=Key+Data&id=178&class=2>, consulted on January 15th 2009.
9. Key Data, UNAIDS, web page cited above, January 15th 2009.
10. Analysis by Lu Lin, Jia Manhong, Ma Yanling, Yang Li *et al.*, "The changing face of HIV in China," *Nature*, vol. 455, no. 2, October 2008, pp. 609-611.